

# Mental Hygiene Goals and Objectives Form

## Essex County Community Services (70060)

Certified: [Terri Morse](#) (9/14/20)

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**:

- Essex County Mental Health (ECMH) and Mental Health Association in Essex County (MHA), with St. Joseph's Addiction Treatment and Recovery Centers ("St. Joseph's") added in 2020, in collaboration with NYS Police and Essex County Sheriff deputies coordinate together in a program called LEMHRS (Law Enforcement Mental Health Referral System) in 2018. LEMHRS is a program that utilizes CIT-trained LE that make referrals to the provider system for individuals that LE have come into contact with who present with behavioral health issues. The goal of LEMHRS is to connect individuals to the proper form of care to reduce LE acting as social workers and to engage individuals in treatment.
- Care management services have been providing services at the County jail for 2 years and improve after-care planning for local inmates. They now provide services 2 days per week, up from 1.5 days/week.
- Essex County is working with OMH's System of Care and created a coalition of Children/Family providers to become more proactive about children's services/children's mental health issues. It is called BRIEF (Building Resilience in Essex Families). The Coalition received a SAMHSA grant (beginning 8/31/2020) with four primary objectives - engage the 0-5 population; increase wrap-around treatment for children; improve services for TAY population and develop Nurturing Parenting training for each school in Essex County.
- ECMH has added an RN to improve integration of health care with clients receiving mental health care
- Clinton, Essex and Franklin County DCS's are working together to develop a regional Children's Crisis Stabilization response solution for the North Country
- CFTSS and HCBS services have been added and/or transitioned successfully with Families First
- There has been an increase in mental health satellites in school settings, and we are serving 9 of the 14 school districts
- MHA has added additional Certified Peer staff
- ECMH added a Certified Peer staff
- MHA and ECMH have been approved for Mobile Crisis to contract with MCO's
- Families First continues to adjust to the various changes in the child-serving system
- COVID. All mental health providers in Essex County have continued services during COVID. In comparison between 6/1/2019 - 9/1/2019 and 6/1/2020 - 9/1/2020, crisis services have increased by 85% and clinical services have increased 30%. The Mental Health Association's crisis services have increased by 100% during that same period of time.
- Telemental Health licenses have been awarded to ECMH and Families First has applied for a license.
- Families First has applied for the CMHRS license.

- An ad-hoc group of service providers are working to investigate establishing supportive housing resources in Essex County with mental health, case management and substance use treatment resources available to those living there.

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

According to County Health Rankings, Essex County's rate of mental health providers to residents is as follows: (2019) 720:1; (2018) 690:1; (2017) 710:1; (2016) 740:1. Essex County Mental Health provides the majority of mental health services in the county. The lack of private practitioners in Essex County contributes to the rates listed. There closest colleagues that have Mental Health Counseling or Social Work programs are in Plattsburgh (1 hour to the north) and Albany (1.5 hours to the south). This makes it difficult to recruit new staff to our region.

While Essex County has a robust supported housing program (stipends), there is no supportive housing available to those in mental health or substance use recovery.

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

- Changes in regulations for children's HCBS services that removed overnight respite opportunities negatively impacts the children in Essex County. Whereas an overnight respite was used to mitigate the need for inpatient hospitalization and/or ER visit, this change in the regs has INCREASED the number of children accessing ER/inpatient services.
- Adult respite reimbursement from MCO's is not sufficient to cover costs associated with this service
- With the State Education Department's mandate of mental health treatment in schools, ECMH has been taxed with supplying mental health services in the schools, with an already stressed staff level
- The impact of COVID on both the clients and the staff have worsened the ability to provide the quantity of services required. Staff who are working parents are struggling to figure out how to be both parents and attentive therapists.

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**:

- Detox facility operated by St. Joseph's had a soft opening in July 2019 and is fully operational with rapid-access to MAT and crisis services in 2020. This is a regional approach, as the location is on the border of Essex and Franklin Counties
- Active opioid coalition (Essex County Heroin and Opioid - ECHO)
- Strong school Prevention presence in approximately 70% of Essex County schools by The Prevention Team
- St Joseph's implemented telehealth MAT prescribing to outpatient satellites
- St. Joseph's applied for an was awarded a CCBHC grant by SAMHSA
- St. Joseph's utilized SOR (State Opioid Response) grant funding to establish a COTI in Essex County. At just about the time all staff were hired for the COTI, COVID started, so the implementation has been delayed.
- Use of SOR funding allowed for implementing MAT at the County jail, have allowed funding to be provided to those with limited phone services (data minutes) so that individuals could have more data to utilize telemental health services during COVID, have hosted trainings on topic such as *Adolescent and Brain Development*, *The Effects of Addiction on Adolescent Brain Development*, *Trauma-Informed Care*, *Clergy's Role in Helping People in Recovery*, *Resiliency and Change*, and have supplied PCP with funding for X-Waiver Training.
- ECHO (Essex County Heroin and Opioid coalition) is a strong coalition addressing the "opioid crisis."

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

MAT Services have remained the same (or improved).

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

- Anecdotally, there is a concern that COVID has increased the use of alcohol for those either in recovery or with the general population. We will need to gather data to learn whether this is indeed true.

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**:

Mountain Lake Services is a strong service provider in Essex County serving the OPWDD population. While Medicaid Managed Care is challenging, Mountain Lake Services is working to adjust to the changes and views it as positive for those whom they serve.

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

Challenges with recruiting and retaining workforce continues to be a real challenge for Mountain Lake Services.

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

While it may not be correct to say that things have "worsened," but there are many changes within the OPWDD system, that providers continue to struggle with the multitude of changes.

Continual challenges with treating children who have a dual diagnosis, when a crisis occurs, the challenges with obtaining proper care for these children is problematic.

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

## 2. Goals Based On Local Needs

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

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

Issue Category	Applicable State Agency(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## 2a. Housing - Background Information

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

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

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

Based on CSB subcommittee reports, there are insufficient housing opportunities in Essex County for individuals recovering from substance use disorder(s) who are in need of a structured and supportive residential environment.

The only housing resources available in Essex County for people with serious mental illnesses are rent stipends via Mental Health Association in Essex County or HUD. Consumers in need of more structured, supervised and supportive services are referred to out-of-county resources.

There are on average 6-12 children in Essex County between 16-24 years old needing residential services who have been identified through SPOA. They are not eligible for foster care, not ready for independent living, unable to live with family, and at risk of homelessness and involvement with the criminal justice system.

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

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

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

Increase availability of supportive/ therapeutic housing for County residents (a) with Serious Mental Illness (SMI), (b) with substance use disorders, and/or (c) at-risk youth.

### 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: Identify and monitor all funding initiatives for development of sustainable housing programs for county residents.

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.

It is the plan to apply for the ESSHI grant (round 5) to gain momentum toward obtaining supportive housing. Additionally, there is a 60-unit low-income housing opportunity in Lake Placid that we have been working with to allocate 10% of the units to those with SMI or in recovery. We are also seeking guidance from a developer such as DePaul.

## 2c. Crisis Services - Background Information

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

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

- Narrative describing importance of goal

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

Based on OMH data found at <https://omh.ny.gov/omhweb/tableau/county-profiles.html>, in 2018, Essex County has an average daily census per 10,000 of 1.0 adults in general psychiatric hospital and .5 children are admitted to psychiatric inpatient services. Of a greater concern is the number of Essex County children who were in a Residential Treatment Facility at a rate of 4.9 per 10,000 (as compared to the Central Region rate of 1.7).

There are limited behavioral health staff members at local emergency departments in Essex County. After-hours crisis services provided by mental health agencies are almost exclusively limited to phone contact. Many individuals in crisis are subjected to involuntary transportation by law enforcement personnel to a hospital ER in a neighboring county for assessment and admission to an inpatient mental health unit. It is our hope that the LEMHRS solution reduces the inpatient rate for adults, especially, and that CFTSS and BRIEF coalition will provide children with greater internal resources, so as to reduce the number of inpatient referrals.

NEED indicated on Essex County 2021 LSP: As noted by The National Alliance on Mental Illness in a posting on May 6, 2020, "the coronavirus [COVID-19] pandemic is pushing America into a mental health crisis.... Federal agencies and experts warn that a historic wave of mental health problems is approaching: depression, substance abuse, post-traumatic stress disorder and suicide.... Data show depression and anxiety are already roiling the nation."

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.

Improve readily accessible behavioral health crisis services (including suicide prevention) – both telephonic and mobile, 24/7, in Essex County.

### Objective Statement

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

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

Objective 1: Continue implementation of Behavioral Health Community Crisis Stabilization Services to include mobile crisis teams, respite, domestic violence interventions, ER diversion protocols, and a safe location for after-hours services.

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

Objective 2: Explore collaborative solutions utilizing local ERs, law enforcement, peer services and mental health services to mitigate escalation of crises in Essex 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.

With the advent of the OMH Mobile Crisis initiative, implementation of LEMHRS, solutions created with the State Opioid Response grant, and improved collaboration between mental health, substance abuse, and Article 28 hospitals, we are hopeful that our very rural and large county can achieve some form of a "crisis stabilization center," locally. Additionally, through collaboration of Franklin, Essex and Clinton County DCS's, we will explore a respite and crisis solution for those who are dually diagnosed.

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

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

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

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

Workforce recruitment and retention is a continuing problem for Essex County local government and voluntary service providers, as evidenced by Mountain Lake Services having to close 3 homes over the past 2.0 years due to a lack of workforce and difficulty in mental health providers recruiting licensed staff.

According to County Health Rankings, Essex County's rate of mental health providers to residents is as follows: (2019) 720:1; (2018) 690:1; (2017) 710:1; (2016) 740:1

**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.

Identify and quantify the breadth and depth of the shortages and/or vacancies within provider agencies

### 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: Add a survey question to the LSP survey form that will tabulate workforce shortages and vacancies.

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.

## 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:

- 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.

NYS Department of Health emphasizes increased collaboration and integration of behavioral health services within the broader health care system.

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

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

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

"continuing" activity that simply maintains the status quo.

Increase integration of care within the Essex County behavioral health delivery system, within the context of Value Based Payments/Care and Essex County Health Department Prevention Agenda.

### Objective Statement

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

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

Objective 1: Explore opportunities for integration of mental health, substance abuse, prevention, and intellectual/developmental disability services amongst CSB providers and with community based organizations (CBO) and health care providers to promote coordination of care for consumers.

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

Objective 2:

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.

Over the past year, the addition of BRIEF coalition has brought CBO's, schools, behavioral health providers together. Conversations are commencing between physical health providers and mental health providers, either individually or through the Northwinds Integrated Health Network IPA contracting with Adirondack ACO.

**Office of Addiction Services and Supports**

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**Contact**

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**COMPLETE**

Wednesday, November 25, 2020 4:40:25 PM

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**Q1**

Contact Information

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Title	Director Community Services
Email	terri.morse@essexcountyny.gov

**Q2** Essex 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.

With limitation of in-person sessions, or safety standards required of COVID, effectively providing services is reduced. There are no specific racial or ethnic groups or populations that have yet been impacted, although we expect those of low-income to be more affected in the future. Children's services are increasing and somewhat difficult to effectively administer due to challenges with engagement through video or telephone. We also created a "Distress Card" that had the mental health and SUD providers' emergency information and gave them to every food pantry in Essex. We also obtained donations of hand-made face masks and got those in the hands of those whom we serve.



**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.

1. With schools being closed, access to children has been disrupted.
  2. Crisis services have increased by 85% during COVID (compared to same time in 2019); routine mental health services have increased by 30%
  3. While telephone services assist in making sure that access to services remains in place or that now clients can engage in services, telephone services are not effective in all cases, especially when establishing new services
  4. The population that was most affected were those without the means or infrastructure to participate in video services
- 

**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.

1. The restrictions of in-person services were challenging for mobile delivery of services
  2. We have learned that alcohol use has increased (no data, just anecdotally)
  3. With bail reform and COVID, referrals to SUD services have reduced
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**Q6**

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

1. The Article 16 clinic reduced its services dramatically to protect consumers and staff from COVID
  2. With schools being closed, this dramatically impacted those in need of services from accessing them.
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**Q7**

a. Mental Health providers

We all felt that the guidance provided by OMH, OASAS, and OPWDD for materials, PPE, guidance educational material, etc. were adequate and helpful.

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**Q8**

b. SUD and problem gambling service providers:

We all felt that the guidance provided by OMH, OASAS, and OPWDD for materials, PPE, guidance educational material, etc. were adequate and helpful.

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**Q9**

c. Developmental disability service providers:

We all felt that the guidance provided by OMH, OASAS, and OPWDD for materials, PPE, guidance educational material, etc. were adequate and helpful.

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**Q10**

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

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

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**Q11**

**Respondent skipped this question**

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

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**Q12**

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

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

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

**Q13**

Respondent skipped this question

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

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**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?

1

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**Q15**

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

Our Case Management Agency reduced services because they did not provide in-person services

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**Q16**

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

1

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**Q17**

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

Our Case Management Agency reduced services because they did not provide in-person services

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**Q18**

No

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

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**Q19**

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

In person services were open, but not accessed by clients. We remained available for services, but clients were fearful of coming in. In July, in-person services were expanded.

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**Q20**

No

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

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**Q21**

Respondent skipped this question

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

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**Q22**

No

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

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**Q23**

Respondent skipped this question

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

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**Q24**

Yes (please describe):

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.

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Developed improved services in partnership with PCP's

**Q25**

Yes (please describe):

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

---

Developed improved services in partnership with PCP's

**Q26**

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

0

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**Q27**

Respondent skipped this question

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

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**Q28**

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

0

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**Q29**

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

Our rates of positive COVID were very low. Today, 11/25/2020, there are 30 positive cases out of an entire population of 38,500.

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**Q30**

**None**

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

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**Q31**

**Respondent skipped this question**

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

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**Q32**

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

**Program-level Guidance,  
Telemental Health Guidance,  
FAQs**

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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:

The SUD providers in Essex did not indicate a need for PPE beyond what they received.

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**Q34**

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

Because most prevention services in Essex are provided in schools. Because of the schools being closed, prevention services reduced.

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**Q35**

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

I'm not exactly sure what you mean by "recovery," but if you mean access to post-treatment recovery, then I'll say that the AA or "sober support" meetings in the region were either shut down or converted to video. While those were helpful, they weren't available for everyone.

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**Q36**

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

The delivery reduced because the demand reduced.

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**Q37**

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

INPATIENT	No Change
OUTPATIENT	Increased
OTP	Decreased
RESIDENTIAL	Decreased
CRISIS	Increased

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**Q38**

Respondent skipped this question

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

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**Q39**

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

INPATIENT	Decreased
OUTPATIENT	Decreased
OTP	Decreased
RESIDENTIAL	Decreased
CRISIS	Increased

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**Q40**

Respondent skipped this question

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

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**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):  
The Crisis services available were advertised more effectively.

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**Q42**

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

Yes (please describe):

It just so happened that the SUD provider became a CCBHC during this time.

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**Q43**

**No**

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

**Q44**

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

As usual, a lack of children's services - but that's nothing new. The reduction in in-person services is the greatest challenge.

**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.

I do not know as of yet.

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**Q46**

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

Meeting the demand of services being sought for mental health is challenging, but we have open access and want to be able to continue providing that. School children remain engaged in services. The CFTSS providers are reduced in their ability to provide in-person services, but they are doing their best through video. Children's crisis is becoming a more concerning need, especially "teen suicide" (suicidal ideation, not actual suicides).