

# Mental Hygiene Goals and Objectives Form

## Wyoming County Dept. of Mental Health (70420)

Certified: Kelly Dryja (9/15/20)

Mental Hygiene Law, § 41.16 "Local planning; state and local responsibilities" states that "each local governmental unit shall: establish long range goals and objectives consistent with statewide goals and objectives." The Goals and Objectives Form allows LGUs to state their long-term goals and shorter-term objectives based on the local needs identified through the planning process and with respect to the State goals and objectives of each Mental Hygiene agency.

The information input in the 2020 Goals and Objectives Form is brought forward into the 2021 Form. LGUs can use the 2020 information as starting point for the 2021 Plan but should ensure that each section contains relevant, up-to-date responses.

Please indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year. Completion of these questions is required for submission of the form.

**New** To assist LGUs in the assessment of local substance use disorder (SUD) needs, OASAS Planning has developed a county-level, core-dataset of SUD public health data indicators. These reports are based on the recommendations of the Council of State and Territorial Epidemiologists and the regularly updated county-level datasets available in New York State. Each indicator compares county-level population-based rates to statewide rates. Reports for all counties are available in the County Planning System Under **Resources -> OASAS Data Resources -> Substance Use Disorder Key Indicators**

### 1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

a) Indicate how the level of unmet **mental health service needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

Please describe any unmet **mental health** service needs that have **improved**:

The year 2020 has been like no other so it is different than previous years and difficult to assess overall needs. Specific COVID-19 answers were provided in survey monkey format.

Please describe any unmet **mental health** service needs that have **stayed the same**:

Transportation remains an ongoing challenge in a rural county. As does finding and retaining qualified staff. Many county residents live paycheck to paycheck which impacts their ability to become actively engaged in the community, treatment, and service options.

Please describe any unmet **mental health** service needs that have **worsened**:

Access to child and adolescent inpatient treatment services has been a growing concern for the county. There has been an increase in youth presenting at the local ED waiting days for a bed to become available. In some cases, youth are sent home with minimal treatment due to symptoms subsiding. Changes in child and adolescent service system has also lead to some confusion on how to access services for providers and families.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

Please describe any unmet **SUD** service needs that have **improved**:

The year 2020 has been like no other so it is different than previous years and difficult to assess overall needs. Specific COVID-19 answers were provided in survey monkey format.

Please describe any unmet **SUD** service needs that have **stayed the same**:

County residents who are in need of inpatient rehabilitation services find a wait for this type of service, always needing to leave the community. The county lacks residential SUD continuum of care services. Transportation remains an ongoing challenge in a rural county. Many county residents live paycheck to paycheck which impacts their ability to become

actively engaged in the community, treatment, and service options. High deductibles and high copays are further barriers to individuals obtaining needed behavioral and physical health services.

Please describe any unmet **SUD** service needs that have **worsened**:

See COVID-19 answers provided in survey monkey format.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year:

Improved  Stayed the Same  Worsened

Please describe any unmet **developmentally disability** service needs that have **improved**:

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Please describe any unmet **developmentally disability** service needs that have **worsened**:

See COVID-19 answers provided in survey monkey format.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

## 2. Goals Based On Local Needs

Please select any of the categories below for which there is a **high level of unmet need** for LGU and the individuals it serves. (Some needs listed are specific to one or two agencies; and therefore only those agencies can be chosen). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation.

- **For each need identified you will have the opportunity to outline related goals and objectives, or to discuss the need more generally if there are no related goals or objectives.**
- **You will be limited to one goal for each need category but will have the option for multiple objectives.** For those categories that apply to multiple disability areas/state agencies, please indicate, in the objective description, each service population/agency for which this unmet need applies. **(At least one need category must be selected).**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services			<input type="checkbox"/>
r) Developmental Disability Children Services			<input type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input type="checkbox"/>
t) Developmental Disability Respite Services			<input type="checkbox"/>
u) Developmental Disability Family Supports			

				<input type="checkbox"/>
v)	Developmental Disability Self-Directed Services			<input type="checkbox"/>
w)	Autism Services			<input checked="" type="checkbox"/>
x)	Developmental Disability Front Door			<input type="checkbox"/>
y)	Developmental Disability Care Coordination			<input type="checkbox"/>
z)	Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa)	Other Need 2 (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab)	Problem Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac)	Adverse Childhood Experiences (ACEs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(After a need issue category is selected, related follow-up questions will display below the table)**

## 2a. Housing - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

The Adult SPOA Committee, County Judge, Article 28 Behavioral Health Inpatient Unit, and specialized housing providers report insufficient housing to meet the needs of mental health and substance use disorder clients in the county. Routinely, there is a wait list for the mental health treatment apartments and supported housing programs for mental health and substance use disorder. The developmental disability specialty housing continues to transition to community-based sites.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Develop new housing opportunities in Wyoming County for individuals with mental health, substance abuse and/or developmental disability diagnosis.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Explore and collaborate with contract agencies in applications for available funding for housing opportunities.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Explore and assess the current housing opportunities for individuals with developmental disabilities.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Develop respite options through collaboration and/or expansion.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** The mental health contracted housing agency, Living Opportunities of DePaul opened the Knitting Mill Apartments, a 48-unit housing project in Perry, NY in December 2019. Twenty-four of the units are supportive housing. Chemical dependency treatment providers in the area have indicated a willingness to access any available funding for OASAS housing to operate in Wyoming County.

**Objective #2:** Developmental disability housing is in the process of transitioning from multi-individual housing projects to smaller, community-based, specialty housing. Various housing opportunities are available in the county, LGU still does not have a clear picture of what the need is but is in the process of creating an inventory of available housing.

**Objective #3:** DSRIP funding supported the development of Respite beds in adjacent county and beds were available for a short period of time before the funding sunset. Will continue to explore options.

## 2b. Transportation - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
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- Narrative describing importance of goal

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Lack of adequate transportation has historically been a problem in rural Wyoming County. The public transportation system is limited in operational time and routes offered. The local Department of Social Services and providers reports numerous problems with the Medicaid transportation program. Future of transportation services is in jeopardy in the developmentally disabled service array due to financial constraints.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Individuals with Mental Health Disorders, Substance Use Disorder, and/or I/DD will have increased access to transportation services

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Collaborate with the transportation systems, other community agencies and County offices to develop creative solutions to decrease the transportation barriers that exist for individuals who lack their own transportation.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** The Mental Health Department continues to actively participate in meetings and task forces that focus on barriers to transportation and advocate, on a regional and State level, for improved transportation services in all disability areas. SOR funding expanded access to services bringing a mobile treatment vehicle to the county. Exploring transportation programs in other areas as possible ways to address transportation needs. Peers Together program is also looking into becoming a Medicaid transportation provider through MAS via its Peer Wheels program.

**Objective #2 from 2020:** Explore creative uses of ride sharing opportunities to decrease transportation barriers – Partially Met. Uber and Lyft have limited availability in the county, ride-sharing is challenging in rural areas as there are not enough available drivers.

## 2c. Crisis Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

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Until the Subregional Reinvestment in 2014 with the downsizing of beds at Rochester Psychiatric Center, Wyoming County had no mobile crisis mental health. Currently, the MIT from the Rochester Psychiatric Center operates, on-site, in Wyoming County 5 days per week, from 9 am - 5 pm for adults. Spectrum Health and Human Services became a Certified Community Behavioral Health Clinic in July 2017 which required them to provide a mobile crisis team. In 2018, Wyoming County was the recipient of technical assistance to develop a Crisis Intervention Team (CIT) program with law enforcement.

The NY-START program, which is operational in WNY has a crisis residential program (short-term) in Dansville for the developmental disabilities population needing crisis services and is utilized by some. Continuous promotion among families and community agencies is needed.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Increase access to crisis services for Wyoming County residents.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Develop and implement a marketing strategy in collaboration with providers to promote the crisis hotline and mobile crisis team - Objective Met

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Support and promote the services of the NY-START program and APIC.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Continue to facilitate Crisis Intervention Team collaboration with law enforcement agencies in the County.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Implement strategies to increase education and awareness of EMS/Law Enforcement personnel in regards to I/DD population

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** Through encouragement of FLPSS, Genesee, Orleans, and Wyoming County launched a centralized crisis line number. Wyoming County crisis calls are answered by contracted BH/SUD provider Spectrum Human Services. In February 2020 a county-wide flyer was sent to all households that included a magnet promoting the crisis line and provide information on how to access services. This goal is considered met but the crisis line will continue to be promoted on an ongoing basis.

**Objective #2:** LGU continues to promote services of NY-START; team members attended a MH Subcommittee meeting to share about their services. In addition, the APIC team which stands for "Access to Psychiatry through Intermediate Care"

also provides mobile psychiatric interventions and case management for children, adolescents, and young adults with developmental or intellectual disabilities whose needs are not being met by the current system of care. This group presented for providers at the children's Tier II meeting. Need to promote to general community and providers.

**Objective #3:** Ongoing collaboration and education between mental health and law enforcement systems is needed. Mental Health Dept. is working with Sheriff's Dept. on providing a training on de-escalation and mental health education/service availability to officers.

## 2d. Workforce Recruitment and Retention (service system) - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Families and agencies report being challenged by having enough trained professionals to provide direct care to individuals with developmental disabilities. The constant change in staff is difficult for individuals and their families. Providers of HCBS/CFTSS services also report inability to hire staff to provide services to youth and families which has created waitlist for services.

Do you have a Goal related to addressing this need?  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Increase awareness of workforce shortage/waitlist for services in order to advocate for change.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Advocate with consumers, families and agencies, components the State needs to address to support improved recruitment and retention of direct care professionals. Support direct care work initiatives and explore ways to promote healthcare field.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Monitor waitlists for programs administered by providers.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** LGU has joined provider agencies (ARC Livingston-Wyoming and SASI) in outreach and advocacy in various initiatives aimed at New York State law makers in order to increase awareness related to direct care worker shortages and inadequate pay. LGU plans to participate in local job fairs to promote the work of contract agencies and share employment opportunities.

## 2e. Employment/ Job Opportunities (clients) - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Employment opportunities for individuals with I/DD is limited in the county.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Increase employment opportunities for individuals with I/DD.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: he Mental Health Dept., along with consumers, LGU and DD Subcommittee members will educate themselves regarding options and incentives available to employers regarding employment of individuals with I/DD and somehow disseminate this information to possible employers.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The contracted providers in Wyoming County have transitioned their sheltered workshop programs to integrated work places while also creating more prevocational training opportunities and job placements for individuals. There is still potential to expand these opportunities but additional education and awareness is needed within the community to achieve this.

## 2f. Prevention - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Wyoming County historically has a high suicide rate per capita. The county's Suicide Prevention Coalition is made up of a dedicated group of providers and community members who actively participate in events to raise awareness.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Increase implementation of evidenced-based practices and interventions in order to decrease county suicide rate.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Collaborate with the Suicide Prevention Center of NY for implementation of Zero Suicide Initiative in clinics and universal screening in primary care practices.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Provide Talk Saves Lives and/or other suicide prevention education trainings to community

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Research and implement county-wide means restriction initiatives

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The Genesee, Orleans, and Wyoming Suicide Prevention Coalitions received a tri-county, three-year grant award from the SPC-NY for suicide prevention efforts. The Mental Health Dept. promoted Talk Saves Lives to the agri-business community and county departments and trained well over a 100 individuals. Means restriction workgroup was formed and is working on educational materials for distribution in county. Collaborating with Wyoming County Community Health System to obtain funding for Collaborative Care Model to be implemented in health system primary care offices.

### 2h. Recovery and Support Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Wyoming County has disjointed support and recovery services for individuals or families struggling with addiction. It is challenging to navigate the system to access services.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Persons in recovery from alcohol and substance abuse, especially high need individuals and their families, will know how to access community-based recovery-focused supports and services.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Increase awareness of peer support services for people in recovery and their families.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Distribute community resources on how to access services

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** Smart Recovery, a community-based self-help group for individuals struggling with addiction and their families, continues to be active in the county. The GOW Opioid Taskforce was awarded a three-year grant from the Great Rochester Health Foundation which provided funding for recovery coaches and to implement policies for CRPA's to respond to local area hospitals. Behavioral Health provider Spectrum offers COTI services to general community and has started youth peer pro-social activities.

**Objective # 2:** Spectrum and Mental Health Dept. promote peer services. A training on peer services was provided to a collaborative group formed for Child Welfare Court Improvement with the plan to have this training turned into a video to share with families in addition to a brochure to distribute.

### 2i. Reducing Stigma - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
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- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

There is a general lack of understanding of when and how to access mental health and chemical dependency services within Wyoming County and more education regarding mental health and promotion of mental wellness is needed.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Provide Wyoming County residents with access to various forms of educational materials and opportunities in partnership with identified community agencies in order to reduce stigma.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Partner with Peers Together of Wyoming County, Wyoming County Community Hospital, local providers, businesses, and schools to offer forums and trainings on mental wellness, coping skills, and how to access MH/SUD services

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Provide Mental Health and Youth Mental Health First Aid Trainings to the community.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Build collaborative relationships with other county departments and agencies to increase awareness of available services

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** Educational opportunities/trainings are offered; Covid-19 pandemic has helped to increase awareness and need to address mental health challenges during this time of stress. More conversation and outreach for services has occurred due to this. Also the required transition to telehealth services has added another option for individuals to access services.

**Objective #2:** Adult and Youth Mental Health First Aid classes continue to be offered in the county; currently there are four YMFA certified trainers and two MHFA certified trainers. Trainings were provided to all teachers at Perry Central Elementary, Middle, and High School. Educational opportunities for school support staff will be explored as a potential area to improve upon.

**Objective #3:** As a result of COVID-19, a human services need group meets bi-weekly to discuss community needs/gaps. Access to Mental Health services is always discussed. Other collaborative meetings occur regularly to increase knowledge of available services.

### 2k. SUD Residential Treatment Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Wyoming County has no residential programs/services for individuals with substance abuse disorders. Those seeking residential treatment have to go out of the County for services.

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

The numbers of individuals who need residential services are small compared to larger Counties with larger populations. The need for County residents to access residential treatment for substance abuse disorders should be assessed routinely and regionally discussed.

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The county OASAS treatment provider, mental health dept. and other supporting individuals review available funding to see if a viable program could be developed to address this need. A meeting was held this year with a residential provider outside of the county to see if they would be willing to develop these services in county; that is still in process as well as exploring other options.

### 2l. Heroin and Opioid Programs and Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Heroin and opioid use continues to be a concern in Wyoming County.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Individuals with opioid addictions will have greater access to programs and services, locally and regionally.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Actively participate in the Genesee, Orleans, and Wyoming (GOW) Opioid Task Force to collaborate regarding the development and facilitation of increased evidence-based treatment programs to address heroin and opioid addiction.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Promote OASAS programs and services available locally and regionally.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1 & 2:** The GOW Opioid Task Force was initiated in the last quarter of 2016 and is ongoing. The Taskforce received a grant that allows for better coordination of the group, increased promotion of educational trainings and print material, in addition to the peer services within the local hospitals. Additional OASAS approved services such as a methadone clinic, Open Access Centers, and increased detox services are or soon will be available in the region to help address the opioid epidemic. SOR funding aided in creating a Center Of Treatment Innovation (COTI) in the county. A county-wide mailer with magnet went to all households in the county to increase awareness and education around substance use disorder and available services. Naloxone (NARCAN) trainings are being offered in the county. And friends and families of those struggling with addiction are provided with NARCAN kits in the hospital if appropriate.

### 2w. Autism Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Access to autism services and sensory-friendly activities has been discussed in the Mental Health and Developmental Disabilities Subcommittees as well as Children's SPOA and Early Intervention meetings as an area where improvement is needed. Most families drive over an hour away to access these specialized services if they have available transportation.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Wyoming County residents will have increased knowledge of autism services, sensory-friendly activities and where to access them.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: The Mental Health Dept., the DD subcommittee and local agencies/schools will disseminate information related to accessing autism services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: The Mental Health Dept., the DD subcommittee and local agencies/schools will explore options for providing increased sensory-friendly activities for families.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** Informational trainings have been offered in the local community by various OPWDD providers; data regarding attendance at this trainings needs further evaluation. The impact of COVID-19 on this objective should be explored.

**Objective #2:** There has been an increased effort in offering sensory-friendly activities including story-hour at a local library, movie showings at a local theater, and a local restaurant offering sensory-friendly eating accommodations to families. Local state park is creating an Autism Nature Trail. Mental Health Dept. staff continue to increase knowledge of what is available and find ways to promote.

### 2ac. Adverse Childhood Experiences (ACEs) - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

There is a growing interest for education in the provider sector around trauma and adverse childhood experiences (ACES) and its relation to mental health and substance abuse issues.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Create a culture that is consistently trauma-informed and sensitive to those in need of, and provided services in Wyoming County.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Explore trauma-informed care initiatives, trainings, and evidenced-based interventions; offer to service providers in the community.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Objective #1:** The County has formed a trauma-informed workgroup made up of service providers. Various trauma-informed care and resilience themed trainings have been offered in the county. Contracted agencies also indicate that employees are provided trauma-informed trainings in addition to county-offered trainings. The child-serving Tier II group of agencies has transitioned into a trauma focused system of care.

**Office of Addiction Services and Supports**

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**COMPLETE**

Monday, September 14, 2020 8:26:29 AM

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**Q1**

Contact Information

Name	Kelly Dryja
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**Q2**

Wyoming County Dept. of Mental Health

LGU:

**Q3**

a. Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

The Wyoming County mental hygiene service system overall has been resilient during the COVID-19 pandemic. The service system was forced to quickly transition to tele-mental health services and meetings to be able to continue to meet the needs of the community. For providers that needed to provide in-person services, they ensured that they followed issued guidance and obtained required PPE to ensure client safety. All populations experienced barriers related to access to appropriate technology (computers, internet access, and phone minutes) and an increase in isolation. However, the barrier of transportation experience by many prior to the pandemic was address for some through the use of tele-mental health. For children's services, if youth were engaged in services prior to the pandemic the transition to remote services was easier for some. Engagement via tele-mental has been challenging for youth new to services.

**Q4**

b. Indicate how your mental health service needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

As the COVID-19 pandemic has stretched on, the mental health service need in Wyoming County has increased. Not everyone has transitioned well to tele-health services but others have thrived utilizing this format. There has also been a noted increase in inpatient service utilization throughout the entire pandemic.

---

**Q5**

c. Indicate how your substance use disorder (SUD) and problem gambling needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Substance use disorder (SUD) needs have increased throughout the COVID-19 pandemic. There has been an increase in Emergency Department presentations for alcohol use. Sober social supports and the self-help recovery network was significantly limited. Some of these services were provided online but barriers regarding access persist (lack of minutes on phone, internet access/coverage area, and lack of electronic device).

---

**Q6**

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

The needs of the developmentally disabled population have been impacted the most during the COVID-19 pandemic. Depending on service needs, individuals were not able to see loved ones due to restrictions on visitation or providers were not able to provide services. Workforce issues worsened during the pandemic due to unemployment benefits paying more than wages for some direct care positions.

---

**Q7**

a. Mental Health providers

N/A

---

**Q8**

b. SUD and problem gambling service providers:

N/A

---

**Q9**

c. Developmental disability service providers:

Continuity for guidance that doesn't conflict between CDC, DOH, and OPWDD.

---

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
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**Q10**

a. Since March 1, 2020, how would you describe DEMAND for mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>Increased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Increased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Increased</b>

---

**Q11**

If you would like to add any detail about your responses above, please do so in the space below:

As COVID-19 has lingered, the demand for services has increased.

---

**Q12**

b. Since March 1, 2020, how would you describe ACCESS to mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>No Change</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>No Change</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>No Change</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>No Change</b>

---

**Q13**

If you would like to add any detail about your responses above, please do so in the space below:

The type of access has changed and not everyone prefers that modality (in-person vs. virtual).

---

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
Supplemental Survey

**Q14**

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

0

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**Q15**

If you would like to add any detail about your responses above, please do so in the space below:

All programs transitioned to telehealth.

---

**Q16**

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

0

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**Q17**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

---

**Q18**

**N/A**

c. If your county operates services, did you maintain any level of in-person mental health treatment

---

**Q19**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

---

**Q20**

**No**

d. As a result of COVID-19, are any mental health programs in your county closing operations permanently?  
If yes, list program name(s) and type(s).

---

**Q21**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

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COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
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**Q22**

**No**

e. Did any mental health programs in your county close due to workforce issues (e.g. staff infections, recruitment/retention issues)?

---

**Q23**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

---

**Q24**

**No**

a. Apart from telehealth, during COVID-19, did your county or mental health providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

---

**Q25**

**Yes (please describe):**

b. During COVID-19, did any mental health providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Due to virtual meetings, increased attendance at meetings has lead to increase partnerships that previously would have been impacted by time/transportation restraints.

---

**Q26**

a. During COVID-19, how many mental health providers within your county implemented existing continuity of operations plans?

7

---

**Q27**

If you would like to add any detail about your responses above, please do so in the space below:

We are not privy to that detail of information from providers nor did we request it. We did ensure that providers maintained continuity of operations just not sure if they updated or created a formal plan.

---

**Q28**

b. During COVID-19, how many mental health providers within your county did not implement existing continuity of operations plans?

0

---

**Q29**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

---

**Q30**

**None**

c. During COVID-19, did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of continuity of operations plans?

---

**Q31**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

---

**Q32**

During COVID-19, what OMH guidance documents were beneficial to your disaster management process?

**Program-level Guidance,  
Telemental Health Guidance,  
Infection Control Guidance,  
Fiscal and Contract Guidance,  
FAQs**

---

Page 3

**Q33**

1. Please indicate any needs for or issues with SUD and problem gambling prevention, treatment, and recovery providers acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic:

Early on availability was slim for all due to demand but no major issues noted.

---

**Q34**

a. How has COVID-19 affected the delivery of and demand for SUD and problem gambling prevention services in your county?

Initially the demand for SUD and problem gambling prevention services decreased due to schools transitioning to remote learning and the education system focusing on implementation. Prevention services have transitioned to virtual delivery as appropriate and are utilizing social media to reach targeted audiences. As school resumes this fall, the demand has returned to pre-pandemic level.

---

**Q35**

b. How has COVID-19 affected the delivery of and demand for SUD and problem gambling recovery services in your county?

There has been tremendous impact on recovery services with an increase in demand but a decrease in delivery due to recovery services not being offered in-person due to safety concerns/social distancing requirements and individuals lacking access to virtual options due to not having adequate technology, access, or minutes.

---

**Q36**

c. How has COVID-19 affected the delivery of and demand for problem gambling treatment services in your county?

Problem gambling treatment services also transitioned to telehealth. Individuals were not able to go to casinos or bet on sporting events as these places were closed during COVID-19. It is unclear how this impacted the demand for services.

---

**Q37**

d. Since March 1, 2020, how would you describe DEMAND for SUD Treatment services in each of the following program categories?

INPATIENT	Increased
OUTPATIENT	No Change
OTP	No Change
RESIDENTIAL	No Change
CRISIS	Increased

---

**Q38**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q39**

e. Since March 1, 2020, how would you describe ACCESS to SUD Treatment services in each of the following program categories?

INPATIENT	No Change
OUTPATIENT	Decreased
OTP	No Change
RESIDENTIAL	No Change
CRISIS	No Change

---

**Q40**

If you would like to add any detail about your responses above, please do so in the space below:

In-person out-patient groups were not readily available and virtual groups were slow to get up and running. There are issues for some accessing virtual groups and some prefer in-person treatment.

---

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
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**Q41**

a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):

Although it is related to telehealth, our county provider was able to purchase tablets, hotspots, and phone minutes that were distributed to individuals who had issues accessing telehealth services.

**Q42**

b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

No

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**Q43**

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

No

**Q44**

2. What are the greatest challenges your county will be facing over the next 12 months related to IDD services?

The greatest challenges will be financial, adequate workforce, trauma impact related to isolation or lack of services during COVID-19.

**Q45**

3. Is there data that would be helpful for OPWDD to provide to better information the local planning process? Please list by order of priority/importance.

It would be helpful to know how many youth are aging out of school-eligibility services and how many transition or are linked with OPWDD services so we can identify service gaps and needs.

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**Q46**

Please use the optional space below to describe anything else related to the effects of COVID-19 on Mental Hygiene service delivery that you were not able to address in the previous questions:

N/A