# Goals and Objectives 2024-2027
# Wayne County Behavioral Health

James Haitz, Director of Community Services
(jhaitz@co.wayne.ny.us)

## Goal 1

Goal 1: Title Expand Crisis Services
Goal 1: Target Completion Date Dec 31, 2025
Goal 1: Description Continue to expand and further develop crisis response services and to provide for the availability for immediate access to services and mobile response 24/7.
Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes
Goal 1: Need Addressed 1 Crisis Services
Goal 1: Need Addressed 2 Cross System Services
Goal 1: Need Addressed 3 Inpatient Treatment

Goal 1, Objective 1: Title Enhance Crisis Service System
Goal 1, Objective 1, Target Completion Date Jun 30, 2024
Goal 1, Objective 1, Description Over the next 12 months we will engage in a variety of initiatives enhance and expand our crisis service system. This will include efforts to continue recruitment and hiring to fill vacant staff positions in the County Open Access Center and on the County Mobile Crisis Team. This will allow for the expanded availability of staff to be able to respond to requests for services and to provide consistent in-person 24/7 staff coverage. The County teams will also work to improve collaboration and coordination with our local CPEP & MIT teams to better address triage, response, mutual aid, and follow-up. The County will provide additional ongoing Mental Health First Aid Training regionally including Wayne County and Ontario, Seneca and Yates. The LGU will also continue to work closely with OMH and Newark Wayne Community Hospital to restore the hospitals in-patient psychiatric unit to bring this service back online operationally given the County and region has a significant need for additional in-patient psychiatric services.

## Goal 2

Goal 2: Title Combating the Opioid Crisis
Goal 2: Target Completion Date Dec 31, 2024
Goal 2: Description Decrease the number of opioid related overdoses and deaths.
Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes
Goal 2: Need Addressed 1 Outpatient treatment
Goal 2: Need Addressed 2 Crisis Services
Goal 2: Need Addressed 3 Prevention

Goal 2, Objective 1: Title Provide opioid related supports and services.
Goal 2, Objective 1, Target Completion Date Dec 31, 2024
Goal 2, Objective 1, Description Continue and further expand the membership and activities of the County Opioid Task Force (OTF). Continue Narcan training classes throughout the County, and expand access to Narcan Kits. Utilizing Opioid settlement funds, the OTF will increase access to Narcan by installing "Red Boxes", which contain free Narcan available to the public, in high traffic areas throughout the County. The County and OTF will develop a webpage on the County website providing online training, information and how to obtain a free Narcan kit, which can be provided to members of the public. The County Open Access Center will also work to expand immediate access to all levels of care & services including peer services and by working closely with our local community provider agencies to have that immediate access available at levels of care. The County also plans to seek proposals from community providers on strategies to address this problem and support the goal and the County will utilize settlement funds to help support these new initiatives.

## Goal 3

Goal 3: Title Improve Workforce Recruitment and Retention
Goal 3: Target Completion Date Dec 31, 2024
Goal 3: Description The County and local providers continue to struggle to recruit and retain employees, hence a serious situation has arisen due to the lack of personnel to fill many professional and paraprofessional positions. Many providers have high numbers of vacancies for clinical positions. Programs unfortunately are understaffed as a result. This has widely negatively impacted the overall behavioral health delivery system on all levels of care and within all 3 disabilities arenas (among the health care arena in general and other arenas).

Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes
Goal 3: Need Addressed 1 Workforce
Goal 3: Need Addressed 2
Goal 3: Need Addressed 3

Goal 3, Objective 1: Title Strategies to Address the Workforce Shortage Problem
Goal 3, Objective 1, Target Completion Date Dec 31, 2024
Goal 3, Objective 1, Description The LGU will work closely with our local providers, colleges/universities and the County Govt. to develop workforce incentives to improve recruitment and retention among the behavioral health workforce. Work kas already begun to revise and update job descriptions along with enhancing salary structures to more competitive with other related fields. We will also create contract position opportunities for those that may be seeking part-time interim work opportunities. Providers are providing financial recruitment and retention incentives. The County will continue to work closely with local colleges/universities to provide educational internship opportunities to college students who would like to enter the field. Other types of incentives such flexible scheduling, providing CEU assistance, other work for added pay, etc., all can be made available to the workforce. We will continue to work closely with our state partners on strategies to improve the workforce shortage problem and we will continue to utilize and maximize incentive programs made available to us.

**Mental Hygiene Goals and Objectives Form**
Wayne County Community Services Board (70540)

**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**:

This past year we were successful in accomplishing a long standing goal to establish a mental health clinic in every school building in Wayne County. There are eleven school districts and 31 school buildings in the County. By investing in this resource we have been able to reach children who have unaddressed mental health needs who typically would never have received services/treatment unless the service was brought to them. Establishing the satelitte clinics within the school setting has allowed us to reach these children. It has vastly improved access to care and made a significant difference in the school climate in many districts. It is a win-win for the child, family, school, and the community, as well as the agency.
In partnership with this approach, we also established a substance abuse prevention education program comprised of a number of evidenced base programs and provided a cosistent program to every school district in the County. We regularly bring these two teams together to collaborate and network as we address the behavioral needs of the youth in our community.
One other startegy we implemented was expanding SRO officers in several school districts. The SRO's also join the behavioral health teams in collaborating and networking together. The County launched a CIT team as well and the LGU provides behavioral health related training and resource information to the CIT and SRO officers.

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

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

We contionue to see greater numbers of people who present to outpatient behavioral health services who appear to have more complex and serious symptoms and needs than ever before. The demand for services continues to reach record numbers over prior years. The clients have a variety of social & economic related needs in addition to their behavioral health needs. Over the past year we have seen an increase in the number of children who have behavioral health needs and they experience more serious & complex symptoms and needs. In general, we can say that we are seeing people who are more seriously ill and have multiple complexities associated along with their mental health problems. Also, people who mental health realted needs are presenting with substance use needs. As a result, there are greater needs and demands for co-occuring mental health & substance abuse services. We also have seen an increase in opioid and drug overdose related incidents. The outpatient behavioral health system has a greater level of demand for services along with greater expectations from the community to manage the individuals presenting with these problems, all while the system continues to move forward with its goal to reduce the number of emergency room visits and the number of psychiatric inpatient stays and this has created greater demands on community clinics. Therefore, by default and by design, the outpatient system is relied upon more and more, and is expected to manage the patients who are perhaps in need of higher levels of care. However, outpatient mental health services have not received any significant funding increases, nor are the current levels of funding adequate to develop new or expanded services and resources to respond appropriately to these increased demands and more complex needs. The most recent State plan for the behavioral health system, which includes the system evolving and reinventing itself by moving into a redesigned system of Value Based Payments (VBP) based on performance and outcomes, contributes to the added strain and stress on an already stretched system of care that has been trying to manage through a number of other system reforms including the Medicaid Redesign Team Delivery System Reform Incentive Payment Program (DSRIP), the Health Home Care Management Initiative that replaced OMH Targeted Case Management, the development of Behavioral Health Care Collaboratives (BHCC), the Performing Provider Systems (PPS), the Childrens Services Transformation Plan, and other transformation plans related to the Behavioral Health System of Care. Clients within the system have struggled to navigate through the evolving & complex system of change that is consistently under revision. Providers also have struggled to maintain continuity of services, financial viability, and their resources have been stretched and strained in order to keep up with the demands placed upon them by the system.

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**:

In August 2018 Wayne County launched a 9 County Regional Open Access Center and COTI. Since openning and beginning these services, several hundred people that were not in treatment previously have been able to obtain services for their addicition and/or mental health problem. These programs have been extremely valuable and have dramatically improved access to care and medication assisted treatment. Although we have always included a mobile capacity from day one, we recently took delivery of a vehicle equiped to be used as a mobile clinic. This expand our ability to bring services (including MAT) into the community and we hope to reach people in need of care that wouldnt otherwise obtain or seek it. We also have expanded MAT in our jail.

In 2018 through our school based SU prevention services we included Life Skills EBP in all our school districts in the 6th grade. During 2019 we added the next level of Life Skills and expanded to the 6th & 7th grades in all school districts. In the upcoming school year we will yet again expand by adding the 3rd level of Life Skill to the 8th grade in all districts, which at that point all 6th, 7th and 8th grade students will be receiving Life Skills prevention education programming.

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

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

We have seen an increase in the number of individuals who are struggling with alcohol and drug related problems, particularly with heroin & other opioids. We also see rise in coccaine use. We continue to see numbers of people who have had a drug overdose, ER and/or hospitalization,

and/or a death related to the overdose. The increasing number of deaths that have occurred over the past couple of years is significant, and this has impacted all age ranges and socio-economic levels. It has been difficult at times to find available in-patient detox and/or in-patient rehab/stabilization services at the time they are needed, and there appears to be a greater demand/need for these levels of care. Heroin & Opioid related problems continue to be a serious & primary concern, and the more serious drugs such as Fentanyl and Carfentanil, not unlike many other areas in the state and the country, have had an impact in our local community as well.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year: ○ Improved ○ Stayed the Same ◉ Worsened

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

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

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

The OPWDD system at times has been a difficult system to navigate through, can be difficult to enter, and is known to have extremely long delayed processes on a number of levels (i.e. referral, evaluations, forensic related transfers, etc.).

During the course of this past year, the Wayne County LGU continues to be be involved with challenging and complex cases with individuals from the OPWDD system and within our county mental hygiene forensic system. We have seen greater numbers of OPWDD clients get arrested & jailed, and with more increasing serious crimes, which increases their involvement within the criminal justice system. We continue to find that the process for the OPWDD system regarding taking custody of these individuals, as a result of a court order, to be very slow and cumbersome given the very limited number of state OPWDD facilities available to take these clients into their services. We have found ourselves devoting increased staff resources and time in managing these cases and mitigating the issues with the Public Defender's office, the District Attorney's office, the Court system and the Sheriffs Office, while we navigate with the OPWDD system to expedite their process for taking custody of individuals who can not return to the community, but rather are placed in their care by a court. These challenges and difficulties places the LGU and the clients in a precarious position while they await the OPWDD system to take appropriate action. OPWDD lacks sifficient resources to be able to respond these types of cases and had significant limitations as a result of service reductions at the state level.

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**

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

| | | | |
|---|---|---|---|
| v) Developmental Disability Self-Directed Services | [redacted] | [redacted] | ☐ |
| w) Autism Services | [redacted] | [redacted] | ☐ |
| x) Developmental Disability Front Door | [redacted] | [redacted] | ☐ |
| y) Developmental Disability Care Coordination | [redacted] | [redacted] | ☑ |
| z) Other Need 1(Specify in Background Information) | ☐ | ☐ | ☐ |
| aa) Other Need 2 (Specify in Background Information) **(NEW)** | ☐ | ☐ | ☐ |
| ab) Problem Gambling **(NEW)** | ☐ | ☐ | ☐ |
| ac) Adverse Childhood Experiences (ACEs) **(NEW)** | ☐ | ☐ | ☐ |

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

**2a. Housing - Background Information**

There continues to be a disparity in Wayne County with regards to an adequate amount of available, safe and affordable housing for those with low income and who are coping with one or more of the disability areas. People who receive services in this county have been known to live in unsafe, poorly maintained rental housing that have serious plumbing issues, at time no running water, inadequate-unsafe electrical systems, poorly run heating systems, to name just a few of some of the types of issues people contend with. Although these are issues more for the local inspecting authorities to address, it also speaks to the level of housing many of our clientele must contend with living in. With limited income and limited selection of appropriate housing resources, there are very few options available to the clientele. Some individuals we serve, along with their families, have been forced to live in tents, campers, former migrant camp shacks or make-shift shacks in the woods, or to live in a car.

All individuals, regardless of mental illness, struggles with addiction, or low socio-economic standing deserve to reside in safe, affordable housing, and not to be encumbered and further stigmatized by being faced with and having to endure living in substandard housing, forced to struggle to maintain their stability as it relates to their overall health well-being. We clearly recognize that this is one of the primary social determinants of health, and is a related issue given the relationship of the economic and social conditions and their distribution within our population and how they relate in the overall health status of individuals . The goal of creating more safe & affordable housing options is absolutely essential.

We also rcognize that poverty and poor housing is a factor that can contribute to lower life expectancy with the mentally ill and appropriate housing is social determinant of health and as such, this area is a concern for us.

**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

Goal: To Develop and support efforts related to increasing additional safe and affordable housing options for people in Wayne County.

**Objective Statement**

Objective 1: To work in partnership with a town or village governments willing to consider and accept housing projects and to assist in secure funding for the project.

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

Objective 2: To expand residential support program housing options snf crisis housing options.

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

Objective 3: To expand crisis housing options to enable those in crisis or early in their recovery to stay in a safe place during periods of transition.

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

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

Ther has not much change over the past 12 months. However, from a longer term historical perspective and following over a 10+ year period of advocating and exploration, the LGU, in close collaboration with Lakeview Health Services, nearly 3 years ago realized our vision with the opening of a 60 unit one-bedroom apartment building in the county. The building was designed to provide safe and affordable housing to people of the county who receive mental hygiene services, as well as to those residents of the county who have moderate to low income. This was a tremendous accomplishment, however there still continues to be a significant gap in available, safe, affordable housing for those who receive mental hygiene services and for those that have income below the poverty level. There is more work for the LGU, Community Services Board, community providers, and other local governments, to do in this area.

In addition, with the down-sizing of State OMH facilities, Wayne County received state-aid funding, and utilized that funding to contract with Depaul Community Services to provide short-term transitional crisis housing. DePaul now operates 3 apartments that we utilize to place people in who are in crisis with reagrds to a housing problem. This has been an extremely successful inititative, and is a much-needed resource. That said, often we are presented with those in need of crisis housing while our occupancy in the crisis apartments is full. This is a housing resource well worth expanding. We first launched this initiative with 2 apartments, and fortunately we discovered we had adequate funding available to add one more apartment for a total of 3 apartments. Although we have seen a slight increase in resources for this, as previously noted this is still not adequate to meet all the needs. We would very much welcome additional resources to expand this service in Wayne County.

**2c. Crisis Services - Background Information**

In addition to above noted issue related to crisis housing, we have a number of issues related to crisis services. One issue relates to the opioid epidemic. We have seen an increase in opioid related overdoses and deaths. Wayne County statistically is above the State average in terms of number of opioid related incidents. Fortunately, the County's proposal to develop an Open Access Center was approved by OASAS and the

initiative began servicing the region on August 30, 2018. Also, as of August 30, 2018, the County was designated as a Center of Treatment Innovation (COTI) and awarded a Strategic Targeted Response (STR) grant, which has allowed us to respond into our community with mobile clinic services, peer related services, telehealth, among many other services. We also are planning to supplement these services with the addition of mental health staff in order to also address those who may have mental health related problems. We want to continue to take a comprehensive approach to being able to address those in crisis for either or both mental health and/or substance use disorders and have expanded access with these services.

Suicide Prevention also is a significant focus for the County. Last year we launched our Wayne County Suicide Prevention Coalition and have had great success in developing a strong collaborative network of stakeholders. We have made great progress with our prevention agenda and efforts and have held a variety of community related events to promote greater awareness about suicide prevention and where public can obtain information and how to get help. I addition to our community activities we believe our Open Access Center, in addition to helping those with substance abuse related issues, will likely play an important role as well in assisting those who are struggling with suicide or mental health problems.

We are also partnering with our neighboring counties (Seneca, Ontario & Yates), including a number local community agencies and other mental hygiene related services (i.e. CPEP, MIT, COTI-STR, etc.), to develop a comprehensive crisis response plan. The plan will include the ability to triage those in crisis and if necessary, include the ability for a face-to-face mobile response within 3 hours of determining that is an appropriate intervention. Our local CPEP is expanding to include 24/7 capability for mobile response. Also, the County Mental Health Department is working closely with the law enforcement community and other stakeholders to develop a Crisis Intervention Team (CIT). CIT is aimed at promoting community collaboration using the CIT program to assist people living with mental illness and/or addiction who are in crisis. The model promotes a safe and humane response to those experiencing a mental health crisis. We are currently midway through our development and training process in order to prepare and adopt this program.

We also provide response services through our Trauma, Illness & Greif Team as well as our Post-vention response team.

Immediate access to services and/or treatment is a priority and an essential level of service that is needed. The County remains committed to providing this level of service to our community and our programs offer this and we are pleased to be further expanding this to 24/7 at some point this year.

**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

To continue to develop plans and services that address needs of those coping with a crisis and maintain immediate access to care including mobile capacity and eventually expanding to hours to 24/7.

Additionally, our region is working closely with EPC to enhance MIT services and we have developed a plan to fund and embed a clinical social worker along with an EPC Finger Lakes MIT team. This will bring a added level of clinical competency and assessment that has been lacking with this service.

**Objective Statement**

Objective 1: The County will continue to address community needs related to the opioid crisis and suicide prevention and further expand its crisis response services.

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

Objective 2: The County will launch its Open Access and COTI-STR Programs and provide 24/7 access.

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

Objective 3: The County will continue to offer immediate access into its treatment programs and work with local providers to do the same.

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

Objective 4: The County will launch a CIT Program

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

Objective 5: The County will provide crisis mobile response services

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

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

See above 2c. description which includes information related to this section.

Also, the County has developed a Crisis Intervention Team (CIT team). We completed the sequential intercept mapping workshop during 2018. Training to law enforcement CIT was provided regarding MHL 9.45, Open Access Center & COTI services, startegies and uses for arrest diversion, court involvement, AOT and Safe Act and Mental Health First Aid. Later this year we will participate in an OMH Law Enforcement & Mental Health Dept collaborative regarding equiping officers with techology to access tele-mental health services while responding in the field to a mental health related incident. We will be coordinating this service through our clinic and Open Access Center.

we also will be focused on expanding AOT services, MIT services, Open Access Center (OAC) & COTI services and expanding hours of operation to 24/7, and expanding CPEP hours.

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

The County and other local providers across the region have been struggling with the recruitment and hiring of qualified licensed health professionals (i.e. LMSW, LCSW, CASAC, MD, NP, RN). There clearly is a shortage of professionals within the workforce and it has been challenging for employers to hire qualified professionals in order to meet service delivery needs.

W have been focused on this issue within our own programs and expanding recruitment efforts and strategies including use of additional job posting services, HRSA opportunities, partnering with local colleges and universities to expand training and internship opportunties in county programs.

**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

This was not designated a top priority item by the LGU or Community Services Board this year. Although, many providers are significantly challenged with recruitment and/or retention of professionally licensed staff. We will continue to try to provide what ever incentives we can in order to attract potential candidates, however as a government, the additional types of incentives such as those the private sector can offer are limited. We will also work closely with local area colleges/universities to provide internship field work experiences to students who could potentially become viable employment candidates. In addition, we will support and work with state authorities and local work force development offices to address this issue. As noted previously we will also expand training and educational opportunities for student internships whcih could lead to hiring once students graduate.

**Objective Statement**

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

We will increase student internship opportunities in county programs for all behavioral health related professions (i.e. social work, substance abuse counseling, mental health counseling, nursing, nurse practitioner, and physicians).

We will also continue advocate with our colleagues and RPC to OMH to allow Physicians Assistants to practice and prescribe within OMH clinics and in accordanc with their state education licensing authority and DEA certification and with psychiatrist supervision, and without the need for OMH to require a waiver to do so. PA's should be allowed to practice within their licensed scope in an OMH clinic as they can in an FQHC or a PCP's offices without the need for a waiver. This is an OMH self imposed obsticle and a practive which reduces the viable potential to expand the work force for prescibing and addressing the medical needs in clinics and could help to address the professional shortage of psychiatrists and nurse pracctitioners.

**2f. Prevention - Background Information**

The LGU & CSB would like to see additional financial resources dedicated to prevention services for SUD & MH issues. Although some resources have been dedicated by OASAS, those resources have remained fairly flat for the past several years, and prevention resources from OMH are virtually non-existent.

We work very closely with each Wayne County School District and their Superintendents in providing SUD preventions services and referral to treatment (and have mental health clinics in schools). We have along standing history of providing SUD prevention education and counseling programs in our schools. This year we were able to provide every school district (12 districts in all) with an array of Evidenced Base Programs of SUD Prevention Education Programs. We will again bring this programming forth in the next school year and will add an additional EBP.

Suicide prevention is also a focus for us in our community. Last year we launched our Wayne County Suicide Prevention Coalition. The coalition sponsored a confrence on the topic aimed toward professionals and also held a community presention. The featured speaker at both events was Kevin Hines and both events were extremely well attended. The coalition also has a number of other community events and activities planned geared to increase awareness about suicide prevention and how to get help. We also will be providing additional training to schools on the topic.

**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

Resources for providing prevention services for substance abuse and mental health issues are very limited and a need. We will advocate with OMH & OASAS for their commitment to provide additional financial resources for prevention services in order to better develop a proactive approach rather than only offer a reactive strategy to SUD & MH issues.

The County will continue to work closely with local school districts to provide prevention services. We have a long history of providing SUD prevention education and counseling services in our schools. This past year we were able to provide every school district with an Evidenced Based Program of prevention education services. We are continuing those efforts in the next upcoming school year. We also have been engaged in Youth Mental Health First Aid training and will continue to provide and expand training with regards to this. Our Suicide Prevention Coalition is working closely with schools in order to offer training on recognizing a student who might be struggling with thoughts of suicide or another mental health issue. This year we will reach our goal to have an OMH licensed mental health clinic for every school in every school district in Wayne County. Not only do we consider these activities as direct delivery of services, but we equally consider them to be prevention initiatives.

- Prevention Services:
- Expand School Based SUD Prevention & Educational Services and community prevention services
- Suicide Prevention – Suicide Safety in Schools Training, TIG – Trauma-Illness-Grief Response Team, Post-Vention Response Team, Delphi & WCDMH YMHFA Initiative, Lifeskills Initiative.
- MH Prevention Services Would like to see added resources for this.

**Objective Statement**

Objective 1: Host additional community events regarding suicide prevention

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

Objective 2: Host additional community education forums on heroin and opioid addiction

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

Objective 3: Provide training to schools and other organization re suicide prevention, addiction, YMHFA/MHFA

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

Objective 4: Advocate for additional funding and expansion of school SUD prevention services

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

Objective 5: Advocate with OMH to fund prevention services

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

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

**2g. Inpatient Treatment Services - Background Information**

Locating an available in-patient treatment bed for SUD service has been a challenge at times. Finding available detox & rehab beds can be time consuming, staff intensive, and difficult to locate. Although OASAS has a bed availability website that providers should be reporting their bed availability into on a daily basis, they often do not enter accurate data or don't enter data at all. Therefore, the bed availability is not accurately listed. The local Regional Planning Consortium has developed a sub-committee that is addressing and working on this issue.

Being able to admit a child/youth from an emergency department into a Children's OMH licensed in-patient bed can be a challenge at times and long waits periods with children in ED's can occur between beds becoming available.

With the closure of local OPWDD Developmental Centers, the clients who were once in need of residing at the Developmental Center, are now residing in the community. For some clients it has been a struggle to make a successful transition into the community setting and to maintain stability. We have seen an increase in arrests, incarcerations, and court involvement for OPWDD clients including for both minor and serious violent crimes. In some cases, following the conclusion of the court process and a commitment order has been issued, it has been a challenge for OPWDD to facilitate getting the client admitted to one of only two remaining secure OPWDD facilities.

Overall, the mental hygiene system has become strained, and the demand for services is high as a result of the various initiatives aimed at decreasing the number of in-patient beds in the OMH & OPWDD systems, as well as other initiatives aimed at reducing ER & in-patient hospitalizations. One consequence of this is we have seen an increase of arrests and incarcerations of people connected with the mental hygiene system (in particular OMH & OPWDD clients), and many of those individuals have an increased involvement in the criminal justice system, including an increase in CPL 730 court ordered competency examinations along with the resulting commitment orders.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
The LGU and the Community Services Board have not designated this area as a priority. Other objectives in our plan make mention of our coordination with hospitals and law enforcement. This may be an area to monitor more closely and to consider for future planning. However, in response we have increased the number of staff resources on our forensic services team by expanding the clinical treatment team in the County Jail, we have expanded our Medication Assisted Treatment capability in the clinics and the jail, and have increased the number of forensic trained medical staff. We are also developing additional diversion and alternatives to incarceration strategies (i.e. crisis services, Open Access, SUD & MH jail treatment services and linkage to outpatient services, we provide a staff liaison to County Drug Court, additional AOT staff, etc) to help link those in need of treatment to services vs. going to jail (when appropriate).

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

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

We certainly recognize the importance and the role that recovery and support services provide and the effectiveness and benefits of this service to the 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

We will support and employ peer support and family navigation services for mental health & substance abuse services. We will work with providers and other stakeholders to enhance and further develop these services within our local programs and the community at large, and hire peers into these roles.

**Objective Statement**

Objective 1: Increase the number of peers hired and working in OMH & OASAS programs

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

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

**2i. Reducing Stigma - Background Information**

Stigma in our community remains a problem. Individuals from all three disability areas are faced with stigma and the impacts of this within the community. We will continue to advocate and combat stigma, and to provide education to the community about the mental hygiene system and those served by it.

**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

Our goal will be to combat, reduce and eliminate stigma in our communty and provide education in order to increase understanding and acceptance of those who have a mental health or addiction problem or a developmental disability.

During the next year we plan to develop and formalize an anti-stigma campaign whcih will be promoted throughout the county.

**Objective Statement**

Objective 1: Host educational & public awareness activities in the community to inform and combat stigma.

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

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

**2j. SUD Outpatient Services - Background Information**

There remains a strong demand and need for SUD out-patient services. We have seen an increase in the number of individuals suffering from addiction, including heroin and opioid addcition. The County fortunate to be making good progress to address the ongoing and increased demand for services by providing immediate access for services, and there is no waiting list.

**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 County will continue to meet the demand and need for out-patient treatment services and will dedicate sufficient staff resources as necessary. We will expand access to services by launching an Open Access Center with 24/7 capacity as well as by providing COTI-STR services including mobile clinic and peer services. We will continue to reach out to our community to inform them about the available services and how to access these services. We will also continue to provide Medication Assisted Treatments including; Vivitrol in our clinic and our Jail, Suboxone, and soon we will provide injectable Sublocade Buprenorphine extended-release medication in our clinic. We want to have the most effective and up to date treatments available and to have our medical staff trained with the competencies needed in order to provide them.

**Objective Statement**

Objective 1: Launch the Open Access Center & COTI-STR Summer 2018

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

Objective 2: Continue to meet demand and need for out-patient services and provide immediate access.

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

Objective 3: Provide the most up to date MAT treatment interventions available.

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

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

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

We have identified an ongoing need for additional services with respect to supportive living services, stabilization, and rehab beds. Also, providers have noted concerns related to the residential redesign initiative that include concerns about insurance payments and the associated delays and/or denials in recieving payments for services provided. There is no mechanism to "back-pay" or make a retroactive payment from the start/admission date the client began in the program and the time the benefits were activated. In many cases, the client has completed treatment before the benefits have become active, and the provider can not back-bill for the services they deliverd.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
The LGU and the Community Services Board has not designated this area as a priority area. However, we do make mention of the need for the Residential Redesign initiative to address the rules regarding insurance & payment time frames. Also, the system will require additional beds in the areas noted above in order for those in need of residential services to be able to access them timely when needed. This is particularly important in order for Open Access Centers and COTI-STR initiatives to be successful and able to link people into the appropriate level of care. All levels of care must have an adequate number of beds available in order to place people in need with the appropriate service.

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

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

This remains a primary and important area of focus. A number of points related to this area have previously been highlight in this plan. Our community continues to struggle with this issue and we continue to see individuals overdose and die from heroin and opioids, including deaths related to overdoses from fentanyl and carfentanil which is 10 to 100 times more potent and deadly than heroin. It is our understanding that in 2017 approximately 3000 individuals in NY died of an opioid related overdose. In Wayne County, the latest DOH statistics show that emergency room visits for opioid related overdose, opioid related hospitalizations, and deaths involving any opioid all have been increasing in recent years. We also know that only 1 in 10 people with a substance use disorder receive treatment, and according to the CDC 46 people die every day from

overdoses involving prescription drugs, and 115 Americans die every day from an opioid overdose (including prescription and illicit opioids). The rise in opioid overdose deaths is dramatic and has been happening since 1999 with the first wave related to prescription opioid (natural & semi-synthetic opioids like oxycodone and hydrocodone) overdose deaths, followed by the rise in Heroin overdose deaths beginning in 2010, and the third wave beginning in 2013 with the rise in synthetic opioid (like fentanyl) overdose deaths. We continue to see this trend of rising overdoses & deaths.

**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

We have a number of goals and objectives listed below related to combating this problem. The law enforcement community has clearly stated that they can not arrest their way to resolving this issue. It takes a much broader approach with many stakeholders and community involvement. Some of the strategies we are and will take include the following:

- The CSB has created a Heroin-Opioid Coalition and we will partner with other stakeholder coalitions in efforts to address this issue.
- The Department of Mental Health, Public Health and the Sheriffs Office will continue working together on this issue and facilitate the involvement of community stakeholders and providers within our respective fields to partner with us in combating this issue.
- We will continue working closely with schools on school prevention substance abuse related issues.
- We will continue to participate with other government leaders & groups who are leading or coordinating activities related to addressing this issue.
- The Wayne County Finger Lakes Open Access Center and COTI-STR Program will expand to 24/7 operation.
- We will develop and deploy mobile clinic services and crisis response services, including certified peer services.
- We will expand addiction medical professional staff resources and capacity, also with expanded hours for services.
- We will continue to provide education and hold public forums regarding Opioids and Heroin & Narcan training.
- We have established a Wayne County prescription medication disposal site and we will publicize this and inform the public about this resource.
- The County will continue to provide and expand addiction services and MAT in our Jail and SUD Clinic, including providing injectable medication assisted treatments and linkage to outpatient follow-up care.
- We will continue to participate in the Wayne County Opioid Task Force & implementing the ODMapping System with law enforcement in Wayne County.

**Objective Statement**

Objective 1: see objectives above

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

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

**2m. Coordination/Integration with Other Systems for SUD clients - Background Information**

The County Dept of Mental Health & the LGU has a long standing working relationship with the Sheriffs Office and other local law enforcement departments. We also have an equally long standing working relationship with the criminal justice system including our County Drug Court and Criminal Court. We provide a court liaison from our office to participate on the Drug Court Team. We work closely with other local providers including Pre-Trial Services, the Public Defenders Office, DSS, Probation & Parole. We work very closely with each Wayne County School District and their Superintendents in providing SUD preventions services and referral to treatment (and have mental health clinics in schools). Our CSB and LGU has strong involvement and participation, coordination and representation with a variety of other health and human service organizations representing a number of other systems including the Aging/Elderly, Children and Youth, Hospital & Health Systems, Education, Public Health, etc.

We will continue to work closely with these systems and stakeholders to maintain, enhance and foster efforts towards coordination and integration of services for SUD clients involved with multi-systems.
Continue to participate and coordinate with the Wayne County Opioid Task Force and Public Health Dept on SU related issues and community health improvement initiatives. We will also work closely with our Community Schools group in meeting the needs our of youth.

- other SUD Needs –
  - Additional resources for prevention related services.
  - A growing problem in schools and with youth related to vaping (including vaping marijuana).
  - Added resources for OAC/COTI/Peer Services/Immediate Access Available – our need continues for ongoing opioid related services. We see increasing Cocaine & Fentanyl use.
  -

Other Needs: Relationships with Other Stakeholders

- Fostering appropriate relationships with other stakeholder groups such as the criminal justice & law enforcement community, the educational community, other County Gov. Dept.'s, is essential to fostering a healthier community, and for receiving the expertise these other groups bring to the process of addressing MH, SUD, and DD needs in the County.
- Goal: To collaborate with our community stakeholders (including law enforcement and other entities) and to partner with them to increase training & education, increase dialogue and actions in working together to improve the lives of those with mental illness, addiction and/or those with developmental disabilities.
- Work with law enforcement and other criminal justice related entities to provide training, education and supports related to mental hygiene law and mental hygiene services.
- We will be developing collaborative initiatives with law enforcement to bring behavioral health related services and supports into the field (i.e. tele-mental health with police, Crisis Intervention Team – CIT services & training, MAT Jail based services, Police Peer Support Program, etc)
- Continue to provide Narcan-Naloxone training to the public and stakeholders.
- To continue to expand our reach in supporting efforts for delivering mental health first aid for both adult & youth populations, and support development of training of new facilitators and partnering to increase training in the community.
- Continue the efforts of the Suicide Prevention Coalition initiative with involvement of key stakeholders and continue with focus to increase awareness, foster prevention and promote education to eliminate suicide.
- Continue with and expand Emotional Health & Wellness Early Recognition Screening Program services (both in community and with

schools).
- Continue collaboration with Community Schools Project and the Wayne County Partnership.
- Continue with co-leadership of the Wayne County Opioid Task Force – will become the Substance Use Task Force in anticipation of growing concerns with other drug problems (i.e. cocaine, marijuana, vaping, and alcohol).
- Anticipated legalization of marijuana and in response the related need for additional education, prevention, and treatment services.

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

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

as noted above

**Objective Statement**

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

**2n. Mental Health Clinic - Background Information**

We have worked diligently to provide and expand mental health screening, education and treatment to the youth of our county. This work serves as an investment in our county's younger population and has a direct impact on the overall health and well being of children and our community as a whole. The LGU has a responsibility to assure that access to mental health treatment is readily available to this population as well as to the adult population. We are committed to meet the presenting needs and demands for mental health services in our community and we are committed to providing immediate access to care within all our services. The demand for services remains strong with approximately 325-350 new referrals in the County programs alone per month, and we pleased to report there is no waiting period to access services. The need and demand for school base MH clinic services also remains strong and we are responding to that with added staff resources and additional clinics.

- Mental Health Needs –
  - Increasing numbers of those requesting & needing treatment both adults & youth.
  - Significant numbers of more complex and seriously ill individuals present.
  - Poverty is significant in Wayne County, along with related other significant socio-economic factors – all related to and impacting emotional health & wellness.
  - Youth & school setting issues - bullying, social media's impact on mental health for youth, continued MH & SU related problems.
  - Numbers of youth presenting in need for treatment and requests from school officials for additional resources is increasing. Youth also are more complex with multiple needs
  - Available in-patient services can be a challenge at times for both youth & adults.
  - Additional resources for prevention related services.

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

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

Our goal is to expand services and to maintain immediate access to mental health clinic services for both youth and adult populations in an effort to improve the over mental health wellness in our community and increase positive outcomes. We will continue collaboration with our partner agencies on addressing the issues noted and wokring closely with schools as the needs relate to youth.

**Objective Statement**

Objective 1: We will continue our efforts in schools to provide mental health emotional wellness screenings of children

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

Objective 2: We will continue to identify schools that demonstrate a signficant number of children in need of mental health services and respond by creating licensed satellite clincis in those schools and/or increase resources in existing school clinics.

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

Objective 3: We will continue to increase capacity in our clinics for both adult and C&Y populations and maintain the availability for immediate access to services including crisis services.

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

Objective 4: We will have a voice by participating with the DCJS and the Finger Lakes Youth Justice Committee Team

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

Objective 5: Our developing Suicide Prevention Coalition will have an educational focus for youth and for those who work with youth within the educational community and we will equally address the needs of the adult population.

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

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

Our Early Recognition Screening state funding ended in the previous year, however we still remain committed to this work and will continue to provide screenings in schools and other locations. We have screened well over 2,000 children since its inception, many of whom had indicators that suggested the recommendation for linkage to more formal treatment and or assessment. This work addresses the mental health needs of the children in our community and promotes a healthier community, and in spite of the the funding being discountinued, we would be remiss not to continue to deliver this vital service to our county.

We are licensed/certified by the Office of Mental Health to provide treatment in 26 satellite clinics located in school buildings within our county. We anticipate that by September 2018 will be located in and able serve every school building (31 schools) within Wayne County, placing us in all of the 12 School Districts within the County. Without this service, many of the youth we have treated may otherwise likely not have had access or opportunity to receive mental health treatment. This is any area in which expansion is necessary in order to foster healthier children, a healthier community, and a safer school environment.

As we begin to realize the effects of the State's "raise the age" initiative, our role on the DCJS Finger Lakes Youth Justice Team has become more vital than ever. This is where we learn about the implications of the change in the law, and we have a voice and an opportunity to be a contributing member of the regional team and effort. We also have been proactively involved with other stakeholders including our County DSS & Probation Departments to plan for this initiative and the needs of the youth.

**2o. Other Mental Health Outpatient Services (non-clinic) - Background Information**

Fostering appropriate relationships with other stakeholder groups such as the criminal justice and law enforcement community, the educational community, other County Govt. Dept's., is essential to fostering a healthier community and for receiving the expertise and input of these other groups, and to bring the process of addressing MH (as well as SUD & I/DD) needs within the County. Other MH related supports such as housing, respite, crisis services, care management services, psychosocial programs, peer services, SPOA, MIT, AOT, ACT, Court related support services, etc., are essential and play an important role in helping to maintain stability of a individual with mental illness.

Our goal will include continuing to support providers, programs and services that provide their services to the MH population. The LGU & CSB will work closely with law enforcement and other criminal justice related entities to provide training, education, and supports related to mental hygiene law and mental hygiene related services including LGU & DCS related services. We will continue to provide education and training on suicide prevention, the opioid & heroin epidemic, narcan overdose prevention, Youth and Adult Mental Health First Aid, and other similar non-clinic mental health out-patient services.

We will also continue to support and expand our Project Lifesaver Program. In partnership with the Wayne County Sheriffs Office, we will continue to provide support to this program whcih is aimed at assisting law enforcement in locating missing persons who are at risk and vulnerable due to their disability, and involves attaching an electronic radio transmitter device to the ankle or wrist of the individual at risk of wandering. The radio signal transmitter can be picked up by a receiver operated by a public safety officer and assist law enforcement in locating the missing person.

We also intend to work towards developing greater enhanced capacity and competency related to working with the elderly population and to better coordinate with the community and regional providers who specialize in services for the elderly.

**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

see above goals.
Also:
Provide ongoing and expanded MH screening, education and treatment to youth in the County.

Goal: to expand access & services to MH clinic services for youth in an effort to increase positive outcomes

Also….

- Continue to provide school based emotional wellness screenings of youth.
- New initiative to address MH (and SU) needs of BOCES students and college students - Will establish a satellite clinics at FLCC Newark Campus - Already had preliminary discussion and planning with FLCC College President and we have his support for this initiative.

Develop and Expand Services for the Elderly: Currently 4% of WBHN population - 177 clients

- - New Managed Care Contracts with Medicare population clients
- Also developed Psych Treatment Service in the County Nursing Home
- Develop & enhance coordination with community and regional providers who specialize in services for the elderly
- Include service providers for the elderly in the Suicide Prevention Coalition initiative
- Expand Project Life Saver services within the LGU & Sheriff's Office – This service has expanded significantly over the past year – both for DD and Elderly Dementia/Alzheimers Clients
- Utilize Mobile Integration Team for elderly community members with known or suspected mental health issues for outreach, engagement, assessment and linkage to treatment

**Objective Statement**

Objective 1: We will work to address, enhance and/or maintain each of the areas noted above

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

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

**2q. Developmental Disability Clinical Services - Background Information**

We are going to utilize this section to comment on a number of areas. As mentioned previously, the closing of the Developmental Centers has had a significant impact on the community and the OPWDD population. Obviously, as a result, a reduction in available services is a given. During the closing process, individuals with a long history of being confined with in-patient stays were suddenly deemed appropriate to live in less structured/un-secure community settings. We have since seen a significant increase in OPWDD clientele involvement in the criminal justice system, increased arrests and incarcerations, and court ordered evaluations and commitments.

We also are aware clients in need of clinical services sometimes have long wait periods before being able to get into an Art 16 clinic.

- Developmental Disability Needs –
  - Delays in accessing services remains a concern.
  - Increased numbers of Forensic related cases and individuals being incarcerated and/or CPL 730 Court Orders.
  - Forensic related cases can have very limited available resources for case disposition of court orders – creating excessive incarceration periods for those awaiting services.

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

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

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

**2y. Developmental Disability Care Coordination - Background Information**

The transition from MSC to Health Home Care Coordination has been a slightly bumpy journey. The transition from the current structure to the new one has had an impact on the work force and many staff have left their employment for more secure arrangements, which has caused a shortage and disruption in the service delivery and the work force. We anticiapte that this will improve and even out over time, but it has caused some clients to fall through the cracks at this point.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
This is a state driven initiative and outside the control of the LGU. Also, we recognize that transitions and system changes often encounter difficulties and take time to settle down and resolve. We anticipate this will resolve over time.

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

# Update to 2024-2027 Goals and Objectives
# Wayne County Behavioral Health

Edward Hunt, Deputy Director
ehunt@co.wayne.ny.us

| Goal 1 | |
|---|---|
| **Title** | Expand Crisis Services |
| **Update** | We have made improvements in filling vacant employment positions in the County's Regional Open Access Center. Further improvement needs to continue. We have made improvements with our collaboration with CPEP and the MIT teams; further work is necessary for collaboration. We have not made any headway toward restoring Newark-Wayne Community Hospital Inpatient Psychiatric beds, however, we are working closely with OMH to rectify this deficiency. |
| **OBJECTIVES** | |
| Enhance Crisis Service System | ['] |
| **OBJECTIVE UPDATES** | |

| Goal 2 | |
|---|---|
| **Title** | Combating the Opioid Crisis |
| **Update** | We continue to further expand the membership and activities of the County's Opioid Task Force (OTF). We continue to facilitate quarterly meetings with the partners involved in the OTF. We continue to facilitate Narcan training classes throughout the County, and expand access to Narcan Kits. Utilizing Opioid settlement funds, the OTF has increased access to Narcan by installing "Red Boxes", which contain free Narcan available to the public, in high traffic areas throughout the County. The County and OTF has developed a webpage on the County website providing online training, information and how to obtain a free Narcan kit, which can be provided to members of the public. The County Open Access Center has worked to expand immediate access to all levels of care & services including peer services and by working closely with our local community provider agencies to have that immediate access available at levels of care. The County continues to seek proposals from community providers on strategies to address this problem and support the goal and the County will utilize settlement funds to help support these new initiatives. |
| **OBJECTIVES** | |
| Provide opioid related supports and services. | ['] |
| **OBJECTIVE UPDATES** | |

| Goal 3 | |
|---|---|
| **Title** | Improve Workforce Recruitment and Retention |
| **Update** | The LGU continues to work closely with our local providers, colleges/universities and the County Govt. to develop workforce incentives to improve recruitment and retention among the behavioral health workforce. We have updated and revised job descriptions along with enhancing salary structures to be more competitive with other related fields. Also, we have created opportunities for advanced licenses in order to retain experienced staff members. We have created contract position opportunities for those that may be seeking part-time interim work opportunities. Providers are providing financial recruitment and retention incentives. The County continues to work closely with local colleges/universities to provide educational internship opportunities to college students who would like to enter the field. Other types of incentives such flexible scheduling, providing CEU assistance, other work for added pay, etc., all can be made available to the workforce. We continue to work closely with our state partners on strategies to improve the workforce shortage problem and we will continue to utilize, and maximize incentive programs made available to us and our workforce. |
| **OBJECTIVES** | |
| Strategies to Address the Workforce Shortage Problem | ['] |
| **OBJECTIVE UPDATES** | |


# 2026 Update to 2024-2027 Goals and Objectives
# Wayne County Behavioral Health

Sharon MacDougall, DCS
(smacdougall@waynecountyny.gov)

**Goal 1**
Goal 1, 2026 Status Update: Ongoing
Goal 1, 2026 Status Update Description:

Goal 1 Objective 1, 2026 Status Update: Ongoing
Goal 1 Objective 1, 2026 Status Update Description:

**Goal 2**
Goal 2, 2026 Status Update: Ongoing
Goal 2, 2026 Status Update Description:

Goal 2 Objective 1, 2026 Status Update: Ongoing
Goal 2 Objective 1, 2026 Status Update Description:

**Goal 3**
Goal 3, 2026 Status Update: Ongoing
Goal 3, 2026 Status Update Description:

Goal 3 Objective 1, 2026 Status Update: Ongoing
Goal 3 Objective 1, 2026 Status Update Description:


# 2024 Needs Assessment Form
# Wayne County Behavioral Health

**Crisis Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Cross System Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Inpatient Treatment** Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Outpatient Treatment** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Prevention** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Workforce** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**LGU Representative**: James Haitz

**Submitted for:** Wayne County Behavioral Health

**2025 Needs Assessment Form**
**Wayne County Behavioral Health**

**Case Management/Care Coordination** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Crisis Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Housing** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Inpatient Treatment** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The LGU and Community Service Board have not designated this area as a priority. Other objectives in our plan continue to speak of our coordination with hospitals and law enforcement. This may continue to be an area to monitor more closely and to consider in future planning.

**Problem Gambling** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Refugees and Immigrants** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The LGU and Community Service Board have not designated this area as a priority. This population is more transient in our community and County, thus they do not reach out for services as often as other populations. However, the LGU and CSB have made available

access to an interpreter service, so refugees/immigrants can have use of a translator in order to receive services.

**Residential Treatment Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The LGU and Community Services Board has not designated this area as a priority area. However, we do continue to make mention of the need for the Residential Redesign Initiative to address the rules regarding insurance & payment time frames. Also, the system will require additional beds in the areas noted in order for those in need of residential services to be able to access them timely when needed. This is particularly important in order for Open Access Centers and Outreach & Engagement initiatives to be successful and bale to link people into appropriate level-of-care. All levels of care must have an adequate number of beds available in order to place in need with the appropriate services.

**Respite** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The LGU and Community Service Board have not designated this area as a priority area. However, we do work closely with our area hospitals and community agencies through Wayne County SPOA in order to identify agencies, such as Elmira Psychiatric Center (EPC); who have made respite beds available to our population in Wayne County. This area may need to be examined more closely if the need for this service increases.

**Transition Age Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Transportation** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The LGU and Community Service Board have not designated this area as a priority area. Our community agencies work closely with Medicaid Medical transportation services in order to ensure transportation to treatment appointments. If the person does not have Medicaid, Wayne County has other transportation services, such as the Regional Transport Service (RTS); who make individual trip scheduling easily accessible to community members and has bus routes along all major roads in Wanye County.

**LGU Representative**: Christopher Bruzee

**Submitted for:** Wayne County Behavioral Health

**2026 Needs Assessment Form**
**Wayne County Behavioral Health**

**Case Management/Care Coordination** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Crisis Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Housing** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Inpatient Treatment** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need?
Need description (Optional):

**Problem Gambling** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Residential Treatment Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Exploring options for additional beds and funding to achieve this need.

**Respite** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Working closely with regional providers to achieve this need.

**Transition Age Services** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Transportation** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

**Workforce** Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Working with other Departments and regional initiatives to achieve this goal.

**LGU Representative:** Sharon MacDougall

**Submitted for:** Wayne County Behavioral Health

**Aging and Youth**
Amy Haskins
315-946-5624
ahaskins@co.wayne.ny.us

**Aspire HopeNY, Inc.**
Jeannine Struble
607-776-2164
jstruble@aspirehope.org

**Lakeview Services**
Cathy Lovejoy
315-789-5501
F-315-789-5515
clovejoy@lakeviewhs.org

**FLACRA**
Jennifer Carlson
315-462-9148
Jennifer.Carlson@flacra.org

**ARC Wayne**
David Calhoun
315-331-7741
David.Calhoun@waynearc.org

**Delphi Rise.Inc**
Jennifer Cathy
585-467-2230
jcathy@delphirise.org

**Unity House of Cayuga Co.**
Elizabeth Smith
315-253-6627 ext. 320
lsmith@unityhouse.com

**Catholic Family Center**
Lori VanAuken
585-546-7220
Lori.VanAuken@fcscharity.org

**Good Will Finger Lakes**
Jennifer Lake
585-232-1111
jlake@goodwillfingerlakes.org

**Wayne County Action Program**
Janelle Cooper
315-333-4155
Janelle.cooper@waynecap.org

**Council of Alcoholism and Addiction of the FL**
Timothy VanDamme
315-789-0310
tvandamme@caafl.org

**DePaul Community Services**
Christopher Syracuse
585-726-8000
CSyracuse@depaul.org