

# Mental Hygiene Goals and Objectives Form

## Jefferson County Comm. Services Board (70380)

Certified: [Timothy Ruetten](#) (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**:

- The use and widespread placement of peers in the community seems to have had a positive impact thus far. Peers are now embedded at our Emergency Department and in our jail.
- Collaboration with our local school districts has increased over the past year with the addition of a School Liaison position. Connections between the school communities and local behavioral health providers has also been strengthened by an annual school/mental health symposium which began Summer of 2018.

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

- Transportation is an ongoing challenge in Jefferson County. A large, spread out, rural population continues to dramatically impact service provision throughout the County. There has, however, been positive movement in the local mass transit initiative with the addition of public bus routes throughout the county being a reality in the future. Collaboration between the Volunteer Transportation Center and numerous local providers and stakeholders has driven this project forward. Furthermore, programs such as "First Mile-Last-Mile" are being researched and considered to ensure that all county residents will have an opportunity to use mass transit in the future. Unfortunately, mass transportation is not a viable option for some community members with serious mental health issues. The need exists for same day transportation for those unable to utilize mass transit.
- Inpatient treatment services for youth continue to be an issue for Jefferson County. We have continued our focus on the improvement of children's services and access through greater collaboration countywide but these efforts do not seem to have had a noticeable impact.
- Staffing in mental health clinics continues to be a challenge resulting in part from a limited pool of candidates coupled with competition with both Federal (Ft. Drum) and State (SLPC) positions.

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

- The staffing difficulties within the mental health system has further impacted the ability to serve certain portions of our population due to certain insurance carriers requiring a higher level clinician for basic mental health services.

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

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

- The addition in the past several years of an Opioid Treatment Clinic and a Recovery Center appear to have had a positive impact on the opiate issues here in Jefferson County. These programs, combined with community collaboration, Narcan training and provision, and a greater awareness about opiate addiction overall have helped to lower the numbers of overdose deaths in Jefferson County.
- The addition of Medicated Assisted Treatment providers will hopefully continue this positive trend.
- Additional SOR funding and funding for the establishment of an Opiate Court will hopefully continue this trend of improvement.

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

- Transportation is an ongoing challenge in Jefferson County. A large, spread out, rural population continues to dramatically impact service provision throughout the County. There has, however, been positive movement in the local mass transit initiative with the addition of public bus routes throughout the county being a reality in the future. Collaboration between the Volunteer Transportation Center and numerous local providers and stakeholders has driven this project forward. Furthermore, programs such as "First Mile-Last-Mile" are being researched and considered to ensure that all county residents will have an opportunity to use mass transit in the future.

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

- Attraction and retention of seasoned/qualified providers. The loss of one staff person regardless of licensure has an immediate impact which results in clients being transferred to yet "another counselor" or a delay in service access. This issue is exacerbated with the addition of specialty areas such as forensic counseling, which requires very specific skillsets.

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

Improved  Stayed the Same  Worsened

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

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

- The OPWDD at the state level makes the majority of decisions in regards to the Developmentally Disabled in our community means that the changing landscape of services at this time is difficult to assess.

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

- Staffing continues to be a serious problem in the developmental disability realm. A lack of COLA along with raising the minimum wage has created a compression issue. This in turn results in an inability to retain staff after the initial training period.

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

## 2. Goals Based On Local Needs

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

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

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j)	SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k)	SUD Residential Treatment Services	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa)	Other Need 2 (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab)	Problem Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac)	Adverse Childhood Experiences (ACEs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## 2b. Transportation - Background Information

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

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

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

Jefferson County is a large rural county with frequent weather problems that make it difficult for individuals seeking services to get to and from those locations. No viable system has been successful in alleviating this problem.

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 a consistent transportation service for Behavioral Health services in the county for rural areas.

### 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: Consult with and participate in the North Country Mass Transit Initiative to bring bus service to Jefferson County and beyond.

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

### Change Over Past 12 Months (Optional)

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

### 2c. Crisis Services - Background Information

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

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

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

Jefferson County does not currently have an approved crisis services plan. Crisis services has, in the past, been a disjointed concept with many parts but little overall collaboration.

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.

Establish an effective and appropriate crisis services continuum for Jefferson 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: Re-establish the Behavioral Health/Criminal Justice Collaborative.

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

Objective 2: Offer one session of Crisis Intervention Team Training for up to 25 law enforcement officers in 2019.

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

Objective 3: Offer 1st responder Mental Health 1st aid to area EMT's and other 1st responders.

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

Objective 4: Utilize relevant data and input from local providers to enhance our current system of Crisis Response.

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.

### 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.

Mental Hygiene workforce issues are not new to Jefferson County. Nearly 10 years ago we were able to bring Keuka College to the county to offer a BSW program. Shortly afterwards, The Rochester Collaborative (Nazereth and Brockport Colleges) began offering an MSW program. Both of these efforts have been successful but still has not filled the need, especially for LCSW's. The Fort Drum Health Planning Organization also has provided recruitment efforts for physicians, nurses and other providers, but we continue to experience a shortage. Also, the county has seen less individuals working towards or receiving CASAC credentials for our CD providers. Fort Drum and NY State facilities, who have a significantly higher pay capability, often employ local staff once they have gotten initial training, supervision and credentials from local providers.

**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.

Enhance recruitment and retention efforts for all behavioral health areas for staffing, supervision and support.

### Objective Statement

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

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

Objective 1: Actively participate in the Ft. Drum Regional Health Planning Organization's Recruitment and Retention Committee.

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.

### 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.

Stigma regarding mental illness and substance use disorders is prevalent nationwide. Social stigma results in prejudicial attitudes and discrimination of our citizens experiencing mental health and substance use issues. Perceived or self-stigma can impact a person's decision to seek help. Stigma regarding mental illness and substance use is a prevalent concern in Jefferson County and was voiced as a concern by both providers and consumers.

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

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

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

Reduce the prevalence and impact of stigma on mental health and substance use service provision.

### Objective Statement

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

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

Objective 1: Provide trainings in the community to educate the Jefferson County population on the topics of mental health, substance use and suicide prevention/intervention.

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

Objective 2: Develop and implement a local community-based campaign to address and reduce stigma in our community.

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

### Change Over Past 12 Months (Optional)

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

**Office of Addiction Services and Supports**

**Accessibility**

**Contact**

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**COMPLETE**

Monday, September 14, 2020 8:29:48 AM

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Page 1

**Q1**

Contact Information

Name	<b>Timothy J Ruetten</b>
Title	<b>Director of Community Services</b>
Email	<b>truetten@co.jefferson.ny.us</b>

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**Q2** **Jefferson County Comm. Services Board**

LGU:

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**Q3**

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

All services have been dramatically impacted by COVID-19. Outpatient services in both mental health and addiction rapidly shifted to tele-services with very few exceptions. Residential services in all three services areas (mental health, addiction, and developmental disability). Previously existing staffing shortages, an initial lack of PPE, and limited community based services such as primary medical care and specialty medical care added to dramatically to the challenges. Additionally, limited or non-existent opportunities to engage the community at large and especially loved ones made things very difficult for many of our clients.

#### 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.

All mental health services were heavily impacted by COVID-19. Outpatient services immediately pivoted to tele platforms. This allowed engagement with clients (and alleviated some of the transportation and no-show issues experienced pre-COVID) but the engagement was at a much more limited level. Multiple clients spoke of missing the face to face contact that comes with in-person service. Our clinical staff also had to very quickly adapt to a new form of service provision, often with no training and inadequate technology and equipment. Residential services had their own unique challenges. Limited access to the outside community and community based services added dramatically to the uncertainty. Many clients experienced increased anxiety and worry about COVID-19. A sense of loneliness and isolation was experienced in many of our mental health clients. A lack of PPE availability, especially in the beginning of the pandemic made service provision in the residential settings especially difficult.

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#### Q5

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

The SUD community entered the COVID-19 Pandemic with an already overtaxed system. Staffing shortages, recent changes in the criminal justice system and an ongoing opiate epidemic were all compounded with the addition of COVID-19. Like all outpatient services, our SUD providers quickly adapted service provision to include an array of tele-service options. Medication Assisted Treatment added yet another facet to the problem due to the need for face to face contact to provide the medications. SUD residential programs experienced many of the same challenges as our mental health residential programs.

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#### Q6

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

The most prevalent issue caused by COVID was the lack of accessibility for services for the developmental disability community that was not supported residentially by a provider. Those who resided home with family were very limited in the supports that could be provided as a result of Executive Orders and directives by OPWDD. Support was limited to providing supplies, activities or any other needs. Face to face contact was very limited. As restrictions were relaxed, we did some limited one on one activities. The largest impact was limited access to the community from March 18 until late July. Those that resided with a provider were unable to have contact with families from March 18 until July also.

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#### Q7

a. Mental Health providers

- Telehealth related trainings
  - Additional funding for telehealth systems/platforms
-

**Q8**

b. SUD and problem gambling service providers:

- Adding Peers to the public health law allowing them to provide and bill services via telehealth (COVID-19 waiver)
- Federal and state action to allow the initial clinical visit to be performed through telehealth (COVID-19 waiver)
- Federal action to allow buprenorphine induction to be performed without an in person visit (COVID-19 waiver)
- Federal and state action to allow for continued, billable telephonic services (COVID-19 waiver)
- Continuation of bundled billing rate for OTP (COVID-19 waiver)
- Ability to provide additional take home doses as clinically appropriate (COVID-19 waiver)
- Reimbursement for peer services (including enhanced rate)
- Outreach services have limited to no reimbursement, thus impacting our ability to engage hard to reach clients who may have an opioid use disorder (OUD) and be appropriate for a MAT

**Q9**

c. Developmental disability service providers:

None noted

Page 2

**Q10**

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

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

**Q11**

Respondent skipped this question

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

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

**Q12**

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

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

**Q13**

**Respondent skipped this question**

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

**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

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

**Q19**

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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**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**

No

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

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**Q25**

No

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.

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**Q26**

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

8

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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**

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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**Q30**

LGU

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

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**Q31**

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**

Program-level Guidance,  
Telemental Health Guidance,  
Fiscal and Contract Guidance

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

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Page 3

**Q33**

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

All programs had limited access to PPE materials at the beginning of the pandemic. Agencies gradually acquired the necessary equipment through community donations and state offerings.

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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?

All services were impacted as previously described. with school closures many prevention programs were put on hold and new contracts were paused with the uncertainty of school openings. State aid withholding has also dramatically impacted prevention services.

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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?

Recovery services were impacted similarly as other service provision. Shifting to telehealth, having difficulty in referring clients to residential treatment programs and an overall increased level of anxiety all contributed to the challenges.

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**Q36**

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

Treatment services were impacted similarly as other service provision. Shifting to telehealth, having difficulty in referring clients to other treatment programs and an overall increased level of anxiety all contributed to the challenges. Coupled with reduced criminal justice referrals and a reduction in state aid, programming has suffered.

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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	N/A
OUTPATIENT	Increased
OTP	Increased
RESIDENTIAL	Increased
CRISIS	N/A

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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?

OUTPATIENT	No Change
OTP	Increased
RESIDENTIAL	No Change

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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):  
- Virtual Opioid Overdose Prevention Program (OOPP) trainings and distribution of Narcan - Potentially continuing extended take home doses (pending ongoing regulatory relief - Telephonic telehealth sessions - Reduction on restrictions of certain types of telehealth services (i.e. buprenorphine induction)

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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):  
Nothing formalized yet during COVID-19 but exploring potential opportunities for partnership where feasible and applicable.

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Page 4

**Q43**

No

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

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**Q44**

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

Our biggest challenge will be trying to provide supports and services based on the needs of those we support in this environment of many unknowns and with threats of reduced funding. Reacting to a changed program model with restrictions on capacity, increased sanitary requirements, difficulties with transportation and anxiety caused by COVID that may impact participation will be challenging.

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**Q45**

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

- a. OPWDD should share with the county information related to needs as evidenced by the DDP 1 as it relates to residential placement and programmatic need.
  - b. OPWDD should share any information related to how COVID impacted this population from their data so we can be better prepared in the event of another outbreak.
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Page 5

**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:

Our treatment providers in all three service areas immediately rose to the challenges presented by COVID-19. Unfortunately, the fiscal shortfalls that also came with COVID-19 will continue to have negative impacts on service provision for years to come.

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