

# Mental Hygiene Goals and Objectives Form

Orange County Dept of Mental Health (70430)

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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**:

Orange County significantly improved access to care by fully implementing the transformation of the behavioral health crisis service continuum. Implementation was informed by the Orange County Changing the Addiction Treatment Ecosystem project and includes several significant improvements. The single dedicated hotline is co-located with 911 call takers at the Emergency Services Building. In 2019, a single dedicated 1-800 number was established. In 2020, the full implementation of the Orange County Crisis Call Center (OCCCC) was completed including the transition from the 1-800 number to the three-digit dialing code 311. The OCCCC provides a 24/7 clinical telephonic response. The OCCCC screens for behavioral health needs across all three services areas. A significant improvement is the completion of substance use disorder screening. The NYS required LOCADTR tool is administered to determine level of care and an appointment for individuals in need of substance use disorder treatment is scheduled with a local provider. If a mobile response is warranted, the OCCCC call takers dispatch a Mobile Response Team (formerly Mobile Mental Health). The mobile response was previously a mental health response but is now available to individuals in need of assistance across all three service areas (Developmental Disability, Mental Health and Substance Use Disorder). The OCCCC also has the ability to dispatch certified peers, including three FTEs of peers, who are dedicated to this project, to assist individuals in connecting to, and navigating, the behavioral health system. All outcomes are reported back to the OCCCC and staff follows-up with all callers to determine if their needs were met, and if appropriate, ensure engagement in treatment services. The OCCCC is responsible for data collection and reporting to the Orange County Department of Mental Health. The OCCCC provided immediate connection to care and supports for many individuals in 2020. From January 1 through September 3 the OCCCC reported 24,111 contacts including incoming calls and follow-up calls. The ability to provide immediate connection to treatment was bolstered by the concurrent expansion of same day access for many OASAS and OMH licensed clinics, the expansion and facilitated connection to Peer supports, and the Behavioral Health Urgent Care Centers. Also significant in 2020 was the role the OCCCC played in responding to community needs related to the COVID-19 pandemic including providing individuals with connection to food resources, housing resources, COVID-19 testing site information, employment benefits information and more.

The Orange County Department of Mental Health continued to partner with Cornell Cooperative Extension to work with community members and professionals who have attended screenings of the film Resilience, each of which was followed by in-depth, participant-led, but guided discussions. The film documents the long-term effect of Adverse Childhood Experiences (ACEs), i.e. the biology of stress, as well as the science of hope by consciously fostering the development of resilience in communities, families and children. The community conversations contributed to public education around the effects of toxic stress as well as allowing for brainstorming ways the community can better support families. These conversations also led to the creation of workgroups tasked with reducing adverse childhood experiences in Orange County and mitigating the impact of those that could not be prevented. The workgroups are, the Charter workgroup tasked with creating the mission, vision

and goals for the project, the Community of Practice workgroup tasked with identifying training needs, initiatives and programs to further the mission (i.e. Handle with Care, Healthy Steps, School-Based approaches), and the Education workgroup focused on marketing, outreach, materials and shared resources. The Maternal Infant Community Health Collaborative Program (MICHC) is addressing ACE's through education of family members on home visits. Orange County has committed to a collaborative approach to addressing the impacted of ACEs in our community. Reducing exposure and mitigating the impact of ACEs will improve physical and behavioral health in Orange County.

Satellite clinics operated by ODCMH and based in four school districts, continue to provide services despite schools being continued virtually due to the COVID-19 pandemic, allowing for 303 individuals to continue to receive treatment that may otherwise not have been accessible. The New York State directive for schools to include Mental Health curriculum and Mental Health related services along with the positive relationships between the Department of Mental Health and schools with current satellites has resulted in more schools seeking to partner with ODCMH to create satellite clinic programs. Currently, ODCMH is in the process of applying for satellite licenses in two additional districts.

The satellite clinics co-located with the Department of Social Services and Department of Probation have provided easier access to care and improved collaboration with those Departments for individuals who are at high risk.

Changes in regulations regarding the use of telehealth and changes in documentation requirements resulting from the COVID-19 pandemic allowed waiting lists in many programs to be eliminated and show rates to improve resulting in increased connection to clinical services. The same is true for care management services. Care managers have been able to maintain more frequent contact with individuals needing support. Collaboration has also increased due to more availability in schedules allowing for more time to meet virtually with other providers and families to coordinate care.

In August of 2020, OMH announced changes to Article 31 requirements aimed at providing regulatory relief and increasing rapid access for individuals seeking services. Some of the significant changes include a reduction in the frequency of treatment plan reviews from 90 day intervals to annually, changes to when a physician is required to sign a treatment plan, and how clients who are returning for an episode of care reengage in services. Though these changes were made immediately available, they are not fully operationalized in Article 31 Clinics yet. Clinic providers are excited about the opportunities these changes provide by reducing documentation burdens and increasing ease of access which is more in line with how primary care providers function.

Orange County now has agencies designated by the NYS Offices of Mental Health and Health to provide three new Medicaid billable services to enhance mental health supports for children ages 0-21. Services include assessment, therapy and rehabilitation that can be provided in home, school and community settings.

The Orange County Department of Mental Health and Department of Social Services Lean Six Sigma Project (LSSP), continued to focus on reducing time to a permanency determination for children in foster care. The LSSP Committee continues to meet monthly to identify barriers to improving the process and provides education to behavioral health providers, child welfare staff and the judicial system. Time to disposition for children in foster care was reduced for two of the four family court judges' dockets in 2019 and the committee continued to collaborate to make further improvements in 2020. The continued collaboration is still improving the connection to services and communication between Child Welfare staff and the behavioral health system but was also negatively impacted by the COVID-19 Pandemic. Courts shut down and have only recently begun to resume. The court dockets are backed up which slows down all proceedings and in Orange County adoptions are not being done virtually which also impacts the time to permanency for children in foster care.

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

Collaboration between providers continues to improve, for example, some providers are participating in weekly huddles to discuss and plan for individuals who have higher than average service utilization. Providers can access real time information about hospital emergency department and inpatient admission utilization through HealtheConnections allowing for better coordination of care.

Orange County is a pilot county for implementing an evidenced based High-Fidelity Wraparound planning and care coordination process for children and youth ages 5-21 with serious emotional and behavioral challenges and their families. Training and supervision for this pilot is provided by the NYS Office of Mental Health. If successful, it may be adopted statewide as a planning process under NYS Department of Health Medicaid Health Homes. This pilot involves collaboration between Children's Single Point of Access (SPOA) and providers from Care Management, Family Peer Support, and Youth Peer Support Programs.

One Orange County agency was awarded a grant to open a Certified Community Behavioral Health Center (CCBHC) which includes a 7 day per week behavioral health urgent care center, which opened on May 1, 2019, to address the behavioral health needs of individuals in the Hudson Valley Region. The urgent care center also addresses physical health needs through partnership with federally qualified health centers.

Health Home Care Management operating with large caseloads of 70 to 100 continues to leave a gap in meeting individuals' complexity of needs. Health Home Plus has been beneficial, but there are still many individuals who do not meet criteria for that level of service, who would benefit from more support than the current design allows.

There continues to be a need for crisis respite for youth as an alternative to utilization of the hospital emergency departments or inpatient level care. There continues to be no additional housing for transition aged youth 18-25.

Workforce recruitment and retention is still a challenge for care managers, psychiatric nurse practitioners and psychiatrists.

Lack of transportation to work settings challenges many individuals who are served by the behavioral health system.

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

The Single Point of Access (SPOA) housing wait list continues to rise for all levels of housing and affordable housing is increasingly difficult to access for individuals with the most complex needs. This has been exacerbated by the COVID-19 pandemic and the resulting withhold to OMH funding.

The fair-market housing costs increased while the housing reimbursement remained static. Discretionary funds have either decreased or have been discontinued adding fiscal demand and risk to providers. Maintaining good working relationships with landlords has also been challenging for many providers.

State funded positions continue to be reduced, which impacts local treatment and housing capacity. Need for services such as housing and child, adolescent and adult psychiatry continue exceed capacity. Inconsistent inpatient discharge criteria and planning has presented increased challenges.

The COVID-19 Pandemic has had far reaching consequence on a micro and macro level. Though providers and have done a phenomenal job of adapting to the new environment by converting to mostly telehealth and telephonic services, there have also been many challenges from work force shortages due to staff illnesses and quarantines, to obtaining the necessary PPE and cleaning supplies to provide care safely for those individuals that could not participate in telehealth services. In New York State, as in many other states, the pandemic has had a significant negative impact on the state budget. The budget deficit NY is facing is directly impacting the Mental Health System in the form of 20% withholds to State Aid funding. Though it is hoped that the funding will be restored, the impact on the provider system was immediately evident in such things as supportive housing beds that were temporarily unfilled despite waiting lists and services dollars that were no longer available. the New York State Division of the Budget (DOB) subsequently approved for OMH to make additional payments on the July 2020 State Aid Letter for Supported Housing programs to ensure no disruptions in rental payments to landlords which will allow for those who are currently housed to remain housed and for vacancies to be filled. If the remaining 20% withholds become cuts, the Mental Health system, which is already underfunded will be forced to make difficult decisions that will inevitably lead to reduced services during a time where more people are seeking help due to the stress, trauma and uncertainty of the pandemic.

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**:

Though there has been an increase in overdoses this year, there are positive changes to the Orange County Substance Use Disorder (SUD) Continuum. The Orange County Crisis Call Center, which opened April 1, 2019 continued to increase access to SUD treatment, prevention and supports in 2020. The impetus for the OCCCC was in part the opioid epidemic. Prior to the OCCCC implementation individuals faced a complex system of care that was not consistently embracing best practices like Medication Assisted Treatment (MAT) and at times struggled to provide an immediate and welcoming responses to those seeking treatment. The OCCCC is co-located at the Orange Counties Emergency Operation Center (EOC) on the 911 Dispatch Floor and shares their technology. The co-location with the 911 Dispatchers, combined with the contractually obligated collaborative response for Orange County's three approved crisis services providers, increased collaboration across systems for individuals with complex needs. This has helped to expedite immediate access to treatment and mitigate common barriers that occur when those in need try to access SUD treatment. The OCCCC also serves as one of multiple sites within Orange County for PeerRx, a web-based application to dispatch Peers. PeerRx was piloted in Orange County and has garnered the attention of OASAS as a potential statewide resource.

Orange County Department of Social Services (OCDSS) continued to receive funding from the NYS Office of Children and Family Services (OCFS) for the co-location of a Addiction Case Manager (ACM) within the Child Welfare division. OCDSS and OCDMH continued their successful partnership and co-supervision of the Addiction Case Manager in 2020 which has had a positive impact on the individuals and families being served. The ACM has been able to raise awareness and knowledge of SUD for Child Welfare staff which has led to an increase in appropriate referrals to SUD treatment for parents involved in the Child Welfare System. Child Welfare staff has welcomed and embraced the ACM as evidenced by the 461 referrals from Child Welfare staff to the Addiction Case Manager (ACM) between June 1, 2019 and August 17, 2020. The ACM provides direct input into the "Plans of Safe Care" for all newborns born with a positive toxicology for alcohol or other drugs. This serves as an opportunity to further engage the mother into SUD treatment.

Montefiore Researchers, in collaboration with Columbia University, was awarded a National Institute on Drug Abuse (NIDA) HEALING Communities Study grant. This NIDA grant will create a Hub & Spoke Model (Vermont Blueprint for Health Model)

across 15 Counties across New York with the highest opioid death rates at the time of submission. The goal is to increase access to best practice interventions, including Medication Assisted Treatment and decrease overdose fatalities. Orange County is part of wave 2 which will start full implementation in January 2021, however, a Data Surveillance Coordinator (Epidemiologist) was hired in 2020 and a Project Manager was assigned as required by the grant to assist with the collection of baseline data. The administration of the Orange County Jail has been participating in conversations and associated surveys regarding the award and is developing a better understanding of substance use disorders and the associated treatment needs.

Through increased conversations about ACEs and other trauma, the system is becoming more aware of the connection between trauma, substance use disorders, and risk for relapse.

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

Services for specialty populations, such as adolescents, continues to be limited. The primary provider that served adolescents for Orange County closed its adolescent program due to lack of referrals. Anecdotal information from schools and local juvenile justice partners suggests there is still an unmet need for SUD services for teens, but that parents may be reluctant to access these services for their children. The reluctance may be due to not recognizing the severity of their child's substance use or to the stigma that still surrounds SUDs. Parents substance use may also serve as a barrier to adolescents accessing treatment due to the fear of their own use being discovered. Since adolescents were identified through the Changing the Orange County Addiction Treatment Ecosystem project as one of the populations in Orange County that has service gaps, the Prevention Education Workgroup of the Changing the Orange County Addiction Treatment Ecosystem focused on this area. The workgroup focused on increasing awareness and utilization of RESTART, a day treatment program housed within Orange /Ulster BOCES, that has also been underutilized. In addition to the barriers listed above, schools have financial responsibility for their students who attend RESTART and parents must pay the associated copays for everyday their child attends. Although referrals increased at the end of 2019 and beginning of 2020, the onset of COVID-19, and subsequent transition to virtual learning, led to a significant decrease in enrollment which is likely to continue as many Orange County schools are either continuing virtually or in a hybrid model for the beginning of the school year.

Mothers who are struggling with SUD and seeking inpatient treatment continue to face significant challenges. Though Orange County has inpatient services for women, Orange County does not have inpatient services that allow them to bring their children with them to treatment. There are providers outside of Orange County that offer this service, however the number of children that can attend the program with their mother is limited which prevents some individuals from accepting this level of treatment.

Psychiatrists are still in high demand, and substance use disorder specific psychiatrists continue to be particularly difficult to recruit and retain.

There also continues to be lack of consistent buy-in for the use of Medication Assisted Treatment (MAT). While there has been an increase in MAT prescribing, there is also a continued lack of understanding of appropriate utilization of MAT as an ongoing treatment tool.

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

Overdoses due to opioids and/or opioids combined with other substances continues to be a national epidemic across the United States. Despite intensive efforts, including new funding and expansion of services targeting the epidemic, synthetic drugs such as Fentanyl and Carfentanil have continued to cause fatal overdoses. Although there was a reduction in overdose deaths in 2019, the first time since we started the Opioid Taskforce in 2013, and it was anticipated that there would be a reduction in overdoses for 2020 as well, that has not been the case. Instead of the hoped for decrease, the Intensity Drug Trafficking Administration (HIDTA) ODMAP indicates approximately a 19.13% increase in suspected overdoses and a 25% increase in suspected fatalities due to overdose from January 1, 2020 through September 2, 2020 compared to the same time in 2019. The ODMAP provides a crucial snapshot of data but does not necessarily include crucial data such as the individuals who present at emergency departments post overdose. The OCDMH LGU is in the process of gaining access to the NYS Department of Health (NYSDOH) Electronic Syndromic Surveillance System (ESSS), which will provide a more complete picture because it includes data about individuals who have overdosed and presented in emergency departments. Preliminary data from the ESSS, appears to substantiate the ODMAP data.

In 2020 NYS Bail Reform implementation and the onset of the COVID-19 Pandemic have both had an impact on individuals accessing treatment. Though there is not yet data to establish causality, there has been a significant decrease in the Orange County Jail census and a decrease in referrals to Drug Courts. These are places where historically people have been referred to and accessed treatment.

Due to the COVID-19 Pandemic individuals are experiencing more stress, have higher anxiety levels, have more financial burdens, increased fears, are more socially isolated and may have trouble accessing the supports they would normally use to help sustain their recovery. Families are spending more time together, which can create increased pressure for people to use alcohol or other substances as a coping mechanism to manage their interpersonal relationships. Schools have historically identified and referred children who are at risk to CPS, but schools converted to virtual instruction in the Spring of 2020 with varying degrees of "face-to-face" contact with students, limiting school staff's ability to identify children who are at risk. It is important to note that although there has been a dramatic decrease in referrals to Child Protective Services (CPS), there has simultaneously been a significant increase in referrals to the Addiction Case Manager. The Addiction Case

Manager works with CPS staff to screen and assesses parents who are suspected of alcohol and/or other drug use, and then link parents with identified needs to treatment and other support services.

Recovery housing has historically been insufficient and with the onset of COVID-19 access has been even more challenging as providers ceased admissions during the initial outbreak. Simultaneously, admission to inpatient rehabilitation was also ceased by some providers. Some of the providers who did not cease admissions, required a negative COVID-19 test prior to admission. If clients did not have symptoms related to COVID-19 they were not eligible for testing and therefore could not meet this requirement.

The COVID-19 Pandemic has had far reaching consequence. Providers quickly and efficiently adapted to the new environment by converting to mostly telehealth and telephonic services, there have also been many challenges from work force shortages due to staff illnesses and quarantines, to obtaining the necessary PPE and cleaning supplies to provide care safely for those individuals that could not participate in telehealth services. In New York State, as in many other states, the pandemic has had a significant negative impact on the state budget. The budget deficit that NY is facing is directly impacting the Substance Use Disorder continuum of services in the form of 20% withholds to third quarter State Aid funding. If the 20% withholds become cuts, the Substance Use Disorder continuum of services that is already underfunded will be forced to make difficult decisions that will inevitably lead to reduced services and prevention efforts during a time where more people are seeking help due to the stress, trauma and uncertainty of the pandemic.

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**:

The transitions from Medicaid Service Coordinators (MSC) to care managers and Individual Service Plans (ISP) to Life Plans are complete. Understanding, communication, and clarification of roles has improved among Care Coordination Organizations (CCO) and service providers.

Orange County Community of Solutions Initiative (OCCSI) has led to some improvement in meeting the needs of individuals in our community due to regular communication among providers and the Local Government Unit (LGU).

The Orange County Think Differently Committee is working to ensure Orange County is accessible to individuals of all abilities.

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

The service system is still unable to consistently attract and retain qualified employees. Most community direct service professionals are part time employees who have no benefits and turnover rates remain high.

The DDRO's eligibility procedures continue to be streamlined via the Front Door process. There are still some families who require additional support and information in order to fully understand what documentation is needed and/or the process itself. This has been exacerbated by the COVID-19 Pandemic.

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

Despite state budget increases targeted to raise the rates of pay, providers struggle to recruit and retain staff for both certified and non-certified support settings. The required residential staffing ratios for certified settings are often maintained by staff working multiple shifts. This can have significant impact on quality of life, health and safety. In day programs, lack of staff has limited access for individuals newly identified as needing those supports. Supports delivered in non-certified settings are often the most needed supports, specifically community habilitation and respite, continue to be unable to meet the demand for the increasing numbers of people authorized. The system still struggles to serve individuals and families with complex needs and more training and higher rates of pay are needed to support individuals' needs.

OPWDD services, like the other services areas, was subject to 20% withholds to State Aid which could jeopardize all OPWDD services, many of which have already been paused or limited to virtual and telephonic supports due to COVID-19. Withholds to essential residential, community and day programs could increase safety concerns for individuals and their families, cause isolation, and regression of progress leading to a loss of independence. Orange County is appreciative of the recent change to the withhold which exempts Individual Services and Supports (ISS) housing subsidies and rent subsidies, however, if the remainder of the withholds become permanent cuts to funding, the long-term impact on individuals and their families would be significant.

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 Agency(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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j) SUD Outpatient Services	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services			<input checked="" type="checkbox"/>
r) Developmental Disability Children Services			<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services			<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports			<input checked="" type="checkbox"/>
v) Developmental Disability Self-Directed Services			<input checked="" type="checkbox"/>
w) Autism Services			<input checked="" type="checkbox"/>
x) Developmental Disability Front Door			<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination			<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

In Orange County, rising costs have made affordable housing a challenge, and near impossible, for those with disabilities. The Housing and Urban Development (HUD) required point in time count was completed by the Continuum of Care Committee, who reported a 118 person decrease in homelessness for 2020; with 471 homeless individuals identified, 83 of whom were unsheltered. It is important to note that this year's point in time count was completed in January prior to the onset of COVID-19, therefore these numbers do not include any impact that the pandemic has had on homelessness. There is a significant number of individuals who are homeless are also identified as having serious mental illness and/or substance use disorder. The Orange County SPOA also consistently maintains a waitlist for housing (please see average number of people on SPOA waitlist below):

Community Residences: 115.3

Supportive Licensed Treatment Apartments & PRP/Enhanced Supportive Treatment 217.6

Supported-Non-Licensed Individual Apartments: 604

Housing for individuals who have a substance use disorder continues to be limited. Residential providers are still making the transition to the 820 designated licenses. Most providers are focusing more on crisis stabilization than on reintegration. The current opioid epidemic continues to increase the need for housing as we are experiencing more individuals who are homeless due to their substance use.

OPWDD governs Certified and Non-certified housing opportunities, the County provides support and advocacy as needed and requested in collaboration with OPWDD. Reconfiguration of entire existing homes is done at times to meet individualized needs. The Access to Residential Opportunities Committee (AROC) for certified housing opportunities provides continuity and uniformity across the State and allows for the local providers to collaborate and take collective responsibility for working together to meet the needs of individuals with complex needs.

**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.

Work collaboratively with Federal, State and Local partners to increase and maintain stable housing in compliance with the Olmstead Act.

### 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: Continue to work collaboratively with the Department of Social Services, and the Orange County Housing Consortium to explore new community housing options in safe communities, and to increase access to existing housing options through addressing regulatory, policy and practice barriers by regularly attending housing related meetings.

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

Objective 2: Through the Housing Consortium/COC meetings, continue to work collaboratively with agencies awarded HUD housing to ensure Orange County is effectively managing housing options through Coordinated Entry.

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

Objective 3: Continue to work closely with the DDRO and providers to monitor and manage priority requests of individuals seeking certified and non-certified housing options. Promote the use of evidenced-based practices for all. The County will continue to support the workforce by providing specialized training.

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

Objective 4: Encourage agencies to seek funding opportunities for appropriate housing for transitional age youth with behavioral health needs. This is likely to include youth aging-out of foster care, residential treatment centers (RTC), secure developmental centers, residential schools, and hospital behavioral health inpatient units. Provide training to agencies that provide housing to transition age youth to increase programming and activities that promote wellness, employment, socialization, transportation, and independent living using evidenced or research-based practices.

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

Objective 5: Explore mother child housing options for mothers who are in early recovery from substance use disorder.

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.

### 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)
- 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.

Orange County consists of both urban and rural areas making transportation to behavioral health services a challenge for many individuals. The lack of public transportation has often been given as a barrier to seeking and maintaining engagement in treatment. Medicaid transportation is only available to individuals with active Medicaid and there are few, if any, other alternatives, preventing many people from accessing care. Medicaid transportation requires three-day notice to schedule. Emergency transportation is available for emergencies but requires a provider's assistance to obtain. With the addition of a behavioral health urgent care, it would be beneficial if Medicaid transportation could respond to "urgent care" needs. The opioid epidemic has resulted in a growing number of individuals who have private health insurance without transportation benefits or a lapse in health insurance, and therefore do not have the means to get to and from treatment. There are some treatment providers that will provide transportation to and from inpatient treatment on a limited basis. There has been a limited increase in access to Medicaid transportation for some individuals, including those who are HARP enrolled and those who participate in the TBI Waiver, for non-medical appointments.

Orange County has implemented a Think Differently Committee to improve accessibility throughout Orange County, including the area of transportation, for individuals of all abilities. The Mission of the Think Differently Committee "is to fulfill the promise of a community where all people can fully participate, are valued for their unique contributions, and can achieve their dreams."

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.

The LGU will continue to advocate for improved transportation options for individuals with behavioral health needs.

### 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 LGU will participate in the Think Differently Committee, and other committees as appropriate, to help ensure that individuals with behavioral health needs are represented.

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

Objective 2: The LGU will advocate for changes to the Medicaid transportation process to allow for transportation to address individual's behavioral health urgent care needs.

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.

## 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

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

The Department of Mental Health continued to strive for improved access to care by completing the collaborative transformation of the behavioral health crisis service continuum in 2020 with the agencies that are contracted with the County to provide crisis services across all three disability areas. This transformation was informed by the Orange County Changing the Addiction Treatment Ecosystem project and includes several significant improvements. OCDMH established a single dedicated 1-800 number for individuals with behavioral health needs and it co-located with 911 call takers at the Emergency Services Building starting on April 1, 2019 and transitioned to the 3-digit dialing code 311 in 2020. The Crisis Call Center provides a 24/7 clinical telephonic response and dispatches the Mobile Response Team when clinically indicated. The Crisis Call Center also dispatches certified Peers, including three FTEs of Peers dedicated to this project, to assist individuals in connecting to, and navigating, the behavioral health system. All outcomes are reported to the OCCCC and the OCCCC will follow-up with all callers to determine if their needs were met, and if appropriate, ensure engagement in treatment services. The OCCCC is responsible for data collection and reporting to the Orange County Department of Mental Health on a regular basis. The OCDMH collaborated with the contract agencies providing these crisis services to ensure that sufficient and consistent training is provided to all staff.

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.

Monitor the behavioral health crisis services system to ensure that the needs of Orange County residents are being met efficiently and effectively.

### 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: Provide support and attend regularly scheduled meetings to monitor the implementation of, and data related to, the behavioral health crisis system (Crisis Call Center, Crisis Mobile Response and Crisis Peer Response).

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

Objective 2: Explore funding opportunities for additional resources to address crisis needs including housing.

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

Objective 3: The Director of Developmental Disability will continue to participate in regular meetings with the Orange County Crisis Call Center, NYSTART, the OPWDD High Risk Case Review meeting, etc. and provide support and consultation as needed.

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 Crisis Services available in Orange County have been transformed over the last two years. In 2019, the crisis response became a collaborative response provided by three agencies contracted with the county, the response encompasses all three services areas, the OCCCC is co-located with 911, and follow-up is a contractual a requirement. In 2020, the implementation process was completed including the transition from the 1-800 number to the 3-digit dialing code 311. Marketing of the OCCCC also began in 2020 with digital and traditional billboards and radio ads. The OCCCC also took on a significant role in the COVID-19 Pandemic response particularly in the area of food insecurity that the Pandemic exacerbated, however they also assisted individuals by connecting them to behavioral health, educational, technology, and child care resources needed during the pandemic.

The Orange County Department of Mental Health Developmental Disability Services Division updated their website's 911 and Project Lifesaver registry to clarify these services. Project Lifesaver is designed for individuals who require 24-hour supervision and provides a GPS monitor and education on how to use it for their caretaker. The 911 registry is a voluntary program which allows individuals to have an alert in the 911 system in case a 911 call is made from the residence. Referrals can also be made to NYSTART on behalf of individual with OPWDD eligibility who have crisis needs.

## 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.

Like much of the country, Orange County is experiencing a staffing crisis for entry level human service jobs, specifically direct support professionals (DSP) in the developmental disabilities system. This is having a significant impact on access to both certified and non-certified services. The lack of qualified DSPs still exists despite the OCCSI initiative to increase rates of pay and provide training. OPWDD does not share data indicating how many individuals have been approved for services but are still waiting for supports, however, this is the most common complaint from family members and care coordinators and appears unchanged.

Orange County has continued to have difficulty recruiting Psychiatrists and Psychiatric Nurse Practitioners across all service areas. The cost to recruit and retain Psychiatrists and Psychiatric Nurse Practitioners continues to increase. The Substance Use Disorder system is experiencing a shortage of competent Credentialed Alcoholism and Substance Abuse Counselor (CASAC) level practitioners which negatively impacts the service system and challenges them to meet regulatory requirements.

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.

**Continue to focus on workforce issues, particularly targeting the unique needs and challenges of recruiting and retaining Psychiatrists (OMH/OASAS), Psychiatric Nurse Practitioners (OMH/OASAS), CASACS (OASAS) and direct support professionals (OPWDD).**

### 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: Continue to offer and coordinate evidenced based practices such as Motivational Interviewing, Cognitive Behavioral Therapy, Stages of Change, Applied Behavior Analysis, etc. to build competency and encourage retention of qualified staff.

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

Objective 2: Continue to facilitate communication with providers and OPWDD to address workforce and retention issues.

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

Objective 3: The LGU will facilitate workforce development discussions during the monthly providers meeting to encourage providers to align recruiting strategies and shared workforce options.

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.

### 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

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The Employment and Training Administration has targeted funding to assist people who are in recovery from opioid use disorder (OUD) to become employed. Orange County Employment and Training has partnered with our local Alcoholism and Drug Abuse Council (ADAC) to develop a workforce development curriculum for those in recovery. Employment opportunities have been significantly impacted by the COVID-19 Pandemic.

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.

Ensure the SUD provider system is aware of Employment and Training resources for individuals in recovery from OUD.

### 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: Share information regarding employment resources available through employment and training at the inpatient/outpatient provider meeting and other appropriate venues.

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

Objective 2: Share links and information with individuals, families, care managers and all stakeholders regarding employment opportunities as they become available; advocate for job development and expanded opportunities through OPWDD.

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.

Employment opportunities across all service areas continue to be significantly impacted by the COVID-19 Pandemic.

## 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.

The Orange County Department of Mental Health facilitates, participates in, and supports numerous prevention initiatives. Prevention education was provided to all 18 public school districts, two private schools, and three college campuses in Orange County in 2019. Prevention activities were impacted by the COVID-19 Pandemic and therefore though the Alcoholism and Drug Abuse Council (ADAC) plans on providing prevention related programs and services in all 18 school districts in 2020 like they did in 2019 but this could be impacted by the pandemic. re will be overlapping prevention services in various school districts by different prevention providers, however, due to the current COVID-19 pandemic programmatic details have yet to be confirmed. As of now, the Too Good for Drugs Program will be provided to the students of 5 out of the 18 school districts. Teen Intervene Intervention programming was provided to 8 school districts to date.

The Changing the Orange County Addiction Treatment Ecosystem Prevention-Education Workgroup continues to strive for countywide implementation of evidenced-based substance abuse prevention strategies and programs. The Prevention-Education Workgroup combined with the Adolescent Workgroup to explore countywide data on adolescent use of alcohol and other substances. The Prevention-Education Workgroup has broadened its focus in 2020 to include a co-occurring focus as research indicates that most children and adolescents who start using substances at a young age also have a history of trauma and/or unmet mental health needs. The National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH) also highlight the link between opioid use, opioid use disorder and suicide noting that up to 30% of overdose deaths may actually be suicides. This strategy of implementing evidenced-based substance abuse prevention strategies and programs county-wide is helping to build capacity across our substance abuse and mental health systems.

The Orange County Department of Mental Health continues to promote suicide prevention education and awareness efforts while also promoting the use of evidenced-based strategies and tools. OCDMH has increased access to community-based behavioral health services as a preventive measure, through the expansion of mental health satellite clinics in multiple school districts and community-based settings.

Orange County continued its collaborative initiative with Cornell Cooperative Extension to reduce Adverse Childhood Experience's (ACE) and mitigate the impact of ACEs for those that are not able to be prevented. Please see ACEs section for further details.

Orange County also participates in regional Co-Occurring Disorder Awareness (CODA) activities.

**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.

Orange County will continue to explore prevention funding and resources to in increase health and wellness for the individuals.

### 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: Encourage and partner with providers to implement evidenced-based prevention strategies in community agencies, schools and through community education.

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

Objective 2: Seek new funding to support prevention efforts across the County.

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.

Substance Abuse prevention efforts continue to slowly increase within the county however, prevention efforts in 2020 have been impacted by the COVID-19 Pandemic and the impact is yet to be fully determined.

The Orange County Department of Social Services continued to received funding from the New State Office of Child and Family Services allowing OCDMH to continue to have an Addiction Case Manager within Child Welfare. The ACM has successfully assisted Child Welfare Staff in identifying parents and caregivers in need of SUD treatment, while also identifying children in need of selected and indicated prevention efforts.

OMH has provided funding for suicide prevention focused on older adults.

Orange County continues to partner with schools and communities to promote prevention through education and training of evidenced-based practices.

Orange County continues to increase attendance at trainings by providing Continuing Education Units when appropriate to build competency throughout the provider system. Orange County is planning a virtual regional CODA conference for the Fall of 2020.

In partnership with Cornell Cooperative Extension Center, Orange County provided screenings of the film Resilience followed by community conversations on Adverse Childhood Experience and established workgroups with the goal of Orange County preventing and mitigating the impact of ACEs in Orange County.

## 2g. Inpatient 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.

Orange County has capacity for multiple levels Substance Use Disorder and Mental Health treatment including:

- The NYS OASAS Addiction Treatment Center (ATC) located in Orange County transitioned back to an 818 from an 820 on April 1, 2019 and continued to function as an 818 in 2020. The ATC provides inpatient SUD treatment and gambling treatment as needed.
- One licensed 820 that has been on a cease admission status since the fall of 2019 due to inadequate program staffing.
- Two NYS licensed OASAS providers are transitioning to an 820 license and both providers offer the reintegration level of care.
- One licensed OASAS program that opened in 2019 holds an 816 and 818 license.
- One hospital based 816 detox and 818 rehabilitation level of care.
- There are two OMH designated 9.39 hospitals in Orange County, but there are no inpatient mental health services for children and adolescents within the County.

Inpatient services for specialty populations continues to prove challenging. The need for adolescent specialty services in SUD including in-patient treatment continues to outpace availability. The OASAS ATC provides a woman's specialty track as needed, but there are no inpatient services for woman who have children and no childcare options.

Although there is a rich number of licensed providers within Orange County, consistent assessment and admission criteria, as well as person-centered treatment and discharge planning continues to be a challenge. Care Managers who serve the OMH and OASAS populations continue to be embedded in emergency departments to help link and transition individuals to appropriate community-based care, however anecdotal reports seem to indicated that individuals with SUD needs may be less frequently enrolled in Health Homes than those with mental health needs even if they meet eligibility criteria

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.

Facilitate problem solving conversations on behalf of individuals/organizations who express concerns related to the consistency and quality of screening, diversion, treatment and discharge process at local hospitals.

### 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: Continue to encourage the use of consistent practices and policies by hospitals, including the use of evidence and research-based tools and strategies for assessment, diversion, admission criteria, treatment and discharge planning, recommended by the Changing the Orange County Addiction Treatment Ecosystem to increase positive outcomes and reduce recidivism.

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

Objective 2: Continue to facilitate collaboration between community-based agencies and hospitals through dedicated meetings including but not limited to the Joint Provider Meeting and the Changing the Orange County Addiction Treatment Ecosystem Meeting.

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

Objective 3: Continue to improve the pathway to care, and transitions between levels of care for children and adults, through initiatives such as the Crisis Call Center and expanded access to care.

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

Objective 4: Continue to encourage local hospitals to collect, share, and utilize data as a means of improving outcomes for individuals, particularly those individuals who frequently use hospital level care.

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

Objective 5: Continue to offer Complexity Support Planning Meetings, based on a high-risk protocol, where the LGU facilitates planning discussions with the individual and providers to address the individual's needs and produce better outcomes.

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.

Inpatient level services have inherent limitations and those individuals who present with complex needs experience significant challenges in the transitions between inpatient and community-based care. The Orange County Crisis Call Center helps to divert individuals from hospital level care when appropriate through providing telephonic, mobile and peer responses to individuals experiencing a behavioral health crisis. Individuals who receive emergency or inpatient treatment can access the Orange County Crisis Call Center to help ensure a smooth transition back to community-based services and supports upon discharge.

Two providers were granted OASAS licenses in 2019. One provider is a long standing OMH and OPWDD licensed provider that operates two Behavioral Health Urgent Care Centers through a federally funded Certified Community Behavioral Health Center (CCBHC) grant. These services first became available May 1, 2019 and provide behavioral health supports for urgent behavioral health needs that do not require emergency or inpatient level of care. These behavioral health urgent care centers have been an integral part of the 2019-2020 behavioral health response to the COVID-19 Pandemic as many of the individuals they serve are accessing behavioral health services for the first time. The second new OASAS provider opened in the fall of 2019. In 2020 this provider requested an increase in their census limit due to consistently reaching their capacity. There are also two NYS OASAS providers, who are transitioning to an 820 license.

Another significant change in 2020 is the increase in access to Medication Assisted Treatment in hospitals. Orange County has four hospitals. One provides inpatient detox and rehabilitation services as well as inpatient mental health services and has begun offering MAT in the forms of Vivitrol and Suboxone. The other hospital also operates an outpatient facility and has instituted an automatic referral process for anyone that presents to their emergency department with SUD needs, where they

send a daily list of referrals to their outpatient program. The outpatient program also partners with a local primary care provider to provide MAT as needed.

## 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.

Orange County has recovery and support programs including a PROS program for adults with Severe Mental Illness (SMI) and Peer and Recovery Coaching services for those with a diagnosis of Substance Use Disorders and/or Mental Illness. On-Track NY addresses recovery for individuals ages 16 - 30 who present with first episode psychosis. There is also a NYS OMH operated Assertive Community Treatment (ACT) program. The recovery and support services in Orange County are able to serve individuals with co-occurring needs.

ONWARD Recovery is a NYS OASAS funded and licensed Community and Outreach Recovery Center that serves multiple counties and is located within Orange County.

The Alcoholism and Drug Abuse Council (ADAC) also provide Recovery Coach Training and Peer Support Groups for Peers working in the field. There were 56 Peers trained as Recovery Coaches in 2018 and 51 trained in 2019. Thirty-Eight Recovery Coaches have been trained in 2020 to date, but current training has been put on hold due to the pandemic. The Mental Health Peers working for the two largest Peer Run Mental Health agencies have been trained in Recovery Coaching. Orange County also has Family Partners, that are funded by OMH to support families involved with the children's mental health system. Family Partners have their own lived experience as a parent of a child who has mental illness and/or co-occurring disorders. Orange County Family Partners are seeking NYS Peer certification.

There are also numerous grassroots level initiatives, support groups and self-help groups for those in recovery including a local chapter of Friends of Recovery.

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.

Support and promote multiple pathways to achieve recovery.

### 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: Participate in and monitor implementation of funded behavioral health initiatives including but not limited to: CFTSS Services, Jail-based SUD Treatment and Transition Services, OCFS embedded SUD worker, NIDA HEALing Communities Study, and School-based Satellite 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.

Providers are now providing Children and Family Treatment and Support Services (CFTSS) for Children's Behavioral Health Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services for children and youth under the age of 21. The six new services are and outgrowth of New York State's Medicaid Redesign efforts and includes Other Licensed Practitioner,

Crisis Intervention, Community Psychiatric Supports and Treatment, Psychosocial Rehabilitation Services, Family Peer Support Services and Youth Peer Advocacy and Training. These services offer opportunities to better meet the behavioral health needs at earlier junctures in a child's life, and to prevent the onset or progression of behavioral health conditions, while also preventing the need for more restrictive and higher intensity services, however the reimbursement structure has made it difficult for providers to hire and retain adequate staff.

Orange County hired a Data Surveillance Coordinator and assigned a Project Manager for the NIDA HEALing Communities Study.

## 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)
- 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.

Over the past few years Orange County has partnered with agencies and programs to implement strategies to reduce stigma through community education, awareness events, and the promotion of peer supports and services. Prevention coalitions, Voices United 4 Change, NAMI, American Foundation for Suicide Prevention (out of the Darkness), and MHA Autism Move-a-thon have all dedicated campaigns and community activities to increase awareness and reduce stigma.

**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.

Reduce stigma related to people who have Substance Use Disorder, Developmental Disabilities, and/or Mental Health Disorders. Provide and support the provision of education and training, including but not limited to: Mental Health First Aid, ACEs, Crisis Intervention Team Training, Suicide Prevention, community forums, and WELCOME Orange Orientation. Orange County has dedicated considerable resources to reducing stigma over the last several years and continues to make progress in this area.

### 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: Continue to coordinate and/or provide trainings such as Mental Health First Aid, Crisis Intervention Team (CIT), ACEs, WELCOME Orange Orientation and suicide prevention education and trainings to decrease stigma and increase access to care.

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.

Orange County has multiple out-patient providers. In an effort to reduce stigma, OCMDH is educating the provider system and the community about the necessity of Medication Assisted Treatment for individuals challenged with substance use disorders. As part of the effort to combat stigma, twelve CIT officers were trained and graduated from CIT in 2020, however, due to the current COVID-19 Pandemic CIT in person training has been put on hold. CIT training includes increasing knowledge and of resources available for individuals with behavioral health needs. Increased access to treatment also serves to reduce stigma and therefore, OCMDH has expanded partnerships with school districts and community partners including applying to open satellite clinics in two new school districts to address co-occurring needs.

The Changing the Orange County Addiction Treatment Ecosystem project also worked to reduce stigma through educating stakeholders and the community about Substance Use Disorders and treatment options.

Since March of 2020, due to the COVID-19 Pandemic, awareness and training has been provided virtually, and online messaging has increased to reach the population through social media. Support groups and town halls have also been held virtually to encourage involvement.

## 2j. SUD Outpatient 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.

All providers transitioned to primarily telehealth services during the COVID-19 Pandemic in order to maintain outpatient services while reducing the risk of community spread.

Orange County has five (5) NYS Licensed 822 outpatient treatment providers including two providers with multiple sites within the County who collaborate with inpatient treatment providers.

- The newest provider is an OMH and OPWDD licensed provider that was granted an OASAS license following the receipt a federal SAMHSA grant allowing them to create a certified community behavioral health center.
- One of the 822 out-patient providers is co-located with a MAT out-patient treatment program (OTP).
- One of the 822 outpatient providers, that has multiple sites in the county, became the first outpatient provider in Orange County to receive a NYS OASAS license to provide gambling treatment.
- The ATC co-located outpatient and OTP program prioritizes admissions for women.
- One NYS OASAS 822 licensed out-patient provider provides adolescent specialty programming.

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.

Orange County will work with community providers, as part of implementing the County's Changing the Orange County Addiction Treatment Ecosystem initiative, to provide best practice interventions, increase access to treatment, offer treatment on demand, and build capacity to provide medication assisted treatment.

### 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 Changing the Orange County Addiction Treatment Ecosystem Medication Assisted Treatment workgroup will implement strategies and reduce barriers to access to SUD medication management.

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

Objective 2: The Changing the Orange County Addiction Treatment Ecosystem Assessment Tool workgroup will implement strategies and reduce barriers for providers to implement the agreed upon screening tools including the LOCATR and the workgroup will collect data regarding use.

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

Objective 3: Encourage Orange County behavioral health providers to utilize the universal HIPAA and 42 CFR Part 2 compliant release of information authorization form produced by the Changing the Orange County Addiction Treatment Ecosystem workgroup.

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

Objective 4: Providers will participate in the newly combined Changing the Orange County Addiction Treatment Ecosystem Prevention and Education Adolescent workgroup to explore adolescent specific treatment needs and make recommendations.

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.

Regulatory changes aimed at improving timely access to treatment and promotion of best practice interventions continue to occur. Though it has improved, adequate medication assisted treatment is still not consistently promoted or available at all SUD providers. Orange County saw a decline in overdose fatalities in 2019 with 100 individuals lost to overdose and 97 of those being opioid related. As of September 3, 2020, the County has already lost 95 individuals to overdoses despite focused and intensive efforts. It is suspected that NYS Bail Reform and the COVID-19 Pandemic and have both had an impact on the overdose fatality rate in 2020 despite the flexibility in regulations provided under the COVID-19 Emergency that have allowed providers to increase telehealth and telephonic treatment including the provision of MAT.

### 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.

Orange County is still faced with greater need for SUD inpatient treatment services than are available. There are no services dedicated solely for women, and no inpatient services at all for adolescents within the county. The inpatient SUD providers that do operate within the County serve both adult men and woman. Orange County often relies on out of county providers that specialize in woman and/or children when there is a need for inpatient treatment services for these specialized populations. All licensed SUD residential services fall under the NYS OASAS 820 regulations which includes services for crisis stabilization/rehabilitation/and/or reintegration and currently Orange County does not have an operating 820 licensed facility. This creates confusion for clients in need of services and for family and community members trying to access services. Lack of consistent access to residential services and appropriate assessment for residential level of care continues to provide additional challenges for individuals trying to access this level of care. Insurance reimbursement and copays also continue to be a significant barrier to accessing the appropriate level of treatment for some.

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.

Orange County will continue to educate the community on residential services available, while promoting priorities outlined in the Changing the Orange County Addiction Treatment Ecosystem initiative, and promoting the development of appropriate residential services for all populations, specifically focusing on services for women.

### 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: Providers will continue to participate in the Changing the Orange County Addiction Treatment Ecosystem workgroups to build capacity for MAT, promote consistent screening and assessment, encourage use of the standardized authorization form, and coordinate prevention and education efforts.

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

Objective 2: The LGU will continue to explore residential options for underserved populations including women, pregnant women and youth.

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.

OASAS Residential Providers continue to transition to the 820 license and regulations. As more individuals' social determinants are impacted by SUD, specifically Opioid Use Disorder, we see a growing need for residential services and for transitional services, as individuals step down from higher levels of care or from the criminal justice system.

## 2I. 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.

Orange County, like the state and nation is experiencing a shortage of providers who are qualified and willing to provide MAT for opioid use disorder. There are not enough addiction experts who are willing to provide MAT and/or who have the clinical expertise and understanding of SUD; there is also a lack of clinical competency among direct care providers across disciplines.

One provider in the medical corridor in one Orange County community, that was newly licensed in 2019, requested approval to increase their capacity in 2020.

Orange County's largest outpatient provider is the recipient of the State Opioid Response (SOR) funding. The SOR Team works closely with our 24/7 Orange County Crisis Call Center to coordinate timely and appropriate Peer Responses.

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.

Monitor the progress of the Changing the Orange County Addiction Treatment Ecosystem workgroups.

### 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: Facilitate partnerships between behavioral health providers, hospitals and primary providers and others to increase access to MAT, ensure standardized screening, assessment, prevention and education efforts, and promote the use of the standardized authorization form.

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.

Orange County continues to maintain a very active MAT workgroup aimed at promoting MAT as the gold standard of treatment for OUD. Synthetic Drug compositions change frequently making it challenging to adequately treat individuals with OUD and reduce overdoses. NYS Bail Reform has had both positive and negative impacts on the criminal justice and SUD systems. One unintended consequence of Bail Reform has been on the ability to connect people who have contact with police with services at the time of arrest. The system has also been negatively impacted by the COVID-19 Pandemic which led to some individuals not being able to access inpatient level treatment for OUD despite the relaxation of some regulations in the OASAS system.

## 2m. Coordination/Integration with Other Systems for SUD 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

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Orange County is the founder of the WELCOME Orange initiative, which continues to serve as the umbrella for the County behavioral health system. It emphasizes providing a welcoming and hopeful environment and a warm hand-off, while embracing the expectation that individuals come to us with complex and co-occurring needs. The WELCOME Orange philosophy continues to expand to human service providers, primary care, criminal justice, education and other partners. The model of WELCOME Orange was adopted by neighboring counties.

The County continues to partner with stakeholders from across multiple systems to implement the recommendations of the Changing the Orange County Addiction Treatment Ecosystem initiative and is planning for a Fall 2020 Co-Occurring Disorders Virtual Conference to build the system's capacity to provide treatment and support to individuals with complex cross system needs.

**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.

Promote the WELCOME Orange philosophy and implement the recommendations of the Changing the Orange County Addiction Treatment Ecosystem initiative.

### 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: Continue to provide education on WELCOME Orange including at least two formal orientation trainings per year and provide consultation to agencies on agency/program assessment and planning using the COMPASS-EZ.

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

Objective 2: Continue to hold steering committee and workgroup meetings to monitor the implementation progress of the Changing the Orange County Addiction Treatment Ecosystem initiative.

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

Objective 3: Plan and coordinate cross system training to build professional development and expertise to address co-occurring disorders.

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.

WELCOME Orange orientation continues to be offered and the ability to offer the orientation virtually is being explored. Regional conferences and events were held by the Regional Planning Consortium (RPC) outlining the comprehensive continuous integrated system of care (CCISC) model that WELCOME Orange is based on. Surrounding counties have begun adopting the CCISC model and Orange County has continued to move forward with building a more co-occurring capable and welcoming system by offering a Virtual Regional Co-Occurring Disorder Conference in the Fall of 2020.

The Orange County Department of Mental Health operates a clinic in the Orange County Jail. The Jail Clinic continues to collaborate with corrections and medical staff to identify inmates with alcohol/opioid addiction and recommend the voluntary Vivitrol program as a form of medication assisted treatment (MAT). Corrections has recently posted a request for proposals (RFP) for Jail-Based Behavioral Health services. Once this the RFP process is complete, the Orange County Department of Mental Health will assist with the transition to the new provider of this service. This decision was a collaborative decision made to best meet the needs of the individuals incarcerated at OCJ. OCDMH's Jail-based Addiction Case Manager will continue to be located at the County Jail and will continue to assist with treatment and transition services for individuals with SUD.

## 2n. Mental Health Clinic - 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.

Orange County has five (5) agencies with OMH licensed outpatient clinics. The County operated clinics continue to have satellite locations in three school districts, and a primary care office, and has opened satellite locations in Social Services and Probation to increase access to care. Orange County Department of Mental Health is having planning conversations with three additional school districts that are interested in implementing school-based satellites to meet community needs. There are two PROS programs for adults and one Intensive Day Treatment (IDT) program for children, which can only be accessed through school districts. One provider has a waiver to provide expanded Intensive Outpatient Services and one agency received a CCBHC grant to help reduce the need for higher level, higher cost inpatient care. Two of the licensed programs continue to have same day access for first appointments but there is still a need for others to implement this practice despite the County facilitating trainings over the years on this model. Orange County has made a commitment to training and ongoing support to understand and treat individuals with complex needs who may be impacted by mental illness, substance use disorders and/or developmental disabilities. Despite great strides over the past twelve months, mental health clinics continue to feel the impact of the Psychiatry and Psychiatric Nurse Practitioner shortage. This is negatively impacting programs ability to recruit and retain prescribers while simultaneously increasing costs.

The increased utilization of telehealth and the relaxation of State regulations removed obstacles and improved access to care during the COVID- 19 pandemic. This has resulted in increased participation in treatment for several OMH and OASAS licensed programs as evidenced by increases in both initial intakes and overall show rates. The increased ability to provide telehealth services has also help to increase access to psychiatric assessments and ongoing medication management by both Psychiatrist and Psychiatric Nurse Practitioners. Despite the challenges that remain in recruiting, the new rapid access and treatment planning regulations announced in August of 2020 have reduced administrative burdens, including in relation to doctor's signatures, and are anticipated to have a positive impact on Article 31 Clinics.

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.

Continue to expand access to outpatient care.

## 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: Continue to actively recruit Psychiatrists and Psychiatric Nurse Practitioners, particularly those who can serve children.

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

Objective 2: Orange County operated clinics will continue to expand access to community-based care through satellite offices.

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

Objective 3: Orange County will continue to facilitate training to support the care and treatment of individuals with complex needs who may have co-occurring mental health, substance use, and or developmental disability needs.

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.

Orange County applied for satellite licenses in two additional school districts and request have been received from other districts. Training has been provided to expand competency in the care and treatment of individuals with complex needs. Orange County's Court Connections projects provide an intercept point for individuals involved in the criminal justice system to be directed to treatment instead of jail, but voluntary enrollment has been impacted by Bail Reform.

Mental Health Clinics have been significantly impacted by the COVID-19 Pandemic. Though the pandemic created multiple challenges for the system it also spurred innovation. Programs very quickly converted the majority of their business to telemental health services and most providers have reported higher levels of engagement as evidenced by increased show rates and referrals. Mental Health Clinics and providers of all types of human services and supports have gone above and beyond during the COVID-19 Pandemic to ensure that individuals' needs are met regardless of what that need is. They have also demonstrated and encouraged resilience by providing support to their community, staff and other first responders across the County.

The regulatory changes that were put into effect on August 19, 2020 will reduce the documentation burden on programs while also making it easier for individuals who have been discharged from an episode of care to return to treatment. Though programs have not yet had the opportunity to operationalize these changes, the impact is anticipated to be positive for both those receiving and providing care.

### 2p. Mental Health Care Coordination - 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.

The transition to Health Home Care Management has improved care coordination for those with medical needs; however, those with chronic behavioral health needs continue to be impacted by the decrease in the intensity of the services they receive. In addition, there are fewer Care Management services available for individuals who do not have Medicaid. At this time, the Children's Health Home appears to have adequate resources to meet the need. Mental Health Care Coordination, like all types of services was impacted by the COVID-19 Pandemic.

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.

Through the Conference of Local Mental Hygiene Directors (CLMHD), participate in discussions to improve and right-size care management 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: Through Orange County adult and children's SPOA, continue to provide case specific support and monitoring for individuals with complex needs and general information to the community about care management services.

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

Objective 2: Orange County adult and children's SPOA will continue to facilitate communication among the Care Management agencies and other community providers serving individuals in Orange County, to ensure appropriate connection to care management service for children, and care management and housing services for adults.

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.

Though more individuals are being identified that qualify for care coordination services, Orange County suspects that there are additional populations that would benefit from care coordination services, such as individuals with substance use disorders

Primary healthcare does not consistently reach out to the local behavioral health system. This leads to potential duplication of services in a time when maximizing funding resources is increasingly important.

Care coordinators played a significant role in the COVID-19 Pandemic response. The Crisis Call Center often connected individuals to their care coordinators to assist with obtaining resources which included essentials such as food, and food delivery for those without transportation. Some care coordinators reported having more frequent contact with the individuals they serve due to the reduction in travel and the use of virtual modalities.

### 2q. Developmental Disability Clinical 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.

The County continues to offer valuable, free training opportunities to build expertise, but improved attendance to a broader audience would help expand use of evidenced-based practices.

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.

Build workforce capacity and expertise across all programs and supports and expand attendance and virtual training opportunities.

### 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: Provide and support in person and virtual trainings required to build competency for co-occurring disorders.

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

Objective 2: Promote routine screening for trauma history as part of the intake process for residential, day programs and the development of the Life Plan.

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 Director of Developmental Disabilities will become certified to train on Youth Mental Health First Aid.

The only Article 16 Clinic located in Orange County closed in August 2020 due to an inability to attain financial sustainability. The agency and surrounding counties developed transition plans for the affected individuals and families. However, increased travel times to specialty providers outside of the County has historically been a burden for families.

## 2r. Developmental Disability Children 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.

The Developmental Disabilities Division is available to consult with schools, providers and families to ensure Life Plans are comprehensive, consistent with self-direction, and that individuals are able to achieve quality outcomes. There are a number of services and supports available to children, however an increase in services available to youth ages 12-17, especially for those with challenging problem behavior, would be beneficial.

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 the number of quality individual and group supports for children.

### 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: Promote the use of community habilitation to increase integrated community and social opportunities for youth ages 12 – 17 and access to those opportunities for those with challenging problem behaviors.

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

Objective 2: Advocate for the retention of family support services.

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

Objective 3: Continue to promote the importance of coordinating Life Plans with educational programs and teaching strategies.

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.

### 2s. Developmental Disability Student/Transition 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.

The Director of Developmental Disabilities offers consultation and information to school districts, families and providers as requested.

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.

Continue to facilitate communication between the OPWDD system, school districts, BOCES and other programs.

### 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 Director of Developmental Disabilities Services will continue to participate in the Transition Planning Council and CSE Chair meetings as requested. She will also continue to provide informational sessions to the districts, parents, and pupil personnel staff about services, eligibility and access with a standing offer to assist with the eligibility process.

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.

### 2t. Developmental Disability Respite 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.

The number of teens and young adults presenting with co-occurring mental illness and/or substance abuse seeking services and supports is increasing. Existing supports struggle to meet the complex needs of individuals with co-occurring disorders. OPWDD options for planned and emergency overnight respite and social/recreation programs that serve as respite need to be developed, especially for hospital diversion and step down. Through NYSTART, the closest crisis respite is in New York City. One respite house has recently opened but is only available on weekends.

**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.

Advocate for the development of overnight and social/recreational respite options for individuals with co-occurring needs.

### 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 for respite opportunities that are meaningful, person centered and can accommodate individuals with complex needs.

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.

## 2u. Developmental Disability Family Supports - 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.

Orange County has several family support funded services however, many of the social recreational programs are unable to support people with challenging problem behaviors.

**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.

Continue to monitor the status of family support services within the county and identify need.

### 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: Participate in Family Support proposal review process along with other counties in the region.

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.

### 2v. Developmental Disability Self-Directed 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.

The DDRO is taking the lead on Developmental Disability Self-Directed Services with informational sessions and offering this information through WebEx during COVID-19. Orange County has posted information about the DDRO's offerings on the County website. During COVID-19, these sessions are all being offered virtually. One challenge that is frequently reported is that families sometimes do not realize the level of responsibility they will have when they begin the process of budgeting and/or hiring staff in the Self-Directed model. There also continues to be concern about how hired staff will be trained and supervised.

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.

Continue to support efforts to educate providers and families on self-directed 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: Post the schedule of information sessions to the calendar on the County website.

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 increase in the number of individuals and their advocates choosing self-direction has led to further loss of staff and revenue for agencies providing community supports and services because of the rates that self-direction can pay compared to what the agencies can pay. Increased training is needed for self-directed staff who do not have the benefit of ongoing training provided by an employer. To address this concern some CIHS trainings are now open and advertised to the public so that all staff, families and advocates can participate in trainings related to safety, behavior, social skills, etc. Due to the COVID-19 Pandemic, these sessions will be offered virtually moving forward.

### 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.

Over the years, much effort and many resources have been devoted to bringing on new services and workforce training to build the competence required to support children and adults with ASD and their families.

**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.

Continue to oversee implementation of the Coordinated In-Home Supports Project and in-home behavior support consultation for children with ASD.

### 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: Continue to provide in home behavior consultation for children with ASD enrolled in the Coordinated In-Home Supports Project and through the family support grant for children with ASD that are not enrolled.

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

Objective 2: Continue to offer core and ongoing training and consultations through CIHS.

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

Objective 3: Continue to facilitate continuous quality improvement meetings with 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.

## 2x. Developmental Disability Front Door - 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 schedule of Front Door Orientation sessions is posted to the Orange County website. Front door has been flexible and responsive to providing overviews through WebEx during the COVID-19 Pandemic.

**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.

Continue to support and monitor the Front Door/EAA process.

### 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: Post the monthly schedule of orientation sessions to the calendar on the County website.

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.

## 2y. Developmental Disability Care Coordination - 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.

Transition from Medicaid Service Coordinators to care management and from Individualized Service Plans to Life Plans is complete. However, there is still high turnover and many new care managers entering the workforce who are not familiar with community supports and OPWDD services and require training and technical assistance.

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.

Monitor and provide information and technical assistance to Care Coordination Organizations in Orange County as needed.

### 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: Continue to assist individuals and families to resolve concerns and advocate as needed.

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

Objective 2: Continue to educate families, schools and others about CCOS.

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.

Care coordinators have been working virtually through COVID-19.

## 2ab. Problem Gambling - 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.

Orange County has one Addiction Treatment Center (ATC) that provides inpatient treatment for gambling addiction and has one newly licensed outpatient gambling treatment provider. The Mid-Hudson Regional Gambling Resources Center provides education on gambling prevention in Orange County and serves as an information and referral source for treatment. OCDMH will continue to promote and support public awareness of gambling prevention.

NYS Richard C. Ward Addiction Treatment Center recently transitioned back to an 818 in-patient treatment center from an 820 OASAS license.

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.

Promote awareness and provide education on prevention of problem gambling.

### 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: Two trainings addressing problem gambling will be available in Orange County yearly.

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

Objective 2: Encourage the marketing of gambling treatment resources to increase public awareness and access.

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.

## 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.

The Orange County Department of Mental Health is continuing to partner with Cornell Cooperative Extension to work with community members and professionals who have attended screenings of the film Resilience, each of which was followed by in-depth, participant-led, but guided discussions. Participants have been from behavioral health, social services, primary care, education, and health systems while also including community members. film documents the long-term effect of Adverse Childhood Experiences, i.e. the biology of stress, as well as the science of hope by consciously fostering the development of resilience in communities, families and children. community conversations contributed to public education around the effects of toxic stress as well as allowing for brainstorming ways the community can better support families. se conversations also led to the creation of workgroups tasked with reducing adverse childhood experiences in Orange County and mitigating the impact of those that could not be prevented. workgroups are, the Charter workgroup tasked with creating the mission, vision and goals for the project, the Community of Practice workgroup tasked with identifying training needs, initiatives and programs to further the mission (i.e. Handle with Care, Healthy Steps, School-Based approaches), and the Education workgroup focused on marketing, outreach, materials and shared resources. Maternal Infant Community Health Collaborative Program (MICHC) is addressing ACE's through education of family members on home visits. Orange County Training Institute and OUBOCES have also purchased the rights to the film Resilience. This allows for increased screenings of the film in multiple venues. Orange County has committed to a collaborative approach to addressing the impact of ACEs in our community. Reducing exposure and mitigating the impact of ACEs will improve physical and behavioral health in Orange 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 awareness and understanding of Adverse Childhood Experiences and begin work to foster resilience in Orange County communities, families and children.

### 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: Support awareness of ACEs through continued screenings of the film Resilience followed by community conversations to inform next steps.

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

Objective 2: Encourage community participation in ACEs workgroups to reduce ACEs and mitigate the impact of those that cannot be prevented while building resilience in Orange County's communities, families and children.

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 Resilience Committee and workgroups met throughout the year. A mission and vision were established, and workgroups focused on moving the goals of the project forward. The in-person meetings were cancelled due to the COVID-19 Pandemic, however, virtual meetings recently resumed, and Cornell Cooperative Extension is leading the effort to move these conversations to action.

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**COMPLETE**

Monday, September 14, 2020 2:46:26 PM

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**Q1**

Contact Information

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**Q2**

**Orange County Dept of Mental Health**

LGU:

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### 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 Mental Hygiene Service System was and continues to be impacted by COVID-19 in a variety of ways. Early in the pandemic, mental health, substance use disorder and problem gambling, and developmental disability services providers very quickly adapted to the new environment by converting to mostly telehealth and telephonic and virtual services. The relaxation of regulatory requirements under the Governor's Executive Orders made this transition possible and allowed for individuals across all service areas to stay connected to their service providers. Many agencies faced challenges including work force shortages due to staff illnesses and quarantines and an inability to obtain the necessary PPE and cleaning supplies to provide care safely for those individuals that could not participate in telehealth services. The County's Emergency Management team was able to obtain and supply PPE to many agencies to help alleviate this challenge. Another challenge that was faced early in the pandemic for all populations was the ability to access inpatient and residential services. In order to increase hospital surge capacity and allow for social distancing many hospitals across the state decreased their behavioral health bed capacity. Another challenge for residential and hospital-based care was requirements that individuals have a negative COVID-19 test prior to admission. Many individuals who needed these levels of care did not have symptoms and therefore were not permitted to have a COVID-19 test which prevented them from accessing needed services. Many of these challenges have been significantly reduced as the positivity rate across the state has declined and the access to testing supplies and PPE has improved.

In New York State, as in many other states, the pandemic has had a significant negative impact on the state budget. The budget deficit NY is facing is directly impacting the Mental Hygiene System in the form of 20% withholds to State Aid funding. Though it is hoped that the funding will be restored, the impact on the provider system was immediately evident. The New York State Division of the Budget (DOB) subsequently excluded some services from the withholds. If the remaining 20% withholds become cuts, the Mental Hygiene System, which is already underfunded will be forced to make difficult decisions that will inevitably lead to reduced services during a time where more people are seeking help due to the stress, trauma and uncertainty of the pandemic.

The system realized that the basic human needs of individuals needed to be met in order to meet their behavioral health needs. Despite the many challenges faced by agencies, many also came together to meet the basic needs of the individuals they serve. Many participated in efforts to ensure that food, housing, socialization and even educational needs were addressed. The Orange County Crisis Call Center expanded its services to include not just behavioral health, but also assistance in addressing food insecurity, homelessness, cell phone and internet access, and a variety of other COVID-19 related needs.

Orange County surveyed the provider system regarding the impact of COVID-19. The survey results indicate that most providers were able to successfully transition to virtual platforms allowing for telephonic and video connection with current and new program participants. Isolation was identified consistently across the providers as having a negative impact on the individuals they serve. One respondent identified that African Americans have been disproportionately impacted by the pandemic, which is likely accurate based on national data, but OCDMH does not currently have the local demographic data to make a conclusive statement on this. No respondents report a difference between adult and children's services.

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**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.

The COVID-19 Pandemic has had far reaching consequence on a micro and macro level. Though providers and have done a phenomenal job of adapting to the new environment by converting to mostly telehealth and telephonic services, there have also been many challenges from work force shortages due to staff illnesses and quarantines, to obtaining the necessary PPE and cleaning supplies to provide care safely for those individuals that could not participate in telehealth services. In New York State, as in many other states, the pandemic has had a significant negative impact on the state budget. The budget deficit NY is facing is directly impacting the Mental Health System in the form of 20% withholds to State Aid funding. Though it is hoped that the funding will be restored, the impact on the provider system was immediately evident in such things as supportive housing beds that were temporarily unfilled despite waiting lists and services dollars that were no longer available. the New York State Division of the Budget (DOB) subsequently approved for OMH to make additional payments on the July 2020 State Aid Letter for Supported Housing programs to ensure no disruptions in rental payments to landlords which will allow for those who are currently housed to remain housed and for vacancies to be filled. If the remaining 20% withholds become cuts, the Mental Health system, which is already underfunded will be forced to make difficult decisions that will inevitably lead to reduced services during a time where more people are seeking help due to the stress, trauma and uncertainty of the pandemic.

The survey of agencies who provide mental health supports and services indicates that all providers converted to mostly virtual services due to the pandemic and that this transition was overall successful though some clients were negatively impacted by the lack of in person contact. Most providers are now providing at least some in person services for individuals who are unable to participate in telemental health services or who do not feel they benefit from telmental health services. Mental Health clinic providers have reported an increase in the number of services provided as telemental health services helped to eliminate many barriers including transportation barriers. Admissions to inpatient mental health programs declined during the pandemic and were delayed due to COVID-19 testing requirements. Case Managers have reported an increase in contacts with the individuals on their caseloads. This has been attributed to providing virtual and telephonic services and elimination of travel time. Case managers from many agencies helped to deliver food and essentials supplies to the individuals on their caseloads, particularly early in the pandemic.

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**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.

The COVID-19 Pandemic has had far reaching consequence. Providers quickly and efficiently adapted to the new environment by converting to mostly telehealth and telephonic services, there have also been many challenges from work force shortages due to staff illnesses and quarantines, to obtaining the necessary PPE and cleaning supplies to provide care safely for those individuals that could not participate in telehealth services. In New York State, as in many other states, the pandemic has had a significant negative impact on the state budget. The budget deficit that NY is facing is directly impacting the Substance Use Disorder continuum of services in the form of 20% withholds to third quarter State Aid funding. If the 20% withholds become cuts, the Substance Use Disorder continuum of services that is already underfunded will be forced to make difficult decisions that will inevitably lead to reduced services and prevention efforts during a time where more people are seeking help due to the stress, trauma and uncertainty of the pandemic.

Survey respondents indicated that the ability to provide telehealth services allowed for increases in the ability to provide services. One agency in particular noted a 40% increase in services provided. The ability to engage new clients and maintain contact was a challenge for other programs, for example one program reported a decrease in referrals and communication with many traditional referral sources working remotely which led to a reduction in productivity. Though many individuals did well with the transition to telehealth, others struggled with the lack of face-to-face contact or did not have access to the technology (smart phones, applications, cell phone minutes) to successfully participate in telehealth services. Agencies also reported that some staff struggled to learn to provide substance use disorder treatment via telehealth. Data is not available at this time to determine if specific populations have been disproportionately impacted by COVID-19.

Early in the Pandemic there were many reports of individuals being unable to access inpatient and residential treatment services. The most significant barrier to accessing these levels of care was the inability to produce a negative COVID-19 test. The individuals who needed this level of care were often presenting with no COVID-19 symptoms and therefore were not eligible to obtain a test. This barrier has largely been eliminated as access to testing has improved but could present a problem in the future if there is a spike in positive cases or access to testing becomes limited again.

In 2019 Orange County had a decrease in overdose deaths over the previous year. As of September 2020, the Intensity Drug Trafficking Administration (HIDTA) ODMAP indicates approximately a 19.13% increase in suspected overdoses and a 25% increase in suspected fatalities due to overdose from January 1, 2020 through September 2, 2020 compared to the same time in 2019. Though there is not enough data to draw conclusions as to the cause of this increase, it is suspected that it is in part related to the COVID-19 pandemic.

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**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 OPWDD service system is unique compared to OMH and OASAS services due to the number of individuals who receive residential and day program services. Agencies across the County have strived to maintain services to the highest degree possible, however, individuals who received day habilitation services for example have not been able to receive these services consistently throughout the pandemic. These services often provide necessary structure and stability for individuals as well as allowing for skill building which was limited due to the pandemic. Respondents reported increases in isolation and anxiety among the population they serve and their families. Sometimes families have chosen to not participate due to their fears of the pandemic and other times services have been put on hold or converted to virtual means to maintain safety. Though necessary to maintain the health and safety of residents and staff, the inability of families to visit their loved one also put a strain on both the individuals living in the homes and their families. Individuals who had planned on moving into a new housing opportunity have often had to wait due to pandemic related delays. Survey respondents also report that the inability to provide day services and residential services in conventional ways has increased the demand for alternative services such as community habilitation and respite during this time, however there has not been an increase in the approved units needed to support the increased demand.

OPWDD services, like the other services areas, was subject to 20% withholds to State Aid which could jeopardize all OPWDD services, many of which have already been paused or limited to virtual and telephonic supports due to COVID-19. Withholds to essential residential, community and day programs could increase safety concerns for individuals and their families, cause isolation, and regression of progress leading to a loss of independence. Orange County is appreciative of the recent change to the withhold which exempts Individual Services and Supports (ISS) housing subsidies and rent subsidies, however, if the remainder of the withholds become permanent cuts to funding, the long-term impact on individuals and their families would be significant. Many survey respondents reported great concern around the fiscal climate and fear that essential programs and services could be reduced or forced to close.

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**Q7**

a. Mental Health providers

OMH provided timely and sufficient training, educational materials, model policy guidance, and similar materials related to the COVID-19 pandemic. Survey respondents indicated that their needs were met, and they appreciated the ongoing communication and guidance. No concerns or unmet needs were reported.

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**Q8**

b. SUD and problem gambling service providers:

OASAS provided information, educational materials and policy guidance to providers. Providers reported that though OASAS did a great job disseminating and updating providers regularly, providers would still benefit from more policy guidance on temporary and permanent changes to OASAS and Medicaid policy as well as more training on how to transfer evidenced-based addiction group protocols to a virtual group modality and how to support staff experiencing pandemic-related fatigue.

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**Q9**

c. Developmental disability service providers:

c. Overall agencies reported that they received the training, education materials and guidance they needed from OPWDD, DOH and the CDC. One agency suggested that a document or video be created to help explain to clients about the virus and how they can limit risk and exposure.

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Page 2

**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>Increased</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Increased</b>

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**Q11**

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

Inpatient- There is currently an increase in demand for inpatient services, however, early in the pandemic, many individuals who would have likely benefited from inpatient level care did not seek this care.

Support- The Orange County Crisis Call Center experienced a significant increase in the number of calls received.

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**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>Decreased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Increased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>Decreased</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Decreased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Increased</b>

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**Q13**

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

Inpatient and residential levels of care were impacted by changes due to social distancing requirements, surge capacity planning and availability of COVID-19 testing. Residential access was impacted by social distancing and testing requirements. These impacts have been mitigated overtime. Outpatient programs improved access through telephonic and video sessions. Crisis and support services access were increased through the Orange County Crisis Call Center; however, crisis respite was decreased

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**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:

No Mental Health programs reported closing their sites during the Pandemic and all continued to provide all required services. One program reduced in person sessions to one location and most others limited in person sessions to services that could not be provided through telemental health such as injectable medication administration. Programs have slowly begun to increase in person sessions as needed but are continuing to provide mostly telemental health services to maintain social distancing.

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**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**

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

All sites report that they are offering the full array of services through a combination of telemental health and in person.

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**Q18**

**Yes**

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

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**Q19**

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

The county operated clinics provided mostly telemental health services except for injectable medication administration during the early days of the pandemic and have remained mostly telemental health to date; however some clients who struggled to engage in telemental health service, some new clients in need of psychiatric assessment and clients who are part of the WELCOME Orange Geriatric Initiative (WOGI) are receiving in person sessions as needed when they can be provided safely.

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**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).

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**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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**Q22**

**No**

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

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**Q23**

**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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**Q24**

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.

Yes (please describe):

Yes, Programs such as Compeer, Social Club, Friends and Psychosocial Club converted to virtual and effectively reached many individuals who previously could not participated due to barriers such as transportation. One agency started a Newsletter to keep individuals engaged and connected. Websites were developed to make locating resources easier and awareness efforts were converted to virtual models.

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**Q25**

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.

Yes (please describe):

Yes, many provider agencies partnered with OCDSS and local food pantries to ensure those that were food insecure received meals. Though these agencies have long standing partnerships they were expanded, and collaborative efforts were increased to address needs beyond what is normally addressed by each individually. These expanded partnerships can be leveraged to meet ongoing needs as well as emergency needs in the future.

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**Q26**

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

4

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**Q27**

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

Not all agencies responded to the County's survey and therefore it is unknown how many implemented continuity of operations plans. Of those that responded all 4 indicated that they had implemented their plans which allowed them to seamlessly transition to remote work while maintaining all essential services.

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**Q28**

**Respondent skipped this question**

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

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**Q29**

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

Not all agencies responded to the County's survey and therefore it is unknown how many did not implement continuity of operations plans. Of those that responded all 4 indicated that they had implemented their plans which allowed them to seamlessly transition to remote work while maintaining all essential services.

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**Q30**

**LGU**

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?

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**Q31**

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

One agency reported that the LGU assisted with the development or revision of the continuity of operations plan reporting that daily check-ins, resources and support were tremendously helpful to the operation of the Call Center. The County Office of Emergency Management assisted with the procurement and dissemination of PPE and cleaning supplies when needed.

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**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,**

Please provide any feedback on OMH's guidance resources::

Survey respondents indicated that all guidance was helpful particularly telemental health guidance and Infection Control Guidance which was helpful and used to develop Facility Management and Infection Control Policies.

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**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:

Though access to supplies has improved. All agencies are still struggling to procure disinfecting wipes, which is the most efficient way to disinfect between sessions. Some agencies are still struggling to obtain the necessary PPE for providing injections with one site reporting an inability to obtain sufficient quantities of gowns and face shields. Hospital based programs are not reporting any current PPE related needs.

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**Q34**

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

Most programs reported that the demand for SUD and problem gambling prevention services remained constant but required creativity to meet.

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**Q35**

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

One inpatient program reported an increased demand for alcohol use disorder recovery services. All providers agreed that the demand for services has increased during COVID-19 but the impact on delivery of services varied. Inpatient providers reported that clients having to wear masks was a significant change to how services were delivered. One outpatient provider reported that all services were provided via telepractice and engagement and productivity were both improved while another outpatient provider reported struggling to engage individuals and retain individuals in services via telepractice resulting in reduced productivity.

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**Q36**

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

Providers report a continued demand and need for treatment services. They feel the impact of not being able to obtain toxicology reports while providing services via telepractice. Impact on engagement and retention in treatment services varied by provider.

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**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

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**Q38**

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

Perception of Demand for SUD treatment services varied significantly, however the inpatient treatment providers reported an increase in the number of individuals seeking detox and rehab services. 75% of outpatient programs reported no change in demand for treatment services however in the comments indicated that access to care became immediate and that there was an increase in requests for MAT only services. Perception of the demand for residential and crisis services varied by respondent as well, however data from the Crisis Call Center indicates and increase in the number of people contacting the Call Center with SUD/ODU needs.

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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	Decreased
OUTPATIENT	Increased
OTP	No Change
RESIDENTIAL	Decreased
CRISIS	Increased

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**Q40**

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

Access to inpatient and residential treatment services decreased due to obvious limitations in census/ maintenance of social distancing/testing protocols early in the pandemic. Outpatient access has improved and is immediate due in part to regulatory flexibilities during the pandemic. Access to crisis services was increased through the Orange County Crisis Call Center.

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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):

Yes, half of the respondents reported developing innovative services or methods of program delivery that may be able to be continued post COVID, including virtual naloxone training and centralized intake.

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**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.

Yes (please describe):

One provider reported strengthening partnerships with community-based hospital ED's and the Orange County Crisis Call Center to rapidly link individuals to MAT/Treatment.

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**Q43**

No

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

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**Q44**

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

The majority of providers surveyed reported financial concerns being their greatest challenge over the next 12 months. Concerns were related to both the current 20% withholds to State Aid and the reimbursement structure. Providers also expressed concern about not having enough units to support the higher needs of individuals even when school and day programs go back to normal as "reserves are dried out." Providers are also concerned about finding the right balance between providing socially stimulating curricula and ensuring safety as well as the challenges associated with providing services virtually.

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**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.

- a. Number Residential open opportunities and number of people waiting for opportunities certified and non-certified (approved for the service and waiting)
  - b. Number of people waiting for services broken down by service.
  - c. Number of people receiving each service: respite, com hab, day/employment programs compared to the number of people approved.
- 

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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:

Most survey respondents indicated that they closed or limited services during the pandemic including one Article 16 Clinic that closed and will not be reopening for financial reasons. Some programs were able to develop innovative services or methods of program delivery with one reporting submitting grant applications in the hopes of expanding these innovative programs. Providers are hopeful that virtual options will remain available in the future to help eliminate barriers such as transportation.

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