

2021 Mental Hygiene Executive Summary

Franklin County Community Services

Certified: [Suzanne Lavigne](#) (11/17/20)

Franklin County 2021 LGU Executive Summary

The Franklin County LGU feels it is important to describe the (non-COVID-19 pandemic) “normal” for typical Franklin County residents. As explained in the following paragraphs, this county is impoverished and, while many in its communities work to share the meager existing resources available to them, a natural disaster or other emergency (such as a pandemic) stretches limits to the breaking point, not only for individuals, but also for families, organizations, villages, and towns.

Named in honor of United States Founding Father Benjamin Franklin, Franklin County is located in the “North Country” of New York State, bordering the Canadian provinces of Quebec and Ontario. Franklin County residents are largely Caucasian (84% according to the 2000 census), with 6.5% African American, 6.20% Native American, .38% Asian; perhaps not surprisingly, more than a third are of French descent. Much of Franklin County is within the Adirondack Park, although areas such as Akwesasne (Saint Regis Mohawk Reservation) are also included.

Franklin County comprises 1,697 square miles, bordering Clinton and Essex Counties in the east, St. Lawrence County in the west, and Hamilton County in the south. Much of the terrain is mountainous and rural (both forest and farmland), with at least an hour of transit required to travel from the county seat (Malone in the north end) to Tupper Lake (in the southwestern corner of the county). Traditionally, industries such as farming, logging, manufacturing, and tourism have provided a source of income for Franklin County residents; more recently, penitentiaries have offered employment opportunities.

- to 2020 statistics shared by the New York State Community Action Association, the county population is 50, 692, of whom 8,195 individuals (18.2%) live in poverty. Of these individuals, 2,402 are children under 18 (25.3%), 4,593 are adults aged 25 and older (14.4%), and 757 are senior citizens aged 65 and older (9.6%). More than half (55%) of school-age children and youth qualify for the free/reduced lunch program. As indicated in the 2018 Franklin County Profile of the ALICE (Asset Limited, Income Constrained, Employed) Project report, the median household income was then \$51,696 as contrasted to the state average of \$67,844. The unemployment rate was 7.1%, while the state average was 5.0%. ALICE households earn more than the Federal Poverty Level, but less than the basic cost of living for the county. For many, the low wages earned lead to struggles in providing household essentials such as housing, child care, food, transportation, health care, and a basic smartphone plan. As per the 2018 Franklin County profile, many county subdivisions are home to families functioning below the ALICE threshold, such as Waverly town (52%), followed by the St. Regis Mohawk Reservation (51%), followed by Chateaugay, Fort Covington, and Westville towns (all 48%).

As elsewhere during the COVID-19 pandemic, Franklin County residents have been affected in many unforeseen ways as a result of the virulent illness spreading. Local behavioral health providers began to offer telehealth and tele-mental health sessions, which were not always accessible to those in need of services, as Wi-fi/broadband access remains non-existent or difficult to access in many areas of the county. Per Darren Dumas, Director of Services at Community Connections (a peer-run organization), the agency averaged approximately 330 phone calls per week as employees continued to reach out to the individuals they supported to insure that needs were met and to provide telephonic support through the pandemic.

As shared by a self-advocacy specialist, even with access to technology for interfacing with therapists and physicians, many continued to experience firsthand the heart-felt burden of social isolation. As shared by Janine Meads of the Colby Senior Behavioral Health Unit in Saranac Lake, isolation from formal and/or informal supports coupled with disruptions to daily routines during the pandemic seemed to contribute to inpatient psychiatric admissions. A factor in one woman’s decline in mental status was being unable to visit her husband in a nursing home, an activity she used to do daily. One man’s schedule for receiving his money from social services was altered and that, added to the fact that he was no longer visiting businesses in town who “looked out” for him, resulted in increased feelings of isolation and paranoia; ultimately, he was hospitalized. Notes Ms. Meads: “Co[v]id isolation is not the only reason for psychiatric hospitalization but it still seems to be having a significant impact on our patients.”

As area schools, businesses, and recreational venues closed in keeping with NY PAUSE, family members often spent significantly increased time together in (closely) confined quarters. As shared by Jeremiah Pond

(Grade A Supervisor) of Franklin County Department of Social Services, there was a 36.94% decrease in the volume of CPS (Child Protective Services) reports received between March 30 and June 05 in 2020, when compared to 2019. When the same time periods are compared, there was an increase of 57.14% in total foster care admissions. Furthermore, the number of children being re-admitted to foster care with a prior episode of care within 24 months previous increased by 100%, while new admissions with no prior episode of care decreased by 28.57%. All in all, children aged 1-5 years comprised 72.72% of all foster care admissions between March 30 and June 05 in 2020, as compared to 60% in 2019.

As noted by Jeremiah Pond, while the volume of CPS reports is lower, the “intensity” or “severity” of reports received is much more concerning in many cases. The issues necessitating CPS intervention, including removal from the home and placement in foster care, are similar to previous time periods (including stemming from unmet mental health issues, substance abuse, lack of supervision, and unsafe conditions). It is believed that the lack of structure and routine resultant of NY Pause has been a contributing factor. In some instances, families were struggling to meet the needs of children safely. The stress, anxiety, and pervasive uncertainty resultant of the pandemic caused significant disruptions to the daily routines and lives of Franklin County residents; this may be a contributing factor in situations where individuals were already struggling with addiction and/or other behavioral health and medical issues. Reduction in the availability of supportive services offered face-to-face may also have increased the risk of negative outcomes for those who had previously relied on those services.

Marcia Raville (LCSW-R) works at DSS and at the Community Health Center. In her day-to-day work, she has noticed a sharp increase in both depression and anxiety. She notes that recent estimates indicate that 60-80% of the general population have reported increased stress levels, anxiety and depression. The social isolation caused by the pandemic has increased relationship challenges, magnified grief and loss, and disrupted family systems. People report lower self-esteem with a renewed focus on the importance of self-care practices and a desire to improve stress management skills. Families continue to experience financial stress due to unemployment and a lack of daycare options in the community.

Marcia Raville explains further that parents were forced to make impossible choices between keeping their jobs and educating their children. This internal struggle was more difficult for single parent families and those employed in a field that did not have an option to transition to a “work from home” model. Children shifted to remote learning but were unable to get the type of instruction they needed to understand the material fully. Many families do not have computer access at home or a reliable Wifi connections to support the new educational platform. They had to learn on their own or to find other ways to supplement their education.

Furthermore, children who have special education needs struggled with remote learning. They did not have OT, PT, speech or counseling services that would have been delivered by trained staff at school. Concern was expressed about those children who rely on school meals (breakfast and lunch) and the keen observational skills that teachers have to determine if a child may need more support at home. Preventive service referrals were down during the pandemic and the ability to interview children in a safe place become more complicated when a caseworker sought to investigate a CPS report. The routine of school was not replicated at home and school-age children lost the personal connections with their peer group and school community. Some gaps in services were filled with tele-health options (telephone and video visits), although new obstacles arose, such as privacy during a session or competing demands occurring in the home at the same time.

A report entitled Well-Being of Infants and Toddlers in the Adirondacks report was generated by the Birth to Three Alliance, which serves Clinton, Essex, and Franklin Counties. As indicated, North Country children are more likely to be the subject of an abuse and neglect petition and are also more likely than their peers living in areas of the state outside of New York City to be living in poverty. Families and the roles that parents play in a child’s early life are the foremost influential factors on development. North Country children and families are more apt to struggle economically than children and families in most other areas of the state outside of New York City. Economic stress affects the ability of parents to address other issues including providing the care and attention that children need.

Through the COVID-19 pandemic, many parents found themselves unexpectedly cast in various and rapidly changing roles for which they felt themselves ill-prepared. As per a report entitled Child Care Deserts in the North Country: A Region in Crisis (shared by Jamie Basiliere of the Child Care Coordinating Council of the North Country), of the 13 child care centers in the region, only three are presently open and enrollment is at a mere 46% capacity. Even pre-COVID, the childcare vista in Franklin County was dire: 154 regulated slots were lost in the past year due to provider retirements, burnout, and an inability to remain fiscally viable. Adding to this problem is the fact that there are no new programs or child care providers seeking a license or registration. Eighty-six percent of census tracts in the North Country region are identified as child care deserts. Approximately one-third (32.5%) of children from birth to age 6 living in the North Country are at or

below poverty level, making affording the cost of child care extremely difficult for many families (especially since across the region, only 1,237 children are provided with child care subsidies through the local Departments of Social Services). It is estimated that in Franklin County alone, there are over 3,000 children under age six, over 3,200 aged 6 through 11, while the ratio of children to child care slots is 3.9. As revealed by statistics available in November 2019, the estimated cost of child care in Franklin County for an infant, toddler, or preschooler per year surpasses \$7,000, and only 184 receive a financial subsidy from Social Services to help pay for child care.

Like other organizations, according to Bill Miller (Executive Director) the Tri-Lakes Center for Independent Living has been adapting to both the new needs that consumers have and to new ways of providing services during the COVID pandemic. The agency saw an increase in consumers requesting help to apply for and to secure benefits such as unemployment, SSI/SSDI, temporary assistance and health insurance. Additionally, there was an increase in consumers needing assistance to find healthcare providers and more of a need for peer mentoring services due to the stress experienced at the start of the pandemic. States Mr. Miller: "We have seen a tremendous need for PPE from people with disabilities, including our elderly population and vets. We have distributed over 6,000 masks to people with disabilities, as well as gloves and sanitizing solution. This helps keep them safe while at home, out purchasing essential goods, and when receiving in-home care or services at clinics." There was an increase in the demand for technology, as consumers requested laptops and tablets so that they could participate in tele-med appointments, online support groups, and online classes; the agency has since added such items to the "loan closet."

Kathy Snow, Director of Development for the United Way of the Adirondack Region, issued a statement indicating that since mid-March 2020, in the early state of the COVID-19 pandemic, three urgent needs were identified: food insecurity, transportation, and child care. Through the work of VOAD-ADK (Volunteer Organizations Active in Disaster), task forces were organized to address these needs of North Country residents. As the pandemic evolved, other urgent needs emerged, such as housing and rental assistance, mental health and wellness, substance abuse, and assistance for school with a wide variety of needs such as technology and supplies. Once businesses began to reopen, there was a surge of need for personal protective equipment; United Way served as a distribution site, as thousands of PPE items were distributed.

Community Connections received additional funding throughout the pandemic and applied the monies to assist numerous individuals within Franklin County in paying rent (32 households), paying utilities (7 individuals), purchasing food (992 individuals), and paying for prescriptions (11); additionally, over 1,700 bags of personal hygiene items and more than 2,000 information packets were distributed (promoting crisis services, the NYS COVID-19 Emotional Support Line, how to enroll in unemployment services, and so forth).

Based on the results of a survey completed in June 2020 by behavioral health members of the Franklin County Community Services Board Integrated Subcommittee, 5/17 respondents indicated that housing, transportation, reducing stigma/inequalities, and mental health care coordination were the most important needs in the county. Over 80% of respondents indicated that there is a high need for services to address adverse childhood experiences/trauma. Many shared that they felt some positive outcomes related to the COVID-19 pandemic include modifications to regulations (12/17 respondents), technology (14/17) and new partnerships (7/17); OPWDD provider responses mirrored this, as 100% of respondents feel technology and 50% of respondents feel that new partnerships will result. As community members (and not necessarily as professionals), respondents most frequently cited safety as the primary concern about the pandemic (ranked first by 8/17).

As indicated in a report by Franklin County Public Health, "health" is influenced by a range of factors. When policies, programs, and systems report to the specific needs of communities and promote inclusive and connected neighborhoods, we have an opportunity for better health for all people.

Respectfully submitted,

Kathleen Kmen
Franklin County Deputy Director of Community Services

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Mental Hygiene Goals and Objectives Form

Franklin County Community Services (70710)

Certified: [Suzanne Lavigne](#) (11/17/20)

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

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

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

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

1. Overall Needs Assessment by Population (Required)

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

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

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

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

2019 Updates:

Franklin County LGU Executive Summary provides a comprehensive platform for the 2020 Local Services Plan.

A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 46% indicated unmet need had improved while approximately 31% reported unmet need had remained the same. Themes from survey responses include:

In review of the responses recipients recognize that more mental health services are available in local schools and on the North Country Community College campus. Franklin County LGU contracts with DSS to provide a dedicated LCSW-R BH Specialist to support DSS caseworkers and the individuals they serve; the team works closely to support targeted families in need and this partnership includes in-home services.

St. Regis Mohawk Tribe of Akwesasne is nearing the completion of the expansion of the health services building. All behavioral health services are now in one location which allows for improved access and integrated clinical services.

Citizen Advocates, Inc. (CAI) has secured a full time psychiatrist to support individuals at the Malone clinic and Crisis and Recovery Center (CRC). CAI participation in the CCBHC pilot has provided increased mobile treatment support as part of crisis mental health services; 19 community based contacts were supported by the mobile crisis team. The CRC has been especially helpful in meeting needs after hours, on weekends and holidays. During 2018, 765 after hour crisis calls were received at the CRC. In total, 2229 individuals benefited from the 9 core services of CCBHC while at the Center.

Community Connections will open a transitional housing/shelter for women in October 2019. CAI continues to move forward with the Harison Place project in Malone. The service will provide permanent supportive housing and low income housing with a total of 20 apartments (12 SPMI, 8 SUD and 10 low income rentals).

2018 Updates:

Citizen Advocates Inc. Crisis and Recovery Center is fully operational and serving the North Country. 486 unique individuals were served at the Center from the last week of September through December 2017; with 596 unique individuals served January - April 2018. Citizen Advocates/ North Star Behavioral Health has been without a permanent psychiatrist since the last quarter of 2017.

CCBHC initiatives continue to include the long awaited implementation of the Mobile Crisis Team. St. Regis Mohawk Tribe will expand the Health Services Building which will allow for mental health, addiction and prevention services to be in one location. Community Connections continues to create additional programs, to include DSS contracts to provide an adolescent life skills and work experience training program. Community Connections is working with a local ecumenical group to establish a transitional housing program for women in Malone. Along with Lakeside House, the two providers are invested in providing services to our homeless population. All providers are challenged by workforce issues and acknowledge the significant impact on the delivery of services.

2017 Information: Several local providers have recently increased capacity to serve Franklin County residents. St. Regis Mohawk Tribe Mental Health Services has received grant funding through SAMHSA and Indian Health Services. Both grants will focus on increasing access for Native Americans, suicide prevention, SUD services, reducing the impact of trauma and promoting wellness and mental health. Citizen Advocates, Inc - North Star Behavioral Health is designated to open the Crisis and Recovery Center in summer 2017. The service will provide crisis stabilization, ambulatory detox and respite. The agency is also participating in the Certified Community Behavioral Health Clinic (CCBHC) Pilot and will launch mobile crisis team and related activities. Adirondack Medical Center, providers and law enforcement have operationalized the MAX Team as of Spring 2017. The DSRIP project supports frequent ED utilizers in an effort to avoid crisis events and decrease the need for hospitalizations in the Saranac Lake region. Community Connections/Franklin County MHA has taken the lead role in the creation of the Franklin County Connections Coalition, comprised of 18 organizations which share resources and discuss challenges in the county. It is a critical think tank to address areas of unmet needs. Community Connections continues to provide HCBS Waiver Services and has added Family Support services to HARP eligible individuals. The agency received a DSRIP award through Adirondack Health Institute which will add Peer Community Navigators in the Alice Hyde Medical Center ED. PCNs will provide coverage Monday-Sunday 3-11pm; during which they will engage individuals, conduct 24-72 hour follow up and connect individuals to services. Lakeside House opened Samaritan House in February 2017; an eight bed transitional housing program in Saranac Lake. 81% of referrals have Franklin County residents with varying mental health needs.

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

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

Recruitment and retention significantly impact provision of services throughout the provider system. Individuals continue to have limited choice in service providers. Housing, transportation and community engagement/outreach are seen as significant unmet needs. Both MH clinic providers manage the wait list by triage and availability of providers. HHCC caseloads are too large. It is very common for individuals to experience delays in accessing inpatient services and often wait in the ED until a bed is available. Lengths of stay are too short and do not stabilize the individual before being discharged to the community.

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**:

2019 Updates:

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A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated Subcommittee members as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 46% indicated unmet need had improved while approximately 19% reported unmet need had remained the same. Themes from survey responses include:

The increase in funding to SUD providers has allowed for an increase in services and a conscientious effort to increase outreach/engagement is removing barriers to treatment. The Crisis and Recovery Center, St. Joseph's OAC/Detox, Mobile Treatment unit and housing program are examples of county wide expansion of services. There is a wider acceptance of medication assisted treatment now than ever before. St. Joseph's has recently hired a full time PA to provide additional induction services and expanded MAT access. St. Joseph's has taken the lead on introducing the CHESS App along with Adirondack Medical Center, Community Connections and Citizen Advocates; all are committed partners in this initiative. CHESS is an eRecovery phone application which provides a confidential communication system for service recipients and their support systems to include treatment professionals. Franklin County LGU is working with Community Connections and St. Joseph's to open a peer run Recovery and Outreach Center in Tupper Lake. Two grassroots coalitions have formed in the south end of the county. The Tri-Lakes Community Alliance for Addiction Prevention and Tupper Lake Cares are a result of increased recognition of the impact of SUD on our communities. Both groups are invested in developing recovery supports for the Tupper Lake, Saranac Lake and Lake Placid communities.

The Franklin County Prevention Task Force established a subcommittee to better understanding the impact of heroin, opioid and other substances on our communities. The work grew out of the significant concerns raised by the increasing number of children being placed in foster care as a result of parental substance use. As of August 2018 there were 194 Franklin County

Children in foster care. Data was collected by Child Protective Services through of study of investigation conclusions from Sep-Dec 2017. The study focused on the 184 family units which included 194 children in care. Parents were in the age range of 18-28. In addition to study results, several focus groups were conducted in the community, DSS and the Franklin County Jail in October 2018. . Analysis of the data obtained included:

- There are gaps in services and lack of supports, particularly at significant transitional points such as the time between high school graduation and the “next phase” of a student’s life; especially for those who choose not to attend college. Gaps are evident when an inmate is released from the Franklin County Jail.
- For many of those interviewed, it was determined that substance use is prevalent in their social environment/network, lack of adequate coping skills, self-medication and prevalence of addiction in the family.
- Lack of knowledge of how to access supports and services and what is available in the community.
- Need for prevention and intervention activities for adolescents and more educational programs in the community.

Results were used to better inform the Task Force on community forums/discussions and served as the basis for a DSRIP Innovative Fund project entitled, “Community Education and Prevention Program”. The proposal was funded and work is currently underway to implement deliverables by September 2019. A primary component of the project will be preparing young adults in the transition to adulthood.

2018 Updates: Initiatives identified in the 2017 Local Services Plan continue.

Citizen Advocates Inc. Crisis and Recovery Center is fully operational and serving the North Country. 486 unique individuals were served at the Center from the last week of September through December 2017; with 596 unique individuals served January - April 2018. 33 individuals presented for detox from the last week of September - December 2017. 44 individuals have accessed detox services January - April 2018. The agency has provided 345 units of MAT services from January - April 2018. St. Joseph's Addiction Treatment and Recovery Centers have recently been awarded 24/7 Open Access Center and 10 bed Medically Supervised Detoxification Service projects. The two programs will be housed at the same location as the Outpatient Clinic in Saranac Lake; construction is slated to begin in the summer of 2018. The projects will address the increase in the number of individuals in crisis due to SUD; especially opiate/opioid disorders. In the first eight months of 2017, 97% of inpatient admissions had an opiate/opioid diagnosis. 66% of outpatient admissions had an opiate/opioid diagnosis; a 106% increase in eighteen months. These programs in addition to the CAI Malone Crisis and Recovery Center will increase support to our Franklin County residents in need of crisis SUD services. MH/SUD Treatment Services at the County Correctional Facility are provided by Citizen Advocates - North Star Behavioral Health and St. Joseph's Addiction Treatment and Recovery Centers. Services were provided to 517 individuals between the two providers; with a total of 3770 units of services provided during 2017.

2017 Information: Citizen Advocates, Inc - North Star Behavioral Health is designated to open the Crisis and Recovery Center in summer 2017. The service will provide crisis stabilization, ambulatory detox and respite. Although slated to open earlier this year, staffing has been impacted by the lack of licensed clinicians in the North Country. Franklin County residents continue to have access issues related to detox services as the only detox program in the North Country is Canton Potsdam Hospital in St. Lawrence County. The Franklin County Substance Use Prevention Task Force has convened a subcommittee to address the increasing number of children in foster care as a result of SUD related issues. 53 cases were identified during the time frame of February 1st - April 30th 2017 involving 102 children. All 53 cases were impacted by SUD: 56.6% marijuana, 43.3% alcohol and 45.28% opiates/opioids and Suboxone. The subcommittee will meet on an ongoing basis to further analyze the data and develop strategies to reduce SUD related foster care cases. North Star Behavioral Health Prevention Services recently received results from the 2017 Franklin County Prevention Needs Assessment (PNA) distributed to six of the seven school districts. Surveys were distributed to 887 participants in the 8th, 10th and 12th grades. At the time of the survey 46.9% of 12th graders had used alcohol in the past 30 days. 43 of the respondents had attended school while under the influence of either AOD. 46.5% of the respondents had used alcohol while at home with parent permission. At the time of the survey 13 students reported driving after drinking in the past 30 days.

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

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

Workforce recruitment and retention significantly impact provision of services throughout the provider system. There needs to be more sober support options available in local communities; lack of transportation limits individuals in accessing vital recovery supports. Transportation and in-community treatment options are not widely available in all areas. Many of our community members do not have the means to pay for transportation services.

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**:

2019 Updates:

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A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated Subcommittee members as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 7% indicated unmet need had improved while approximately 31% reported unmet need had remained the same. 19% of respondents reported that unmet need had worsened in the past year.

2018 Updates: Initiatives identified in the 2017 Local Services Plan continue.

Providers are unable to move forward with the development of on site respite services due to no change in the approved rates. Very limited progress has occurred with the launch of START services in Franklin County. There have been improvements in accessing supports and services for incarcerated individuals at the Franklin County Correctional Facility who originate from the Sunmount Campus. It is hope this recent collaboration will continue to better support individuals with intellectual and developmental disabilities during incarceration. There continues to be concerns regarding the transition of OPWDD MSC to CCO services related to workforce, delivery of services and interpretation/understanding of the services by individuals and families.

2017 Information: Reports from providers and key stakeholders indicate an ongoing need for crisis, respite and forensic services for I/DD individuals. Citizen Advocates and the Adirondack Arc are committed to developing on site respite services however approved rates will not fiscally support the services. It is hoped with the launch of START services in September 2017, I/DD individuals will have support at the time of a crisis event and while in local hospital EDs. Individuals incarcerated at the local jail need behavioral supports and assistance while in the jail environment. Correctional officers need OPWDD supports to ensure safety and overall health and wellness of I/DD individuals.

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

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

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A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated Subcommittee members as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 7% indicated unmet need had improved while approximately 31% reported unmet need had remained the same. 19% of respondents reported that unmet need had worsened in the past year.

2019 Update: There continues to be difficulty in accessing OPWDD services for children and families engaged in the child welfare system. is a lack of providers affiliated with early intervention services; if available, these services would be instrumental in addressing developmental delays at an earlier age. Some comments indicate that there continues to be difficulty in navigating the determination/eligibility process for OPWDD services. Although work centers have transitioned to integrated business models, there is a community perception that individuals do not have the same levels of socialization and opportunities for success as once were available in the traditional work center model. Several respondents indicated that they were not familiar with the scope of I/DD services available in the community, especially CCO services. When an I/DD individual exercises choice and leaves a supervised program; they no longer have the supports and services afforded to them by the provider. When a crisis occurs, significant strain is placed on multiple systems such as, law enforcement, ED, and DSS.

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

2. Goals Based On Local Needs

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

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

Issue Category		Applicable State Agenc(ies)		
		OASAS	OMH	OPWDD
a)	Housing	✔	✔	✔
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Employment/ Job Opportunities (clients)	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k)	SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l)	Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m)	Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n)	Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o)	Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p)	Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q)	Developmental Disability Clinical Services			<input type="checkbox"/>
r)	Developmental Disability Children Services			<input type="checkbox"/>
s)	Developmental Disability Student/Transition Services			<input type="checkbox"/>
t)	Developmental Disability Respite Services			<input type="checkbox"/>
u)	Developmental Disability Family Supports			<input type="checkbox"/>
v)	Developmental Disability Self-Directed Services			<input type="checkbox"/>
w)	Autism Services			<input type="checkbox"/>
x)	Developmental Disability Front Door			<input type="checkbox"/>
y)	Developmental Disability Care Coordination			<input type="checkbox"/>
z)	Other Need 1(Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa)	Other Need 2 (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab)	Problem Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac)	Adverse Childhood Experiences (ACEs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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.

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

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

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

Create opportunities for those in need of safe and affordable housing.

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: Citizen Advocates will complete the Harrison Place Project. There will be 12 beds available for individuals living with serious mental illness and 8 beds available for individuals living with substance use disorders.

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

Objective 2: CAI will improve access and utilization of MRT Health Home housing opportunities.

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

Objective 3: The North Country Regional Planning Consortium will develop recommendations and strategies to effectively increase access to safe and affordable housing for individuals living with behavioral health conditions and other special populations who live in our rural communities.

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

Objective 4: St. Joseph's Addiction Treatment and Recovery Centers will develop Dawn House, an 820 Residential Service with 15 beds for women in Malone.

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

Objective 5: Community Connections and Adirondack Health Institute will develop a Care Manager Housing Tool Kit by February 2021.

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.

Community Connections did open Ruth House, a women's shelter in Malone (Objective 1 achieved). St. Joseph's Addiction and Recovery Centers did open the veterans supportive housing program on Marshall Street in Saranac Lake (Objective 2 achieved). Citizen Advocates personnel report that over 90% of the MRT supportive housing units have been filled (Objective 3 will continue in modified format to reflect progress in terms of funding and breaking ground as pertains to the Harrison Project). Citizen Advocates, Inc. did open a new IRA for four individuals in the Brushton area (Objective 4 achieved). Through the North Country Regional Planning Consortium, a specific project is underway to address housing (with an aim to increase access to safe and affordable housing while also addressing identified barriers and challenges (Objective 5 will continue).

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

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Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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.

Insure transportation is available to Franklin County residents to access services and employment.

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: Community Connections will convene a work group to address issues and concerns related to Medicaid Transportation Services & Medicaid Answering Services; while offering supports through the Rides to Healthier Options DSRIP Project.

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

Objective 2: Community Connections will distribute a transportation survey to community members, providers and other stakeholders to identify challenges, barriers and strengths of the transportation system.

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

Objective 3: The Community Connections transportation work group will develop strategies and resources to improve and expand transportation opportunities in Franklin County.

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

Objective 4: Community based organizations will pursue opportunities to become approved Medicaid Transportation 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.

Community Connections of Franklin County will work to address the statewide issue of transportation (Objective 1 suspended). Franklin County Community Services, DSS, and Public Transportation will work with community providers to determine the extent to which transportation needs are met by providers (Objectives 2 and 3 will be combined). St. Joseph's Addiction and Recovery Centers is the only provider in Franklin County to pursue approval to become a Medicaid transportation provider. While the application was submitted to the state, action was deferred due to the COVID-19 pandemic (Objective 4).

2c. Crisis Services - Background Information

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

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

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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.

Insure crisis intervention and stabilization services are available to Franklin County residents and are supported by a skilled professional community.

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: St. Joseph's Addiction Treatment and Recovery Centers will complete the 10 bed Medically Supervised Detox Project in Saranac Lake. The Saranac Lake Outpatient Clinic and Open Access Center will be located at the same site on John Munn Road. Anticipated completion is July 2021.

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

Objective 2: CAI will engage community stakeholders to develop strategies that improve the delivery of services at the Crisis and Recovery Center.

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

Objective 3: CAI and St. Joseph's Addiction Treatment and Recovery Centers will expand community access to mobile crisis team services as part of Certified Community Behavioral Health Clinic (CCBHC) services.

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

Objective 4: OPWDD DDRO Region 2 (Sunmount, Central NY and Broome) will launch CSIDD: Crisis Services for Individuals with Intellectual and/or Developmental Disabilities.

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.

Construction for the new Open Access Center in Saranac Lake was delayed; it is hoped that construction will be completed by the end of the calendar year so that is ready for the first quarter of 2021 (Objective 1 will continue in slightly modified form). Citizen Advocates did conduct monthly meetings with community stakeholders to develop strategies to improve the delivery of services at the Crisis and Recovery Center; such meetings will take place quarterly. Presentations about the Crisis and Recovery Center are offered to the community by agency personnel. Funding options for overnight respite is being explored. Citizen Advocates will look to increase its advertising and marketing of the crisis team, comprised of 8-10 employees (Objective 2). Franklin County System of Care is ready to enter into a contract with a consultant to apply for a grant through SAMHSA, and some funds were received through the Regional Youth Justice Team-RYJT (Objective 3). Sunmount DDRO did take steps to move forward with the launch of NY START; at this time, the proposal is on hold after the RFP was submitted to the commissioner (Objective 4).

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

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

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

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

Create and strengthen existing prevention and engagement strategies to reduce the impact of opiate, opioid and other substance use disorders through supports of individuals, families and communities.

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 Tri-Lakes Community Alliance for Addiction Prevention will graduate from the CADCA Academy in November 2020.

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

Objective 2: The Tri-Lakes Community Alliance for Addiction Prevention will establish a Steering Committee and a Member Recruitment work group and other necessary work groups to guide the coalition in its work.

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

Objective 3: Franklin County Prevention Task Force and Tri-Lakes Community Alliance for Addiction Prevention will collaborate on a county wide work plan to deliver six targeted community educational events by June 2021.

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.

Franklin County Community Services and Social Services did sponsor a second annual Substance Use Prevention Task Force Forum in August 2019 (Objective 1 achieved). The Tri-Lakes Community Alliance for Addiction Prevention sponsored a community wellness event at the North Country Community College Sparks Athletic Complex in September 2019 (Objective 2 achieved). The Franklin County Substance Use Prevention Task Force collaborated with the Essex County Heroin and Opioid Prevention Coalition (ECHO) and the Substance Abuse Prevention and Recovery of Clinton County (SPARCC) to create regional initiatives, and outreach was conducted that focused on communities, agencies, and school districts (Objective 3 achieved). The Tupper Lake Community Cares group posted some information using social media shortly before the COVID-19 pandemic slowed activities (Objective 4 will continue). The St. Regis Mohawk Tribe Addiction Services, St. Joseph's, and Citizen Advocates all offered Naloxone trainings (Objective 5 achieved).

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.

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

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

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

Provide opportunities for individuals in recovery to develop personal/professional support networks and access to 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: St. Joseph's ATRC will outreach and engage individuals in need of SUD treatment through a Mobile Treatment Service. The initiative is funded through State Opioid Response funds.

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

Objective 2: Community Connections will provide a Family Support Advocate to the Chateaugay Central School District.

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.

St. Regis Mohawk Tribe did establish a recovery center in Akwesasne (Objective 1 achieved). Franklin County Community Services, Community Connections, Tupper Lake Community Cares and St. Joseph's Addiction Treatment and Recovery Center (and other partners) did operationalize a peer-run Outreach and Recovery Center in Tupper Lake (Objective 2 achieved). St. Regis Mohawk Tribe Mental Health Services provided early recognition and screening to children living in Akwesasne, and online depression screenings were conducted with outreach and engagement strategies to better support residents there (Objective 3 achieved). Community Connections did assign a Family Advocate to the Saranac Lake Central School District as a support to the district's Community Schools Initiative (Objective 4 achieved). St. Joseph's Addiction Treatment and Recovery Center did obtain a van so as to offer mobile treatment services (Objective 5 will continue).

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.

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives. Survey results and information from 2017-18 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

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

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

"continuing" activity that simply maintains the status quo.

Develop strategies to increase public understanding of behavioral health conditions to reduce the negative perception of individuals seeking help and who are in 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: Franklin County Suicide Prevention Coalition will increase supports and services to community members through the implementation of a Postvention team by January 2021.

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

Objective 2: The Akwesasne Coalition for Community Empowerment & the Franklin County Suicide Prevention Coalition will continue to offer a variety of community trainings to include: Mental Health First Aid, ASIST, Connect, QPR and SAFE Talk.

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

Objective 3: Franklin County LGU will endorse the application of a staff member from Community Connections in the November MH First Aid Training - TTT. This will allow for virtual/online trainings.

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

Objective 4: The Franklin County Suicide Prevention Coalition will host a Rural New York Listening Tour in collaboration with SUNY Albany School of Public Health. The tours will be hosted through Zoom and be conducted at each end of 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.

Franklin County SIM (Sequential Intercept Mapping) Education Team did offer some trainings after SIM convened in 2018; more trainings will be offered in the future. A self-advocacy specialist will meet with the LGU to discuss ways in which wellness may be promoted with a view to reducing stigma (Objective 1 will be absorbed into Objective 4 of SUD/MH Jail Services). A community event was hosted by Community Connections in Malone in July 2019 (Objective 2 will continue in revised form). An extensive plan was developed for a postvention team, for which county legislators are supportive (Objective 3 will continue in revised form). Four community events were scheduled, of which two were attended. Given the health restrictions imposed due to the COVID-19 pandemic, some events were not held; once restrictions are lifted, planning for events in St. Regis Falls, Tupper Lake, and Saranac Lake will resume (Objective 4 will continue). Many trainings were held and the curricula of many trainings are in the process of being revised so that a virtual delivery system is implemented (Objective 5 achieved).

2z. Other Need (Specify in Background Information) - 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:

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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.

Implement behavioral health and I/DD strategies and supports to law enforcement.

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: Franklin County Director of Community Services will serve as a member of the Police Reform Committees of the Villages of Saranac Lake, Tupper Lake and Malone and the Sheriff's Department.

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

Objective 2: Franklin County stakeholders will participate in Intercept Mapping in Spring 2021. SIM will be coordinated through Franklin County Community Services and District Attorney's Office.

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

Objective 3: Franklin County will offer Crisis Intervention Training for Law Enforcement upon completion of Sequential Intercept Mapping.

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.

An annual review of behavioral health and transitional services was conducted by Franklin County Community Services and Sheriff, St. Joseph's Addiction Treatment and Recovery Centers and Citizen Advocates; there are now regular quarterly meetings conducted with representatives of the Franklin County Community Services and Sheriff, St. Joseph's Addiction Treatment and Recovery Centers, and Citizen Advocates participating (Objective 1 achieved). OASAS funds were used to support Medication Assisted Treatment opportunities for inmates at the Franklin County Correctional Facility; a regional SOR proposal was submitted by Franklin County LGU on behalf of both counties, although it was not funded (Objective 2 achieved). Franklin County Community Services, Sheriff, Citizen Advocates, and Sunmount DDSO continued to provide supports and services for individuals with intellectual/developmental disability needs while incarcerated at the Franklin County Correctional Facility (Objective 3 achieved). Franklin County LGU did receive a Sequential Intercept Mapping report. Franklin County DCS/LGU has attended meetings with Judges Main and Champagne, discussing possible trainings that would be in keeping with SIM-Sequential Intercept Mapping (Objective 4 will continue).

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.

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were used to identify goals and objectives.. Survey results and information from 2017-18 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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.

Franklin County System of Care will continue to develop trauma responsive practices within the community to better meet the needs of children and their families.

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: Franklin County will host a series of System of Care Workshops to be completed by early spring 2021.

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

Objective 2: CAI will provide Children and Families Treatment and Support Services (CFTSS) while tracking the number of individuals served, types of services offered and achieved outcomes. Data will be submitted to the CSB on a monthly basis. children and families to provide Children and Families Treatment and Support Services (CFTSS).

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

Objective 3: Franklin County will host Non-violent Therapeutic Crisis Intervention Training by Summer 2021 as a preliminary step to Train the Trainer Certification.

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

Objective 4: Franklin County LGU will respond to the next SAMHSA System of Care Expansion FOA.

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

Objective 5: Clinton, Essex and Franklin County LGUs will develop strategies to identify children who are in need of MH & I/DD services, at the earliest age possible. The Tri-County initiative will include outreach to all stakeholders who serve young children & their families.

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

Change Over Past 12 Months (Optional)

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

Franklin County Community Services and DSS did host trauma informed/trauma sensitive trainings for schools and community-based organization/providers through consultation with Coordinated Care Services, Inc. (CCSI). From ACEs to Assets: Foster Resilience to Improve Outcome Initiatives did commence during summer 2019 (Objective 1 achieved). Adirondack Birth to Three Alliance did sponsor "Bridge to School: Building School Readiness in Our Youngest Learners" on September 18, 2019. The half-day summit focused on creating a foundation for resilience and school readiness by connecting administrators, parents, child care providers, teachers, and pediatricians (Objective 2 achieved). Citizen Advocates hired for two additional positions, which should allow the agency to expand the geographic area of service delivery. While information was shared about CFTSS (Children and Families Treatment and Support Services) with school districts and pediatrics offices, direct outreach to families is now planned (Objective 4). Franklin County Community Services and DSS support System of Care initiatives (Objective 5 will continue in revised form).

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COMPLETE

Monday, September 28, 2020 12:00:20 PM

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Q1

Contact Information

Name	Kathleen Kmen
Title	Deputy Director of Community Services
Email	kkmen@franklincony.org

Q2 **Franklin County Community Services**

LGU:

Q3

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

The Franklin County LGU feels it is important to describe the (non-COVID-19 pandemic) "normal" for typical Franklin County residents. As explained in the following paragraphs, this county is impoverished and, while many in its communities work to share the meager existing resources available to them, a natural disaster or other emergency (such as a pandemic) stretches limits to the breaking point, not only for individuals, but also for families, organizations, villages, and towns.

Named in honor of United States Founding Father Benjamin Franklin, Franklin County is located in the "North Country" of New York State, bordering the Canadian provinces of Quebec and Ontario. Franklin County residents are largely Caucasian (84% according to the 2000 census), with 6.5% African American, 6.20% Native American, .38% Asian; perhaps not surprisingly, more than a third are of French descent. Much of Franklin County is within the Adirondack Park, although areas such as Akwesasne (Saint Regis Mohawk Reservation) are also included in the most northwestern area of the county.

Franklin County comprises 1,697 square miles, bordering Clinton and Essex Counties in the east, St. Lawrence County in the west, and Hamilton County in the south. Much of the terrain is mountainous and rural (both forest and farmland), with at least an hour of transit required to travel from the county seat (Malone in the north end) to Tupper Lake (in the southwestern corner of the county). Traditionally, industries such as farming, logging, manufacturing, and tourism have provided a source of income for Franklin County residents; more recently, penitentiaries have offered employment opportunities.

According to 2020 statistics shared by the New York State Community Action Association, the county population is 50,692, of whom 8,195 individuals (18.2%) live in poverty. Of these individuals, 2,402 are children under 18 (25.3%), 4,593 are adults aged 25 and older (14.4%), and 757 are senior citizens aged 65 and older (9.6%). More than half (55%) of school-age children and youth qualify for the free/reduced lunch program. As indicated in the 2018 Franklin County Profile of the ALICE (Asset Limited, Income Constrained, Employed) Project report, the median household income was then \$51,696 as contrasted to the state average of \$67,844. The unemployment rate was 7.1%, while the state average was 5.0%. ALICE households earn more than the Federal Poverty Level, but less than the basic cost of living for the county. For many, the low wages earned lead to struggles in providing household essentials such as housing, child care, food, transportation, health care, and a basic smartphone plan. As per the 2018 Franklin County profile, many county subdivisions are home to families functioning below the ALICE threshold, such as Waverly town (52%), followed by the St. Regis Mohawk Reservation (51%), followed by Chateaugay, Fort Covington, and Westville towns (all 48%).

As elsewhere during the COVID-19 pandemic, Franklin County residents have been affected in many unforeseen ways as a result of the virulent illness spreading. Local behavioral health providers began to offer telehealth and tele-mental health sessions, which were not always accessible to those in need of services, as Wi-fi/broadband access remains non-existent or difficult to access in many areas of the county. Per Darren Dumas, Director of Services at Community Connections (a peer-run organization), the agency averaged approximately 330 phone calls per week as employees continued to reach out to the individuals they supported to insure that needs were met and to provide telephonic support through the pandemic.

As shared by a self-advocacy specialist, even with access to technology for interfacing with therapists and physicians, many continued to experience firsthand the heart-felt burden of social isolation. As shared by Janine Meads of the Colby Senior Behavioral Health Unit in Saranac Lake, isolation from formal and/or informal supports coupled with disruptions to daily routines during the pandemic seemed to contribute to inpatient psychiatric admissions. A factor in one woman's decline in mental status was being unable to visit her husband in a nursing home, an activity she used to do daily. One man's schedule for receiving his money from social services was altered and that, added to the fact that he was no longer visiting businesses in town who "looked out" for him, resulted in increased feelings of isolation and paranoia; ultimately, he was hospitalized. Notes Ms. Meads: "Co[v]id isolation is not the only reason for psychiatric hospitalization but it still seems to be having a significant impact on our patients."

As area schools, businesses, and recreational venues closed in keeping with NY PAUSE, family members often spent significantly increased time together in (closely) confined quarters. As shared by Jeremiah Pond (Grade A Supervisor) of Franklin County Department of Social Services, there was a 36.94% decrease in the volume of CPS (Child Protective Services) reports received between March 30 and June 05 in 2020, when compared to 2019. When the same time periods are compared, there was an increase of 57.14% in total foster care admissions. Furthermore, the number of children being re-admitted to foster care with a prior episode of care within 24 months previous increased by 100%, while new admissions with no prior episode of care decreased by 28.57%. All in all, children aged 1-5 years comprised 72.72% of all foster care admissions between March 30 and June 05 in 2020, as compared to

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and children aged 1-5 years comprised 72.72% of all foster care admissions between March 30 and June 03 in 2020, as compared to 60% in 2019.

As noted by Jeremiah Pond, while the volume of CPS reports is lower, the "intensity" or "severity" of reports received is much more concerning in many cases. The issues necessitating CPS intervention, including removal from the home and placement in foster care, are similar to previous time periods (including stemming from unmet mental health issues, substance abuse, lack of supervision, and unsafe conditions). It is believed that the lack of structure and routine resultant of NY Pause has been a contributing factor. In some instances, families were struggling to meet the needs of children safely. The stress, anxiety, and pervasive uncertainty resultant of the pandemic caused significant disruptions to the daily routines and lives of Franklin County residents; this may be a contributing factor in situations where individuals were already struggling with addiction and/or other behavioral health and medical issues. Reduction in the availability of supportive services offered face-to-face may also have increased the risk of negative outcomes for those who had previously relied on those services.

Marcia Raville (LCSW-R) works at DSS and at the Community Health Center. In her day-to-day work, she has noticed a sharp increase in both depression and anxiety. She notes that recent estimates indicate that 60-80% of the general population have reported increased stress levels, anxiety and depression. The social isolation caused by the pandemic has increased relationship challenges, magnified grief and loss, and disrupted family systems. People report lower self-esteem with a renewed focus on the importance of self-care practices and a desire to improve stress management skills. Families continue to experience financial stress due to unemployment and a lack of daycare options in the community.

Marcia Raville explains further that parents were forced to make impossible choices between keeping their jobs and educating their children. This internal struggle was more difficult for single parent families and those employed in a field that did not have an option to transition to a "work from home" model. Children shifted to remote learning but were unable to get the type of instruction they needed to understand the material fully. Many families do not have computer access at home or a reliable Wifi connections to support the new educational platform. They had to learn on their own or to find other ways to supplement their education.

Furthermore, children who have special education needs struggled with remote learning. They did not have OT, PT, speech or counseling services that would have been delivered by trained staff at school. Concern was expressed about those children who rely on school meals (breakfast and lunch) and the keen observational skills that teachers have to determine if a child may need more support at home. Preventive service referrals were down during the pandemic and the ability to interview children in a safe place become more complicated when a caseworker sought to investigate a CPS report. The routine of school was not replicated at home and school-age children lost the personal connections with their peer group and school community. Some gaps in services were filled with tele-health options (telephone and video visits), although new obstacles arose, such as privacy during a session or competing demands occurring in the home at the same time.

A report entitled Well-Being of Infants and Toddlers in the Adirondacks report was generated by the Birth to Three Alliance, which serves Clinton, Essex, and Franklin Counties. As indicated, North Country children are more likely to be the subject of an abuse and neglect petition and are also more likely than their peers living in areas of the state outside of New York City to be living in poverty. Families and the roles that parents play in a child's early life are the foremost influential factors on development. North Country children and families are more apt to struggle economically than children and families in most other areas of the state outside of New York City. Economic stress affects the ability of parents to address other issues including providing the care and attention that children need.

Through the COVID-19 pandemic, many parents found themselves unexpectedly cast in various and rapidly changing roles for which they felt themselves ill-prepared. As per a report entitled Child Care Deserts in the North Country: A Region in Crisis (shared by Jamie Basiliere of the Child Care Coordinating Council of the North Country), of the 13 child care centers in the region, only three are presently open and enrollment is at a mere 46% capacity. Even pre-COVID, the childcare vista in Franklin County was dire: 154 regulated slots were lost in the past year due to provider retirements, burnout, and an inability to remain fiscally viable. Adding to this problem is the fact that there are no new programs or child care providers seeking a license or registration. Eighty-six percent of census tracts in the North Country region are identified as child care deserts. Approximately one-third (32.5%) of children from birth to age 6 living in the North Country are at or below poverty level, making affording the cost of child care extremely difficult for many families (especially since across the region, only 1,237 children are provided with child care subsidies through the local Departments of Social Services). It is estimated that in Franklin County alone, there are over 3,000 children under age six, over 3,200 aged 6 through 11, while the ratio of children to child care slots is 3.9. As revealed by statistics available in November 2019, the estimated cost of child care in Franklin County for an infant, toddler, or preschooler per year surpasses \$7,000, and only 184 receive a financial subsidy from Social Services to help pay for child care.

Like other organizations, according to Bill Miller (Executive Director) the Tri-Lakes Center for Independent Living has been adapting to both the new needs that consumers have and to new ways of providing services during the COVID pandemic. The agency saw an increase in consumers requesting help to apply for and to secure benefits such as unemployment, SSI/SSDI, temporary assistance

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and health insurance. Additionally, there was an increase in consumers needing assistance to find healthcare providers and more of a need for peer mentoring services due to the stress experienced at the start of the pandemic. States Mr. Miller: "We have seen a tremendous need for PPE from people with disabilities, including our elderly population and vets. We have distributed over 6,000 masks to people with disabilities, as well as gloves and sanitizing solution. This helps keep them safe while at home, out purchasing essential goods, and when receiving in-home care or services at clinics." There was an increase in the demand for technology, as consumers requested laptops and tablets so that they could participate in tele-med appointments, online support groups, and online classes; the agency has since added such items to the "loan closet."

Kathy Snow, Director of Development for the United Way of the Adirondack Region, issued a statement indicating that since mid-March 2020, in the early state of the COVID-19 pandemic, three urgent needs were identified: food insecurity, transportation, and child care. Through the work of VOAD-ADK (Volunteer Organizations Active in Disaster), task forces were organized to address these needs of North Country residents. As the pandemic evolved, other urgent needs emerged, such as housing and rental assistance, mental health and wellness, substance abuse, and assistance for school with a wide variety of needs such as technology and supplies. Once businesses began to reopen, there was a surge of need for personal protective equipment; United Way served as a distribution site, as thousands of PPE items were distributed.

Community Connections received additional funding throughout the pandemic and applied the monies to assist numerous individuals within Franklin County in paying rent (32 households), paying utilities (7 individuals), purchasing food (992 individuals), and paying for prescriptions (11); additionally, over 1,700 bags of personal hygiene items and more than 2,000 information packets were distributed (promoting crisis services, the NYS COVID-19 Emotional Support Line, how to enroll in unemployment services, and so forth). Based on the results of a survey completed in June 2020 by behavioral health members of the Franklin County Community Services Board Integrated Subcommittee, 5/17 respondents indicated that housing, transportation, reducing stigma/inequalities, and mental health care coordination were the most important needs in the county. Over 80% of respondents indicated that there is a high need for services to address adverse childhood experiences/trauma. Many shared that they felt some positive outcomes related to the COVID-19 pandemic include modifications to regulations (12/17 respondents), technology (14/17) and new partnerships (7/17); OPWDD provider responses mirrored this, as 100% of respondents feel technology and 50% of respondents feel that new partnerships will result. As community members (and not necessarily as professionals), respondents most frequently cited safety as the primary concern about the pandemic (ranked first by 8/17).

As indicated in a report by Franklin County Public Health, "health" is influenced by a range of factors. When policies, programs, and systems report to the specific needs of communities and promote inclusive and connected neighborhoods, we have an opportunity for better health for all people.

Bullets:

- Lack of access to public transportation
- Increased demand on technology, limited/unreliable or no internet service
- Increased challenge of reaching those in need of services – beyond traditional face to face services
- Need for creative engagement strategies
- Access to other agencies/services during NY PAUSE
- Delays in notification of COVID 19 Test results affecting staffing, delivery of services and access
- Difficulty in connecting with staff from other agencies while they were working remotely
- Agencies were not accepting new admissions or were at reduced capacity because of COVID 19 protocols
- Alleviating stressors of staff and individuals served, increasing resources to improve social determinants of health, being mindful of how symptoms may be intensified by living through this experience and the importance of self care
- Outreach, supports and services to individuals with co-occurring diagnoses, SPMI and to those not previously engaged with mental hygiene services due to not having a need prior to COVID-19 and who are now experiencing need for services
- Technology
- Quick response to the system, i.e. regulatory modification
- Connecting individuals with services during NY PAUSE
- Supports and services to children, preschool special education, Early intervention, school age children and children with special needs

**** 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.

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In Franklin County, we recognize that there are racial disparities even in the North Country.

- Data shows that people of color (African-American, Latina and Native American) are disproportionately impacted.
 - Individuals receiving mental hygiene services.
 - Children, especially those with special hygiene needs.
 - There was an increase in referrals to housing made on behalf of transition-age youth.
-

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.

Increased anxiety, stress and isolation

Lack of access to public transportation

Individuals without technology – computer, cell phone, etc

Lack of internet and or unreliable internet service

Loss of face to face, in person services that strengthen therapeutic relationships

The loss of jobs, lay-offs and economic uncertainty have resulted in heightened emotional response

Decreased access/service delivery/limited supports

Emerging needs – all agencies

- Stressors to include day to day/ongoing and immediate/urgent responses to crisis, social isolation, waiting for test results, lack of productive daily routines, boredom, continued economic impact/loss of resources and food insecurity.
 - Long range impact of remote learning of school age students and lack of access to in-school services.
 - Increase in substance use, suicide/ideation and domestic violence/abuse and severity of CPS incidents.
 - Access/quality of internet services.
 - More adult referrals were received from out-of-county sources, particularly for housing.
-

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.

Increased anxiety, stress and isolation

The increase in alcohol consumption

Increased use of heroin and/or other drugs in substitution of prescription opioids

Lack of access to public transportation

Individuals without technology – computer, cell phone, etc

Lack of internet and or unreliable internet service

Loss of face to face, in person services that strengthen therapeutic relationships

The loss of jobs, lay-offs and economic uncertainty have resulted in heightened emotional response

Decreased access/service delivery/limited supports

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.

Increased social isolation

Lack of community habilitation services due to COVID 19

Q7

a. Mental Health providers

- Productivity in a virtual world.
 - Emergency preparedness.
 - Effective tele-mental health services.
 - Effective group work via telehealth.
 - Effective remote/virtual supervision.
 - Where to find training offered by Zoom, Webex, Go to Meeting, and so forth.
 - **In some ways trainings have become more accessible, increased participation and so forth.
-

Q8

b. SUD and problem gambling service providers:

- Productivity in a virtual world.
 - Emergency preparedness.
 - Effective tele-mental health services.
 - Effective group work via telehealth.
 - Effective remote/virtual supervision.
 - Where to find training offered by Zoom, Webex, Go to Meeting, and so forth.
 - **In some ways trainings have become more accessible, increased participation and so forth.
-

Q9

c. Developmental disability service providers:

- Productivity in a virtual world.
 - Emergency preparedness.
 - Where to find training offered by Zoom, Webex, Go to Meeting, and so forth.
 - **In some ways trainings have become more accessible, increased participation and so forth.
-

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Q10

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

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

Q11

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

After-hours crisis support via telephone was increased.

Q12

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

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

Q13

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

Fewer families accepted to be admitted into non-Medicaid care coordination services on the part of children and youth referred to services.

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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

Q15

Respondent skipped this question

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

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

Q17

Respondent skipped this question

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

Q18

N/A

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

Q19

Respondent skipped this question

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

Q20

No

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

Q21

Respondent skipped this question

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

Q22

No

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

Q23

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

- Most agencies had a mix of staff working remotely and in the office.
 - Frontline workers continued normal operations & flexed schedules.
 - Some agencies experienced lay-offs/furloughs.
 - Staff morale significantly impacted by the pandemic.
 - Frontline staff continued to work – concern for families & potential COVID exposure.
 - Staff are being cross-trained, retrained and assigned additional duties.
-

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):

Support to individuals served (PPE, food & supplies, technology such as I-Pads and cell phones, phone check ins, virtual home tours, assistance with ADLs, recreational activities, engagement in services, etc) • Support to staff (flexible work schedules, remote work, technology & access to Zoom, Skype, Webex, Microsoft Teams..., payroll protection, regular communication/supervision, wellness check ins)

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):

45% of agencies completing the survey indicated they had formed new partnerships because of COVID-19. • Agencies reached beyond the scope of their operations to support our community members.

Q26

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

4

Q27

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

Agencies tended to follow plans as proscribed by our regulatory agencies.

Q28

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

1

Q29

Respondent skipped this question

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

Q30

Both

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

Q31

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

Agencies indicated that all documents provided were helpful to them. Some respondents noted that they would have benefited from guidance prior to NY PAUSE going into effect.

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::

All documents provided were helpful, and appreciation for such was expressed and shared with our local Community Services Board.

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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:

Providers collaborated to help insure that the needs of community members were met by delivering supplies.

Q34

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

Prevention providers in schools used technology to the fullest extent possible to offer support to youth and families.

Q35

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

Services continued via tele-health.

Q36

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

Services continued via tele-health.

A lower census was maintained as providers were unable to serve as many residents as they usually do.

Q37

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

INPATIENT	No Change
OUTPATIENT	No Change
OTP	N/A
RESIDENTIAL	Increased
CRISIS	Increased

Q38

Respondent skipped this question

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

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

Q40

Respondent skipped this question

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

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):

• Support to individuals served (PPE, food & supplies, technology such as I-Pads and cell phones, phone check ins, virtual home tours, assistance with ADLs, recreational activities, engagement in services, etc) • Support to staff (flexible work schedules, remote work, technology & access to Zoom, Skype, Webex, Microsoft Teams..., payroll protection, regular communication/supervision, wellness check ins)

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):

• 45% of agencies completing the survey indicated they had formed new partnerships because of COVID-19. • Agencies reached beyond the scope of their operations to support our community members.

Page 4

Q43

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

Yes (please explain):

Stressors to include day to day/ongoing and immediate/urgent responses to crisis, social isolation, waiting for test results, lack of productive daily routines, boredom, continued economic impact/loss of resources and food insecurity. • Long range impact of remote learning of school age students and lack of access to in-school services • Access/quality of internet services

Q44

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

Fiscal concerns/risk mitigation.

- Safely providing face to face services.
 - Technology improvements.
 - Efficacy/documented outcomes of telehealth
 - Preparing for another outbreak/another NY PAUSE.
 - Workforce – competency, training, productivity, lay-offs/reduction of staff.
 - Alleviating stressors of staff and individuals, increasing resources to improve social determinants of health, being mindful of how symptoms may be intensified by living through this experience and the importance of self care.
-

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.

Data analysis on CCO delivery

Crisis

Often services provided to those with I/DD are best provided in-person, rendering such services more meaningful. (Engagement strategies, active participation, in-person contact, rapport established, non-verbal communication are critical to success. This population is socially isolated to begin with and was severely impacted by the pandemic, as circles of support were significantly disrupted.)

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Q46

Respondent skipped this question

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:
