2021 Mental Hygiene Executive Summary
Chemung County Mental Health
Certified: Brian Hart (7/14/20)

We wanted to take this opportunity to highlight some of the most significant issues and/or changes for Chemung in an effort to advocate with the state agencies, as at times issues rise to the service as being both vital to our community and worthy of consideration by the state, but don't easily lend themselves well to a local goal in the County plan.

Pre pandemic Chemung County was going through significant changes. The Director of Community Services took on a combined role with the local Department of Social Services as the Commissioner of Human Services. This will hopefully lend itself to some efficiencies within the county, but we are concerned about what appears to be more of what could be described as the makings of a perfect storm.

The County's largest mental health provider, Family Services of Chemung had its first new Executive Director in approximately 25 years. The Elmira Psychiatric Center, Glove House, Catholic Charities, and Pathways also saw transitions in their Executive Directors. At the same time, NYS DOH seemed to be pushing many initiatives that challenge the "O" agencies to follow Title 14 Rules and Regulations. The result has been tremendous confusion for all with regard to opening and/or transitioning to new or repurposed services under different nomenclature, and unfortunately the consumers were the unintended victims of this process. In taking this approach it negates, what we content is the primary purpose of part 5.07 to plan locally.

This year has obviously been devastating with a worldwide epidemic. The fall out of which still remains to be fully appreciated in so many ways, including the long term fiscal impact on the system, employment, housing insecurities and the likelihood of a nation with an emotional vulnerability not witnessed in most of our lifetimes. One positive result has been the state allowing for the use of tele-therapy in a much broader approach. Specifically, allowing for the use of pure telephone therapy. This has been particularly significant for rural communities where broad band access is an issue, poverty is high, there is limited access to computer equipment, and internet access and/or reliable transportation supporting compliance with treatment has always presented tremendous challenges. In addition, a stand-alone issue was identified for our sex offender population, as they are prohibited from internet use. Calling from the convenience of one's home has demonstrated a tremendous increase in engagement in clinical services. However, when this waiver service goes away, and the unemployment rate is likely to barely improved if at all, we will find ourselves doing a disservice to those in need. Therefore, we should make every possible effort to advocate for a permanent change in allowing for this to be an ongoing option in the array of available services.

While the Arnot Healthcare system had been working with the state and County Directors across the region to transition behavioral health presentations from St. Joseph's Hospital Emergency Room to Arnot Ogden Hospital Emergency Room, the plan was accelerated during the pandemic based on extremely low utilization of the Emergency Rooms. As a result St Joseph's Hospital closed their emergency room on June 1st. Admittedly, it is too soon to analyze the impact, but the change left very little time to announce this to the public after St. Joseph's Hospital has been the 9.39 hospital for as long as most people can remember. In addition, it left the healthcare system with no established transportation system for safely bringing patients between its two facilities following an assessment at the Arnot Ogden ER, as admissions would still go to the licensed psychiatric unit located at St. Joseph's Hospital approximately 2 miles away.

In addition, we are tremendously concerned about where state aid cuts or rate reductions will occur and what if any influence the Local Governing Unit will have in the decision making process being that we would have the most intimate knowledge of where we would be best able to absorb significant fiscal impacts versus a universal approach applied across the state.

Lastly, agencies assessing youth between ages two and four our discovering that there are youth who don't meet certain for early intervention services, or Committee on Pre-School Education requirements, but have unmet needs including speech and occupational therapy. To make matters worse, this population tend to not be covered by insurance or are under insured. While we acknowledge that this population doesn't fall into one of the disability areas that this plan is required to address, it is our contention, that they could be considered as presumptively eligible for developmental disability services, and/or there is like hood that they will grow up with mental health and/or substance abuse issues with these unmet needs as a contributing social determinant.

Mental Hygiene Goals and Objectives Form
Chemung County Mental Health (70190)
Certified: Brian Hart (6/18/20)

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**:

Clearly the COVID-19 pandemic is changing how services are being provided and increasing the demand for services across many areas including, but not limited to housing, employment, access to food...resulting in increased demand for counseling and psychiatric services in general. This has also pushed the state and community based organizations alike to turn to computer technology whenever possible. However, the regulatory infrastructure outside of waivers as well as access to the internet and on line viable systems, has presented its own challenges that will need to be addressed more globally than simply a Chemung County solution. Lastly, for those individuals and staff alike without broadband and/or hardware, telephone therapeutic services has proven to be invaluable, as no show rates have decreased dramtically, but unfortunately time limited as only approved currently as a waivered service.

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

The **Brief Respite** *in your own* **Environment and Temporary Help** *with live stressors* **(BREATH) program is designed t**o address individuals who are in crisis, but don't meet the need for a psychiatric admission, and still have some unmet needs. In these cases where a few hours of additional supports in their home could benefit them if a peer specialist spent time with them, or they could utilize an adult respite location for up to 7 days assuming they have a place to return to, then they can be referred to. It has been significantly underutilized, and so we have started to open it up beyond calls from the local ER's, and allowing the Crisis Program to also identify the need regardless of someone going to the ER or not. Hopefully this will increase utilization, or we will need to repurpose these funds.

Our community, like many others struggles to successfully attract a sufficient workforce. As a result community based agencies are continually competing with one another for the scarce resources of qualified staff from the entry level all the way through to prescribers. In addition, in the past year our community has experienced Administrative changes at multiple key organizations within months of one another, creating systemic challenges related to agency culture changes, lack of collegial relationships, and staff turnover.

Children continue to often spend days at a time on an ER gurney and far too often end up being discharged after the symptoms have dissipated over time. Clearly NOT ideal mental health treatment, as they truly don't receive treatment during their stay in a non-CPEP licensed ER.

Movement in our adult housing remains slow, and therefore, admissions into the apartment programs has been somewhat limited over time. This is further complicated by the demands associated with COVID-19.

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

The availability of professional staff remains at an all-time worst to the point that some agencies have considered closing down programs and/or have been out of compliance with expectations.

Access to state intermediate care has become extremely difficult, as it is now required to have a Treatment over Objection (TOO) order for all cases and they want them "stabilized" prior to transfer, and the latter of which seems to defy the logic of the need for transfer. The TOO requirement is also placing an increased financial burden on the 9.39 hospital system.

The significant loss of revenue during COVID-19 has resulted in layoffs, and/or hiring freezes followed by some staff not returning at a time when demand dramatically increased.

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**:

Trinity's youth clubhouse has daily attendance of 20-25 members who make up their advisory council. Youth are reporting tremendous benefit from having this option in their life, and have embraced period joint events with family members as well with minimal resistance. The number of youth using the program at least once a month in 2019 has averaged 63, clearly challenging the staffing model of three.

In response to the Opioid epidemic, we created a regional coalition referred to as the Substance Abuse Regional Alliance (SARA). Participation has been tremendous and it focuses on treatment access, social determinants as barriers to success, and public messaging as well as the development of a phone application. The commercials have been completed and are being shared with other communities as well as being prepared for local airing.

The FREE phone application (sara.partners) is now available for i-Phones and Androids alike.

Trinity's prevention coalition was able to complete a youth needs survey in ALL of the school districts for the first time.

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

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

The Elmira City School district prior to the COVID-19 pandemic had put a hold on substance abuse preventive services, due to pressure to maintain academics.

Approximately 170 fewer individuals received clinical services in the 1st quarter at Trinity of Chemung that in 2019.

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**:

The housing objectives are to continue with mixed housing options despite some being developed and to have agencies/individuals purchase properties and become landlords to assist with the need in our community. We also need to ask for more supervised housing opportunities.

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

Continue with mixed housing options and to have agencies/individuals purchase properties and become landlords to assist with the need in our community. We also need to ask for more supervised housing opportunities.

Workforce, the objectives are to advocate for the front line staff who have not had a cost of living increase sense 2010, and salaries need to increase. As for Direct Support Professionals, there are not a lot of good work force out there. We need to increase employment recruitment for attracting specialist (OT, PT, and Speech).

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

Technology has been a significant issue for some who do not have it. We need to look at the technology infrastructure for consumers. Recommend evaluating agency technology for potential upgrads due to its age and not being compatible with new software. Will the current waiver for telemedicine go away once COVID-19 is over? Consider need to seek assistance to build our infrastructure for the technology. We need to see the needs of the community post the pandemic.

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

2. Goals Based On Local Needs

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

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

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

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.

Supply vs. demand continues to be a huge barrier to structured housing options when considering licensed housing across all three disability populations. While we appreciate efforts by all three state agencies in the past couple of years to increase community housing options, major gaps remain.

We are extremely excited about the models of mixed housing options including those who have pursued and/or been approved for operational expenses through ESHHI funds pending capital funds, but remain concerned that the state hadn't required applicants to connect with county Departments of Social Services and/or Local Governing Units for their feedback and support as defined in Title 14.

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.

Develop new housing options that are either licensed by one of the three state agencies, or utilize an unlicensed approach for individuals with mental health, substance abuse and/or developmental disability diagnosis including but not limited to mixed use options.

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: Assist with any and all necessary components required to move individuals who meet the criteria and/or self-identify as being prepared for transitioning to a less restrictive environment.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Develop more congregate care housing as well as community based affordable housing options.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: Expand upon respite options.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 4: Develop supported housing including but not limited to mixed use options.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 5: Need more support from the state to address the need of additional supervised housing options.
    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.

Objective #1- These discussions continue, but as noted above there is mixed guidance from OMH. The discussion should be re-visited from a recovery focus with an emphasis on identifying financial supports to enable the consumer to stay in their apartment, but remove the staffing supports.

Objective #2- This needs to be revisited with current leadership of the half-way house. Salvation Army is pursuing capital funding to match an ESSHI grant that will allow for supported housing for homeless including those with substance abuse needs co-located with a new Domestic Violence Shelter.

Objective #3- The BREATH program for adults with mental illness finally started, but continues to not be utilized. Therefore, we are expanding the referral base beyond ER's, to allow the Crisis Program to refer individuals in need as well. We need a respite/sobering up station option for individuals with substance abuse issues.

Objective #4- Funding has been approved for a facility within the county for several projects, but more are needed in the next few years.

Objective #5- Intent is to consider a Family Care like model, and/or revisit a concept from previous local plan of encouraging providers to become landlords with pushed in multi-agency case/care management services to an unlicensed apartment building. At least one of these locations needs to take into consideration the need for ADL skill development for those moving an apartment for the first time.

2b. Transportation - Background Information

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

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

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

Changes in the public transportation system have made it difficult for many consumers to make their appointments in a timely manner, and for those individuals who have a disability, but have a work schedule in the evenings and/or weekends, transportation is next to impossible or non-existent.

With the impact of COVID-19, the plans to close St. Joe's ER were accelerated to June 1st. This brings with it potential transportation challenges as all 9.39 presentations will go to Arnot ER, but the psychiatric unit remains at St. Joe's approximately 1.3 miles away and there is no formal method for transport other than internal hospital transports yet to be established.

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.

Transportation to medical appointments require additional time in between the call and the appointment to make arrangements, and there is no viable option for arranging transportation to an urgent appointment.

Objective Statement

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

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

Objective 1: Explore options for transporting individuals to urgent appointments.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Develop strategy to address the issues surrounding medical appointments.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

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

It has become virtually impossible to find and maintain licensed staff as they either don't exist in the region and/or we are all competing for the same limited staff resources. To that end, some disciplines like nurses, can't be hired if competing with hospitals and/or the state system.

In response to COVID-19, we are receiving more requests for staff to remain working from for both safety as well as assuring that they can meet the needs of their family when needed.

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

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

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

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

Workforce continues to be a significant issue in all three disability areas for virtually all agencies. The Finger Lakes PPS has made this a priority in their out year, but it will take some effort to coordinate with them as they were focused on the Monroe County region.

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.

Pursue options for proactively linking to high schools and colleges to promote the field of healthcare.

Develop approaches for enticing new staff and sustaining existing employees.

Pursue technological approaches to a more viable remote access workforce.

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: Develop videos with use of staff from multiple agencies to promote healthcare field, and report vacancies to NYS Dept. of Labor..
        Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Promote the healthcare field through career day events, engaging local high schools and colleges, including the use of interns whenever possible.
        Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: Develop career track document to define path for achieving employment in the field, and advocate enhanced wages and benefits for all staff in the field.
        Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 4: Evaluate loan forgiveness programs, shared staffing models and other incentive options for all employers.
        Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 5: Explore options of reimbursement for college in exchange for commitment to continued employment with their agency.

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.

Some local agencies are funding the pursuit for many staff of advanced credentials including CASAC certification, MSW and LMFT degrees.

2g. Inpatient Treatment Services - Background Information

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

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

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

So many of the 1000+ plus admissions to the psychiatric unit at St. Joseph' hospital psychiatric unit, and their 350+ admission to their substance abuse rehab unit are dually diagnosed, but are rarely transferred from one department to the other. Likewise, in absence of a dual diagnosis program, they don't receive concurrent treatment during their hospitalization. Trinity of Chemung works closely with the ER through their Centers for Treatment Innovation (COTI) to connect peers to individuals with substance abuse needs as a mechanism to engage in treatment, but it could benefit from enhance promotion of the service.

Far too often children and adolescent sit for days on ER gurneys awaiting psychiatric placement, and when that doesn't occur, they are eventually determined to no longer meet medical necessity for psychiatric admission.

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.

Develop and implement a psychiatric assessment training program for staff in both Emergency Rooms, the Behavioral Health Assessment Team (BHAT).

Continue to enhance use of crisis and peer services especially following overdoses to connect individuals to treatment and avoid unnecessary ER visits.

Cross train staff on the Behavioral Sciences Unit (BSU) and on New Dawn to be able to provide dual recovery treatment at either and/or both locations.

Address the need of children and adolescents presenting with psychiatric presentations in the emergency room.

Trinity of Chemung will connect with individuals while receiving acute substance abuse treatment, and work collaboratively with staff to assure that all available community based needs are met at discharge including but not limited to social determinants of health such as housing, ability to obtain medications, and addressing treatment and support needs such as health home care management and peer services if offered in the respective discharge community.

Objective Statement

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

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

Objective 1: Explore options for alternatives to Emergency Department visits and behavioral health hospitalizations including but not limited to enhanced utilization of the mobile crisis team to avoid ER visits.

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

Objective 2: Train all ER, BHAT staff to provide a comprehensive emergency psychiatric assessment, and to utilize of a community resource guide in addition to coordinating services with the COTI program for individuals that present with substance abuse issues or New Dawn staff to assess for Detox services.

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

Objective 3: Explore options for opening an additional children and youth acute unit to complement the existing service at the Elmira Psychiatric Center.

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

Objective 4: Assure that all staff on New Dawn rehab are cross trained with FIT modules, and initiate Dual Recovery groups.

    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.

Objective #1- A great deal of effort has been placed on enhancing communication about ER visits, and follow up post ER visits. In addition, an RFP has been approved by OMH, OASAS and DOH to merge assets of the two local hospitals allowing them to be considered one, laying the ground work for all 9.39 presentations to start occurring at Arnot Hospital's ER at some point in, while keeping the psychiatric inpatient and acute rehab some two miles away at St. Joe's hospital. As noted due to COVID-19, this plan suddenly moved forward and the transition was made completely on June 1, 2020.

Objective #2- Considering Objective #1, this has made the second objective that much more critical. To that end, the residents program has been beneficial, by not only having a presence, but by hiring a psychiatrist assigned to the ER service, who amongst other things is spearheading the efforts of assuring competency amongst staff. These changes are extremely helpful. In addition, the hospital conducts a monthly M&M discussion amongst Residents, staff from the psychiatric Unit and ER as well as staff from the Elmira Psychiatric Center and the Local Governing Unit.

Objective #3- Nothing in the works at this point, but there have been a couple of discussions.

Objective #4- This continues to be worked on by the administration of the service.

2j. SUD Outpatient Services - Background Information

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

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

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

Historically off-site clinical services were not permitted, so outpatient clinical services were limited to the locations of the local clinics. In the past few years, CASA of Livingston dba: Trinity of Chemung took over the clinical services from ADRC and St. Joseph's Hospital, and now provides outpatient clinical services to approximately 600 unduplicated individuals a month. Current substance abuse assessment and referrals average approximately 9 inmates a month. Part of this limitation is based on limited space availability prior to bail reform. In 2020, the number being served in the jail doubled on monthly basis until the pandemic. We hope to return to these numbers post COVID.

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.

Integrated care has been challenging based on the design presented by NYSDOH, as article 28 clinics are actually prohibited from co-locating with article 31 or article 32 clinics without some major concessions. Therefore, locally we have had to become quite creative in dressing these needs, by using private practice providers with article 28 clinics, and/or having article 31/32 clinics in close proximity without co-locating.

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: Utilize funding in the jail to its fullest capability.
     Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 2: Open satellite clinics in close proximity to primary care and mental health clinic settings.
     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.

Objective #1- As noted above, since bail reform, more access has allowed for a doubling for assessment and referrals, but treatment is truly not occurring in a large enough manner due to limited numbers.

Objective #2- Trinity is working closely with the Guthrie Healthcare System.

2o. Other Mental Health Outpatient Services (non-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.

There is concern about a pattern amongst some of the chronic mentally ill population with regard to not following their medication regime, resulting in decompensation, and repeated unnecessary hospitalizations.

With regard to the provision of substance abuse services, families are rarely actively engaged in the support of their loved ones in treatment, despite the benefits from such.

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.

Explore a respectful manner of engaging the chronic mentally ill to choose to become compliant with their medication regime as prescribed without pursuing AOT orders.

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: Utilize the Mobile Integration Team as Transition Coordinators between inpatient and outpatient
  Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Encourage prescribers to consider more long acting injectable medications, and utilization of home visiting nursing services and/or significant use of tele-medicine.
  Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 3: Work with COTI and other OASAS services to engage with families.
  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.

Objective #1- This continues ot be a successful connection of services.

Objective #2-Modified to include tele-medicine.

Objective #3- NEW

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.

Far too often children find themselves in need of services, but they don't meet OPWDD criteria, and/or aren't eligible for special education services as determined by either the Committee on Pre-school Special Education (CPSE) or the Committee on Special Education (CSE). As a result, families are left with trying to pay for clinical services out-of-pocket, or opting to have their child not receive services entirely.

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

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

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

Identify the scope of the problem, and determine barriers that need to be addressed including but not limited to, accuracy of information being provided to decision making bodies, addressing workforce issues, and identifying alternative funding....

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: Gather data indicating the frequency of youth not meeting criteria with OPWDD, CPSE and/or CSE committees.
  Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: Determine what if any barriers exist for approval of services, and develop strategic plan to address sustainable solutions.
  Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☑ OPWDD

Objective 3: Formulate a cross systems stakeholders meeting to consider use of alternative supports such as Family Support Services, Unified Children's waiver and OMH SPOA services for Early Intervention age Youth that are too young to meet OPWDD criteria, but have unmet needs.

> 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.

No progress has been made on Objectives 1 and 2.

Objective #3- New

2z. Other Need (Specify in Background Information) - Background Information

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

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

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

Agencies assessing youth between ages two and four our discovering that there are youth who don't meet criteria for early intervention services, or Committee on Pre-School Education requirements, but have unmet needs including speech and occupational therapy. To make matters worse, this population tend to not be covered by insurance or are under insured.

While we acknowledge that this population doesn't fall into one of the disability areas that this plan is required to address, it is our contention, that they could be considered as presumptively eligible for developmental disability services, and/or there is a likelihood that they will grow up with mental health and/or substance abuse issues with these unmet needs as a contributing social determinant.

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.

Explore options for a strategic and coordinated approach with OMH, OPWDD, OASAS and DOH.

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: Ask Early Intervention assessment agencies to track how many youth fall into this situation.
> Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Charge the Community Resource Enhancement and Development (C-RED) committee with identifying alternative funding for the gap as identified.
> 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.

Objective #1- No progress to date

Objective #2- Needs to be placed on Community Resource Enhancement and Development (C-RED) Committee agenda.

2aa. Other Need 2 (Specify in Background Information) - Background Information

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

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

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

While the state and nation had been slowly moving towards tele-medicine, the Coronavirus of 2020 known commonly as COVID-19 put it on the for front in many ways. With most businesses closing, including public transportation, and limited access to clinical services, individuals with mental health, substance abuse and developmental disability needs for tele-medicine were primarily addressed via telephonic and or teleconferencing technology. As a result no show rates for the most part decreased.

This wasn't always the case with the substance abuse population as many of them fell off the radar with their providers, often relapsing, and not receiving appropriate if any treatment.

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.

1. Being that those who were successful with tele-medicine reported success primarily due to the fact that technology fees were waived, infrastructure costs need to be addressed for consumers to be able allow them to continue to afford this technology.

2. For consumers who don't have access to hardware, arrangements of such need to be made if it will benefit their treatment success.

3. For those areas where internet band width is an issue, more state-wide broad band funding needs to be put in play.

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: Pursue funding for infrasturcture costs.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Purchase hardward for cusumers to use.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: Work with State and Federal law makers to bring more broad band funding to the region.
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.

New Issue

Office of Addiction Services and Supports

Accessibility   **Contact**

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Tuesday, July 14, 2020 10:50:44 AM

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Q1

Contact Information

Name	**Brian Hart**
Title	**Commissioner of Human Services**
Email	**bhart@chemungcountyny.gov**

Q2

LGU:

Chemung County Mental Health

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.

The most significant changes has been significant increase increase in appointments being kept especially in mental health clinics for those able to sue tele-therapy and/or telephone therapy. The latter of which is especially true as not everyone in this area has internet access and/or smartphones/computers.

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.

Accessing children outside of the school settings has been challenging compared to our multiple clinics in the schools, therefore engagement with this population is down, and length of sessions is minimized.

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.

Slight decrease in numbers of individuals utilizing tele-medicine services compared to in person services. Happy to report NO increase in opioid overdoses.

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.

Due to the payment differences in article 16 clinics vs. the mental health and substances abuse clinks, they are losing money on tele-therapy sessions.

Q7

a. Mental Health providers

None

Q8

b.   SUD and problem gambling service providers:

None

Q9

c.   Developmental disability service providers:

None

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Q10

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

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

Q11

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

Overall outpatient units down about 1,000 per month. Inpatient presentations at acute hospital are down by approximately 30/month, and average LOS increased from 7.2 days to 10.2 days.

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

Q13

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

Some access was limited by virtual treatment, and/or very quick triage to limit time in ER. State housing has not been accessible, but voluntary licensed providers has been.

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?

2

Q15

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

Family Services closed all sites for 14 days, but continued tele-therapy and crisis services. Sate family care homes were not allowing visits to accept new referrals.

Q16

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

0

Q17   **Respondent skipped this question**

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

Q18   **N/A**

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

---

Q19   **Respondent skipped this question**

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

Q20   **No**

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

Q21   **Respondent skipped this question**

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

Q22

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

No

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.

No

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?

5

Q27

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

Respondent skipped this question

Q28

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

Respondent skipped this question

Q29

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

Respondent skipped this question

Q30

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?

LGU

Q31

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

Respondent skipped this question

Q32

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

Program-level Guidance,

Telemental Health Guidance,

Infection Control Guidance,

Fiscal and Contract Guidance,

FAQs

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Q33

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

Still unable to obtain disinfectant spray.

Q34

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

Very limited services provided with no schools open.

Q35

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

Club house remained active with approximately 50% attendance.

Q36

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

Some lay-offs occurred. Tele-therapy was offered extensively, but many clients fell threw the cracks by not receiving services.

Q37

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

INPATIENT	**Decreased**
OUTPATIENT	**Decreased**
OTP	**N/A**
RESIDENTIAL	**No Change**
CRISIS	**N/A**

Q38

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

Inpatient admissions decreased form 28 to 20 admissions a month. In outpatient services the clinic served an average approximately 575/month compared to their normal 650/month.

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

Q40

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

Outpatient access became available via tele-therapy.

Q41   **No**

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

Q42

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.

No

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):
The LGU has maintained in contact with all voluntary agency CEO's asking about their needs related to COVID. In addition, the CSB's DD Sub-Committee has addressed this during ZOOM meetings.

Q44

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

IDD consumers having access to family members, and/or understanding why they can't. Their emotional well being in relationship to this.

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.

ER lengths of stays for IDD individuals. Cost analysis in partnership with OMH and DOH on IDD consumers misplaced in those respective system when the OPWDD system has no appropriate options identified as this would help to arrive at some numbers to shift costs to some enhanced services.

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:

The overall impact on the economy, which will in turn have impact on the social determinants including employment, counseling, alcohol/drug use treatment needs, and housing.