2021 Mental Hygiene Executive Summary
Fulton County Community Svcs Board

With the funding cuts to the LGU in the State budget and the 20% withhold/cut by the three State Agencies, these actions continue to tie the hands of the local LGU especially in smaller rural Counties to be unable to do proper planning. As the LGu funding continues to get cut over the past 30 years the State by its actions shows that it does not value the LGU in the planning process and submits a plan purly to meet Federal requirements.

Mental Hygiene Goals and Objectives Form
Fulton County Community Svcs Board (70080)
Certified: Ernest Gagnon (9/30/20)

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**:

With the pandemic and the State Agency 20% withhold/cuts while expecing 100% of the services to be provided has led to a holding pattern for mental hygiene system. The concern once the fog lifts is that the system may be damaged permanently.

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

OMH/OASAS - wheelchair accessible housing

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

Unknown due to the pandemic and 20% State Agency withhold/cuts.

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**:

Fulton County is attempting to determine, but the pandemic has made that next to impossible.

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

wheelchair accessible housing is needed

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

opioid overdoses have continued to increase

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**:

Fulton County is still awaiting the impact of the 20% decrease (withholds/cuts) to the developmental disability system.

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

waiting list for housing continue to exist

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

Fulton County is attempting to determine but the pandemic and the impact of funding cuts (20%) make it impossible to determine

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

2. Goals Based On Local Needs

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

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

Issue Category		Applicable State Agenc(ies)		
		OASAS	OMH	OPWDD
a)	Housing	☑	☑	☐
b)	Transportation	☑	☑	☑
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	▓	▓	☐
w)	Autism Services	▓	▓	☐
x)	Developmental Disability Front Door	▓	▓	☑
y)	Developmental Disability Care Coordination	▓	▓	☐
z)	Other Need 1(Specify in Background Information)	☐	☐	☐

aa)	Other Need 2 (Specify in Background Information)	☐	☐	☐
ab)	Problem Gambling	☐	☐	☐
ac)	Adverse Childhood Experiences (ACEs)	☐	☐	☐

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

2a. Housing - Background Information

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

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

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

With the SPOA process we know of a subgroup of individuals with mental health diagnosis who have repeatedly failed in supported houisng levels of care and have then returned to community residences. This group would do well in a enriched single room occupancy program due to the need for medication monitoring and medical supervision such as has occurred in the current programs in Syracuse and Utica. Also, Children's SPOA continues to receive requests for housing for adolescents who are in need of RTF and RTC services which are not available do to waitlists at the state level.

With the adult SPOA process we are receiving an influx of primarily substance use disorders with an increase in heroin use to mental health housing. The need is for more 24 hour supervised level of care for substance use disorder individuals. There is no housing serivces for children with substance use disorders.

Wheelchair handicapped accessible housing is needed.

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.

To develop a service enriched single room occupancy (SRO) for individuals with mental health diagnosis which includes wheelchair accessibility.

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: Use any new supported housing slots to create a service enriched SRO
    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.

Fulton Friendship House has a multiple apartment project in the midst of local building approval.

2b. Transportation - Background Information

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

- Data sources used to identify need (e.g. hospital admission data)

- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

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We are a rural county and lack public transportation system. Access to services is limited to walking or limited medicaid transportation 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):
No funding via county, state or federal. If the Federal and State Government reduces medicaid funding we assume that medicaid transportation will be reduced.

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.

None due to pandemic and LGU funding cuts from the State.

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.

No crisis services for children and adolescents other than the Emergency Room for behavior health (mental health, substance use). Developmental Disabilities has a regional crisis program but nothing for someone who is not already qualified into DD serivces. Crisis services lacking for individuals on the autism spectrum and mental hygiene. Neither system wants them.

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):
No funding.

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.

Poor pay and high stress, lack of qualified health professionals, known due to constant reqruitment by all the agencies. The County is a federally designated area lacking qualified professionals.

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 issues is beyond the control of the local LGU. This is a state and federal issue.

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.

CASAC's are now elibile for federally designated qualified professional.

2e. Employment/ Job Opportunities (clients) - Background Information

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

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

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Due to the poverty rate of 17.9% and adult disability rate of 12.4% the area continues to struggle with poor job prospects for the majoring of the counties population made only worse due to the pandemic and loss of jobs. Many of the behavioral health population also can not pass a drug screen. The overall lack of jobs also affects the job opportunaties even with job coaches for the developmentally disabled.

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 issues is beyond the control of the local LGU. This is a state and federal issue.

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.

2f. Prevention - Background Information

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

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

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

There is a lack of screening for early interventions for children and adults and a 20% withhold/cut due to State lack of revenue.

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):
If screening were to occur it would overwhelm the system due to a lack of available serivces. Prevention serivces are not valued or funded by the state and have been in essence cut.

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.

2g. Inpatient Treatment Services - Background Information

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

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

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There is no inpatient treatment for children locally and no adult inpatient in Fulton County. No substance abuse inpatient treatment for adolescents with substance abuse issues in the area.

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):
Currently, the County jail acts as the detox center and psychiatric center for the County as these individuals become involved with the criminal justice system, if the individual in retained in jail due to bail reform. The County is overwhelmed with opioid epidemic, as is the rest of the state, and the closure of state psychiatric center beds and availability of RTF and RTC beds and lack of reinvestment money following individuals as the return to the County of Origin.

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.

Multi-county ACT Team was started in 2019.

2j. SUD Outpatient Services - Background Information

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

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

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

No chilren/adolescent outpatient addiction serivces in the County.

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):
No provider is interested and not a service option available.

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.

2k. SUD Residential Treatment Services - Background Information

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

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

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

Previously discussed under housing.

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.

Previously discussed under housing.

Objective Statement

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

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

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.

HFM Prevention has opened Recovery Supported Housing units in Fulton County.

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

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

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

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

The restrictions on physicians/PA/NP prescribing Suboxone means fewer individuals can be served due to lack of prescribing medical staff.

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 a state and federal issue. The County is overwhelmed with the opioid epidemic as is the rest of the state.

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.

Opioid overdoses continue to increase in the County.

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

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

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

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Due to the lack of children's services, coordination is not possible. The Health Home runs through the local hospital that is only interested in referral to their own serivces. DSRIP is split between two hospital systems and not coordinated.

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.

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:
　　　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.

2p. Mental Health Care Coordination - Background Information

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

- Data sources used to identify need (e.g. hospital admission data)
- 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.

Reported caseloads of over 100 individuals by Health Home Care Coordinators does not allow for the behaivoral health individuals to receive the individual attention they need to recover and succeed in the community. CCO's will need to adapt to the OPWDD people's first transformation. These have been delayed or made more comolicated by the pandemic.

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

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

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

Health Home Care Coordination to reduce ER visits by focusing on the behavioral health population.

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: Obtain ER data on the behavior health home population.
　　　Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: Work with ARC, CCO's on transition to People's First Transition.
Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

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

St. Mary's Healthcare has HH plus services.

2s. Developmental Disability Student/Transition Services - Background Information

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

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

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Adult and adolescent student transtion services in the County would benefit from the school being more integrated into the process of students moving on. This has been delayed due to pandemic disruption of school.

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):
Lack of coordination on a state level between OPWDD and state education.

Change Over Past 12 Months (Optional)

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

2t. Developmental Disability Respite Services - Background Information

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

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

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

Respite beds are full with long term individuals who are often waiting for permanent housing, thus respite serivces are unavailable for crisis or short-term stays.

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):
START is regional with the closest crisis bed being 2-3 hours away and not condusive for short term respite and re-integration into the family.

Change Over Past 12 Months (Optional)

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

2x. Developmental Disability Front Door - Background Information

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

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

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

The Front Door process continues to be a barrior to accessing serivces for individuals who are clearly OPWDD eligibile. We know this since it usually takes 3 - 5 repeated applications for one individual to finally be accepted as OPWDD eligible.

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):
It is obvious to the County that the Front Door is a barrier to keep eligible individuals out of OPWDD serivces.   The volume of paperwork, especially old school records, that may not be available, may have been destroyed or out of state is overwhelming.

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.

COMPLETE

Tuesday, December 01, 2020 4:23:55 PM

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Contact Information

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Q2

LGU:

Fulton County Community Svcs Board

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.

Services have gone remote and/or hunkered down. Services have worked to protect their individuals they serve. Initially PPE and cleaning products were impossible to get but have gotten better. The next surge will be the next test.

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.

More telehealth, less in person meetings. isolation is an issue in he community and certified housing. children and parents with home schooling or staggered in school has placed more strain on parents.

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.

Increase in use of substance at home, with bars and restaurants closed or reduced capacity. It appears due to bail reform we are missing individuals who would have gone to the County Jail as they are given appearance tickets.

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.

System is pretty well self contained. checkimg on individuals in the community much more difficult.

Q7

a. Mental Health providers

PPE, sanitation standards and methods.

Q8

b.   SUD and problem gambling service providers:

PPE and sanitation standards and mehods

Q9

c.   Developmental disability service providers:

PPE and sanitation standards and methods

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Q10

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

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

Q11   **Respondent skipped this question**

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

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)	**Decreased**
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	**No Change**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**No Change**
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	**Decreased**
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	**Decreased**

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

Q19   **Respondent skipped this question**

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

Q20   **No**

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

Q21

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

the withold (cut) of 20% to community services while the State maintaining a 100% unit production appears to be an attempt to close
services

Q22   **No**

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

Q23   **Respondent skipped this question**

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

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.

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.

Q26

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

0

Q27

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

low out break

Q28

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

0

Q29

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

1 CR implimented emergency operations due to a water pipe break in the house

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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?

Q31   **Respondent skipped this question**

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

Q32   **Program-level Guidance**

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

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Q33

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

Face masks and hand sanitizer

Q34

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

mant services unable to get to clients due to social distincing and avoidance of groups. School closure also a barrier.

Q35

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

Delivary no, but demand has gone underground as individuals used from home bail reform allowed individuals to side step the system.

Q36

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

No

Q37

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

INPATIENT	**Decreased**
OUTPATIENT	**No Change**
OTP	**No Change**
RESIDENTIAL	**No Change**
CRISIS	**Increased**

Q38   **Respondent skipped this question**

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

Q39

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

INPATIENT	**No Change**
OUTPATIENT	**No Change**
OTP	**No Change**
RESIDENTIAL	**No Change**
CRISIS	**No Change**

Q40   **Respondent skipped this question**

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

Q41   **No**

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.

Q42   **No**

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.

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Q43

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

No

Q44

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

how to interact with individuals who may have been isolated in the community

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.

no

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Q46

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

Respondent skipped this question