

# 2021 Mental Hygiene Executive Summary

## Westchester Co. Dept of Community MH

### Background - The Plan

For the past several years, Westchester's Local Plan was developed to align with our System of Care principles and values established by the department and key stakeholders including service providers, recipients, family members, advocates, community organizations and systems partners. Our system of care infrastructure supports local community and county planning and identified the strengths, needs and challenges in our system and allows us to do comprehensive planning and address various needs. The system of care principles, which include peer and family driven, person-centered/wraparound services, racial/cultural and linguistic competent care, access, service choice and needs driven care, continue to drive the planning of the department and influence our approach of the transformation agenda and managed care implementation. There is a major emphasis that new service systems align with both System of Care values and structure to protect person centered model, importance of trauma informed, promote sense of safety and connectedness and ensure best possible outcomes.

### 2021 Local Plan - Executive Summary

As with all counties, Westchester County was significantly impacted by COVID-19 since February, 2020. This includes 37,245 cases and 1,452 deaths. Much of the county focus and planning during the months of March - June were COVID-19 related including addressing the behavioral health impact of COVID-19 and supporting providers and other systems. Nevertheless, Westchester County Department of Community Mental Health (WCDCMH) continued operations and sustained our services system throughout these challenging times. Unfortunately COVID-19 continues to have a devastating impact on the lives of many residents and staff as well as a financial hardship on the economy and government (and of course our provider system).

Westchester County's **2021 Local Plan Executive Summary** reflects the continued transformation agenda for mental hygiene areas and the ongoing managed care planning for both behavioral health and developmental/intellectual disabilities and its impact on our local System of Care. Westchester County LGU remains active, both in providing leadership and active participation, in various stakeholder forums, at the state, regional and county levels. A major priority of the LGU perspective is that children, adults and families in need of behavioral health/developmental disabilities services receive timely, appropriate and quality services. At the county/local level, LGU continues to use existing system of care structure to bring stakeholders together, including Health Healths, CCOs, Care Managers and MCO organizations and other key stakeholders such as peers, community-based organizations and other county departments. At the Regional level, Westchester LGU participates in the Mid-Hudson Regional Planning Consortium as a Board member as well as co-chair of the Child & Family Committee - Regional Planning Consortium. These are active forums to support implementation of MRT including Health Homes and provide feedback on various aspects of redesign. In addition to RPC, Mid-Hudson DCSs meet monthly to update/discuss key areas of focus. At a state level, LGU is involved with CLMHD committees as well as regular state agency meetings.

Some highlights and major areas of focus include the following:

### Medicaid Systems Transformation

Without question, there continues to be massive challenges regarding NYS Medicaid Transformation. Westchester County's system of care has experienced the challenges at multiple levels including impact on consumers of services, service providers, and overall functioning of the system. Overarching concerns including (1) **access** to appropriate care, including length of time for consideration of eligibility and service enrollment. This includes many layers of bureaucracy; (2) **intrusive, non-consumer sensitive** response, with consumers having to connect with multiple entities to obtain services; (3) inadequate provider system, limited choice, providers not at capacity for staff, lack of referrals; (3) **model of care** that is not consumer friendly and meet the intensive needs of children and adults with more intensive behavioral health needs.

### Adult System

Westchester applauds the creation of Health Home Plus and advocates for expansion with less restrictive criteria for providing this level of care. The LGU experience is that individuals are more comfortable receiving all of their supports from one person. It simplified the referral process and strengthens the therapeutic alliance. HARP enrollment and referral process remains to cumbersome and the individuals who are eligible for HARP are reluctant to engage with one individual, let alone an army of them, yet they need multiple services. There has been a lack of quality oversight of Care Management services and service delivery is

erratic. The intensive of contact often does not meet the individuals' needs.

### **Children's System**

While Health Homes/CMA have created a larger capacity for youth with behavioral health needs, there continues to be a challenge in defining appropriate levels of care and intensity of service response. Many CM caseloads are too high to support the child's needs and there is a high turnover of CM. There exists a great degree of experience and accountability across CM agencies which is a challenge. This impacts the effectiveness of CM support and a lack of accountability of CM providers. There are major concerns regarding HCBS. While a need for higher level of care, very few youth are actually receiving the services. The referral rate is low and staffing difficulties impact a youth being able to obtain the services and supports they need. Child and Family Treatment and Support Services (CFTSS) allows for youth who have Medicaid (and no CM) to have services in the community. However the process of families knowing, and accessing services, is difficult without a CM. The C-YES is a cumbersome process often taking families 5-6 months to complete. Families are often overwhelmed by the process, duplication in layers of providers and "sharing of information" and not effective for youth in need of immediate services. The delay often leads to further crisis and hospitalization or residential care.

Westchester, as with many counties, have high level of residents who have private insurance or Child Health Plus. Thus these individuals are not able to access needed services in a timely way and leads to higher level of service needs.

### **Role of SPOA Critical**

The Medicaid Transformation experience has clearly amplified the critical role C-SPOA and A-SPOA have played in supporting the system of care. SPOAs are serving as central control for HH, CMA and other parts of the system and try to "hold the systems accountable".

### **OPWDD CCO/Care Management Model**

In 2020, Westchester LGU has been involved in transition from OPWDD Medicaid Service Coordination (MSC) to transition into Health Home/CCO model of care. Westchester has participated in planning and sharing of information to both providers and recipients of services and their family members. The county/region 4 CCO agencies have joined Westchester's planning committee. There are still many individuals, who are authorized to receive services, who are not connecting with a CCO due to lack of staffing. Also, due to the lack of an intensive approach, many individuals do not receive what they need and end up in crisis. This has led to an increase of unnecessary hospitalizations and crisis situations. LGU continues to experience a fairly high volume of individuals with DD/ID, who are OPWDD eligible, who are in psychiatric hospitals, not meeting medical necessity, waiting for services and/or residential opportunity (often for 4-12 months).

### **Outpatient Article 31 clinics**

Westchester continues to experience challenges with access and sustainability of outpatient treatment. The issues include payment (low rates of commercial insurance), capacity and fiscal strain on providers. Outpatient clinic services are essential services and the foundation for the mental health system. To address this issue LGU has worked with providers to explore needs and models. We have seen an expansion of our children's school based mental health satellite clinics.

### **Crisis Planning & Services**

The LGU, along with our partners, have been working on a Crisis Plan that includes a continuum of services for children and adults. The service spectrum including in-home services and supports, telephone triage, respite, out of home crisis, mobile crisis response and emergency psychiatric care. The goal is to create a comprehensive, response system which is trauma informed and meets appropriate level of need and easy to access and navigate. Unfortunately, with the various silo funding sources (OMH, OASAS, Managed care, etc), there is a challenge in creating a single, comprehensive and responsive behavioral health crisis system. LGU continues to be creative and attempt to braid funding when possible, leverage resources and coordinate efforts to meet the needs of many. As LGU we encourage NYS "O" agencies to allow for more braiding/blending of funding to truly create a local, responsive and comprehensive behavioral health crisis response.

### **Promoting Co-Occurring System of Care Framework**

Westchester's System of Care continues to address issues that impact outcomes for children, adolescents, adults and families. In 2017 Westchester embarked on an intensive planning effort to improve outcomes for individuals experiencing co-occurring mental health and substance misuse challenges (and other complex issues). The Westchester Co-Occurring System of Care Committee (COSOCC) was formed in an effort to "Create a welcoming and integrated, trauma-informed system for addressing those with co-occurring disorders and other complex needs. The COSOCC formed into 3 Learning Communities to address specific

areas including (1) Performance Improvement, (2) Prevention/Education, and (3) Licensing/Regulatory - issues that challenge providing co-occurring quality care. The COSOCC continues its efforts to improve quality of care and outcomes. The COSOCC initiative has supported Westchester's efforts in addressing many challenges of opioid use/fatalities. This includes coordinated efforts with provider systems, health department, public safety and District Attorney's office to offer a multi-faceted approach to addressing the various needs. Such efforts included Youth Leadership Summit and on-going prevention activities and education, on-going workshops and training for medical community; newly created task force with county public safety and District Attorney's office in the lead; coordination with community coalitions on awareness, engagement and support, and opportunities to improve access to treatment, engagement and best practices. In 2020, Westchester's COSOC has begun 2 planning initiatives (1) adolescent co-occurring treatment for adolescents with Dr. Paul Riggs ENCOMPASS model and (2) enhancing co-occurring capacity with Dr. Ken Minkoff.

### **DCMH Psychological Response Team**

The DCMH Psychological Response Team continues to provide a coordinated psychological response to victims, their families, the community and emergency workers. The DCMH Psychological Response team is comprised of 15 mental health professionals with the knowledge and skills to respond adequately and efficiently to the mental health needs of individuals, communities, organizations during the times of a disaster, crisis or other critical incidents. The team was highly effective during COVID-19 including establishing an Emotional Wellness Line since early March (24/7) and providing emotional support to first responders and residents impacted by COVID-19.

DCMH has created a **Performance Outcome Measures (POMS)** system that includes all providers of services that are contracted by DCMH. The POMS, a web-based system, will track data, utilization and performance measures and will be part of the overarching monitoring and oversight of services and contracts.

Westchester DCMH continues to partner with various organizations in providing critical training and performance improvement initiatives and trainings. Highlights include **Adult and Youth and Adult Mental Health First Aid Training; Resilience and Trauma Informed training and implementation efforts as well as multiple Crisis Intervention Training (CIT)** for police departments and first responders. The CIT training is offered 3x per year, including training for all new recruits. CIT training is facilitated and sponsored by DCMH and Public Safety.

DCMH continues to co-chair our **Suicide Prevention and Awareness Task Force**. The Task Force has been active in providing training, education as well as examining local data to target efforts and interventions. In 2019, Westchester began establishing a Suicide Fatality Review process as part of NYS effort with 3 other sites.

**Office of Addiction Services and Supports**

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**Mental Hygiene Goals and Objectives Form**  
Westchester Co. Dept of Community MH (70270)  
Certified: Michael Orth (9/8/20)

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**:

**Westchester County LGU** continues to be actively involved with changes through NYS MRT including DSRIP, BHCC, Managed Care, Health Homes, HCBS and other key initiatives to help lead and support positive outcomes for children and adults with mental health and other complex needs. As a county we are optimistic that stakeholders are collaborating in good-faith with a shared goal of improving outcomes for individuals using cost-effective, least-restrictive and accessible services. Local County, Regional and State planning structures have been effective in bringing together key stakeholders such as SPOA, Health Homes, CMA, MCO, State partners, and advocacy organizations has led to improved work flow, better coordination and addressing other key implementation issues. Furthermore, there has been a recent recognition that individuals (adults and children) with serious mental illness, often require more intensive engagement and contacts. We are pleased that Health Home Plus has been introduced to support these individuals. There has also been an increased recognition of the value of SPOA and specifically serving as a neutral entity that promotes accountability across systems and programs and often helps to navigate care and provides local knowledge of the broader serving system.

**Children's Mental Health services** has been impacted by Health Home/CMA implementation. Specifically those children and families who had been served under Intensive Case Management and were reduced to Health Home Care Management level of care. These are children with serious mental health issues whose needs were met by intensity of ICM visits and services. We have experienced many Health Home/Care Management programs not being able to meet their level of service need and respond in a timely and efficient way. As the LGU we have worked hard in establishing relationships with our Health Homes, CMA, SPOA and other county departments to improve shared accountability, improve work flow and provide training and support on our local system of care. There is still much work to be done, and concerns about service intensity for many of the children with SED.

One of the major issues identified recently in our region and county includes challenges serving individuals (adults and youth) with co-occurring mental health and substance use issues (and often with other complex needs). As part of a regional planning effort, Westchester has created a new Co-Occurring System of Care Committee (COSOCC), consisting of diverse stakeholders (behavioral health providers, advocates, education, recipients of services, government, hospitals and consultants). The goal of COSOCC is to create a welcoming and integrated, trauma-informed system for addressing these with co-occurring disorders and other complex needs. Three Learning Communities were created to address (1) Professional trianing/Best Practices, (2) Prevention/Education and (3) Licensing/Regulations - which may present barriers to integrated care.

Clearly impact of COVID-19 includes residents struggling with co-occurring issues and need for effective treatment and access to services.

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

Housing services continue to be a top priority, and increasing need, for individuals living with behavioral health/serious mental illness and often co-occurring issues in Westchester County. The Single Point of Access coordinates Westchester's residential placements via a database and waitlist. The waiting list for over 1,120 eligible individuals referred for residential services.

COVID 19 did temporarily halt admissions into housing programs.

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

One of the greatest challenges we are facing as a county that has worsened is our outpatient service system. There are significant waiting list across the county for children and adults. There has been a increase in need as there is more awareness, and identified need. Many outpatient providers do not accept commercial insurance, which creates challenges in accessing services via private providers. The financial viability and sustainability of clinics is of great concern. Part of the challenges includes workforce as well. This includes lack of psychiatrist, therapist turn-over and challenges in productivity demands on staff.

COVID-19 has let to increase in need for outpatient treatment. Access to virtual treatment has been effective tool for many who have been reluctant to engage in in-person treatment.

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**:

### Overall SUD Needs Assessment

The level of unmet SUD need has increased due to a variety of factors. The increase use of heroin and the resulting consequences, critical workforce shortages, combined with the health care system reform has highlighted existing weaknesses and gaps in our SUD service delivery system.

COVID pandemic has served to further weaken our SUD system. re has been a decrease in admissions system wide and the outpatient system has seen a significant decrease in the number of service units delivered between January and June of 2020. re is much work to be done to meet the needs of an increasingly isolated population that is facing increased life challenges.

In addition, the projected short fall in revenue will place providers in a difficult fiscal position.

The number of Westchester County SUD treatment admissions to all level of care in 2018 was 9,974. This is a decrease from 10,066 in 2017. In 2018, the primary drug of choice for those admitted to all levels of care is ---

#### Alcohol

2018 - 41.5%

2017 – 39.2%

2016 – 37.8%

#### Heroin

2018 – 24.4%

2017 – 26%

2016 – 24.4%

#### Marijuana

2018 – 16.6%

2017 – 19.7%

2016 – 20.3%

**Westchester County Death by Overdose Data** (Westchester County Medical Examiner),

**Year:**

2016 151 individuals

2017 142 individuals

2018 156 individuals

2019 116 individuals

2020 Drug OD numbers are not complete yet

**Westchester County Overdose Data** (Westchester County Intelligence Center)

**Year:**

2018 266 individuals

2019 535 individuals

2020 247 individuals (Jan-June)

The numbers of emergency room visits were 248, up from 130 in 2015. And there were 273 Narcan saves in 2018 down from 373 saves in 2014. The decrease is reflected in the numbers reported by EMS (from 283 to 177). This decrease might be attributed to less community calls being made to 911 as a result of more Narcan saves by community members which go unreported. The LGU has received anecdotal reports about community members not calling 911 or seeking medical attention post Narcan saves.

Data from SAMHSA, National Survey on Drug Use and Health indicates that the percentage of Westchester County residents with dependence or abuse of illicit drugs or alcohol is above the State average at 5.43 for youth ages 12 to 17 and 19.83 for young adults ages 18 to 25.

As identified in the Mid-Hudson DSRIP Region Needs Assessment, less than 27% of individuals engage in AOD treatment within 30 days after initiation-73% of clients are not engaged in treatment 30 days after initiation.

Additionally, 2019 data obtained from the NYS OASAS Client Data System presented below indicates the need for continued support for the use of evidence based programs to improve client outcomes, and to increase treatment retention and success rate for clients. The 2019 discharge data presented reflects discharges from all levels of care.

23.5% of discharged clients did not achieve their goals related to alcohol use;

33.8% of discharged clients did not achieve their goals related to drug use;

32% of clients were discharged without having met any treatment goals;

30.6% of clients did not meet Social Functioning goals at discharge;

32% of clients did not meet Emotional Functioning goals at discharge;

23.6% of clients did not meet Family Situation goals at discharge;

37.3% of discharged clients left treatment against clinical advice;

14.1% of discharged clients did not participate in individual counseling sessions and 69.9% participated in 1 to 9 sessions;

No discharge referrals were made for 57.3% of discharged clients.

17.3% of discharge clients were treated with an addiction medication;

Resources are not only needed to support providers in improving client outcomes but to also assist in adopting and implementing more effective business practices.

Westchester County is not designated a federally designated health professional shortage area for SUD professionals the area has a high prevalence of alcoholism and substance use, and this translates into an increased need for SUD professionals. The need for qualified SUD staff has reached a critical junction. Many providers report increasing difficulties in filling staff vacancies, with providers having to resort to delaying treatment admissions due to vacancies. This is particularly

acute for certified recovery peer advocate positions.

## Improved

Access to telemedicine has improved the ability of providers to deliver needed SUD services to a broader segment of the population especially in this time of COVID.

There has been an increased acceptance and access to medication assisted treatment. However, there needs to be continued effort in this area as more clients need access to medications for treatment beyond opiates.

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

The need for housing remains the remains constant.

Westchester County has a population of 946,646, and there are no 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation). This need is recognized by OASAS and the LGU but due to siting issues the LGU was unable to support/coordination with a provider to respond to the OASAS 2019 application - Rapid Expansion Capital Development and Operation of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation) The time frame for the application submission provided little time to identify a viable residential site.

Due to siting issues the LGU was unable to support/coordination with a provider to respond to the OASAS 2019 application - Rapid Expansion Capital Development and Operation of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential.

Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation and as of this date 48 beds have converted. There are 86 homeless housing units- 66 HUD units and 20 MRT units.

In 2018, 903 (11.5%) homeless clients were admitted to treatment, up from 842 in 2017. Of those 25 were younger than 22, and 14 clients living in an SRO. 60 clients were between the ages of 22 to 25 years and 9 clients lived in an SRO.

At discharge in 2018, 705 (9.2%) clients were discharged homeless. Of those 18 clients were younger than 22 years old and 52 were between the ages of 22 to 25 years. (OASAS Client Data System)

Our existing 58 residential beds have an average UR of over 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 year

(Stabilization and/or Rehabilitation) The time frame for the application submission provided little time to identify a viable residential site.

Due to the increased opiate use and the now increasing use of fentanyl and the resulting havoc on families. The LGU is beginning to see the increased impact on children, the LGU will continue to collect data and to plan for a coordinated a response with partners and stakeholders.

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

Westchester has seen a defunding of several programs. The defunding of programs has been due to several issues-faulty program design-as with the Open Access Center, insufficient time to operationalize effective programming and one time funding of new programming without the ability to be fiscally sustainable.

Defunded - Open Access-the Open Access Center was defunded due to an inability to overcome numerous implementation issues --

Workforce shortage and the ability to fill positions has been the most critical Access to target population and the ability to engage in the community instead of waiting in the "office" is the key to increasing access to services. The ability of a community based provider to provide 24/7 access is important, but this service delivery model is expense to sustain without seeking the support and involvement of other stake holders. Counties need the ability to foster various types of partnership depending upon the needs and resources available in each County. Use of one time SOR funding however well meaning, does not support the system. one-time only nature of funding does not allow for effective implementation-attracting and hiring staff is more difficult, successful program implementation is also difficult because it takes time for community partners and potential referents to become familiar with the services. services are put in place then it disappears even before funding is exhausted due to staff moving on for other more secure employment. Without an ability to sustain programming, this process is a system failure.

The most critical issue facing the SUD system at present is workforce shortage. inability to attract, and retain qualified staff is now at a critical level. Staff shortage extends to all job titles, from medical to counseling to peers staff. The need for qualified SUD professionals has expanded with the integration of SUD services into primary care and mental health settings. This increased demand has only served to amplify an already serious issue. Another contributing factor is the salary scale, the

complexity and difficulty of the work in addition to the stigma associated with the SUD field makes it difficult to attract staff. is taking much longer to fill positions and for some positions such as Certified Recovery Peer Advocates the field is unable to find candidates, and with low unemployment rate, and low pay scale the ability to attract "potential" candidates who are willing to pursue the CRPA training and certification process is difficult.

We have a more and more Providers are reporting increased vacancies which are impacting their ability to provide services, and the development and staffing of newly funded programs are severely hampered.

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**:

**Westchester County DCMH** continues to actively participate in planning for individuals with developmental/intellectual disabilities, and their families. This includes providing local leadership as chair of **Westchester County Developmental/Intellectual Planning Committee**, as well as participating on **regional and state planning groups**. As State/OPWDD moves towards Health Homes/CCO, as well as other reform, the greatest concern Westchester, as with most counties, has is the lack of connection/truly legitimate input from local planning process including LGU, other systems and collaborative entities (RPC) and recipients of services and their families. There appears to be limited awareness of impact changes have on local counties and how to include stakeholders. By not including key stakeholders in the actual development and design of services and changes, this leads to mass confusion, concern and opportunities to have better products and outcomes.

Westchester has seen an increase in the number of individuals being served and approved for services by the **Front Door** from previous years (Committee data 2018-2019). An area of great challenge, is that although approval for services is being granted, organizations are not able to provide the needed services due to lack of staffing. This has placed a great hardship on the individual and family leading to crisis and urgent needs. This includes individuals being authorized for various services, but not receiving them due to lack of staff.

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

Westchester has also experienced increase in **housing vacancies**, since moving from local/county oversight to OPWDD Regional oversight of housing vacancy management. Some of the vacancies may be attributed to reconfiguration of housing within organizations, however there is concern with great demand for housing and increase in vacancies. There was greater transparency when waiting list and priorities were done locally in partnership with OPWDD/DDRO and less vacancies existed. The LGU role has been significantly reduced in housing management process. There is increased concern that both state operated and not profit providers reject/refuse to accept individuals with complex needs. This leads to unnecessary, or extended, psychiatric hospitalization which is troublesome and inappropriate.

With COVID-19 there has been a slow down of admission to housing opportunities. More recently voluntary agencies have moved with referrals while State Operated are reported still to be "On Pause" which is concerning. Impact includes many individuals unnecessarily, and inappropriately, waiting in psychiatric hospitals for 4-12 months pending State Operated follow-up.

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

There continues to be a significant need for **crisis/stabilization** services for individuals with developmental disabilities. While the START model is an effective approach, it is so limited in its scope as a small program covering an entire region. In general, there is a clear lack of respite/crisis stabilization resources for this population. This often leads to inappropriate use of psychiatric hospitalization and/or lengthy hospitalizations. Once again, there is an increased disconnect between role of LGU, organizations and OPWDD in regards to promoting local planning, local solutions and more local resources. This is especially significant in the clear lack of crisis/respite services from OPWDD and lack of local planning prevents enhanced local response and ability to navigate other potential resources and interventions.

LGU promotes that crisis should be addressed locally through a comprehensive system of care response, not a regional based program. We have proposed that funding be added to existing crisis response entities (who often already service individuals with DD/ID issues). This would create a more comprehensive, responsive, local crisis response.

In 2020 Westchester did receive a local allocation for crisis services and awarded to WJCS. We are excited with being able to create a local response which will be connected to our Local Crisis Systems response which we feel is critical. START is a stand-alone service, often not connected locally, and not a timely and comprehensive that leads to frustration and inadequate response.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the

statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

## 2. Goals Based On Local Needs

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

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

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

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

### 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.

Not surprisingly one of the greatest challenges facing Westchester is need for housing. **Affordable and appropriate housing** is a major issue for all individuals in Westchester due to high cost of living, cost and limited availability. Our Adult SPOA, which oversees residential services, reports a waitlist of 1,561 individuals. There are individuals who have been waiting for years for housing. Many of the the "priority individuals", individuals with significant mental health issues, trauma, and other complex issues/needs, are often unable or not successful in transitioning out of state hospital/or other restrictive settings, into lower levels of community care. We are pleased to report increased in Supportive Housing beds over the past year. This in addition to expand HUD Housing projects has provided some expanded capacity.

LGU is working closely with our systems partners (Dept of Social Services) and Continuum of Care (COC) Housing committee to maximize and better coordinate our resources and options. However in the absence of expanded appropriate levels of care (CR, SRO) and the reality that many individuals with SMI do need support/services of high-levels of care we continue to struggle to meet the demand for appropriate housing. There is concern that there is an increase of individuals with SMI placed in local county drop-in centers, homeless shelters and frequent users of emergency departments (based on local county planning data and survey, 2016).

For individuals with Dev/Int. Disabilities, appropriate housing continues to be a major concern of individuals and family members. Since there is no longer local involvement with waiting list, access and priorities, the information/data is not available. This a lack of transparency with need, data and utilization.

• **SUD**

Currently Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation. There are 86 homeless housing units- 66 HUD units and 20 MRT units.

In 2017, 842 homeless clients were admitted to treatment. Of those 21 were younger than 22 years old and 66 were between the ages of 22 to 25 years. At discharge, 686 clients were discharged homeless. Of those 22 clients were younger than 22 years old and 57 were between the ages of 22 to 25 years. (OASAS Client Data System)

In 2017, 8.9 % or 686 individuals were discharged homeless.

Our existing 58 residential beds have an average UR of over 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 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

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.

The mental health system continues to maximize existing housing resources through CoC Coordinated entry.

- Update/monitor waiting list to explore changes/needs
- Promote opportunities for transition from more intensive housing to less restrictive settings
- Build housing stock whenever possible

**SUD**

- Maximize existing housing resources through CoC Coordinated Entry
- Continue to update waiting list and priorities for resources
- Promote opportunities for transition from more intensive housing to less restrictive settings.

- To increase the number of beds targeted to the SUD population
- To support the use of a Housing First model
- To maximize participant housing retention

**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: Working in partnership with the Westchester County Continuum of Care, including WC DSS the LGU seeks to maximize current funding and to support new funding/programs targeted to the SUD population.

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

Objective 2: The Housing Success Committee facilitated by the LGU provides technical assistance, support and guidance to housing providers who are providing services to high need clients.

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.

LGU continues to work closely with our systems partners (Dept of Social Services) and Continuum of Care (COC) Housing committee to maximize and better coordinate our resources and options. As always, we are trying to provide person-centered, wraparound planning for individuals with complex needs and utilizing services such as peer-peer, respite, outreach to support a community plan.

The LGU looks to support providers in their application to OTDA-Solutions to End Homelessness

Unfortunately the need continues to go up for housing. Due to costs, often challenge to find housing which are affordable and in liveable areas within the county

### **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.

Westchester has seen an increase (based on DSS, DCMH data sources, 2019) in individuals with serious mental health issues using drop-in centers, placed in shelters and in/out of emergency departments. This is attributed to inappropriate/failed hospital discharge plans, access to outpatient treatment (payment/insurance, capacity), less intensive care management, and other life stressors (housing, lack employment, economy, etc)

Westchester has benefitted from recent resources to provide more intensive services which include respite, peers support and more intensive outreach. We are eager to receive crisis resources as part of the required Managed Care Medicaid Crisis plans that potentially could enhance the continuum of crisis services including phone, mobile, crisis respite and crisis residence. We also are eager to build a more robust crisis response team.

### **SUD**

SUD Crisis services remains fragmented, the Open Access program was defunded, and funding for WC DOH Initiative is completed. The NYS Opioid Response Grant, which allowed for the roll-over of funding will continue to target the most at risk and highest need SUD population; the provision of outreach engagement and case management services to reach residents who are at the highest risk for overdose and death. Current barriers faced are the lack on consistent funding and workforce shortage.

Additionally, given the size of the County the development and coordination of a seamless behavioral health crisis service is both crucial and complex.

### **DD/ID**

There continues to be significant gap in crisis services for individuals (children/adults) with DD/ID. While START is a solid model, it is not local, easily accessible, responsive or local - which are essential to a crisis response. Individuals are often

referred to inpatient psychiatric hospitals due to lack of crisis response. We often experience lack of in-home crisis supports for families and workforce shortage even if individuals has authorized services. There is also a significant issue of lack of experience/training for staff in addressing behavioral needs of individuals with DD/ID issues. Westchester recently received OPWDD allocation for crisis services. The provider WJCS will hopefully start program in 2021.

**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 create a no wrong door behavioral health crisis response. This has become increasingly difficult to achieve with silo funding from systems and funding sources. We have tried to braid/blend funding when possible.

Westchester has been working with various stakeholders (county, state, PPS, others) to explore creation/development of more expansive crisis response. This includes potential of triage hub or to better assess, stabilize and direct appropriate services to individual who are in immediate need (and often end up in emergency rooms or shelters).

LGU will continue to engage OPWDD, and other partners, to explore how to address individuals in crisis. LGU has held several meetings with all crisis services and trying to streamline, link and map various opportunities to respond to crisis and how we define "crisis services".

During COVID-19 LGU worked closely with local law enforcement, psychiatric hospitals, ED to triage and connect individuals in need of crisis services. The triage model proved to be highly effective to avert unnecessary hospital/ED visits - goal is to try to replicate model.

### 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: To identify and secure existing/new resources to create a comprehensive behavioral health crisis response

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

Objective 2: Establish work group of crisis response programs to map out services, improve coordination and identify gaps

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.

A major focus of LGU is to create a more seamless, responsive, less traumatizing crisis response service(s) in least restrictive and most appropriate setting. We have made slow progress in moving planning forward. A great challenge is blending or braiding the various silo funding to create a more robust, comprehensive and inclusive system.

## 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.

## SUD

The need for qualified SUD professionals has expanded with the integration of SUD services into primary care and mental health settings. This increased demand has only served to amplify an already serious issue. Another contributing factor is the salary scale, the complexity and difficulty of the work in addition to the stigma associated with the SUD field makes it difficult to attract staff.

It is taking much longer to fill positions and for some positions such as Certified Recovery Peer Advocates the field is unable to find candidates, and with low unemployment rate, and low pay scale the ability to attract "potential" candidates who are willing to pursue the CRPA training and certification process is difficult.

We have a more and more Providers are reporting increased vacancies which are impacting their ability to provide services, and the development and staffing of newly funded programs are severely hampered.

## MH

Many providers have limited/lack of psychiatrist. There has been an increase in prescribers that has helped flow. Also challenges in retaining therapist due to new productivity requirements.

## DD/ID

Significant workforce issues especially for direct services which leads to underserved individuals.

COVID 19 has impacted workforce as some have left the field. Telehealth has been an important addition to services - however some staff are reluctant to return to office for often needed in-person treatment and supports.

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 increase staff effectiveness in providing quality EB services resulting in positive client outcome.  
To improve effective business practices

### 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: To provide and support trainings in EB programs, including implementation support to ensure fidelity.

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

Objective 2: To provide and support trainings/implementation in effective business practices.

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

Objective 3: To provide updated information on loan forgiveness programs, tuition reimbursement and scholarship program

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.

### 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.

Westchester County has a population of 946,646, and there are no 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation). This need is recognized by OASAS and the LGU but due to siting issues the LGU was unable to support/coordination with a provider to respond to the OASAS 2019 application - Rapid Expansion Capital Development and Operation of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation) The time frame for the application submission provided little time to identify a viable residential site.

Due to siting issues the LGU was unable to support/coordination with a provider to respond to the OASAS 2019 application - Rapid Expansion Capital Development and Operation of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential

Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation and as of this date 48 beds have converted. There are 86 homeless housing units- 66 HUD units and 20 MRT units.

In 2018, 903 (11.5%) homeless clients were admitted to treatment, up from 842 in 2017. Of those 25 were younger than 22, and 14 clients living in an SRO. 60 clients were between the ages of 22 to 25 years and 9 clients lived in an SRO.

At discharge in 2018, 705 (9.2%) clients were discharged homeless. Of those 18 clients were younger than 22 years old and 52 were between the ages of 22 to 25 years. (OASAS Client Data System)

Our existing 58 residential beds have an average UR of over 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 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

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

Increase the number of Part 820 Integration Beds

Development of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation)

### 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: To preplan as feasible in the identification of potential residential site.

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

Objective 2: Collaboration with partners and stakeholders in site identification, application development and submission.

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

### Change Over Past 12 Months (Optional)

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

## 2I. 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.

Westchester County Overdose Data (Westchester County Intelligence Center)

Year:

2018 266 individuals

2019 535 individuals

2020 247 individuals (Jan-June)

The numbers of emergency room visits were 248, up from 130 in 2015. And there were 273 Narcan saves in 2018 down from 373 saves in 2014. The decrease is reflected in the numbers reported by EMS (from 283 to 177). This decrease might be attributed to less community calls being made to 911 as a result of more Narcan saves by community members which go unreported. The LGU has received anecdotal reports about community members not calling 911 or seeking medical attention post Narcan saves.

With the collaboration and coordination of partners and stake holders the LGU has been able to continue the following services-

-NYS Opioid Response Grant- The provision of outreach engagement and case management services to reach residents who are at the highest risk for overdose and deaths.

-Establishment of Medication Assisted Treatment Services at Hudson River Health Center in Partnership with OASAS Certified Treatment Programs

-Implement PAX Good Behavior Game in the Yonkers School District

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.

Program implementation of recently funded services.

### Objective Statement

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

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

Objective 1: Identify and hire qualified staff

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

Objective 2: Monitor program implementation and achievement of performance objectives

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

Objective 3: Ensure integration with SUD service delivery system

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

Objective 4: Increase access to MATS

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.

## 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

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

The development of HH and HARP services has amplified the need for service coordination. Due to the limited data currently available it is difficult for the LGU to determine at this time how effectively the SUD population is being served.

Westchester has embarked on major effort on Co-Occurring Care with establishment of Co Occurring system of care committee (COSOCC). initiative include many diverse stakeholders focusing on prevention, education, best treatment practices, workforce/training and how to achieve improved outcomes for those with co-occurring issues and complex needs.

Three (3) Westchester County mental health and one (1) primary care provider has applied for and obtained an Integrated License. LGU has met with all providers and offered TA around the integration of SUD services.

LGU is also working with WC Probation around the implementation of services related to Raise the Age and In Community services is being provided at the Yonkers Probation office.

There is a recognized need for MAT services at the County jail and the LGU continues to work with DOC to identify potential resources. In addition, WC DSS has also been a supportive partner in recognizing the need for SUD services and partnering with the LGU to explore having SUD services on site.

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

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

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

Increase availability and access to SUD services.

### Objective Statement

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

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

Objective 1: Increase the delivery of In Community Services

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

Objective 2: Increase access to MATS

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.

## 2n. Mental Health Clinic - 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.

Access to outpatient mental health services continues to be of concern to the county LGU. Providers have been challenged by clinic restructuring rates as well as low rates for most commercial insurances. Most public mental health providers do not accept a many commercial insurances and this has led to a gap of outpatient services as panel providers are often limited and do not provide the quality of services our outpatient clinics offer. Westchester continues to struggle with significant waiting lists throughout the county and lack of psychiatrist. This has been a major obstacle especially when discharging from psychiatric hospitals.

**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.

LGU continues to partner with providers to explore process improvements, best practice models and coordination of services. Unfortunately LGU has limited, if any, influence on commercial insurance rates and clinic rates. County has expanded children's school-based satellite clinics.

**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.

Unfortunately, as there is increased awareness, and children and adults are eager/needs to engage in treatment, waiting list have worsened. We are working with agencies to build open access, and explore various funding BHCC options.

**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.

As previously noted, Westchester County has felt loss of ICM/SCM for both adult and children's mental health system. There are serious concerns about the lack of intensity of Care Management for children and adults with serious mental health issues and the lack of understanding the value of relationships and connectedness that ICM/SCM model offered and effectiveness of the intervention.

There are further concerns about establishment of Care Management programs that are "enrolling" individuals and lack skills, experience and training to serve this population. There is limited/no accountability of the system by not having a SPOA process and individuals and children are "falling through the cracks". This often results in unmet needs, increased hospitalization or emergency/crisis needs and other systems becoming "default system".

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

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

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

Westchester LGU has worked closely with Health Homes and CMA to improve work flow, educate CMA on system of care and local resources and have regular meetings to discuss needs and shared accountability. Westchester LGU has taken leadership role in bringing HH, CMA, county departments together, with SPOA support to improve coordination, maximize resources and shared accountability. This has made a significant difference in supporting individuals collectively

### 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.

Westchester, along with many other counties, continue to work with state agencies, Health Homes and Care Management providers to better coordinate efforts, "train" in local systems of care and try to hold each other accountable as much as possible in the absence of a state comprehensive, system of care plan.

The creation of local, regional and state planning forums as helped with communication flow and coordination. Clearly role of SPOA has been critical in supporting youth and adults and holding system accountable.

## 2q. Developmental Disability Clinical 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.

There has been identified need for mental health services for individuals with developmental disabilities. This includes appropriate treatment models and building capacity.

Lack of treatment has led to unnecessary hospitalization and appropriately addressing the individualized needs of individuals.

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.

Expand treatment capacity in agencies who are providing or willing to provide such services. This includes foundational/competency training as well as more specialized treatment.

Westchester LGU has gathered workgroup for past 3 months to improve access, coordination and mapping resources. Yet there is a clear lack of local, responsive crisis service.

### 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?"

### 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.

### 2r. Developmental Disability Children 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.

A challenge shared by various systems, families and Advisory Committee involves children with OPWDD eligibility, and approved for services, are not receiving important services due to lack of staffing.

This had let to unmet needs of often to unnecessary higher level of care and greater strain on family members.

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

### 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.

Lack of immediate, appropriate and necessary respite services to prevent escalation of need. This has been identified by hospitals who have seen increase of referrals, advisory committee and parents.

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

### 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**

Saturday, December 12, 2020 8:25:55 PM

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**Q1**

Contact Information

Name	Michael Orth
Title	Commissioner
Email	mmo6@westchestergov.com

**Q2**

Westchester Co. Dept of Community MH

LGU:

**Q3**

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

Westchester residents were greatly impacted by COVID 19. As of Dec 11, 2020, 1,550 resident have died due to COVID and has seen 56,372 total cases of COVID. It has been evident that children have been greatly impacted with over 240 children losing a parent/guardian and disruption in schools and daily routines. Since schools play a major role in identifying, supporting and referring children/families to services, systems have seen significant decrease in referrals (Preventive, Protective, SPOA) but increase in psychiatric hospitalizations. Seniors have also been greatly impacted with fatalities and isolation. Serving individuals who are homeless, and multiple challenges due to health/safety issues required significant cross-systems planning. Clearly issue of residents/communities of color impacted in terms of COVID 19 and fatalities. Communities of color also impacted by lack of access to technology for supporting services.

**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.

Tele-mental health has been an important tool in engaging both residents new to services and existing residents. Many have benefited from this service. However also large population of residents who struggled/refused tele services and require face-to-face. There are also residents who lack the technology, primarily communities of color, who, even if given access to tablet, often could not access due to required credit card payment/registration fees.

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**Q5**

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

Overall, the need for SUD services has increased. There has been an increase in the numbers of clients new to treatment accessing services. With an increase in self-referrals. Individuals who are homeless have been disproportionately affected, having limited ability to access treatment via telehealth. In addition, those clients that are required to quarantine in DSS sponsored hotels are also affected. It is more difficult to engage and retain adolescents vs adults in treatment via telehealth.

---

**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.

Children/adolescents with ASD, and other DD/ID, have been greatly impacted especially with remote schooling and families struggling with lack of services/supports. There are also challenges with certified housing and lack of connections to family members. More recently programs have closed due to budget challenges including family support crisis/respite.

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**Q7**

a. Mental Health providers

Techniques/protocols in engaging and providing treatment services via telehealth. Engaging families in treatment.

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**Q8**

b. SUD and problem gambling service providers:

Techniques/protocols in engaging and providing treatment services via telehealth. Engaging families in treatment.

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**Q9**

c. Developmental disability service providers:

Staying connect to services/support and status of isolation

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

**Q10**

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

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>Increased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Increased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>Increased</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Increased</b>

---

**Q11**

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

Westchester experienced changes in service needs/utilization throughout past 9 months. Through efforts to avert (safely) hospital/ED care, census was lower for these services. More recently, hospital, ED, outpatient service needs/utilization has increased in both private and public mental health service system.

---

**Q12**

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

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

---

**Q13**

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

Access to ED/Psychiatric/crisis care has been a challenge. Also due to limitations to outpatient/support/peer - challenges tele-health, lack face-face is an issue to access services.

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

**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

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**Q15**

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

Fortunately, we have not had any mental health program sites closed. Due to need for med sur. beds, there were several psy beds off-line for periods.

---

**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

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**Q17**

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

outpatient providers tend to only offer tele-health which is limiting.

---

**Q18**

N/A

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

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**Q19**

Respondent skipped this question

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

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**Q20**

No

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

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**Q21**

Respondent skipped this question

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

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

**Q22**

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

Yes (please list program name(s) and type(s)):  
Several sites had temporary "closings" to adress infections.

**Q23**

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

**Respondent skipped this question**

**Q24**

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

Yes (please describe):  
Our department offered our 20 plus police departments immediate access (via tablet) to assigned county MH staff to triage, crisis plan and address needs law enforcement experience. We also provide psychological support to all First responders (prevention, postvention, trauma support).

**Q25**

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

**No**

**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:

Westchester has over 50 providers of various services, so don't have all details. Clearly due to staff limitations, virtual adaptation, infections/health issues had to implement COOP plans. Some were more successful than others. County LGU have regular meetings to collaboration with psy hospitals, ED, outpatient directors, schools and other key stakeholders on regular basis.

**Q28**

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

0

**Q29**

Respondent skipped this question

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

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**Q30**

**LGU**

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

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**Q31**

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

There were several situations in which LGU provided support to Agency COOP plans based on various needs.

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**Q32**

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

**Telemental Health Guidance,  
Infection Control Guidance,  
Fiscal and Contract Guidance**

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Page 3

**Q33**

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

At the present time there are no reports of difficulty acquiring needed supplies.

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**Q34**

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

There has been an increased demand for environmental strategies related to educational and awareness campaigns. Staff involvement in community wellness activities-food distribution, wellness checks. And increased referrals from teachers related to academic performance. The ability to provide EBP programming is hampered due to class scheduling. Students are less likely to participate virtually.

---

**Q35**

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

The demand for Recovery support services has increased. The recovery center at this time is providing services virtually. The SOR funded serve continued to provide community based outreach support. To hard to engage/reach clients. Ex. Homeless

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**Q36**

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

There has been an overall decrease in the units of service delivered. This is a function of staff and clients having to make adjustment quickly at the start of the pandemic- to ensure social distancing the switch to telehealth/phonic was a challenging transition. Administration needed to provided equipment and facilitate a secure way of delivering services. In addition to learning quickly about engaging and retaining clients on a virtual platform. Also addressing staff concerns and issues related to transmission of the virus. Ensuring the availability of adequate staffing coverage related to staff members contracting the virus.

The limited ability for some clients to access technology to participate in treatment virtually.

Providers are struggling to "catch up" on the losses incurred earlier in the pandemic, even as intermittent face to face treatment interruptions continue.

---

**Q37**

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

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

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**Q38**

Respondent skipped this question

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

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**Q39**

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

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

---

**Q40**

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

Treatment engagement is a concern.

**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.

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**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.

Yes (please explain):

Primary analysis is related to request for service needs and programs/funding "paused" or closed.

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**Q44**

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

Many challenges/concerns, recently several family support funded crisis/respice programs have either closed or reduced reach. Our OPWDD State Operated Residential settings have been on pause since April and we have residents pending placement while inappropriately waiting in psychiatric hospitals.

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**Q45**

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

Residential vacancies, status is major

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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:

There have been unprecedented demands on systems and program due to COVID. There will be an increase in behavioral health needs over next several months/years and essential our system of care can meet the demands. Budget challenges are clearly a concern

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