

# 2021 Mental Hygiene Executive Summary

## Cortland Co. Dept of Mental Health

Cortland County experienced a change in leadership in the Director of Community Services (DCS) role in 2020 as Sharon MacDougall started in March 2020. This plan was a result of the strength of the entire Cortland community and providers offering support, discussions, and planning that went into the creation of the Cortland County Plan for 2020-2021. The LGU is honored to represent Cortland and to present this plan for consideration to our state partners. The plan is additionally attached with imbedded endnotes throughout linking to websites the documents to allow our state partners to read more about projects and agencies discussed throughout the plan. The 2020 pandemic has affected our entire community and is referenced throughout this plan. The pandemic, and expected after effects, additionally shifted Cortland's 2020-2021 Plan toward stabilization and recovery planning. We have yet to hear the final decisions about state aid to Cortland from NYS OMH, OASAS, & OPWDD, which will likely affect the enactment of this plan. Cortland's community plans to work closely throughout the fourth quarter 2020 with our providers affected by state aid changes for 2021 solution planning and contracting. There has been an overwhelming collaboration, resiliency, dedication, and passion found in our providers and partners here Cortland County during this pandemic. Those strengths and Cortland's ability to partner and respond will help to stabilize and recover after this pandemic ends and to achieve this plan.

Regional Collaboration with the Central NY Director's Planning Group:

### CNYDPG COVID19 Survey Summary

The typical annual local planning process includes the development of Local Services Plans (LSPs) in each County based upon local and state data sources and information from providers and other stake holders that is gathered by Counties to define priority goals and strategies to achieve those goals. Of course, the current planning environment is anything but typical. And so, in lieu of the usual process, NY State "O Agencies" (OASAS, OMH, and OPWDD) have requested that Counties respond to a Supplemental COVID Survey in order to enhance understanding regarding the impact of COVID19 on local behavioral health service systems.

Data gathering/surveying of the larger community was not a requirement of this State survey, and many Counties will likely respond with impressions gleaned from County staff. Neither was a regional orientation required by the State survey. CNYDPG has decided to both survey stake holders, and to consider the impact of COVID19 from both a local and a regional perspective.

Cortland LSP 2021 Survey results:<https://www.surveymonkey.com/results/SM-S8XV62YB7/> (and attached)  
Cortland supplemental 2020 COVID survey results attached.

**Office of Addiction Services and Supports**

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# Mental Hygiene Goals and Objectives Form

Cortland Co. Dept of Mental Health (70030)

Certified: [Gail Spitzer](#) (9/15/20)

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**:

This question was discussed in the Mental Health Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers), and the LGU reviewed data and discussion feedback.

Individual comments from the survey:

- Positive collaboration and commitment to working cross-systems in this county. This was specifically identified as a strength in responding to the pandemic in 2020.
- Improved emergency response availability and follow up and continued strength based approach, such as using CIT.
- Mobile crisis team support, ensuring more people are getting services in emergencies.
- Health Home Plus Case Management style of support for mentally ill individuals.
- Agile and quick response of providers and community to support mentally ill during the pandemic 2020
- Fast utilization and implementation of telehealth services by mental health providers to respond to the needs of clients during pandemic 2020.
- Resilient workforce to respond quickly to needs during the pandemic 2020 crisis and safely support clients through telehealth.
- Same day access to MH services; outreach and crisis programs for mental health quick adaption during pandemic 2020 to respond to needs using telehealth.

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

Individuals comments from survey & discussions:

- There is a continued need for therapists to work with young children (0-5). This has not worsened, just stayed the same.
- Ongoing need for safe and affordable housing.
- Ongoing need for more intensive community based supports to support community stability of individuals with most complex needs, such as ACT treatment and youth inpatient beds.
- Ongoing transportation issues impacting connection to treatment.

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

Individual comments from the survey and discussions:

- Increasing need for youth treatment and services to prevent need for higher levels of residential treatment. Not enough resources and supports for needs in the community.
- Workforce shortage for mental health treatment and services. Workforce facing financial hardship and possible layoffs due to NYS financial stress and pandemic.
- Limited resources and availability of telehealth to Cortland population due to limited access to technology and broadband availability.
- Concerns regarding the turnover of therapists and the ability of clients to engage in therapeutic relationships with providers necessary for effective treatment engagement.
- Increased in mental health symptoms across the community population related to pandemic negatively affecting social and economic social determinates.
- Increased anxiety and depression symptoms and co-occurring mental health and substance use related to isolation affect of pandemic 2020.
- Increased youth mental health stress and suicide risk.
- Concerns that Health Home Model does not provide Care Managers with the time or resources to meet the needs of the people they serve.
- HCBS services changes and limited available for highest needs individuals, with reduction in the reimbursement of these services likely to affect providers offering these successfully.
- Lack of access to youth psychiatric hospital beds within Cortland.
- Lack of safe and affordable housing for all age groups.
- Increase in suicide rate in Cortland County.
- The changes and regulation shifts in community based services and schools have been very confusing for families and service providers. There have been disruptions in care, and it feels that rather than more treatment options for accessing support, there are more barriers, eligibility restrictions and fewer options. The system is a mess.
- The number of individuals needing/seeking treatment has increased, while the availability of trained staff has not, so wait lists for services have gotten longer.
- Shortage of group homes, SRO's or other forms of supervised living situations for individuals with mental health issues.
- Financial insecurity of providers related to NYS fiscal crisis and affect of the pandemic.

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**:

This question was discussed in the SUD Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers), and the LGU review of data and discussions.

Individual comments from the survey and discussions:

- Expansion of collaborations and commitment across systems to help stabilize and recover in 2021 post pandemic.
- Continued HEALing communities study from federal grant (previously named CHASE), to find solution to sustainability systems of care to address overdose.
- Start of the Regional Open Access Center for Addictions through Alcohol and Drug Council covering our region.
- Successful response of COTI especially during the 2020 pandemic to help people in crisis and to access services.
- Cortland County Jail Vivitrol Program and exploration of MAT supports in the jail.
- Coordinated cross systems planning utilizing Sequential Intercept Model with ongoing meetings such as the CIT meeting.
- Partnerships and collaboration with criminal justice system. Eighth year of CIT training in Cortland in 2020.
- Increased harm reduction approaches to care across the care system.
- Expanded same day access for SUD services; outreach and crisis programs for SUD; increased access to MAT.
- Resiliency of local providers to quickly adapt to telehealth services and treatment to respond to Cortland's client's needs.

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

Individual comments from the survey and discussions:

- Shortages of safe and affordable housing
- Temporary housing options that are not optimal for people in recovery
- No local detox beds within Cortland.
- Workforce issues with availability of trained and certified professionals.

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

Individual comments from the survey and discussions:

- Substance use and abuse continues to increase and impacts not only the user, but their families. Youth entering the child welfare system due to drug abuse by them and their families.
- There is a long waiting list for our community halfway house, which makes it so that people being released from rehab are then housed as homeless in settings that do not support recovery and lead to relapse.
- We do not have enough resources to combat this issue. Rehabilitation is not local, is hard to get into, and doesn't last long enough.
- Lack of access to telehealth supports during pandemic due to low socio-economic status affecting resources and social supports.
- Increase in substance use, incidents of relapse, and abuse as a result of the pandemic isolation affects. Lack of connection to meaningful supports.
- Limited effectiveness of telehealth services and supports for those in treatment due to limited technological resources and broadband supports.
- Transitions of substances abused and increase risk of death resulting from changing drug use patterns.
- Limited treatment options. People do not have transportation to get to Syracuse or Binghamton.
- Financial insecurity of providers related to NYS fiscal crisis and affect of the pandemic.

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**:

This question was discussed in the Mental Health Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers), and the LGU reviewed data and discussion feedback.

Individual comments from the survey:

- Access to Independence is doing good work advocating for people with developmental needs.
- JM Murray work center transition and creative adaptive response to clients during the pandemic.
- Increase in self directed care options and supports.
- Involvement of Regional Office OPWDD Staff in monthly Emergency Services Meetings and sharing local data for local support and solutions.
- Involvement of the Regional Office of OPWDD staff to solution plan for high risk/need and complex clients during the pandemic.
- Responsiveness and agility of Cortland providers to utilize telehealth and support clients in Cortland.

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

Individual comments from the survey and discussions:

- Housing needs still need to be addressed (placing folks in appropriate housing settings).
- Continued workforce limited availability and competitive wages wage.

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

Individual comments from the survey and discussions:

- Care Coordinators less intensive response and may meet with families every three or four months.
- Aging caregivers taking care of their adult children without emergency or transition plans that would allow for individuals to remain in their communities. This need was highlighted during the pandemic as aging caregivers were at high risk to COVID-19.
- Complex nature and needs of community crisis response services to help maintain stability in the community. Worsened by the pandemic isolative effects on clients and caregivers.
- Conflicting integrated approach and supports when individuals require hospitalization for behavioral health needs.
- Lack of residential opportunities for youth within Cortland.
- I/DD population ability to understand the safety concerns related to COVID-19 safety precautions and therapeutic reduction in social interactions/support.
- OPWDD limited implementation of new development of services and supports, such as START that failed to initiate locally as planned.
- Limitation of use and access to telehealth services and supports by the I/DD population and their aging caregivers, due to their imitated technological understanding and resources.
- Financial insecurity of providers related to NYS fiscal crisis and affect of 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 Agency(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services			<input type="checkbox"/>
r) Developmental Disability Children Services			<input type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services			<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports			<input checked="" 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 checked="" 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 checked="" 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.

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated "2019-2020 Working County Plan".

The Plan was presented to CSB related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Plan was presented for vote of approval to the CSB Members in September 2020, where the group provided additional feedback and edits and then unanimously passed to accept the plan.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on September 2020, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

**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.

Ensure that safe affordable housing is available to all, with the appropriate supports to promote successful community living and full community integration.

### 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: Participate in the community homeless and housing task force meetings, and work with systems partners to develop enhanced capacity to respond to emergency housing needs.

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

Objective 2: Partner with DSS and providers to identify shared needs for emergency and transitional housing in Cortland County utilizing a Housing First framework. Explore issues related to sanctions that jeopardize housing funding models for highest needs individuals, and advocate for consistent regulations that increase the likelihood of compliance and success. Explore new housing opportunities for individuals with behaviors leading to housing instability incorporating Value Based Funding supports.

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

Objective 3: Partner with NYS OMH and NYS OASAS and Cortland SS to explore opportunities for highest need/risk individual who are chronically homeless or unstable in their housing due to complex behavioral health needs.

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

Objective 4: Central New York Directors Planning Group (CNY DPG) and regional DSS Commissioners will meet with OPWDD Regional Office staff to plan to address regional placement needs and complex crisis interventions for IDD

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

Objective 5: Advocate for planning opportunities for aging caregivers who need to make proactive plans that will allow their children to stay in their community.

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

### Change Over Past 12 Months (Optional)

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



Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recrutient challenges, and remote work.

## 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.

The process to identify the needs and develop the goals and plan was to complete an online survey and virtual discussions regarding plan priorities and pandemic effect. Subcommittees and CSB discussed needs and progress in relation to the previous year plan and evolving community needs and available data to strategize and priorities the updated "2020-2021 County Plan".

The Plan was presented to CSB related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Plan was presented for vote of approval to the CSB Members in September 2020, where the group provided additional feedback and edits and then unanimously passed to accept the plan.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on September 2020, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

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.

Work to reduce the impact of transportation barriers in access to services and supports across Cortland County

### Objective Statement

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

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

Objective 1: Work with MAS to promote community understanding of process to access Medicaid transportation.

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

Objective 2: Provide representation of behavioral health needs to the Mobility Management System through participation in the Transportation Advisory Board and advocate for updated review of Cortland's transportation plan.

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

Objective 3: Expansion of access to telemedicine services. NYS OMH and OASAS are working to streamlining regulations to adapt to lesson's learned during the 2020 pandemic, to make that service a more viable resource for providers and patients easing access care.

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

Objective 4: Encourage and support community efforts to develop mutual aid such as CAPCO's Volunteer Driver Program to support access to ride sharing services.

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

Objective 5: Collaboration with community partners to assess and respond to the impact of funding changes related to public transportation in Cortland County, and the associated impact on residents with behavioral health 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.

Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recutiement challenges, and remote work.

### **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.

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated " 2019-2020 Working County Plan".

The Plan was presented to CSB related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Plan was presented for vote of approval to the CSB Members in September 2020, where the group provided additional feedback and edits and then unanimously passed to accept the plan.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community



Services Board Members and all of the Subcommittees on September 2020, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

**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.

Develop the capacity to respond more immediately with behavioral health assessment and supports to address the urgent needs of all the citizens of Cortland County.

### Objective Statement

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

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

Objective 1: Support and promote the CIT training and collaboration through Seven Valleys Health Coalition , Cortland County Sheriff , the City of Cortland Police & their Office of Community Policing , and the Cortland Mental Health Department to support the dignity of every individual encountered. Cortland's CIT partnership employs a community policing approach and diverts as able to alternatives to incarcerations (ATI). This will additionally help to respond to 2020 Pandemic increased needs. Collaboration, data, and trends are monitored through the monthly CIT committee for local solution planning.

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

Objective 2: Promote coordination between community providers and Guthrie Cortland Medical Center (specifically emergency department, psychiatric unit, and case management) for high needs youth and adults. Create cross systems pathways to supports for complex needs or high risk individuals. Promote education and understanding of the psychiatric units' planned new Electroconvulsive therapy (ECT) program.

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

Objective 3: Develop and expand community based crisis response services for Cortland County residents (e.g. expanded peer supports, crisis respite, warm line, mobile outreach, behavior specialist services) in collaboration with the Care Compass Network PPS. Advocate for crisis services and supports for kids in the OPWDD system

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

Objective 4: Promote and enhance the "SPEAK UP Cortland" Suicide Prevention Coalition in the County, to serve as a planning and coordinating process for identification of needs, training and best practices related to Suicide Prevention.

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

Objective 5: Support the implementation of a 24 hour Regional Substance Abuse Crisis Center to serve as a crisis stabilization, assessment and referral hub for 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.

Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence,

sense of loss of control, self-harm and suicidal ideation  
More resilient and adaptable than adults in utilizing technology resources.  
Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recrutiement challenges, and remote work.

## 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:

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

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The Plan was presented to CSB related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Plan was presented for vote of approval to the CSB Members in September 2020, where the group provided additional feedback and edits and then unanimously passed to accept the plan.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on September 2020, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

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.

Behavioral health workforce development has been identified as a significant barrier to access to services across systems in Cortland County (and New York State). 2020 Pandemic further strained the behavioral health workforce, who rapidly responded to the needs of Cortland's community. Resulting in workforce stress and burn-out, restricted access to services, longer waiting lists, difficulties in engagement, and reduced efficacy of 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: Partner with Cortland County Workforce Investment Board to match community needs to opportunities for workforce development.

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

Objective 2: Work with the Central New York Regional Planning Committee (RPC) to advocate for appropriate funding of programs to pay competitive salaries and to reduce the regulatory (paperwork and process) burdens and state guidelines that allow people to practice at the top of their license need to be explored.

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

Objective 3: Support regional efforts to enhance internship opportunities through the development of information sharing events between college placement coordinators and agency representatives.

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

Objective 4: Support regional efforts to develop core training programs for new staff in areas such as Care Management and Peer Services.

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

Objective 5: • Support the development and implementation of the Cortland County Opportunity Community to move people out of poverty.

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.

Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recutiement challenges, and remote work.

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

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

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- Narrative describing importance of goal

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The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

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.

Support the coordination and development of employment services and supports that allow for individuals to participate in meaningful activities in the most integrated setting that will meet their needs, regardless of disability.

### 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: Support the community Taskforce to Increase Disability Employment (TIDE) through Access to Independence of Cortland County, Inc. that seeks to mobilize community partners to raise community awareness of, build community capacity for and eliminate attitudinal and physical barriers to Employment First for people with disabilities.

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

Objective 2: Work with business community and behavioral health providers in Cortland County to expand pre/employment services and integrated competitive employment opportunities for individuals served across all three behavioral health service systems.

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

Objective 3: Work to identify and engage high risk and underserved populations (i.e.: homeless, post incarceration) to connect them to vocational services with the appropriate supports to encourage success.

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

Objective 4: Partner with Cortland County Workforce Investment Board to match community needs to opportunities for workforce development.

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.

Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervie delivery system without planning or training.

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Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recutiement challenges, and remote work.

## 2f. Prevention - Background Information

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

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**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 a comprehensive plan to address issues related to Substance Abuse (broadly defined to include alcohol, opiates, methamphetamines, cocaine, etc.) in Cortland County that includes prevention, treatment and crisis intervention strategies.

### 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: Support Cortland County priorities in the New York State Prevention Agenda, and the Cortland Counts Planning Process to coordinate community planning, prevention, and treatment efforts across systems.

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

Objective 2: Seek resources to sustain the work of the Cortland Area Communities that Care (CACTC). The goals of the coalition are to reduce rates of prescription drug abuse and heroin use among the 12 to 25-year-old population in Cortland County through the use of evidence based environmental prevention strategies.

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

Objective 3: Dedicated staff through the HEALing Communities Study report to the CD Subcommittee at least quarterly on epidemiological assessments, coordinate systems integration opportunities, and prioritize revised or new service developments.

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

Objective 4: Collaborate toward shared goals with the Cortland Public Health Department's Community Health Improvement Plan (CHIP) for prevention and education efforts aimed to reduce tobacco/vaping use, alcohol abuse, and opioid overdose deaths.

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



Objective 5: Cortland Prevention Resources and the Cortland City School District provide primary prevention and support in many schools around the county, and these resources are at risk of lost resources given the current state fiscal crisis. Survey school districts to identify needs and priorities and provide opportunities for collaboration towards sharing of limited resources.

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

### Change Over Past 12 Months (Optional)

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Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recutiement challenges, and remote work.

### 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:

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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.

Encourage, develop and/or enhance treatment resources to more immediately respond to urgent treatment needs with the appropriate level of care.

### 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: Advocate for greater access to inpatient psychiatric beds. Frequent shortages have resulted in long waits for placement, often hours away from parents. Advocate for expedited implementation of the START Program in Central New York, to provide programming, consultation and coordination for OPWDD eligible individuals who are in crisis.

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

Objective 2: Promote use of 24 hour Regional Open Access Center(s) in Ithaca and Syracuse to serve as a crisis stabilization, assessment and referral hubs for the County and Regional support.

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

Objective 3: Support development and access to inpatient treatment for individuals with co-occurring mental health issues and developmental disabilities.

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

Objective 4: Facilitate coordination of crisis services for individuals with complex needs (including developmental disabilities, mental health and substance use disorders) who are "stuck" in inappropriate hospital settings, through the development of emergency protocols and new resources that support stabilization consistent with individual needs. Advocate for cross systems integration of crisis services supporting individuals with developmental disabilities, and participate in the development of the NY START (Systemic, Therapeutic, Assessment, Response and Treatment) process in Central New York.

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

### Change Over Past 12 Months (Optional)

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Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote service delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life balance in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recruitment challenges, and remote work.

## 2h. Recovery and Support 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:

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- Narrative describing importance of goal

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**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 a comprehensive plan to address issues related to Substance Abuse (broadly defined to include alcohol, opiates, methamphetamines, cocaine, etc.) in Cortland County that includes prevention, treatment and crisis intervention strategies.

### 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: Stabilize and support COTI programs (based on NYS OASAS guidance) to develop access to: Medication Assisted Treatment (MAT), counseling, peer services and case management by providing outreach and mobile services to engage difficult to reach populations and individuals.

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

Objective 2: Promote and develop supports to manage emergent and crisis needs, as further intensified by the 2020 Pandemic, through: the provision of Naloxone (Narcan) training through multiple pathways, including: Cortland County Health Department, Guthrie Cortland Medical Center and the Cortland County Jail. Encourage universal Narcan prescription with all opioid prescriptions.

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

Objective 3: Utilize ongoing Justice League / Sequential Intercept Model (SIM) to foster integrated mental health, substance abuse and criminal justice system planning through a 2021 update of the SAMHSA SIM grant opportunity .

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

Objective 4: Promote the use Medication Assisted Treatment (MAT) in new settings including: hospital, jail, Article 31 clinic settings.

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

Objective 5: • Explore the High Intensity Drug Trafficking Area (HIDTA) overdose detection mapping data program for “hot spotting” overdoses, Narcan use, and police response in near real time, allowing for targeted outreach, engagement and intervention efforts, and promoting and expanding harm reduction efforts. Supportive efforts for implementation through the HEALing Communities Study.

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

## Change Over Past 12 Months (Optional)

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Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

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Overall:

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## 2i. Reducing Stigma - Background Information

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

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- 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.

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

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

## Change Over Past 12 Months (Optional)

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
There is a need for local detoxification services. This issue has been included in previous plans but until recently no local provider has expressed an interest in providing more than ambulatory services.

### **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.

**The LGU considered access to substance abuse services in the county plan more broadly than in relation to just Heroin and Opioids, so there are corresponding goals and objectives in other parts of the plan that are inclusive of these substances.**

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated "2019-2020 Working County Plan".

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**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.

See detailed goals and objectives related to Substance Use Treatment in the attached County Plan

### **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: • Promote utilization of Detox beds at Helio Health in Binghamton and new Detox beds in Ithaca through Alcohol and Drug Council of Tompkins County , and to support post pandemic intensified treatment needs.

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

Objective 2: • Support Empire State Supported Housing Initiative (ESHI) housing development grant opportunities for Cortland County inclusive of options for any of the following: homeless, mental health, substance use, and/or developmental disabilities (category one, two, or three awards per ESHI).

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

Objective 3: • Collaborate with local and regional coalitions supporting Cortland, such as: Central New York Regional Coalition and new prevention coalitions at SUNY Cortland and TC3 by through LGU collaboration and presentations to the CD Subcommittee.

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

Objective 4: • Promote prescription takeback events in Cortland County and drug disposal kiosks at Cortland City Police Department, Cortland County Sheriff's Office, Homer Police Department and Guthrie Cortland Medical Center, and Pharmacy community needle exchange, and expansion of drug kiosk availability to other parts of the county.

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

Objective 5: • Promote development of mobile treatment capacity to outlying areas of the county and disconnected populations through the use of treatment in community settings and utilization of telehealth.

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.

Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recutiement challenges, and remote work.

### **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.

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs



and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated "2019-2020 Working County Plan".

The Plan was presented to CSB related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Plan was presented for vote of approval to the CSB Members in September 2020, where the group provided additional feedback and edits and then unanimously passed to accept the plan.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on September 2020, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

**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.

Develop, enhance and support services able to respond to community behavioral health needs.

### 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: Support the development of more intensive community based supports for individuals with chronic complex needs by advocating for the creation of a local Assertive Community treatment (ACT) team, or utilizing the NY State

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

Objective 2: • Promote and enhance the "Speak Up Cortland" Suicide Prevention Coalition in the County, to serve as a planning and coordinating process for identification of needs, training and best practices related to Suicide Prevention.

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

Objective 3: • Review and coordinate Cortland's inclusion to the future National Suicide Prevention Line, 988, initiating in 2022 for crisis and information lines to ensure consistent response and expedited access to support. Collaboration and planning between NYS OMH and "Speak Up" Suicide Prevention program for successful implementation by 2022.

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

Objective 4: • Implement NYS OMH System of Care (SOC) model in collaboration with other County Departments and providers, such as Support Cortland County Coordinated Children's Initiative (CCSI) Tier 2, as a cross system process to engage families, identify service gaps, and access barriers, and provide opportunities for collaboration.

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

Objective 5: • Continue to refine SPOA process in collaboration with cross system partners to identify needs and support transitions with appropriate connections to care.

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

### Change Over Past 12 Months (Optional)

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Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased



dysregulation with service changes.  
Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recrutieiment challenges, and remote work.

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

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

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

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

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The Plan was presented to CSB related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Plan was presented for vote of approval to the CSB Members in September 2020, where the group provided additional feedback and edits and then unanimously passed to accept the plan.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on September 2020, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

**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.

Develop and operationalize protocols for transitions for youth and adults. Transitions are being defined as, but are not necessarily limited to; discharge from hospital or residential placement, transition planning for children with special needs (IEP, 504) as they move from school to post-school life, transition from child-serving to adult services or any transition impacting individuals served by behavioral health 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: Operationalize protocols for transition from school to post school life for youth with special needs.

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

Objective 2: Monitor impact of shifting OPWDD vocational service models on transitioning students.

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

Objective 3: Develop processes to track individuals with developmental disabilities that are transitioning from lower levels of care into nursing homes and may not have natural supports.

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

### Change Over Past 12 Months (Optional)

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Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervice delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recutiement challenges, and remote work.

### 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)
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The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

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.

Expand the availability of respite services in Cortland County.

### Objective Statement

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

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

Objective 1: Promote and expand access to respite and crisis respite in Cortland County for all ages and disability populations.

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

Objective 2: Monitor impact of OPWDD respite rate changes on access and availability of respite services at Starry Night Respite 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.

Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote seervie delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life ballence in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recutiement challenges, and remote work.

### 2u. Developmental Disability Family Supports - 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:

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- Narrative describing importance of goal

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The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

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

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

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

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.

#### 2y. Developmental Disability 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:

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The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2020-2021.

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

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

DD Subcommittee feedback on the process and supporting education and awareness of the changes to Medicaid Service Coordination.

#### 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.

#### 2ac. Adverse Childhood Experiences (ACEs) - 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:

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- Assessment activities used to indicate need or formulate goal (e.g. community forum)
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**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

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Support the development of an Adverse Child Experiences Study (ACES) learning collaborative and Trauma Informed Care collaboration to promote awareness regarding the impact of trauma, and promote the coordinated training and implementation of trauma informed practices across community services and settings.

### 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: Participate in training cohort with Family and Children's services and Catholic Charities of Cortland County.

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

Objective 2: Support Care Compass Network initiative to develop regional resources to implement Trauma Informed Practices across 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.

Survey & discussion results of impact of 2020 pandemic, NYS fiscal crisis, and other issues affecting 2020 goal progress and identifying barriers to achieving goals/objectives.

Adults:

More psychosomatic symptoms: Increased loneliness and paranoia, Increased self-harm and suicide attempt, Increased dysregulation with service changes.

Increased stress related to caregiving

Children:

Increased behavior problems: More symptomatic due to lack of coping mechanisms, Increased social media influence, sense of loss of control, self-harm and suicidal ideation

More resilient and adaptable than adults in utilizing technology resources.

Loss of connection to schools, friend groups, community supports

Overall:

Provider and County financial insecurity effecting care and treatment services.

Crisis response to transition to remote service delivery system without planning or training.

Responding to increased need for services and crisis response without additional resources or supports and state aid withholds.

Workforce stress/burnout and struggle with work/life balance in responding to care provision. Provider leadership stress related to workforce turnover, hiring freezes, rural recruitment challenges, and remote work.

**Office of Addiction Services and Supports**

**Accessibility**

**Contact**

**Disclaimer**

**Language Access**

**Privacy Policy**







Cortland County  
**2020-2021 County Plan**  
Community Services Board

New York Mental Hygiene Law requires that each local government unit (LGU) annually develop and submit a comprehensive plan, establishing long term mental hygiene system goals and objectives for the county. LGU Responsibilities:

- Determine community needs and encourage programs for prevention, assessment, treatment, social and vocational rehabilitation, education, training, and public education related to behavioral health.
- Review behavioral health services and local facilities in relation to needs.
- Establish long range goals consistent with those of the state.
- Seek to assure that all population groups are covered and sufficient services are available.
- Promote cooperation and coordination of local providers and systems serving those with behavioral health challenges.

The process to develop the county plan and priorities involved review and update over four months in 2020 for each subcommittee and the monthly Community Service Board Meeting.

- Previous year goals were reviewed, progress updated, and strategies revised.
- The effect of the 2020 Pandemic on Cortland's system of care was assessed and reviewed.
- Access and utilization data reviewed, and behavioral health needs survey will be completed by Subcommittee groups.
- New and revised goals and strategies are added, and goals are prioritized for submission in the 2020-2021 County Plan.
- The plan was presented and discussed at meetings of the CSB and Subcommittees for any final changes and approval.

**Approved by Community Service Board Members 9/11/2020**  
**2019-2020 County Plan**

**Priority Outcome 1:**  
**Substance Use Disorder (SUD) and Prevention**

Develop a comprehensive plan to address issues related to Substance Use (broadly defined to include tobacco, alcohol, opiates, methamphetamines, cocaine, etc.), with specific focus on the impact of Opioids in Cortland County, that includes prevention, recovery, treatment and in community crisis intervention strategies.

**Goal 1.1 SUD Coordination and Collaboration**

A number of community groups (CD Subcommittee, CACTC) are currently focused on substance use issues with coordination happening primarily through overlapping membership integrating efforts. The HEALing Communities Study<sup>i</sup> (previously CHASE Grant) will report to the CD subcommittee as it enhances systems integration of planning, prevention and treatment needs and services across systems for Cortland.

**Strategies**

- Dedicated staff through the HEALing Communities Study report to the CD Subcommittee at least quarterly on epidemiological assessments, coordinate systems integration opportunities, and prioritize revised or new service developments.
- Finalize and utilize data dashboard to inform decision making and track outcomes.
- Support Cortland County priorities in the New York State Prevention Agenda<sup>ii</sup>.
- Collaborate with the Cortland County Health Department to share resources targeted toward addressing substance use disorders and integrate within the community system of care.
- Utilize ongoing Justice League / Sequential Intercept Model (SIM) to foster integrated mental health, substance abuse and criminal justice system planning through a 2021 update of the SAMHSA SIM grant opportunity<sup>iii</sup>.

**Goal 1.2 SUD Prevention and Education**

Promote and support community prevention efforts and education regarding: drug and alcohol use signs and symptoms, the danger of drugs and alcohol for individuals and available community treatment and recovery resources for children and youth, parents, physicians, and pharmacies.

**Strategies**

- Collaborate toward shared goals with the Cortland Public Health Department's Community Health Improvement Plan (CHIP) for prevention and education efforts aimed to reduce tobacco/vaping use, alcohol abuse, and opioid overdose deaths.<sup>iv</sup>
- Support resources to sustain the work of the Cortland Area Communities That Care (CACTC)<sup>v</sup>.
- Collaborate with local and regional coalitions supporting Cortland, such as: Central New York Regional Coalition and new prevention coalitions at SUNY Cortland<sup>vi</sup> and TC3<sup>vii</sup> by through LGU collaboration and presentations to the CD Subcommittee.
- Cortland Prevention Resources<sup>viii</sup> and the Cortland City School District<sup>ix</sup> provide primary prevention and support in many schools around the county, and these resources are at risk of lost resources

given the current state fiscal crisis. Survey school districts to identify needs and priorities and provide opportunities for collaboration towards sharing of limited resources.

- Raise awareness of current prevention programming to stabilize and recover from the effect of the 2020 Pandemic, by scheduling regular presentations/updates by prevention providers to the CD Subcommittee.
- Encourage access to the Regional Family Engagement Specialist by supporting collaboration with Cortland Prevention Resources<sup>x</sup> and scheduling presentation to the CD Subcommittee.
- Promote prescription takeback events in Cortland County and drug disposal kiosks at Cortland City Police Department, Cortland County Sheriff's Office, Homer Police Department and Guthrie Cortland Medical Center, and Pharmacy community needle exchange, and expansion of drug kiosk availability to other parts of the county.
- Explore opportunities for Cortland community harm reduction training and harm reduction strategies as outlined by NYS OASAS and NYS DOH<sup>xi</sup>.
- Promote community training efforts of CACTC in partnership with Guthrie Cortland Medical Center, the Health Department, and Lemoyne College with primary care providers in the community to relate to Opioids and prescribing practices. Promote their targeted awareness campaigns and prevention toolkits for providers, pharmacies and parents
- Support Prevention Agenda goals and workforce development needs, by promoting training and utilization of Screening Brief Intervention and Referral to Treatment (SBIRT) Model and Integrated Mental Health Mental Health/Addictions Treatment Training (IMHATT) certificate, via provider trainings in the Columbia Center for Practice Innovations (CPI)<sup>xiii</sup> virtual free webinars.

### **Goal 1.3 SUD Crisis Intervention**

Encourage, stabilize, and enhance community treatment resources to more immediately respond to urgent treatment needs with the appropriate level of care.

#### **Strategies**

- Stabilize and support COTI programs (based on NYS OASAS guidance) to develop access to: Medication Assisted Treatment (MAT), counseling, peer services and case management by providing outreach and mobile services to engage difficult to reach populations and individuals.
- Promote the enacted Police and Angel Assisted Recovery Program in Cortland County.
- Promote and develop supports to manage emergent and crisis needs, as further intensified by the 2020 Pandemic, through: the provision of Naloxone (Narcan) training through multiple pathways, including: Cortland County Health Department, Guthrie Cortland Medical Center and the Cortland County Jail. Encourage universal Narcan prescription with all opioid prescriptions.
- Explore the High Intensity Drug Trafficking Area (HIDTA)<sup>xiii</sup> overdose detection mapping data program for “hot spotting” overdoses, Narcan use, and police response in near real time, allowing for targeted outreach, engagement and intervention efforts, and promoting and expanding harm reduction efforts. Supportive efforts for implementation through the HEALing Communities Study.
- Promote use of 24 hour Regional Open Access Center(s) in Ithaca and Syracuse to serve as a crisis stabilization, assessment and referral hubs for the County and Regional support.

- Promote utilization of Detox beds at Helio Health<sup>xiv</sup> in Binghamton and new Detox beds in Ithaca through Alcohol and Drug Council of Tompkins County<sup>xv</sup>, and to support post pandemic intensified treatment needs.

### **Goal 1.4 SUD Treatment and Services**

Promote access to SUD services and supports for Cortland County residents.

#### **Strategies**

- Expand availability and access to peer recovery coaches, mentors and advocates (youth and adult).
- Supporting programming transition to sustainability of services in response to Cortland County Center of Treatment Innovation (COTI) funding following NYS OASAS guidance.
- Support warm handoffs and expedited connections to community services for vulnerable individuals returning to the community from prison, jail, hospitalization or rehabilitation settings.
- Support and enhance the connection of Guthrie Cortland Medical Center<sup>xvi</sup> to the SUD system of care in Cortland County.
- Promote the use Medication Assisted Treatment (MAT) in new settings including: hospital, jail, Article 31 clinic settings.
- Promote SUD Stigma Reduction in health settings.
- Promote development of mobile treatment capacity to outlying areas of the county and disconnected populations through the use of treatment in community settings and utilization of telehealth.
- Promote enhanced SUD assessment and interventions with the implementation and expansion of Vivitrol Program within the Cortland County Jail.
- Develop and enhance connection to Catholic Charities of Cortland County (CCOCC)<sup>xvii</sup> re-entry services to support transition coordination for inmates released from county jail.
- Explore and support opportunities to develop community peer recovery centers (youth and adult).

### **Priority Outcome 2:**

#### **Housing**

Ensure that safe affordable housing is available to all, with the appropriate supports to promote successful community living and full community integration.

### **Goal 2.1**

Partner with NYS OMH, NYS OASAS, and Cortland DSS to identify shared needs for emergency and transitional housing in Cortland County.

#### **Strategies**

- Advocate for state and local housing funding models for highest need/at risk individuals, and advocate for consistent regulations that increase the likelihood of compliance and success.
- Support county DSS efforts to find solutions to issues enhanced by Code Blue Requirements such as warming centers.
- Support the creation of community based supports that promote and enhance housing security.
- Partner with NYS OMH, NYS OASAS, and Cortland DSS to explore opportunities for highest need/risk individuals who are chronically homeless or unstable in their housing due to complex behavioral health needs.

- Advocate for additional NYS OPWDD Family Support resources to support local opportunities for parents to develop relationships and resources that enhance the housing possibilities presented by self-directed planning.
- Advocate for planning opportunities for aging caregivers of children with developmental disabilities who need to make proactive and self-directed plans that will allow their children to stay in their community and be cared for.
- Advocate for new Children/Youth IRA's to be sited in Central New York, focused on children and youth who are eligible in the OPWDD System and having behavioral issues.
- Support Empire State Supported Housing Initiative (ESHI)<sup>xviii</sup> housing development grant opportunities for Cortland County inclusive of options for any of the following: homeless, mental health, substance use, and/or developmental disabilities (category one, two, or three awards per ESHI).

**Priority Outcome 3:**  
**Crisis Intervention**

Expand and support the capacity to recognize and respond more immediately with behavioral health crisis assessment and supports to address the urgent needs of all the citizens of Cortland County. Pandemic and post-pandemic needs for behavioral health crisis support to our Community are expected.

**Goal 3.1 Training and Coordination**

Provide training and support to the workforce and first responders to crisis situations in Cortland County.

**Strategies**

- Support the collaborative Critical Incident Team (CIT)<sup>xix</sup> through ongoing training, community consultation, and collaboration meetings.
- Promote coordination between community providers and Guthrie Cortland Medical Center (specifically emergency department, psychiatric unit, and case management) for high needs youth and adults. Create cross systems pathways to supports for complex needs or high risk individuals. Promote education and understanding of the psychiatric units' planned new Electroconvulsive therapy (ECT)<sup>xx</sup> program.
- Support integration of community supports and services within Guthrie Cortland Medical Center (Care Coordination, Peer, and Family Support).
- Support the ongoing development and sustainability of the Community Trauma Response Team.
- Promote and enhance the "Speak Up Cortland" Suicide Prevention Coalition in the County, to serve as a planning and coordinating process for identification of needs, training and best practices related to Suicide Prevention.

**Goal 3.2 Services**

Stabilize and support services able to respond in the community and/or provide access to immediate services and supports to stabilize behavioral health crises.

**Strategies**

- Promote the expanded use of the Mobile Crisis Team through Liberty Resources<sup>xxi</sup> and work in partnership with the Central New York Directors Planning Group (CNYDPG) towards the expansion of program to eventually be a 24/7 resource.

- Advocate for cross systems integration/training for crisis services supporting individuals with developmental disabilities process in Central New York in collaboration with NYS OPWDD<sup>xxii</sup>.
- Promote and expand access to local Crisis Respite opportunities for all ages and disability populations.
- Monitor impact of OPWDD Respite rate changes on access to respite services at Starry Night.
- Develop access to Family Support Services to provide education, support and advocacy to individuals supporting family members in crisis via presentations to the DD subcommittee.
- Support the development of more intensive community based supports for individuals with chronic complex needs by advocating for the creation of a local ACT (Assertive Community Treatment) team, or utilizing the NY State “*In lieu of services*” process to create equivalent services.
- Enhance supports for the management of the Assisted Outpatient Treatment (AOT) process in collaboration with NYS OMH.
- Develop mental health and substance use program services to offer “Medication Only” support for individuals declining verbal therapy or as a bridge service to accessing outpatient clinic medical staff.
- Advocate for greater access to inpatient psychiatric beds and/or extend NYS OMH State Psychiatric Center Greater Binghamton’s catchment area to additionally included Cortland, for youth and adults. Frequent shortages have resulted in long waits for placement, often hours away from families and emotional supports. This need during and post pandemic is increasing.
- Expansion of telemedicine services across the system of care for community based treatment services with access to telehealth through collaborative efforts with NYS OMH, OASAS, DOH. Identify resources to support providers and county residents with obtaining technology and connectivity options.
- Support enhanced access to skill building and community based respite services.
- Support agency development of capacity to provide NYS OMH Child and Family Treatment Services (CFTSS) and Home and NYS DOH Community Based Services (HCBS)<sup>xxiii</sup> to Cortland County residents.
- Review and coordinate Cortland’s inclusion to the future National Suicide Prevention Line, 988<sup>xxiv</sup>, initiating in 2022 for crisis and information lines to ensure consistent response and expedited access to support. Collaboration and planning between NYS OMH and “Speak Up” Suicide Prevention program for successful implementation by 2022.

**Priority Outcome 4:**  
**Transportation**

Work to reduce the impact of transportation barriers in access to services and supports across Cortland County.

**Strategies**

- Collaboration with community partners to assess and respond to the impact of funding changes related to public transportation in Cortland County, and the associated impact on residents with behavioral health needs.
- Provide representation of behavioral health needs to the Mobility Management System through participation in the Transportation Advisory Board<sup>xxv</sup> and advocate for updated review of Cortland’s transportation plan.
- Work with MAS<sup>xxvi</sup> to promote community understanding of process to access Medicaid transportation.
- Advocate with MAS for improvements in local systems access to transportation utilizing the CNY Regional Planning Consortium<sup>xxvii</sup> and other regional planning groups.



- Support efforts to integrate services in towns and villages that enhance access to care.
- Expansion of access to telemedicine services. NYS OMH<sup>xxviii</sup> and OASAS<sup>xxix</sup> are working to streamline regulations to adapt to lesson's learned during the 2020 pandemic, to make that service a more viable resource for providers and patients easing access care.
- Encourage and support community efforts to develop mutual aid such as CAPCO's Volunteer Driver Program to support access to ride sharing services.

**Priority Outcome 5:**  
**Workforce**

Behavioral health workforce development has been identified as a significant barrier to access to services across systems in Cortland County (and New York State). 2020 Pandemic further strained the behavioral health workforce, who rapidly responded to the needs of Cortland's community. Resulting in workforce stress and burn-out, restricted access to services, longer waiting lists, difficulties in engagement, and reduced efficacy of services.

**Strategies**

- Work with the Central New York Regional Planning Committee (RPC) to advocate for appropriate funding of programs to pay competitive salaries and to reduce the regulatory (paperwork and process) burdens and state guidelines that allow people to practice at the top of their license need to be explored.
- Advocate within the RPC Workforce Development Subcommittee to enhance access to tuition reimbursement and paid internship opportunities for professions in behavioral health.
- Support regional efforts to enhance internship opportunities through the development of information sharing events between college placement coordinators and agency representatives.
- Support regional efforts to develop core training programs for new staff in areas such as care management and peer services.

**Priority Outcome 6:**  
**Service Access and Planning**

Ensure the LGU role (consistent with Mental Hygiene Law) in the oversight, management and implementation of behavioral health plans and services to Cortland County residents across all three behavioral health service systems (OASAS, OMH, OPWDD) that promotes access to care that is timely and effective in addressing behavioral health needs.

**Goal 6.1      Systems Access**

Create county systems partners to integrate processes and funding to create a "No Wrong Door" that is capable of outreaching to vulnerable populations, standardized assessments to determine eligibility for services, connects to appropriate services, and monitors engagement with\and outcomes to care. Explore possibilities for an integrated and collaborative settings where multiple department and system access points can collaborate to engage and connect county residents to appropriate supports.

**Strategies**

- Partner with AAA, DSS, Health, and OPWDD on creation of a coordinated access point to services and cross systems planning.
- Collaborate with system partners on planning and promotion of events around access to services and community training to facilitate cross systems collaboration.

- Support Seven Valleys Health Coalition implementation and promote Cortland 211 for county information, access and referral to services. Monitor usage data and trends through the Mental Health Subcommittee.
- Support and promote the CIT training and collaboration through Seven Valleys Health Coalition<sup>xxx</sup>, Cortland County Sheriff<sup>xxxii</sup>, the City of Cortland Police & their Office of Community Policing<sup>xxxii</sup>, and the Cortland Mental Health Department to support the dignity of every individual encountered. Cortland’s CIT partnership employs a community policing approach and diverts as able to alternatives to incarcerations (ATI). This will additionally help to respond to 2020 Pandemic increased needs. Collaboration, data, and trends are monitored through the monthly CIT committee for local solution planning.
- Implement NYS OMH System of Care (SOC)<sup>xxxiii</sup> model in collaboration with other County Departments and providers, such as Support Cortland County Coordinated Children’s Initiative (CCSI) Tier 2, as a cross system process to engage families, identify service gaps, and access barriers, and provide opportunities for collaboration.

**Goal 6.2 Regional and State Opportunities**

Provide local leadership and leverage partnerships in regional and statewide groups to ensure that the needs of Cortland County residents are being included in resource allocation and systems planning.

**Strategies**

- New York State Conference of Local Mental Hygiene Directors
- Central New York Director's Planning Group
- Central New York Regional Planning Committee
- Care Compass Network (DSRIP) – and their post DSRIP transformation
- Medicaid Managed Care systems transformation, including OMH Children's System Transformation and OPWDD Transformation Agenda
- South Central Behavioral Health Care Collaborative
- New York State Office of Mental Health System of Care (SOC)

**Goal 6.3 Supports for Transitions**

Develop and operationalize protocols for transitions for youth and adults. Transitions are being defined as, but are not necessarily limited to; discharge from hospital or residential placement, transition planning for children with special needs (IEP, 504) as they move from school to post-school life, transition from child-serving to adult services or any transition impacting individuals served by behavioral health services.

**Strategies**

- Monitor impact of shifting OPWDD vocational service models on transitioning students.
- Develop and support opportunities to involve school districts in learning about behavioral health systems changes, and participate in needs assessment and planning.
- Develop processes to track individuals with developmental disabilities that are transitioning from lower levels of care into nursing homes and may not have natural supports.
- Partnership with state hospitals to notify SPOA when a local resident has been admitted to ensure good planning for discharge.
- Coordinate role of COTI Team with Regional Open Access Centers to support transitions to identified levels of care.
- Enhance relationships with NY State Residential Treatment Facility Programs to promote improved discharge planning.
- Continue to refine SPOA process in collaboration with cross system partners to identify needs and support transitions with appropriate connections to care.

- Support Community Reentry Process initiated by CCOCC to enhance connection to supports for individuals released from jail and state prison system.
- Support the Early Recognition and Screening Program to integrate into non-behavioral health settings, enhance connection to SPOA and monitor reports and outcomes through the Mental Health Subcommittee.

**Priority Outcome 7:**  
**Employment Services**

Support the coordination and development of employment services and supports that allow for individuals to participate in meaningful activities in the most integrated setting that will meet their needs, regardless of disability.

**Strategies**

- Support the community Taskforce to Increase Disability Employment (TIDE) through Access to Independence of Cortland County, Inc.<sup>xxxiv</sup> that seeks to mobilize community partners to raise community awareness of, build community capacity for and eliminate attitudinal and physical barriers to Employment First for people with disabilities.
- Work with business community and behavioral health providers in Cortland County to expand pre/employment services and integrated competitive employment opportunities for individuals served across all three behavioral health service systems.
- Partner with Cortland County Workforce Investment Board<sup>xxxv</sup> to match community needs to opportunities for workforce development.
- Work to identify and engage high risk and underserved populations (i.e.: homeless, post incarceration) to connect them to vocational services with the appropriate supports to encourage success.

**Priority Outcome 8:**  
**Community Engagement**

Support and expand efforts to integrate services within community initiatives related to training.

- Promote the NYS OMH initiative of School Health Assessment and Performance Evaluation (SHAPE) System, web-based platform that offers schools, districts a targeted resources to support school mental health quality improvement by addressing accountability, excellence, and sustainability<sup>xxxvi</sup>.
- Develop and enhance relationship and connection between behavioral health systems and the Cortland Community Center.
- Monitor and assess needs for training, resources and programs that are going to be necessary to meet shifting needs related to mandates for Raise the Age and NYS State Aid funding changes to Cortland services.
- Develop and enhance relationships with funding entities such as the CNY Community Foundation.
- Engage Cortland County towns and villages group as a forum to advance integration of services to outlying communities of Cortland County.
- Support the development and implementation of the Cortland County Opportunity Community to move people out of poverty.
- Collaborate with the Finger Lakes Resiliency Network<sup>xxxvii</sup> for trauma involved care training and support the Adverse Child Experiences Study (ACES) learning collaborative to promote awareness

regarding the impact of trauma, and promote the coordinated training and implementation of trauma informed practices across community services and settings.

- Engage with Cortland County faith communities to identify needs and support community interventions.
- Respond to the impact on community behavioral health services of "New York State Criminal Justice Reform" (bail initiative).
- Explore development of new service delivery models related to jail diversion, including the potential development/expansion of specialty courts (drug, opioid, mental health) as a resource to engage individuals in treatment and support services as an alternative to incarceration.
- Implement recommendations from the 2019 VERA Institute and CRS reports and provide assistance as requested by the Cortland County Legislature related to behavioral health.
- Explore unmet mental health needs for children aged 0-5. Collaborate with the Literacy Coalition and identify opportunities to intervene when behavioral health needs are impacting developmental milestones.

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<sup>i</sup> [https://healingcommunitiesstudy.org/sites/new\\_york.html](https://healingcommunitiesstudy.org/sites/new_york.html)

<sup>ii</sup> [https://health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://health.ny.gov/prevention/prevention_agenda/2019-2024/)

<sup>iii</sup> <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

<sup>iv</sup> <https://www.cortland-co.org/DocumentCenter/View/7168/2019-2024-Cortland-County-Community-Health-Assessment-and-Improvement-Plan>

<sup>v</sup> <https://www.cortlandareactc.org/>

<sup>vi</sup> <https://www2.cortland.edu/offices/student-development-center/substance-abuse-prevention-and-education/index.dot>

<sup>vii</sup> <https://www.tompkinscortland.edu/campus-life/community-coalition>

<sup>viii</sup> <https://www.cortlandprevention.org/>

<sup>ix</sup> <http://www.cortlandschools.org/teacherpage.cfm?teacher=788>

<sup>xi</sup> [https://www.health.ny.gov/health\\_care/medicaid/redesign/2018/harm\\_reduction.htm](https://www.health.ny.gov/health_care/medicaid/redesign/2018/harm_reduction.htm)

<sup>xii</sup> <https://practiceinnovations.org/>

<sup>xiii</sup> <http://www.odmap.org/>

<sup>xiv</sup> <https://www.helio.health/treatment-programs/inpatient-detoxification/>

<sup>xv</sup> <https://alcoholdrugcouncil.org/>

<sup>xvi</sup> <https://www.guthrie.org/locations/guthrie-cortland-medical-center>

<sup>xvii</sup> <https://www.ccooc.org/>

<sup>xviii</sup> <https://omh.ny.gov/omhweb/rfp/2019/esshi-housing/index.html>

<sup>xix</sup> Previously known as the Cortland County Emotionally Disturbed Person Response Team (EDPRT)

<sup>xx</sup> <https://www.psychiatry.org/patients-families/ect>

<sup>xxi</sup> <https://www.liberty-resources.org/mobile-outreach-residential-respite-services/>

<sup>xxii</sup> NYS OPWDD START program will not expand in NYS or come to CNY. Pending guidance from OPWDD on new approach expected in 2021.

<sup>xxiii</sup> <https://omh.ny.gov/omhweb/bho/childrensmc.html>

<sup>xxiv</sup> <https://www.fcc.gov/document/fcc-designates-988-national-suicide-prevention-lifeline>

<sup>xxv</sup> <https://www.dot.ny.gov/divisions/policy-and-strategy/public-trans-respository/Cortland%2520Plan-2014.pdf>

<sup>xxvi</sup> <https://www.medanswering.com/>

<sup>xxvii</sup> [http://www.clmhd.org/rpc/Central-Region\\_44\\_217\\_sb.htm](http://www.clmhd.org/rpc/Central-Region_44_217_sb.htm)

<sup>xxviii</sup> <https://omh.ny.gov/omhweb/guidance/telemental-guidance.pdf>

<sup>xxix</sup> <https://oasas.ny.gov/system/files/documents/2020/02/telepractice-standards.pdf>

<sup>xxx</sup> <https://www.sevenvalleyshealth.org/cortland-cit>

<sup>xxxi</sup> <https://www.cortland-co.org/351/County-Sheriffs-Office>

<sup>xxxii</sup> <https://www.cccops.com/>

<sup>xxxiii</sup> <https://www.msnavigator.org/resources/agency?aID=11&catID=0&subCatID=0>

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xxxiv <https://www.aticortland.org/>

xxxv <https://www.cortland-co.org/245/Cayuga---Cortland-Workforce-Investment-B>

xxxvi [https://www.shapeamerica.org/advocacy/State-Toolkits/New York Toolkit.aspx](https://www.shapeamerica.org/advocacy/State-Toolkits/New_York_Toolkit.aspx)

xxxvii <https://www.flxresilience.org/>

## **CNYDPG COVID19 Survey Summary**

The typical annual local planning process includes the development of Local Services Plans (LSPs) in each County based upon local and state data sources and information from providers and other stake holders that is gathered by Counties to define priority goals and strategies to achieve those goals. Of course, the current planning environment is anything but typical. And so, in lieu of the usual process, NY State “O Agencies” (OASAS, OMH, and OPWDD) have requested that Counties respond to a Supplemental COVID Survey in order to enhance understanding regarding the impact of COVID19 on local behavioral health service systems.

Data gathering/surveying of the larger community was not a requirement of this State survey, and many Counties will likely respond with impressions gleaned from County staff. Neither was a regional orientation required by the State survey. CNYDPG has decided to both survey stake holders, and to consider the impact of COVID19 from both a local and a regional perspective.

The summary that follows includes key findings that resulted from a six county CNYDPG survey that gathered feedback from 272 service providers. This survey was an adapted version of the Supplemental COVID Survey given to Counties by New York State. The individuals who completed the survey included providers of direct service, supervisors mid and senior managers, and executive directors. They work for organizations ranging in size from less than twenty staff to more than five hundred staff, providing a full array of behavioral health services.

The attached PDF Survey Response Synthesis (SRS) provides a range of finding and detailed lists of some key survey responses. This executive summary includes five key findings from the survey. Please refer to the SRS for response details. The raw survey data is also available upon request.

### **Five Key Findings**

#### **KEY FINDING #1: A Troubling Demand/Access Dynamic creates current and future risk.**

The attached Demand/Access Table (DAT) includes summaries of respondents’ feedback regarding demand for and access to both mental health and substance use services across an array of service types. Also included are the comments provided by respondents regarding these issues. The DAT represents the data from the tables in the SRS, and graphically represents the distribution of the answers to the nearest 5% marker for each category.



A review of the DAT yields a finding that, while not surprising, is certainly concerning. The large sections of blue and red reveal an important story. Both Mental Health and Substance Use providers consistently indicated both an increase in service demand and a decrease in service access since March of 2020. Increased stressors related to COVID19 have exacerbated existing conditions, and resulted in new symptoms and conditions needing care. Reductions in capacity in some service sectors, and COVID19 related staffing and service delivery challenges have left providers scrambling to meet needs.

A review of the responses regarding service needs resulting from COVID19 further underscores this dynamic. Both Mental Health and substance use service providers reported that COVID19 has resulted in increased symptoms and service needs, limits to access due to technology and other factors, and struggles with program capacity.

This Demand/Access dynamic is worthy of close attention, given the current funding cuts that are being experienced by providers. When considering both the wellness of the community and the economic impact of COVID19, the data from the DAT begs the question: *What will be the long-term costs associated with reducing resources to the community of safety net providers in this time of greater need?*

**KEY FINDING #2: Children have experienced a disproportionate Demand/Access challenge due to COVID19.**

The demand/access dynamic described above in Key finding #1 has been amplified for children. Child serving providers who responded to the survey indicated increases in symptoms, including behavioral problems, reduced coping skills, self-harm, and suicidality. While children were acknowledged as often more resilient than adults, they have experienced a loss of control, challenging social media influences, and disconnection from a wide array of supports.

Telehealth has been widely effective. But it is not an effective vehicle for delivering treatment to children with developmental disabilities and those under the age of five.

Most children are identified for mental health services through other systems, namely schools and day cares. As such, many youth have not been in contact with the professionals who would usually identify their service needs. This has resulted in a decrease in referrals for both outpatient services and child protective cases, and corresponding safety concerns. The longer wait times reflected above in Finding #1 serve to exacerbate this risk to children.

**KEY FINDING #3: Providers are greatly challenged in their effort to find resources to implement the new practices necessary to engage and retain clients in care.**

Respondents were asked to describe the three greatest challenges that they would face in the next twelve months. The responses surfaced a number of themes regarding how the burdens of the current environment could hinder their service efforts going forward.

An effort was made to sort the responses to this question by size of organizations (small organizations with 1-50 employees vs. larger organizations with more than 100 employees) and by role of respondents (direct care workers and supervisors vs executive and senior leaders). These efforts revealed the following key themes.

1. Leaders of both small and large organizations are concerned about their ability to hire and retain staff.
2. Both large and small organizations are struggling to implement technology and safety protocols to engage clients. These challenges include a range of technology hurdles (e.g. internet and device access for poor clients) and the difficulties of maintaining client engagement without face to face contact.
3. Large organizations reported a challenge of high demand for services in a time when numerous variables are reducing access to care (see key finding number one above).
4. Direct care staff and supervisors reported being challenged by trying to maintain safety through physical distance while also effectively engaging and retaining clients.

**KEY FINDING #4: The disproportionate impact of COVID19 on communities of color is primarily an issue of poverty.**

Multiple sources have reflected on the extreme poverty rates of communities of color in Central New York, with Syracuse having a nationally recognized level of racial and income segregation. The survey respondents underscored this overlap of income and race as they responded regarding the disproportionate impact of COVID19 on diverse populations. Responses focused on concerns regarding basic needs such as food, housing, transportation, childcare, and healthcare. The transition to virtual service delivery has left those on the lowest rungs of the economic ladder without access to care, as they lack devices, internet access, and the experience/training needed to use virtual resources. These lowest ladder rungs, in our community, are disproportionately filled with people of color.

Beyond these concerns regarding disproportionate poverty, it must also be noted that the racial strife that is being experienced in our communities results in a significant level of additional stress to people of color. This current stress, in conjunction with the chronic impact of racial discrimination, exacerbates all of the other stressors that individuals may already be experiencing due to COVID19.

### **KEY FINDING #5: Providers have responded to crisis with the timely implementation of an array of effective innovations**

Previous survey efforts during the early stages of COVID`19 revealed a high level of creativity and commitment among providers, as they sought to rapidly restructure their services to maintain care. This more recent survey comes at a time when providers have completed the implementation of a number of new models and procedures and are more able to reflect on these innovations.

A review of the innovations described in the SRS reveals three core areas creative crisis response:

1. Innovations to ensure safety and care access.
  - A range of remote and distancing strategies for service delivery.
  - Enhanced tools for communications with clients and for staff to staff communications.
2. Innovations with staffing resources.
  - Creative flexible use of staff resources.
  - Reassignment and changes in duties.
3. Innovations in mission/ vision.
  - Shifting toward activities not found in the previous scope of services.
  - Expansion of the mission to include basic needs, PPEs etc.

### **Conclusion: preserving a fragile safety net through flexible innovation:**

Demand for care has grown as a result of the stressors of COVID19. Access to care has been diminished by this demand and by the economic devastation of COVID19. While providers are showing great resilience and ingenuity in their efforts to do better, and more, with less, there are limits to their capacity to stretch the safety net of resources. The emerging holes in that safety net will leave those members of our community who are struggling with poverty and serious conditions, most at risk of falling through.

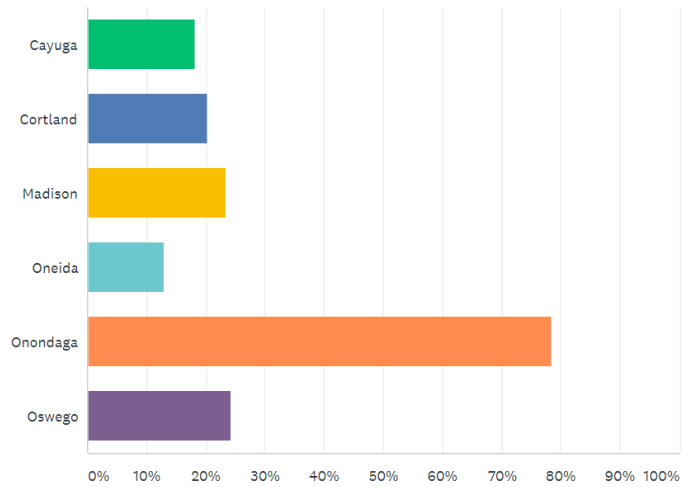
Many have been advocating for an increase in behavioral health funding in this time of great need, rather than the reductions in funding that are being implemented currently. The responses to this survey serve to draw a clear portrait of the need for additional resources. The responses also reflect the strong mission driven effort on the part of the provider community to meet emergent needs with limited resources. Given a lack of current available funding, the stretched and damaged safety net might also be preserved through the creation of a higher level of funding flexibility at the county and provider level. Such flexibility would enable local systems to reinforce the net where it is most damaged, and where more people are at risk. The responses to this survey show that despite the best efforts of providers, the knots in the net are worn, and some have begun to give way. We are left with the question: *How can we empower our provider community to preserve this safety net in these challenging times?*

Attached source documents:

- Summary PDF
- Demand/Access table

**Responses by county (most responses indicated multiple counties):**

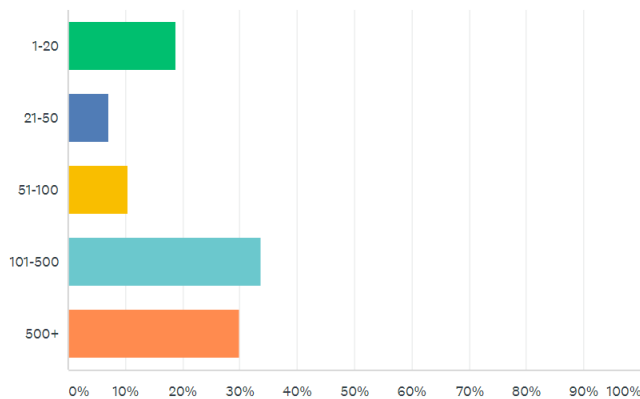
Answered: 153 Skipped: 6



ANSWER CHOICES	RESPONSES
▼ Cayuga	18.30% 28
▼ Cortland	20.26% 31
▼ Madison	23.53% 36
▼ Oneida	13.07% 20
▼ Onondaga	78.43% 120
▼ Oswego	24.18% 37

**Organization size:**

Answered: 154 Skipped: 5



ANSWER CHOICES	RESPONSES
▼ 1-20	18.83% 29
▼ 21-50	7.14% 11
▼ 51-100	10.39% 16
▼ 101-500	33.77% 52
▼ 500+	29.87% 46
<b>TOTAL</b>	<b>154</b>

**Mental Health Providers**

**Do the people you serve in Mental Health services have different service needs as a result of COVID-19?**

**64 respondents submitted 168 responses**  
 46 Service Providers Adult + Children  
 12 Adult Service Providers  
 6 Children Service Providers

**Respondents were asked to input the top three needs.**

- Specific Service Needs (49)
  - Supportive Counselling (8)
  - Basic Needs – Food and Housing (5)
  - Transportation (5)
  - Crisis services – in person and respite (5)
  - Medication/Medication Management (4)
  - Shifts in traditional MH counseling to meet new stressors (decreased session length, increased frequency, in home services, telehealth)
  - Care management, community-based services, day care, information about COVID
  - Health/Specialty Care
  - Skill Development (Parent Education, Anger Management, Coping skills)
- Increased Symptoms (29)
- Access to Services/Providers (28)
- Program Capacity (22)
- Socialization/Loneliness (21)
- Client Technology Needs (19)
- Client Financial Resources (2)

**Notes about content analysis:**

Access to Services/Providers - includes lack of face to face services, virtual connections not being enough, consistent interaction with providers, cancelled programs/loss of supportive routine, lack of groups

Client Technology – challenges from client perspective accessing technology, including smartphone, data, minutes, lack of skill, lack of satisfaction with telehealth services, connectivity issues

Increased Symptoms – anxiety, depression, trauma triggers, self-harm, fear around COVID, financial stress

Program Capacity – Challenges with programs adopting telehealth, technology/connection issues, longer length of stay needed, workforce safety needs, increased number of clients, referrals to outside agencies



**Mental Health Providers**

<p><b>How have diverse populations receiving Mental Health services been disproportionately impacted by COVID-19?</b></p> <p><b>47 respondents submitted 99 responses</b>          36 Service Providers Adult + Children          6 Adult Service Providers          5 Children Service Providers</p> <p>Many responses did not discuss specific population, rather needs addressed in previous question.</p>	<p>Low income population (20)</p> <ul style="list-style-type: none"> <li>• Lack of access to technology</li> <li>• Lack of access to basic needs</li> <li>• Difficulties obtaining safe and affordable housing</li> <li>• Increased stress due to limited childcare supports</li> <li>• Increased stress related to low wage and income variability</li> <li>• Lack of resources for self-care, stress relief</li> </ul> <p>Children (8)</p> <ul style="list-style-type: none"> <li>• Access to activities and supports outside of the home</li> <li>• Struggle with engagement in telehealth</li> <li>• Family violence</li> </ul> <p>BIPOC (5)</p> <ul style="list-style-type: none"> <li>• Increased challenges to accessing care &amp; COVID tests</li> <li>• Increased threats of eviction</li> </ul> <p>Elderly (4)</p> <ul style="list-style-type: none"> <li>• Access to care/technology</li> <li>• Social isolation</li> </ul> <p>Homeless population (3)</p> <ul style="list-style-type: none"> <li>• Access to basic needs</li> <li>• Access to technology</li> </ul> <p>Parents (3)</p> <ul style="list-style-type: none"> <li>• Increased stress, limited support around children education and care</li> </ul> <p>Rural (2)</p> <ul style="list-style-type: none"> <li>• Lack of strong access to technology/internet</li> </ul> <p>Other:          Individuals with language/literacy needs, runaway youth, individuals without transportation.</p>
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**Mental Health Providers**

<p><b>If you provide Mental Health services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed.</b></p> <p><b>37 respondents</b></p> <p>Many responses did not answer question specifically.</p>	<p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• More psychosomatic symptoms</li> <li>• Increased loneliness and paranoia</li> <li>• Increased self-harm and suicide attempt</li> <li>• Increased dysregulation with service changes</li> <li>• Increased stress related to caregiving</li> </ul>	<p><b>Children</b></p> <ul style="list-style-type: none"> <li>• Increased behavior problems</li> <li>• More symptomatic due to lack of coping mechanisms</li> <li>• Increased social media influence, sense of loss of control, self-harm and suicidal ideation</li> <li>• More resilient and adaptable than adults</li> <li>• Loss of connection to schools, friend groups, community supports</li> </ul>
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**Mental Health Providers**

<p><b>What are the 3 greatest challenges that your organization faces over the next 12 months?</b></p> <p><b>59 respondents submitted 148 responses</b></p>	<ul style="list-style-type: none"> <li>• Funding/Budget Cuts (29)</li> <li>• Health and safety (25)</li> <li>• Workforce (24)</li> <li>• Transitioning to remote service delivery system (23)</li> <li>• Returning to in person services (17)</li> <li>• Client re-engagement (10)</li> <li>• Meeting increased client needs (9)</li> <li>• Client access to technology (4)</li> <li>• Meeting shifting service &amp; community reopening guidelines (4)</li> <li>• Program flexibility to meet needs (4)</li> <li>• Access to services, service reductions</li> </ul>
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**Notes about content analysis:**

Health and Safety – Includes staff and clients, maintaining physical plant

Workforce – concerns about burnout, turnover, hiring freezes, staff morale, recruitment challenges, remote work, managing supervisor stress, work/life balance, staff cuts and ability to meet client needs

Transitioning to remote service delivery – includes program access to technology, remote coordination, documentation/signatures, virtual team meetings, managing telemedicine, client engagement via telehealth

**Mental Health Providers**

**Since March 1, 2020, how would you describe DEMAND for the following services in your community?**

	DECREASED	NO CHANGE	INCREASE	N/A	TOTAL
▼ Inpatient Services (State PC, A28/31 Inpatient)	4.69% 3	15.63% 10	54.69% 35	25.00% 16	64
▼ Residential Treatment	6.67% 4	31.67% 19	40.00% 24	21.67% 13	60
▼ Outpatient (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	8.06% 5	20.97% 13	58.06% 36	12.90% 8	62
▼ Emergency (CPEP, Crisis programs)	4.76% 3	19.05% 12	57.14% 36	19.05% 12	63
▼ Support (Care Coordination, Education, Forensic, General, Self-help, Vocational)	7.94% 5	15.87% 10	68.25% 43	7.94% 5	63

**Comments:**

- Need more essential outreach staff members
- Overall we have experienced an increased need in services and programs needed for our clients.
- Pandemic exacerbated MH symptoms and needs while simultaneously decreasing services available AND I think there will be a great number of new referrals on the horizon due to results of ongoing pandemic and its impact on people’s mental emotional and physical health
- The families that needed us the most were not able to get the in person services that were necessary.
- We are an Early Childhood Education program. We serve children with Early Intervention needs and have struggled to support them in care during the pandemic as resources were placed on hold or no in person services could be provided.
- We have seen a decrease in school related requests, but have seen an increase in request for services with youth who are at more high risk, or high need.
- We have seen an increase in need of services due to many families having increased needs due to the NY Pause. Being quarantined has increased feelings of isolation and depression/anxiety in many individuals.

**Mental Health Providers**

**Since March 1, 2020, how would you describe ACCESS to the following services in your community?**

	DECREASED	NO CHANGE	INCREASE	N/A	TOTAL
▼ Inpatient Services (State PC, A28/31 Inpatient)	35.48% 22	35.48% 22	8.06% 5	20.97% 13	62
▼ Residential Treatment	34.43% 21	44.26% 27	4.92% 3	16.39% 10	61
▼ Outpatient (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	57.14% 36	20.63% 13	11.11% 7	11.11% 7	63
▼ Emergency (CPEP, Crisis programs)	21.31% 13	45.90% 28	14.75% 9	18.03% 11	61
▼ Support (Care Coordination, Education, Forensic, General, Self-help, Vocational)	56.45% 35	19.35% 12	16.13% 10	8.06% 5	62

**Comments:**

- Again, inpatient increased due to Covid.
- Answers as applied to care coordination. Education, vocational, self-help all basically were stalled by the lockdown
- Because a lot of people are stressed out they need more of mental health services and the lack of such services cause an increase in hospitalization and other in patient care.
- Care coordination has been inconsistent with providing adequate support
- Fear of pursuing these resources due to potential Covid exposure of clients
- Folks want to serve individuals the resources are just limited. Telehealth has helped a lot and advocacy is needed to keep that to assist increased need and ongoing safety
- I believe that the decrease in "support" services is because of clients lack to communication that allowed for them to adjust to telehealth services.
- It is hard for participants that I have worked with on intake to connect with their care coordinators (especially CirCare and the ACT team) and for them to provide the support they need (helping apply for benefits, help getting connected to services).
- Our agency's respite house had to close due to the pandemic. Multiple care managers that I collaborate with at other agencies have left their positions, leaving the programs understaffed.
- Restrictions on in-person visits, low income communities impacted by requirements set forth by technology used to circumvent lack of in-person
- Several families has had difficulties connecting with Arise in Onondaga County/Syracuse. Lack of services for CFTSS and HCBS.
- Some clients have had difficulties with getting into services due to COVID and regulations/requirements that have limited providers' ability to assist clients.
- State DOCCS seem to be more willing to hospitalize clients
- The clinic closed due to the covid19 virus leaving many clients without care until they were contacted by a provider. Many who did not have a resource that a provider could contact them on have gone without care throughout the pandemic unless they sought emergency care and were hospitalized.
- When the NY Pause began all services moved to being provided remotely which limited some individuals access due to technology limitations.

**Mental Health Programs**

Did your organization develop any innovative services or methods of program delivery (apart from telehealth) to meet community need?

- A client provided the group meal each night and staff passed out the meals or had clients come to the office to get them
- Community outreach and in home services
- conducting meetings outdoors and distant
- continuing to deliver some classroom EBP's remotely through various platforms, providing ongoing support to students, staff and families through remote platforms, including zoom, google hangouts, email
- different communication with support staff they took over duties to keep the rest of the staff out of the office
- each program was person centered in their approach to supporting the folks
- Food pantry info, new Facebook page.
- Food/basic need drop offs being socially distant
- Many staff did food deliveries to clients in need.
- meeting with people face to face if necessary in an outdoor setting when confidentiality is able to be maintained
- monthly phone calls -not all clients have computer access
- No contact drop offs to clients of basic need items
- only the addition of video chatting
- PPE kits delivered to clients
- Program staff have been delivering basic needs (food and supplies) to clients home; our programs typically carry a small wait list, during COVID all wait list referrals were contacted and provided with at least case management services to help prevent risk factors from increasing due to capacity issues and wait times. d
- Program staff have been delivering basic needs (food and supplies) to clients home; our programs typically carry a small wait list, during COVID all wait list referrals were contacted and provided with at least case management services to help prevent risk factors from increasing due to capacity issues and wait times. d
- Programs did home visits from the hallway, we increased distribution of non-clinical materials, we delivered telehealth for congregate population within same building but keeping people out of the same room....
- Provided Covid-19 PPE to clients.
- Social media outreach
- Staff may do grocery shopping for residents
- supplies, food, and any other services that they needed help with
- The Peer program developed a robust social media presence and offered groups and one-to-one support through the social media accounts and the Warm Line. The CSS program converted their group activities to a virtual environment and continued to offer them. There was an increase in attendance at the Peer support groups.
- Virtual check-ins; google questionnaires, online resources.
- We began online classes for parents
- We have worked to develop social distancing walks with youth
- We were able to have our secretary at the main office send out letters. We are also now able to fax by email.
- Working Remotely.

**Substance Use Service Providers**

<p><b>Do the people you serve in Substance Use services have different service needs as a result of COVID-19?</b></p> <p><b>15 respondents submitted 39 responses</b>                  11 Service Providers Adult + Children                  2 Adult Service Providers                  2 Children Service Providers</p> <p><b>Respondents were asked to input the top three needs.</b></p>	<ul style="list-style-type: none"> <li>● Access to Services/Providers (14)</li> <li>● Specific Service Needs (10)                         <ul style="list-style-type: none"> <li>○ Basic needs</li> <li>○ Community support</li> <li>○ Overdose prevention</li> <li>○ Skill development</li> </ul> </li> <li>● Socialization/Loneliness (5)</li> <li>● Increased symptoms (5)</li> <li>● Client Technology Needs (3)</li> </ul>
<p><b>Notes about content analysis:</b></p> <p><u>Access to Services/Providers</u> - includes lack of face to face services, virtual connections not being enough, cancelled programs/loss of supportive routine, lack of groups, access to MAT services.</p> <p><u>Client Technology Needs</u> – challenges from client perspective accessing technology, including smartphone, data, minutes</p> <p><u>Increased Symptoms</u> – anxiety, depression, fear around COVID</p>	

**Substance Use Service Providers**

<p><b>How have diverse populations receiving Substance Use services been disproportionately impacted by COVID-19?</b></p> <p><b>12 respondents submitted 26 responses</b>                  7 Service Providers Adult + Children                  3 Adult Service Providers                  2 Children Service Providers</p>	<p>Low Income</p> <ul style="list-style-type: none"> <li>● Lack of access to care</li> <li>● Increased isolation</li> <li>● Lack of resources for technology</li> </ul> <p>BIPOC</p> <ul style="list-style-type: none"> <li>● Access to care</li> </ul> <p>Homeless population</p> <ul style="list-style-type: none"> <li>● Housing instability and access to technology</li> </ul> <p>People in recovery</p> <ul style="list-style-type: none"> <li>● Lack of connection to meaningful supports</li> </ul> <p>Individuals on Methadone</p> <ul style="list-style-type: none"> <li>● Increased incidents of relapse</li> </ul>
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**Substance Use Service Providers**

<p><b>If you provide Substance Use services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed.</b></p> <p><b>11 respondents</b></p> <p>Responses did not answer question specifically.</p>	<p>No valid responses</p>
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**Substance Use Service Providers**

<p><b>What are the 3 greatest challenges that your organization faces over the next 12 months?</b></p> <p><b>13 respondents submitted 33 responses</b></p>	<ul style="list-style-type: none"> <li>• Funding/Cuts (10)</li> <li>• Health and Safety (6)</li> <li>• Client re-engagement (4)</li> <li>• Organizational flexibility to meet financial realities (3)</li> <li>• Program flexibility to meet client needs (3)</li> <li>• Workforce shortages (3)</li> <li>• Transitioning to remote service delivery (3)</li> </ul>
<p><b>Notes about content analysis:</b></p> <p><u>Health and Safety</u> – Includes staff and clients, maintaining physical plant</p> <p><u>Workforce</u> – staff shortages due to COVID, adequate staffing for intakes.</p> <p><u>Transitioning to remote service delivery</u> – adopting technology for clinic and school-based services.</p> <p><u>Organization flexibility to meet financial realities</u> - includes merger, closing program, and long term planning.</p>	

**Substance Use Services**

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

	DECREASED	NO CHANGE	INCREASED	N/A	TOTAL
Prevention	11.76% 2	29.41% 5	47.06% 8	11.76% 2	17
Recovery	0.00% 0	11.76% 2	64.71% 11	23.53% 4	17
Treatment	5.88% 1	11.76% 2	58.82% 10	23.53% 4	17
Inpatient	0.00% 0	11.76% 2	47.06% 8	41.18% 7	17
Outpatient	5.88% 1	11.76% 2	52.94% 9	29.41% 5	17
OTP	6.67% 1	6.67% 1	46.67% 7	40.00% 6	15
Residential	0.00% 0	11.76% 2	52.94% 9	35.29% 6	17
Crisis	0.00% 0	12.50% 2	56.25% 9	31.25% 5	16

Comments:

- Cannot comment on some of above since ours is a prevention program only. Less demand for prevention from staff because they had their hands full trying to provide remote instruction to all students and to provide basic services such as food to families in need.

**Since March 1, 2020, how would you describe ACCESS for SUD services in each of the following program categories?**

	DECREASED	NO CHANGE	INCREASED	N/A	TOTAL
Inpatient	41.18% 7	5.88% 1	17.65% 3	35.29% 6	17
Outpatient	29.41% 5	29.41% 5	17.65% 3	23.53% 4	17
OTP	21.43% 3	21.43% 3	14.29% 2	42.86% 6	14
Residential	41.18% 7	5.88% 1	11.76% 2	41.18% 7	17
Crisis	25.00% 4	12.50% 2	18.75% 3	43.75% 7	16

### **Substance Use Services**

**Did your organization develop any innovative services or methods of program delivery (apart from telehealth) to meet community need?**

- Enhanced social media for engagement
- telephoning clients and doing services and having them participate from their apartments
- We provided Narcan training, recovery meetings, and family services virtually.
- virtual Naloxone training and mailed distribution of kits, online prevention programming including parenting groups and virtual support groups
- Scheduled activities outdoors whenever possible
- remote delivery of EBP's where possible and remove support for students, staff, and families through many platforms, including phone, zoom, google handouts, email
- Community outreach and in home service
- Program went virtual. We conduct groups/activities virtual through social media. We also do one on one contacts through the internet/social media. We also delivered emergency food to people with food insecurities. We also delivered safer sex supplies and hygiene kits.

**Intellectual/Developmental Disability Service Providers**

<p><b>Do the people you serve in I/DD services have different service needs as a result of COVID-19?</b></p> <p><b>9 respondents submitted 25 responses</b>                  8 Service Providers Adult + Children                  1 Adult Service Providers                  0 Children Service Providers</p> <p><b>Respondents were asked to input the top three needs.</b></p>	<ul style="list-style-type: none"> <li>• Socialization/Loneliness (6)</li> <li>• Service Specific Needs (5)                         <ul style="list-style-type: none"> <li>○ Education/Educational Advocacy during virtual learning.</li> <li>○ Crisis Respite</li> <li>○ Health and safety education</li> </ul> </li> <li>• Access to providers (2)</li> <li>• Access to technology (3)</li> <li>• OPWDD Restrictions</li> <li>• Health and safety,</li> </ul>
<p><b>Notes about content analysis:</b></p> <p><u>Access to Services/Providers</u> – lack of providers, employment counseling hard when employers are also struggling.</p> <p><u>Access to Technology</u> – Supports to help navigate tech piece, ability to have access to equipment.</p> <p><u>Increased Symptoms</u> – anxiety, depression, fear around COVID</p>	

**Intellectual/Developmental Disability Service Providers**

<p><b>How have diverse populations receiving I/DD services been disproportionately impacted by COVID-19?</b></p> <p><b>9 respondents submitted 18 responses</b>                  8 Service Providers Adult + Children                  0 Adult Service Providers                  1 Children Service Providers</p>	<ul style="list-style-type: none"> <li>• I/DD population - social impact</li> <li>• I/DD population - hospital advocacy</li> <li>• I/DD population enjoy routines, significant lack of routine.</li> <li>• I/DD population limited understanding of virus context</li> <li>• I/DD population limited understanding of virus context</li> <li>• Individuals receiving in home services - reduction in availability</li> </ul>
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**Intellectual/Developmental Disability Service Providers**

<p><b>If you provide I/DD services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed.</b></p> <p><b>8 respondents</b></p>	<p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• Families struggling to meet needs of young people</li> <li>• Disconnection from family, independent</li> <li>• Adults successfully engaged in telehealth</li> </ul>	<p><b>Children</b></p> <ul style="list-style-type: none"> <li>• Regression in development and social emotional learning</li> <li>• Lack of respite providers</li> </ul>
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<p><b>What are the 3 greatest challenges that your organization faces over the next 12 months?</b></p> <p><b>10 respondents submitted 23 responses</b></p>	<ul style="list-style-type: none"> <li>• Funding/Cuts (9)</li> <li>• Workforce (5)</li> <li>• Returning to in person services (3)</li> <li>• Health and Safety (2)</li> <li>• Service level transitions, technology, meeting agency and community guidance on reopening, Assessing education/learning loss</li> </ul>
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**Notes about content analysis:**

Funding/Cuts – Includes lower volume of services/less revenue, extra costs associated with PPE, program capacity/meeting needs in face of significant cuts, fewer referrals

Workforce – competitive wages, concern about unemployment benefits exceeding pay rate, ensuring that programs have staff capacity to meet need

**What data from OPWDD would be helpful to inform program planning?**

- Continue to support telehealth models for those families who feel that is the only safe support. Any PPE assistance from OPWDD or the local community DOH's, securing that in March was difficult. Understanding all of the robust cleaning efforts and PPE come at a price that we can't pass down to our customers. We are assigned a specific rate for a specific service, we don't set the prices. If OPWDD could place things like additional transportation costs, PPE and cleaning costs into their rate rationalizations, it might be helpful.
- Information on additional resources would be helpful.
- Information on what they expect the funding to look like for 2021. Will FSS, ISS contracts be cut? Will Medicaid rates be cut? We can't plan effectively until we know that information
- Number of people receiving mental health services during COVID and increase communications around mental health services available for people with disabilities at increased risk during Covid.
- Sharing information on what services are needed in the community and supporting organizations in developing those services.

**COMPLETE**

Monday, December 07, 2020 4:19:28 PM

Page 1

**Q1**

Contact Information

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**Q2** Cortland Co. Dept of Mental Health

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.

Mental health and substance use cross-system concerns.  
Increase in youth service needs.  
Lower socio-economic status impacted telehealth engagement.  
Rural technology limitations to engage via telehealth.

**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.

Limited face to face interactions & increase telehealth  
Increased anxiety and depression.  
Increase in youth mental health needs.  
Workforce limitations and stress.  
College student population increase anxiety & depression (transitional age youth).



**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.

Increased crisis responses for overdose.  
Difficulty with telehealth engagement.  
Lower socio-economic status impacted telehealth engagement.

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**Q6**

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

Limited resources and adaption to telehealth technology.  
Isolating affects social progress.

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**Q7**

a. Mental Health providers

Telemental health flexibility to include phone calls.

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**Q8**

b. SUD and problem gambling service providers:

Telemental health flexibility to include phone calls.

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**Q9**

c. Developmental disability service providers:

Telemental health flexibility to include phone calls.

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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>

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**Q11**

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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**Q12**

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

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

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**Q13**

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

**Q15**

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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**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**

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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**Q18**

Yes

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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**Q22**

No

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

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**Q23**

Respondent skipped this question

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

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

**Q24**

Yes (please describe):  
Telehealth groups and activities.

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

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**Q25**

No

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

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**Q26**

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

3

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**Q27**

Respondent skipped this question

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

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**Q28**

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

0

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**Q29**

Respondent skipped this question

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

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**Q30**

LGU

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

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**Q31**

Respondent skipped this question

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

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**Q32**

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**

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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:

Longer term need is likely.

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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?

Challenges still being assessed.

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**Q35**

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

Rapid switch to telehealth will limited training to clients and workforce. Increased demand for telehealth.

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**Q36**

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

still being assessed

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**Q37**

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

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

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**Q40**

Respondent skipped this question

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

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**Q41**

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

Yes (please describe):  
Columbia Healing communities study innovations from assessment pending for 2021.

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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):  
Survey & DD Subcommittee.

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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?

Isolation affect from restrictions

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**Q45**

**Respondent skipped this question**

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.

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**Q46**

**Respondent skipped this question**

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:

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