

2021 Mental Hygiene Executive Summary

Niagara County Dept Mental Health Svcs

Certified: [Myrla Doxey](#) (9/15/20)

Through its ongoing and extensive planning process, the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) has identified the following priority goals: Housing, Crisis Services, Workforce Recruitment and Retention, Prevention, and Inpatient Treatment Services. A brief overview of each of these priorities is summarized below.

Housing: The housing needs of Niagara County residents remain critical and unmet. There is a lack of availability of safe and affordable housing for individuals, and families, with disabilities. Single-room occupancy and supported housing beds for the mentally ill have extensive wait lists and, despite these lists being diligently vetted to prioritize open slots that become available for individuals with the highest needs, the lists continue to grow. Transitional housing availability is also insufficient for individuals with substance use disorders, which leads to delayed and timely movement between levels of care. For those who are dually diagnosed, locating appropriate housing, including residential programming, becomes even more difficult not only due to specialized supports, services and expertise required, but also due to the associated stigma. Lastly, the cost of apartments significantly exceeds the amount of funding that individuals and families can receive from the local department of social services causing a further barrier to people being appropriately housed and having monies available to meet their daily needs. Recognizing that safe, affordable and stable housing is an essential component of health and recovery, the Niagara County Local Governmental Unit (LGU) remains committed to supporting the implementation of Local, State and Federal initiatives to improve housing for our most vulnerable individuals across the three (3) disabilities.

Crisis Services: Niagara County Crisis Services is a valuable and responsive resource that meets the needs of our communities. The COVID-19 pandemic has made a notable impact on individuals' need for Crisis Services. Compared to the same time period in 2019, between March and April 2020, Niagara County Crisis Services had a 48% increase in the number of crisis calls received. With the prolonged period of time that individuals have been required to social distance, and the increased fear and symptoms of anxiety and depression that are developing, we anticipate that there will continue to be an increased need for, and utilization of, crisis services supports and interventions now and well into the future. For individuals with severe emotional disturbances and mental illness, this COVID-19 pandemic has negatively impacted their psychiatric stability. Furthermore, the stressors related to the pandemic are leading to newer presentations of behavioral health concerns in the general population and Crisis Services programming has become even more crucial for providing immediate support, referrals and intervention to mitigate risks.

Workforce Recruitment and Retention: Due to the shortage of qualified professional and a lack of competitive wages, agencies are not able to recruit and retain a diverse and skilled workforce. This jeopardizes agencies' ability to provide high quality services, as well as their capability to expand services, to meet consumer needs. Prior to the COVID-19 pandemic, agencies in all three (3) disability service systems faced significant problems with workforce recruitment and retention. Interestingly, with the onset of the pandemic and state of emergency that followed, unemployment rates drastically increased, which created a larger available pool of applicants and, therefore, improved staff retention for some agencies due to fewer employment opportunities elsewhere. The COVID-19 crisis also provided agencies with opportunities to be innovative in how they travel to work (e.g. carpooling), work (e.g. remotely) and with service provision (e.g. telehealth). Although the results of the changes made are yet to be determined, revised practices may prove to be new solutions to addressing workforce recruitment and retention concerns.

Prevention: Prevention activities remain a significant and crucial need in Niagara County in order to meet the goals of the New York State Prevention Agenda. This issue category has been identified as a new priority in the Niagara County Local Services for 2021. Niagara County has a high suicide death rate per 100,000 population as well as a high Opioid Burden crude rate compared to the overall rate of New York State. Furthermore, Niagara County has the highest rate of newborns discharged from the hospital with neonatal withdrawal syndrome and/or affected by maternal uses of drug addiction compared to NYS as a whole. The LGU is committed to partnering with stakeholders to develop an active community Suicide Prevention Coalition, make a formal commitment to establish and adopt the Zero Suicide Model, and increase its work with the public health department and prevention providers to further implement appropriate interventions aimed at preventing and reducing substance use and related consequences.

Inpatient Treatment Services: Access to inpatient psychiatric treatment for both adults and children within Niagara County has emerged as a critical unmet need and therefore this issue category has been identified as a new priority in the Niagara County Local Services for 2021. For adult psychiatric inpatient services, workforce issues continue to have a negative impact on the ability for the local Article 28 hospital to fully staff and operate its inpatient units. Furthermore, the adult State OMH Psychiatric Hospital admission process for Intermediate level of care has presented a barrier at the local hospital level. Local article 28 staff have reported they are unable to obtain timely referral reviews with an admission decision, or have received rejections for admission, on some of our County's highest risk / need SPMI adults who are unable to maintain long-term psychiatric stability post-acute care stabilization. Due to various factors, consumers are not able to be retained in the acute care setting while waiting on an admission determination or available bed and, therefore, are discharged back to the community. This results in a perpetuating cycle of high-cost service utilization without effective intervention for the consumer.

As it relates to children and adolescent inpatient services within Niagara County, the recent closure of the Eastern Niagara Hospital Services (ENHS) Child and Adolescent Psychiatry (CAP) Unit in November 2019 has increased barriers to timely and appropriate emergency/inpatient treatment. Additionally, there has been a waitlist for children to access state psychiatric Intermediate level of care, which has caused either extended stays for youth in acute psychiatric care settings or discharge back to the community with home and community-based supports that do not meet the level of service intensity necessary to meet their complex needs while waiting for bed availability. As in the adult system, this also results in a perpetuating cycle of high-cost service utilization without effective intervention for the consumer.

Furthermore, local substance use disorder (SUD) inpatient providers within Niagara County consistently report near, to full, capacity with a waitlist which adversely impacts those needing timely access to treatment. Additionally, individuals with co-occurring disorders (severe mental illness and SUD) experience even greater barriers to accessing inpatient care as their dual needs are not able to be addressed due to a lack of staff expertise and / or facility resources to meet those specialized needs.

Additional Observations: Local schools have noted an increase in the number of children with unaddressed mental health needs who are in need of treatment and services, but are unable to access them in the community. Although Child and Family Treatment and Support (CFTS) Services began to roll out in January 2019, services have not been readily accessible. Furthermore, barriers to Diagnostic Assessment and medical necessity, especially through the Children's Mental Health Rehabilitation Services (CMHRS) Other Licensed Practitioner (OLP) services, is a problem preventing access to non-clinical services. This comes as a high cost as the associated problems and the cost of treating them will only increase as time passes. Much attention will be required to appropriately address children's mental health needs, especially from a preventative position, to rectify the current concerns.

As a result of the COVID-19 pandemic, provider agencies noted benefit from a relaxation of state regulations. This has allowed agencies to serve clients in non-traditional ways without any obvious deleterious effects. The regulatory relaxation has increased the ease of access to services and service provision. Agency leaders have expressed the hope that these modifications will become the new norm, which will provide for the provision of services in a more efficient manner.

Office of Addiction Services and Supports

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Mental Hygiene Goals and Objectives Form
Niagara County Dept Mental Health Svcs (70150)
Certified: [Myrla Doxey](#) (9/6/20)

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**:

The Niagara County Local Governmental Unit (LGU) is serving as a primary resource for local schools, providers and the community as a whole, providing education and materials on available supports services and treatment, as well as trainings on mental health related topics. With increased awareness of local services, supports and treatment, our data supports that more individuals have been reaching out to utilize available resources, such as Crisis Services, when in need. Providers and community members are equipped with more knowledge and tools to effectively engage, intervene and work with individuals in a both a preventative and responsive manner as a result of trainings provided by or facilitated through the LGU. Particular trainings include, but are not limited to: Trauma Informed Care in Schools; Youth Mental Health First Aid; Suicide Safety for Staff; Suicide Prevention and Intervention practices; Lifelines Postvention Training; and Crisis Intervention Training (CIT) for law enforcement.

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

Transportation within Niagara County remains inadequate and does not meet the various medical and non-medical related needs of individuals with mental health concerns. This has been a long standing, unmet need that will require further multi-disciplinary, and community, collaborations, as well as innovative strategies in order to effect positive change.

Diagnosis and medical necessity determination is required for children and families to access the array of services through the Children's Mental Health Rehabilitation Services (CMHRS). Barriers to obtaining, in a timely manner, a diagnostic assessment and medical necessity determination are preventing children and families from accessing non-clinical supports that are available. These barriers include documented lengthy wait times for site-based clinic as well as community based CMHRS Other Licensed Practitioner services. Additionally, there is no mechanism or funding source outside of the Children's Mental Health Rehabilitation Services (CMHRS) Other Licensed Practitioner (OLP) Program that allows providers, who do not also have a licensed children's clinic, to provide the critical Diagnostic Assessment in the home and community setting. Without a diagnosis and medical necessity being established, children and families are unable to access necessary services that assist them in improving their conditions, addressing social determinants of health, and preventing exacerbation of symptoms that may lead to a higher level of system interventions and services.

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

Unmet housing needs are critical for both individuals and families in Niagara County with mental health concerns. Numerous barriers exist to securing housing for individuals and families at the time of need not only due to a lack of affordable and safe

housing but other system related barriers including insufficient funding amounts through the Department of Social Services and landlord required background, credit and reference checks that lead to rental denials.

Although some local providers have been successful in securing additional funding to increase the number of supported housing and apartment treatment program beds, they have been met with community resistance and objections to a selected location for the establishment of the housing units. This has resulted in the delay of being able to serve eligible individuals.

As a result of workforce recruitment and retention deficiencies, the workforce shortages have negatively impacted service delivery to the mental health population by reducing the number of individuals able to be served, timeliness of service and treatment access, and interruption in the continuity of care. This leads to higher utilization of more costly services, including ER and Inpatient, when more appropriate community-based supports and interventions may have addressed the needs. Furthermore, the lack of workforce expertise in serving the dually diagnosed (mental health and substance use disorder) population has created significant barriers to individuals access to comprehensive, integrated care particularly for inpatient, residential and housing services.

The closure of the only child and adolescent psychiatric unit in Niagara County has created a tremendous service gap for some of our most high risk, high need population. This closure has placed severely emotionally disturbed children and adolescents at higher risk for harm to self or others and having to receive psychiatric inpatient treatment out of county causing undue burdens on families by limiting their ability to take an active part in their child's care.

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**:

The Niagara County Local Governmental Unit (LGU), in collaboration with support, prevention and treatment providers, has increased community outreach, public awareness and prevention activities to not only reduce barriers to services and treatment access, but also to increase awareness of risk factors and warning signs for alcohol and drug use / abuse. Furthermore through collaborations with NYS OASAS and local providers, a multitude of Opioid Overdose Prevention (Naloxone) Trainings have been provided throughout the county equipping well over thousands of individuals with life-saving medication and skills to respond to an opioid overdose situation.

Peer and family peer support services expanded with the opening of the first Recovery Community Center in Niagara County. These services have been able to not only engage individuals in linking to recovery services and treatment, but also build a recovery community through non-traditional activities. Additionally, families with loved ones struggling with, or who have lost loved ones due to, substance use disorders have gained access to resources to help them through their unique journeys.

There has also been an increase in timely access to Medication Assisted Treatment (MAT) for individuals with opioid use disorder through local agencies' procurement of more MAT prescribers as well as the expansion of a Methadone clinic.

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

There continues to be a limited number of practitioners, such as private physicians, who are available or willing to provide buprenorphine maintenance treatment in the community, versus clinic, setting which reduces treatment agencies' abilities to take on new clients in a timely manner when their Medication Assisted Treatment (MAT) prescribers have reached caseload capacity.

As noted in the mental health section, transportation within Niagara County remains inadequate and does not meet the various medical and non-medical related needs of individuals with substance use concerns. This has been a long standing, unmet need that will require further multi-disciplinary, and community, collaborations, as well as innovative strategies in order to effect positive change.

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

Timely access to SUD detox, inpatient and residential programming is problematic as there is a lack of bed availability and substantial wait lists. Furthermore, once an individual enters treatment, there are delays in movement between levels of care due to inadequate bed availability, transitional and supportive housing options. One local provider has been actively pursuing an expansion of SUD community-based housing; however public objection to where this housing will be located has caused this project to be on hold. The stigma associated with SUD further interferes with individuals being housed within the community setting.

Despite the extensive efforts of the Niagara County Opioid Task Force, Niagara County continues to be disproportionately impacted by the opioid crisis, exceeding NYS rates on all Department of Health (DOH) Opioid related indicators. In 2019, the County saw a reduction in the number of opioid overdoses, both fatal and non-fatal compared to the previous year; however, so far in 2020, the rate of overdoses (both non-fatal and fatal) has increased 50% compared to the same time period in 2019 thus demonstrating that the battle against substance use is far from over.

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**:

There has been a slight increase in capacity for overnight respite as agencies have implemented creative strategies to provide respite services to meet consumer needs.

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

Workforce shortages remain critical in all job titles and service areas, which is consistent with the data across NYS. Interestingly, local I/DD providers identified an increase in the number of applicants for job vacancies during the COVID-19 pandemic as well as an increase in staff retention. This appears to correlate with an increase in the general unemployment rate for individuals who were employed by non-essential businesses / services as well as the reduced number of employment opportunities in other fields. Furthermore, further efforts are needed to educate employers about the employability of individuals with I/DD and how they can be assets to businesses. It is crucial for NYS to provide funding to support this endeavor.

Housing needs of individuals with I/DD, particularly those dually diagnosed with I/DD and mental illness, remain critical and unmet. Housing challenges are similar to those mentioned in previous sections and are further compounded by increased concerns related to the fiscal viability of agencies and their housing programs due to the negative impacts of the COVID-19 pandemic.

As noted in the previous mental health and SUD sections, transportation within Niagara County remains inadequate and does not meet the various medical and non-medical (i.e. daily living, social and employment) related needs of individuals with I/DD. This has been a long standing, unmet need that will require further multi-disciplinary, and community, collaborations, as well as innovative strategies in order to effect positive change.

NYS START has expanded programming, although there continues to be a need for more services that are available within the rural parts of the County to best support those in need.

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

With the transition to Health Home care coordination, I/DD consumers, and their families, have shared with their providers that the changes to the service delivery system have reduced personalization of services and has also led to increased uncertainties and confusion with service provision.

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

2. Goals Based On Local Needs

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

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

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input 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 checked="" type="checkbox"/>

h)	Recovery and Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i)	Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
s)	Developmental Disability Student/Transition Services			<input type="checkbox"/>
t)	Developmental Disability Respite Services			<input checked="" type="checkbox"/>
u)	Developmental Disability Family Supports			<input type="checkbox"/>
v)	Developmental Disability Self-Directed Services			<input checked="" type="checkbox"/>
w)	Autism Services			<input type="checkbox"/>
x)	Developmental Disability Front Door			<input type="checkbox"/>
y)	Developmental Disability Care Coordination			<input type="checkbox"/>
z)	Other Need 1(Specify in Background Information)	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

According to the 2019 Homelessness Summary Brief by the Homeless Alliance of WNY (HAWNY) that analyzed data collected through the Homeless Management Information System (HMIS), there were 1,649 people considered homeless in Niagara County in 2019. Compared to the previous year's counts, the number of people experiencing homelessness increased slightly in 2019 by 3.1%, an indication that homelessness continues to be a problem that requires ongoing attention. Key findings from the 2019 HMIS showed the following:

- Despite only being 7.2% of Niagara County's population, Black individuals made up over a third (38.5%) of all clients experiencing homelessness;
- 22.7% of the homeless population were children (ages 17 and under);
- 90.3% of clients served were single adults;
 - 79.1% of single adults identified as male;
- 36.2% of clients reported their release from an institution as their reason for homelessness;
 - 15.8% reported coming directly from jail, prison or a juvenile detention facility;
- 25.3% of clients went to a permanent housing destination after exiting from a program;
- 38.5% of 1,015 people who provided their disability status report having at least one (1) disability. When adults only are considered, the rate increases to 49.3%
 - People with disabilities are overrepresented in the homelessness system.

- Of the whole homeless population in Niagara County:
 - 19.17% report having a mental illness
 - 18.37% report having a physical or medical disability, or a chronic health condition
 - 13.84% report having an alcohol or substance use disorder

Additionally, HAWNY's 2019 report found that a significant percentage of people in Niagara County, 55.5% in the City of Niagara Falls and 41.7% outside of the city, pay more of their income towards rent than is considered affordable (30%). <https://wnyhomeless.org/app/uploads/2019-Niagara-Homelessness-Brief-1.pdf>

The Niagara County Department of Social Services reported that only sixteen (16) percent of individuals seeking housing assistance were able to receive such assistance in 2019, noting that often individuals had difficulty following through with the requirements of their programs or they did not qualify due to not meeting the official HUD definition of homelessness. For example, "couch surfing" does not meet the very stringent definition. The Niagara County Department of Social Services also noted that the cost of an apartment within the city limits of Niagara Falls and Lockport were from \$400 to \$1000 and up per month and these costs generally exceed the amount of funding an individual can receive.

The NYS Office of Mental Health (OMH) Supported Housing wait list remains for the Severely and Persistently Mentally Ill (SPMI) adults, demonstrating that safe and affordable housing remains a critical unmet need. By the end of 2019, there were a total of 259 Supported Housing slots, an increase of 8 slots, from 2018. The increase in slots is due to a new provider expanding into Niagara County who received ESSHI funding to increase the total capacity of available slots within Niagara County. Even with the increase in bed capacity, lack of housing has created lengthy waiting lists and has prevented timely access to needed housing services.

In 2018, an average of 89 individuals were on wait lists for the three (3) agencies providing supported housing services. In 2019, the average number of individuals on the waitlist increased to 131 for the combined four (4) housing providers. This is an increase of 47% over 2018. There have been ongoing diligent efforts to review and vet the wait lists, which has allowed all Niagara County agencies that provide supported housing services to prioritize open slots that become available for the most appropriate, high need individual in a more timely manner. However, with the average wait list numbers increasing substantially in 2019, this continues to demonstrate the need for more housing availability for the SPMI population in Niagara County.

The Office of Mental Health (OMH) congregate care treatment housing sites have not had regular wait lists; this includes both adult and children's community residences as well as the adult apartment treatment program. The residential provider agency reports that screening and admission processes for these levels of care can take up to four (4) to six (6) weeks while waiting for necessary supporting documentation to determine eligibility, and / or benefits to be established, in order for admission to occur. There have been vacancies in the scatter site Treatment Apartment slots, although not typically due to a lack of referrals. In addition to delays noted above, other barriers noted include that individuals do not want to live with others; cannot locate affordable housing in desired areas; and they cannot find pet friendly apartments and safe neighborhoods. Providers report that landlords conduct credit, reference and other background checks and will decline to rent to individuals who have a history of eviction, poor credit, or have criminal convictions, resulting in further delays to access to care.

On the children's side, there were fewer referrals to Children's Community Residences (CR) in 2019 than in previous years. The sharp decrease may have resulted from the increase in more intensive community based services, Child and Family Treatment and Support Services (CFTSS), which began their roll out in January 2019 and the unbundling of Home & Community Based Waiver services expanding the number of children and adolescents that can be served. However, families also indicated that the CR referral process is very burdensome and that care management providers will only guide a family through the process, versus where they previously would take a lead role in completing the application.

The Adult Single Point of Access (SPOA) Program and the Community Services Board (CSB) subcommittees report that housing for individuals struggling with co-occurring mental health and substance use disorder (SUD) concerns remains lacking. Both OMH and OASAS housing providers indicate that they are unable to meet the need at their level of care, despite expanded staff training and education, as well as a recovery focus.

Housing has also been an ongoing issue for individuals with I/DD, particularly for those who are dually diagnosed (mental health and I/DD). On a hopeful note, one local agency is developing new, low income, integrated housing through the renovation of an old, vacant school building in North Tonawanda, NY. This specialized housing was scheduled to open in March 2020 and plans to contain 52 units, of which 12 units are slated for the disability population and/or low income housing. Due to the COVID-19 crisis, the grand opening has been postponed until July 2020.

Providers have also noted that physical accessibility to and within housing is a barrier. Some local landlords appear to be lack an understanding of the needs of disabled individuals as well as the requirement of the American's with Disabilities Act (ADA). For example, landlords may recognize the need to address physical access to a building, however, the interiors of living spaces may not meet individual's needs, such as inaccessible showers, countertops, cook surfaces, and the like.

Recognizing that safe, affordable and stable housing is an essential component of health and recovery, the Niagara County Local Governmental Unit (LGU) remains committed to supporting the implementation of Local, State and Federal initiatives to improve housing for our most vulnerable and marginalized individuals across the three (3) disabilities.

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.

There will be increased, timely access to safe and affordable housing with support services delivered in a culturally and linguistically competent manner.

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: The LGU will work in collaboration with agencies to identify funding opportunities and / or develop and implement creative strategies to expand affordable, supported / supportive housing and residential treatment opportunities that can serve the special / marginalized populations within Niagara County.

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

Objective 2: The LGU will work in collaboration with stakeholders to develop innovative processes and/or programming that will allow individuals to be admitted to and transition between levels of care in a timely manner that is conducive to their treatment goals and unique needs.

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

Objective 3: The LGU will support agencies to educate local landlords and advocate for housing that is more in alignment with the ADA and promotes accessibility for individuals with physical 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.

In 2019, the Homeless Alliance of Western New York (HAWNY) obtained a grant of \$3.59 million dollars through the Youth Homelessness Demonstration Project. There has been joint county (Erie and Niagara) Youth Task Force Meetings occurring in order to facilitate a plan for this project. One of the main goals will focus on housing for youth and the transitional age population who are at risk or facing homelessness.

Additionally, in 2019, two (2) local agencies were awarded ESSHI grant funding to add a total of 18 specialized supported housing beds in Niagara County to support the mentally ill population, as well as another 20 units for seniors and 20 community affordable units. Transitional Services Inc. (TSI), a new provider to Niagara County, was awarded eight (8) of those beds. These new beds became available on September 1, 2019 and are accessed by way of application to the Niagara County Adult Single Point of Access Program.

DePaul Community Services, working in Partnership with Community Missions, is seeking to build an 80-unit apartment building which will house 30 Apartment Treatment Program (ATP) units, 10 ESSHI units for the Severely Mentally Ill, 20 ESSHI units for seniors, and 20 community affordable units. The project was originally planned for the city of Niagara Falls, however, a new site is being sought as community objections blocked the development in Niagara Falls.

Cazenovia Recovery Systems has also been attempting to expand supportive housing (33 beds) for individuals with SUD. This project is also on hold due to strong community objection to the proposed location and the roadblocks to overcome the "not in my backyard" sentiment. The agency is evaluating its options with respect to the project.

This year the Niagara County Department of Mental Health and Substance Abuse Services LGU recruited stakeholders to form a small work group to devise strategies to address the housing concerns within Niagara County. A meeting schedule

and work plan is under development.

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 lack of transportation has been a problem within Niagara County for over thirty years. Our disabilities populations, as well as those who cannot afford their own transportation, have struggled with finding reliable and consistent transportation. Barriers include: lack of direct routes to population hubs; minimal to limited routes in rural sections of the county; no direct cross county route; complicated and limited bus schedules; and physically accessible vehicles. Citing low ridership, the two local providers of public transportation within Niagara County have been decreasing their routes and stops for the past few years, however, this only has exacerbated the problem.

The Consumer Planning and Advisory Committee (CPAC), the Niagara County Developmental Disabilities Self Advocacy Coalition, the local provider community, and the Niagara County Department of Mental Health & Substance Abuse Services Community Services Board (CSB) continue to express concerns regarding this ongoing and long standing critical issue that our most vulnerable populations face.

Lack of reliable and consistent transportation is a major impediment to individuals' access to recreational and social activities, work/educational opportunities, religious services, recovery activities, shopping and other non-medical activities. This also perpetuates isolation and disconnection from communities, hindering recovery and can also contribute to unnecessary utilization of higher cost services such as emergency department visits and inpatient hospitalizations for both medical and psychiatric concerns.

Ride share programs, such as Uber and Lyft have not eased these barriers to any degree. While they can be useful in the urban locations for an occasional ride, these services for routine transportation are unaffordable and also frequently unavailable in the rural locations.

The Niagara County Legislature, in January 2020, indicated that a special transportation work group will be created to evaluate the transportation routes, ridership, and needs within the county. Collaboration with the Niagara Frontier Transportation Authority (NFTA) is also planned as part of this. The work group will include representatives from certain county departments, including Niagara County Department of Social Services. The Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) also is requesting to be a part of the work group.

The Niagara County Department of Mental Health and Substance Abuse Services LGU also initiated a small work group to explore transportation needs and to identify any potential avenues to pursue additional service options.

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.

Niagara County's special / marginalized populations will have increased access to safe, reliable transportation services to support their medical and non-medical related 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: The LGU will facilitate a small work group that will explore non-traditional resources in order to develop two (2) new and innovative strategies that will increase access to transportation opportunities for individuals with disabilities.

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

Objective 2: The LGU will actively seek to participate in, and provide input into, a county led committee that will focus on the evaluation of current transportation routes, ridership, and needs in order develop a fiscally responsible, sustainable, and effective plan that can meet the longstanding needs of individuals throughout Niagara County.

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.

Progress has been noted in certain areas related to transportation for medical services and in access to Clinical Services provided in the community and/or through tele-health.

One of our local agencies has developed a mechanism, through Uber Health to provide reliable and accountable transportation for consumers to medical appointments. The agency utilizes the company credit card to facilitate payment for the Uber Health transportation, funding the service through grants. The agency staff assist the consumers by scheduling the entire ride and, when available, uses the consumer's cell phone number to allow the consumer to be notified of the driver information and expected arrival time. The agency is currently using Uber Health for all levels of care, including outpatient and residential, and for both the mentally ill and substance use disorder (SUD) populations. The agency is reporting a positive impact with this service.

Several agencies began pursuing the implementation of tele-health in 2019 after the revised regulations were released. The COVID-19 crisis led New York State Office of Mental Health (OMH) and the Office of Addiction, Services and Supports (OASAS) to implement emergency guidance and rapid approvals for use of tele-health services to immediately respond to and address the evolving needs at this time. Due to the relaxation of the tele-health guidelines, many local agencies were able to fast track their use of tele-health technology in order to adapt to the needs of their consumers. The majority of agencies have adopted the use of video or telephonic services in order to address the increased needs of their consumers during the crisis. Many of the agencies have reported that engagement in services has been higher than previously seen since the implementation of tele-health services as it has eased some of the barriers, specifically transportation, associated with treatment participation. Furthermore, one particular agency reports that their intakes for new consumers has been on the rise with the implementation of tele-health.

Broadband Internet access is lacking in many areas of the County, especially those more rural areas. These are the same areas that also have a severe lack of access to transportation. Additionally, not all individuals can afford high speed internet or broadband access even where it does exist. Tele-health has eased, but has not removed, barriers to care.

Where available, Children and Family Treatment and Support Services (CFTSS) have improved children and families access to clinical and non-clinical services in community, school, and home settings. This has reduced the pressure on families to coordinate additional transportation and allow access to enhanced child services in the settings that are most beneficial to the child and family. However, as noted in other areas of this report, many of the services have lengthy waiting lists and there are barriers to the assessments/medical necessity determinations needed to access these services.

Please note that the progress in the areas above specifically relates to Clinical Services and formal treatment supports. Transportation for non-medical supports, social/recreational activities, religious services, work, shopping, etc. is critically lacking.

On the negative side, the November 2019 closure of the Child and Adolescent psychiatric inpatient unit at Eastern Niagara Hospital has left a considerable gap in access to care that is compounded by the local lack of transportation. Families that do not have reliable transportation are often unable to get their children to an appropriate hospital without the use of high cost emergency services for transport. It is also increasingly difficult for families to participate in treatment and discharge planning in person while their child is hospitalized. Lack of access due to transportation has led to delays in seeking service and thus more complex needs going unmet.

It was noted at a Joint Subcommittees meeting that bike sharing services have now become available within Niagara Falls. Although this is not a county-wide transportation solution, it may benefit some individuals with their transportation needs but concerns about cost barriers have also been raised.

The local Developmental Disability Self Advocacy group has been working on obtaining results from a transportation survey they conducted. Of the 35 participants who completed the survey, the findings to date indicate that public transportation (local bus routes) do not reach enough of the county on a regular basis to be helpful. The survey also noted that local taxi companies and ride share providers are not equipped to transport consumers who utilize wheelchairs, which provides an additional barrier for these consumers with accessibility needs. Furthermore, the survey revealed that that the majority of participants reported that they need transportation for not only medical appointments, but also for employment and social activities.

During a Community Services Board Subcommittee meeting, it was pointed out that a robust transportation system within the county will aid agencies in their recruitment and retention efforts. Specifically, there are individuals who would be appropriate to work in direct care positions but are unable to do so due to a lack of personal transportation and, therefore, are dependent on public transportation. It was also noted that the lack of transportation, and difficulty of use or navigation of the public transportation system, adversely impacts individuals who are involved with supported employment.

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.

Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) continues to have a robust Crisis Services program that provides various services. These services include the following:

- 24-hour, 7 days per week, 365 days per year crisis phone line services as well as Mobile Crisis Team responses.
- Crisis Service Coordination that is provided by a licensed clinician to individuals who experience mental health issues and co-occurring concerns such as substance use disorder and/or developmental disabilities.
- Adult Hospital Diversion Services that assist mentally ill individuals in remaining in the community safely and avoiding the need for inpatient psychiatric hospitalization.
- Critical Incident Stress Debriefing/Defusing (CISD) that is accessed through Crisis Services and provided to individuals, families, groups and agencies/ organizations in the Niagara County community who have experienced a recent tragic or traumatic event.

Crisis Services also provides access to Hope House, which is a peer-staffed respite program. This is a partnership among NCDMH, Mental Health Association in Niagara County, and Community Missions Inc. In 2019, 67 individuals were served in Hope House, which is a 3.1% increase compared to 2018.

There has been a significant increase in the number of crisis related calls since COVID-19 pandemic. Crisis Services call volume for March and April 2020 increased 48% over the same months in 2019. We anticipate that the increased need for, and utilization of, crisis services programming, supports and interventions will continue well into the future.

NYSTART provides crisis prevention and response services in Niagara County to individuals, ages six (6) and over, and their families, who have both developmental disabilities and complex behavioral needs. Niagara County providers state that the services provided within Niagara County are insufficient due to a lack of resources to cover the broad geographical area and there is no local availability of crisis respite for families to easily access.

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

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

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

To further promote the stabilization and recovery of individuals within the home and community settings, special / marginalized populations within Niagara County will receive crisis responses and interventions that are conducive to their unique needs, thereby decreasing avoidable use of high level services such as Emergency Departments, Inpatient Services, and unnecessary Law Enforcement involvement.

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: The LGU will leverage resources to increase availability of Children's Hospital Diversion services similar to that of the Adult Hospital Diversion services.

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

Objective 2: The LGU will work in partnership with peer and family peer providers to expand their capabilities to respond to individuals and their families who may be in need of crisis support at local emergency departments.

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

Objective 3: LGU will work in collaboration with OPWDD providers to identify strategies and/or resources to meet the crisis response needs of I/DD individuals and their families within Niagara County.

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

Objective 4: The LGU will support agencies in their pursuit of funding opportunities that, if awarded monies, will increase availability of crisis and respite beds to reduce inappropriate utilization of high-cost services.

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

Objective 5: The LGU will research the best practices for the provision of crisis services and develop implementation strategies to increase service access, quality and positive treatment outcomes for special / marginalized populations.

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.

In August 2019, Niagara County Department of Mental Health's (NCDMH's) Crisis Services Program and the Lockport Police Department began participation in the Mobile Access Program (MAP) pilot program. The MAP, funded through the NYS Office of Mental Health Forensic Services, utilizes iPad technology and the Zoom tele-health platform to allow the NCDMH Crisis Services Mental Health Designee on-call to conduct a remote tele-health assessment and intervention as requested by Lockport Police. This new programming allows a faster response time to an individual experiencing a mental health crisis and provides additional support to police officers who are on-site with an individual. Based upon the Designee's assessment and interventions, an individual may be diverted from a psychiatric emergency department and provided with more immediate supports and interventions to maintain them safely in the community. However, if an onsite intervention is clinically indicated, the Mobile Team can be activated. There has been limited use of this program since its inception, initially due to only having a few Police Department lieutenants trained and equipped with the iPad and they were not first on scene to intervention in a mental health crisis. Since then, more field officers have been trained and equipped with the iPads and, as of recently, there has been an increased use of this program. Further evaluation is necessary to determine the cause of the underutilization so it can be addressed.

Concerning crisis response and intervention for the I/DD population, one (1) local agency reports that it was able to obtain training for their clinicians through the NYSTART program. The training has further equipped clinicians with the necessary knowledge and skills to effectively identify client needs, navigate the service system and link I/DD individuals to appropriate services.

In November 2019, the only local children's inpatient unit closed with little warning. This closure further exacerbated the transportation barriers for families to be able to access appropriate inpatient stabilization services for children. This has led to an increase in high risk children and adolescents in the community who require more robust Children's Hospital Diversion services similar to that of the Adult Hospital Diversion services.

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

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

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

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

Providers within the three disability areas are very concerned that reimbursement rates will be decreased secondary to the state's poor fiscal health. They express that a reduction of rates will negatively impact and potentially jeopardize services available for those in need.

Agencies have been unable to recruit and retain a culturally diverse and qualified workforce across all areas and job titles, including direct service, care management, counseling, qualified health professionals and prescribers. This has caused agencies to limit the availability of services as well as to decline service expansion. The funding specifically aimed at increasing direct care salaries has been helpful, however, agencies are still unable to offer salaries commensurate with the level of responsibility and competency staff need to possess. Individuals can make significantly more money in retail and restaurant settings, without being responsible for "people's lives". The matter of recruitment and retention has limited the ability of agencies to increase residential, respite and other opportunities. For example, the continued development on non-certified residential opportunities remains an area of focus for OPWDD. Unfortunately, the lack of sufficient direct care and other staff has limited this development. Without question, the staff crisis has had a negative impact on those in need.

The workforce shortages in many areas within mental health services in Niagara County, from direct care workers in residential settings to licensed professionals (i.e., LMSW, LCSW, LCSW-R, LMHC, LMFT, RN, psychiatrists, psychiatric nurse practitioners) in outpatient and community-based settings has impacted timely access to treatment. For children's outpatient clinics, one (1) of the two (2) agencies reports a wait list of approximately six (6) weeks before a child can be seen for an initial appointment, as well as a wait of over one (1) month before being admitted to treatment following the initial appointment. For both children and adult outpatient clinic treatment, the wait to be seen by a psychiatrist or psychiatric nurse practitioner continues to be significant although this has been improving in recent months with the onboarding of more psychiatric providers in certain agencies.

Of note, there are only a total of 354 licensed professionals that live within Niagara County (three (3) LCATs, two (2) LMFTs, 94 LMHCs, zero (0) Psychoanalysts, 147 LMSWs, and 108 LCSWs). Many of these licensed professionals work in private practice settings, in other disability areas, or do not work in the field. It is the LGU's intention to monitor this data on licensed professionals in order to track any changes.

For OASAS programs, referring individuals, who are in the maintenance phase of treatment, out of clinic services to primary care settings has been problematic as there is a shortage of providers who can, and are willing to, continue prescribing buprenorphine. Improvements have been made in the past year as two (2) of the local agencies that provide buprenorphine treatment have been able to maintain more consumers in longer term maintenance care without needing to link them to an outside prescriber. However, individuals who need linkage to longer term maintenance buprenorphine treatment, often need to travel outside the County to access "maintenance" buprenorphine through a primary care provider.

Ironically, some providers in the OPWDD sector report direct care staff recruitment has been easier during the COVID-19 pandemic. This is likely correlated to the high unemployment rate and the expanded numbers of people seeking jobs. Carpooling has also positively impacted retention as its assisted employees with transportation needs. However, it has been noted by the same providers that staff morale and retention will most likely be negatively impacted with the planned salary increases being placed on hold during the COVID-19 crisis.

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

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

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

The Niagara County service system will improve the recruitment and retention of qualified professionals, increasing underrepresented groups within the workforce, who can provide high quality, culturally competent services to individuals, and their families, within our County's special/ marginalized populations.

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: The LGU will evaluate available data sources, best practices and innovative strategies in order to promote and advocate for effective recruitment and retention efforts that support the diversity of values and beliefs of the population served.

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

Objective 2: The LGU will support local providers in exploring, identifying and implementing strategies that will increase integration of emerging professionals in the workforce through the promotion of application to entry level positions, as well as the promotion of internships, site shadowing opportunities, and other innovative means.

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

Objective 3: The LGU will coordinate with local and state agencies to identify new strategies/opportunities and potential funding streams that may offer tuition reimbursement, loan forgiveness, no-cost or cost-sharing training opportunities (inclusive of supervisory training), grant availability, and other activities to support retention of agency personnel.

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.

In October 2019, one of the local school districts was awarded a grant of approximately \$2.5 million dollars over the next five years to address the need for additional mental health resources in the school district (to include increasing community and family outreach, training teachers to identify needs of students, and expanding access to mental health professionals available to students). The school district will partner with two of the local universities to implement a five (5) year Mental Health Service Professional Demonstration project. This endeavor will include adding fifteen (15) social work interns, fifteen (15) school psychologist interns, and fifteen (15) school counseling interns each year. The grant will also be able to provide professional development to assist teachers to recognize trauma induced behaviors and how to respond/intervene in the classroom.

It was reported in early January 2020 that three (3) local agencies have been able to hire a total of four (4) additional prescribers to address the issue of treatment agencies being unable to accept new clients at some points during the past two (2) years. Two (2) local agencies also noted that they have begun the use of extended release buprenorphine injections at their clinics to better serve their clients and increase their ability to serve more individuals.

The Niagara County Department of Mental Health and Substance Abuse Services LGU recruited a small work group to explore possible ways to assist agencies with workforce recruitment and retention. Unfortunately, due to the COVID-19 crisis, initiation of work group efforts has been delayed, but will resume as soon as feasible.

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

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

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

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

Although there are supported and other types of employment opportunities available throughout Niagara County for individuals with disabilities, there is certainly room to grow. Providers and consumers alike identify needs related to job coaching services that focus on coordination between, and integration of, the needs of both, employee and employer. In addition, individuals with disabilities are advocating for inclusion into various areas of the workforce based upon their interest areas. This will reduce segregation and marginalization of individuals with disabilities and increase their opportunities to be accepted in the general workforce. Furthermore, providers and consumer advocates identified that limited transportation in the County negatively impacts the ability of I/DD individuals, to access an array of employment opportunities.

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.

Individuals with I/DD in Niagara County will have access to an increased array of employment skills training opportunities that will align with their areas of interest and allow them to integrate into, and be accepted by, the general workforce.

Objective Statement

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

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

Objective 1: The LGU, in collaboration with stakeholders, will support the promotion of community education related to employment skills training for I/DD individuals in order for further development and implementation of innovative programming that integrates this population into the general workforce.

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.

Unfortunately, there has been very little change in this area over the past year. The LGU has been involved in collaboration with providers and family/consumer agencies regarding this goal but there has been limited improvement to current programming.

2f. Prevention - Background Information

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

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

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

Prevention activities remain a crucial need in Niagara County in order to meet the NYS Prevention Agenda goals. Niagara County continues to rank 14th out of 62 counties for the highest rate of suicide fatalities with a rate of 14.6 per 100,000 people (NYS Health Connector of Suicide and Self Harm Dashboard, 2015 - 2017). The County's Opioid Burden has a crude rate of 325.8 per 100,000, which is 7.3% higher than that of NYS, and, furthermore, newborns with neonatal withdrawal syndrome and/or affected by maternal use of drugs of addiction has a crude rate of 42.6 per 1,000 infants discharged from hospitals, which is 322% higher than that of NYS as a whole (NYS Opioid Dashboard, 2017).

Poverty is one of many contributing factors to both suicide risk and drug and alcohol abuse. There are areas within Niagara County, in both city and rural communities, where the population is at or below the poverty level. The COVID-19 pandemic has created further economic challenges for residents thus further increasing risks of suicide and drug and alcohol abuse.

In 2015, and then again in 2019, the Niagara Falls School District conducted a Youth Risk Behavior Surveillance Survey, which assessed various risk factors associated with middle and high school student suicide and drug, alcohol and tobacco use. When compared to 2015 data, 2019 data showed increased risks for students in each of those areas.

Northpointe Council Inc. provides alcohol and drug use prevention programming in local school districts, and throughout the general communities, in Niagara County. The agency's current school-based prevention plan includes a focus on increasing skill sets and competencies of students in the following areas: goal setting, decision making, stress management, emotional intelligence, anger management, communication, and understanding of risks of harm associated with alcohol, drugs and tobacco. Additionally, the prevention plan addresses increasing opportunities for positive student involvement and decreasing both favorable attitudes towards alcohol and substance use as well as intent to use. For addressing the needs within the community, Northpointe has identified the need to focus on promoting awareness of alcohol, drug and use through community groups, targeted media campaigns and the Hidden Mischief program / events; providing alcohol outlet trainings to reduce underage access to alcohol; improving social norms through health promotion; increasing opportunities for prosocial involvement; and preventing gambling addiction through local trainings.

Throughout the past year, Niagara County Department of Mental Health & Substance Abuse Services, along with other provider agencies, have continued to engage in various public awareness, outreach, education and training activities related to suicide and alcohol / drug prevention and interventions within our local schools and communities; however, it remains evident by the data available that further activities are required to ameliorate these public health concerns.

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

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

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

Increase targeted prevention activities, with an emphasis on high-risk, special and marginalized populations, through a coordinated, multi-disciplinary, and culturally sensitive approach.

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: The LGU will work in partnership with stakeholders to develop an active community Suicide Prevention Coalition with a diverse membership.

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

Objective 2: The LGU will work in partnership with stakeholders to make a formal commit to, and establish benchmarks for, the adoption of the Zero Suicide Model.

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

Objective 3: The LGU will work in partnership with the public health department and prevention providers to implement evidence-supported and/or based approaches to preventing and reducing substance use and related consequences, as well as mental, emotional and behavioral (MEB) disorders, to promote healthy living.

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.

The Niagara County Local Governmental Unit (LGU) serves as a primary resource for local schools (faculty, staff, and students), providers and the community as a whole, providing education and training on behavioral health related topics as well as promoting awareness of available supports, services and treatment. With increased awareness of local resources, our data supports that more individuals have been reaching out to utilize these resources, such as Crisis Services, when in need. Providers and community members are equipped with more knowledge and tools to effectively engage, intervene and work with individuals in a both a preventative and responsive manner as a result of trainings provided by, or facilitated through, the LGU. Particular trainings include, but are not limited to: Trauma Informed Care in Schools; Youth Mental Health First Aid; Suicide Safety for Staff; Suicide Prevention and Intervention practices; Lifelines Postvention Training; Crisis Intervention Training (CIT) for law enforcement; Drug Awareness Presentations; and Opioid Overdose Prevention (Narcan) trainings. Northpointe Council, Inc. also has expanded its substance use prevention education programming into more school districts throughout the past year.

In 2019, two (2) additional Niagara County individuals (one from NCDMH and another from a local school district) were trained in Youth Mental Health First Aid. The cost of this training was covered by stipends offered by the NYS Conference of Local Mental Hygiene Director (CLMHD). This expanded the number of Niagara County based trainers from one (1) to three (3) in order to help alleviate a wait list for this training or for out of county trainers to conduct the training. Between Niagara County trainers and other organizations who have provided these trainings within Niagara County, the number of individuals trained in Youth Mental Health Aid, particularly in schools, has grown substantially. We anticipate this to continue.

The Niagara County Coalition for Suicide Prevention has been a relatively informal focus group consisting of agency and community members. Due to personnel changes and agency re-organization within the agency that has been facilitating the Coalition for Suicide Prevention, the Coalition has not been active in the past year.

A local agency and a behavioral health collaborative have separately applied for funding to support the implementation of Zero Suicide strategies. No funding has been received to date.

2g. Inpatient Treatment Services - Background Information

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

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

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

For adult psychiatric inpatient services in Niagara County, workforce issues continue to have a negative impact on the ability for the local Article 28 hospital to fully staff and operate its inpatient units. Unit closures occurred throughout 2019, as necessary staffing patterns could not be achieved during those periods. At times, the local hospital also had to "close" the psychiatric emergency room and serve individuals through the medical side due to a lack of nursing staff for the psychiatric emergency room. Limited psychiatry hours further impacted the timely evaluation of individuals in the emergency room.

The State OMH Psychiatric Hospital admission process for Intermediate level of care has presented a barrier at the local hospital level. Local article 28 staff have reported they are unable to obtain timely referral reviews with an admission decision, or have received rejections for admission, on some of our County's highest risk / need SPMI adults who are unable to maintain long-term psychiatric stability post-acute care stabilization. Intermediate Care Hospital staff report they conduct weekly reviews of referrals received, however, their Clinical Team frequently makes recommendations for additional treatment interventions, such as a 14-day medication trial, before making a determination on admission appropriateness in effort to have individuals treated at the lowest level of care as possible. Often times due to insurance and other limitations, clients are discharged prior to that 14-day window with referrals and/or linkages to community-based treatment and supports that cannot meet the level of ongoing care necessary to prevent psychiatric decompensation and return to the local hospitals. This results in a perpetuating cycle of high-cost service utilization without effective intervention for the consumer.

During 2019, there was a waitlist for children to access state psychiatric Intermediate level of care. At one point, one (1) of the units at the children's Intermediate level of care was closed due to flooding in the building. This led to extended stays for children in acute psychiatric care settings or being discharged back to the community with available home and community-based supports while waiting for bed availability. The latter placed some children at greater risk for psychiatric decompensation as they are then not prioritized for Intermediate care admission once discharged from the acute care setting. The available home and community-based services have not been able to provide the level of intensity and frequency of care necessary to meet some of their complex needs. This scenario has led to increased utilization of crisis services and psychiatric emergency room visits for these high risk youth.

There is a critical need for children and adolescent inpatient services within Niagara County due to the recent closure of the Eastern Niagara Hospital Services (ENHS) Child and Adolescent Psychiatry (CAP) Unit in November 2019. This closure has increased barriers to timely and appropriate emergency/inpatient treatment for the children and adolescents.

There are two (2) local substance use disorder (SUD) inpatient providers within Niagara County and both consistently report near, to full, capacity with a waitlist. Additionally, there are noted barriers for individuals with co-occurring disorder being able to access inpatient care. One of these facilities is in the planning phases of expansion.

Additionally, families and providers report significant challenges in gaining access to psychiatric inpatient treatment for children and adolescents with dual diagnosis (I/DD and mental health) when immediate safety concerns exist. Perhaps due to a lack of expertise among hospital staffs, these children tend not to be admitted to the hospital as their needs are determined to be chronic and behavioral, verses psychiatric, in nature despite there being evidence of dual diagnostic concern.

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.

Niagara County residents will have increased and timely access to OMH inpatient beds, as well as OASAS inpatient detoxification and rehabilitation beds, to meet individual needs of consumers.

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: The LGU, in collaboration with stakeholders, will monitor availability of, and access to, inpatient treatments through available data sources and support expansion and/or new program development in areas of the county where need is clearly demonstrated.

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

Objective 2: The LGU, in conjunction with providers, will support the implementation of strategies that may enhance services available to individuals with co-occurring disabilities in order promote recovery/sustained recovery in multiple realms.

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.

In November 2019, Eastern Niagara Hospital Services closed its child and adolescent psychiatric unit leaving Niagara County without this critical service within its boundaries. This inpatient unit served not only Niagara County's children and adolescents, but also those of the surrounding rural counties. With the closing of this unit, families have no choice but to have their child admitted to an inpatient facility outside of the county when necessary, traveling approximately 26 miles or more from the Niagara County center. Families have experienced hardships not only due to the distance required to travel, but also other transportation, child care, and logistical issues that arise. Furthermore, with less familiarity with travel routes and locations of those inpatient facilities, and past undesirable experiences with the evaluation and admission processes, families have been more apprehensive about seeking inpatient treatment. The LGU will continue to advocate with the NYS Office of Mental Health to identify additional funding opportunities that may support intensive community-based crisis services, such as Children's Hospital Diversion services, to meet the increased needs of high risk, high need emotionally disturbed children and adolescents.

Although not in Niagara County, BryLin Hospitals Inc., which is a private hospital that serves Niagara County children, adolescents and adults, received approval to expand its children's beds from 20 to 27. Unfortunately, that still leaves a loss of five (5) beds for children and adolescents to access.

On January 1, 2020, a change took effect in the time period for when inpatient SUD providers are required to obtain initial authorization for a consumer's continued stay, moving from 14 days to 28 days. Although this change in authorization timeframes may lead to longer treatment stays, which can significantly benefit consumers in need of such, it has the potential to make existing wait lists even longer. Without expansion of capacity, there may be an adverse impact on the ability of individuals to move through levels of care in a timely manner.

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:

- 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.

Home and Community Based Services (HCBS) for adults are highly underutilized in Niagara County despite the number of HARP eligible individuals identified for being in need of these services. According to the June 2020 NYS Behavioral Health (BH) HCBS Dashboard on County Level Data, Niagara County has 2,788 HARP eligible individuals. Of those that are HARP eligible, only 19.6% of individuals had an HCBS assessment and, a mere 5.8% had HCBS claims filed within the past 12 months. This demonstrates that some of the County's most high risk and high need adults are without vital services that can assist them with improving their behavioral health.

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.

HARP eligible individuals will have increased access to, and utilization of, HARP 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: The LGU will identify and address barriers to care, provide advocacy for workforce and program development, and educate providers, consumers and the community about HARP services and service access.

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.

None

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:

- 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.

Stigma associated with mental health, substance use and intellectual/developmental disabilities, as well as identifying as being part of the LGBTQ community, remains pervasive and a barrier to individuals accessing necessary supports, services, treatment and employment. For some, it is more desirable to remain silent about their disability, sexual orientation, and / or gender identity than to disclose it and to seek help and support from others, which can lead to adverse effects on their well-being. Additionally, for individuals who do speak of their disabilities, sexual orientation and / or gender identity, it can lead to being discriminated against, ostracized and / or isolated by others who do not have an understanding of such, which can further have a negative impact on their lives.

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

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

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

Increase anti-stigma initiatives in a coordinated, multi-disciplinary fashion to increase understanding, acceptance and integration of individuals in special / marginalized populations into society.

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: The LGU, in partnership with stakeholders, will support and participate in initiatives targeted to reduce stigma and disparities in service access, quality and treatment outcomes.

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.

In the past year, two (2) agencies have attempted to expand residential and supported/supportive housing for the mentally ill and substance use disorder populations, but have been unable to move forward with their projects due to the local

community's objections due to associated stigma with these populations.

Various community coalitions, comprised of multi-disciplinary members, have been engaging in activities to reduce stigma related to the three disabilities. Additionally, specific efforts have been made by providers to increase awareness of the language they use to describe individuals with disabilities and the challenges that they may face. Community members with lived experience organized, and peer and family peer organizations along with various other providers and community members promoted and participated in the third (3rd) annual Overdose Awareness rally in August 2019. This event is about raising awareness, and erasing the stigma, of addiction. More than a dozen local substance abuse treatment providers were on hand to provide information and guidance to those who attended. Local provider agencies were also present and provided training in the use of Narcan. Furthermore, another non-profit faith based organization held an annual Walk for a Drug Free Community in September 2019. Local provider and peer organizations were present to share information on available supports, services and treatment, and Narcan training was also provided.

In early 2020, the Erie County Anti-Stigma Coalition was awarded funding by the Office of Mental Health to expand their Anti-Stigma Campaign into Niagara County. This is an organization that promotes discussion about mental health and wellness in order to combat the stigma that is sometimes associated with a mental health diagnosis. The NCDMH is partnering with the Coalition to assist with successful expansion of this campaign into Niagara County.

2k. SUD Residential Treatment Services - Background Information

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

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

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

Timely access to the NYS Office of Addictions, Supports and Services (NYS OASAS) residential programming remains an issue. Furthermore, access to residential programming for individuals experiencing co-occurring SUD and Mental Illness is increasingly limited. In 2019, residential providers continued to report that acceptance of individuals who present with symptoms of severe mental illness have been more closely triaged. Depending on their severity of symptom presentation, individuals have not been accepted into residential care to treat their substance use as their mental health symptomology may prevent them for participating in the programs. One agency reported that over 50% of referred individuals who presented with mental health concerns were denied admission to residential care due to requiring another level of care that could not be provided at the facility.

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.

Niagara County residents will have increased and timely access to local OASAS residential beds that can meet the holistic needs of a person regardless of the combination of disabilities present.

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: The LGU, in collaboration with providers, family / consumer advocacy groups, will monitor availability of, and access to, residential programming through available data sources and support expansion and / or new program development in areas of the county where need is clearly demonstrated.

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

Objective 2: The LGU will support the implementation of strategies that will enhance services available to individuals with co-occurring disabilities in order to promote recovery in multiple realms.

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.

The average time an individual waited for admission to an SUD residential bed was reduced by 66.7% (from 75 to 25 days) between 2018 and 2019. Although this is a positive change, the continued lack of more immediate access to care interferes with an individual's ability to obtain necessary care at time of need and can therefore lead to negative health outcomes.

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.

There is a critical need for timely access to Medication Assisted Treatment (MAT), particularly for buprenorphine initiation, as well as access to buprenorphine maintenance providers in primary care settings. Currently, if an individual presents to a local emergency department or treatment provider for heroin or opioid treatment intervention, there is a delay in initiation of treatment. This can result in continued heroin or opioid use and increased risk of negative outcomes. Additionally, there are limited to no options available to consumers for transition from clinic treatment to buprenorphine maintenance with a primary care provider. This leads to consumers remaining in a clinic setting and, therefore, limiting the number of new individuals that can access Medication Assisted Treatment (MAT).

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.

Establish timely linkage to care for initiation of Medication Assisted Treatment (MAT) at point and time of need as well as increase access to buprenorphine maintenance providers in primary care 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: The LGU will work in partnership with state and local partners to engage medical providers in buprenorphine waiver training and prescribing to increase local availability of MAT provision.

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.

In late 2018 and continuing through August 2019, the Niagara County Health Department received a 1- NU90TP921994 (Public Health Opioid Crisis) grant funded by the CDC; one of the strategies implemented increased the number of buprenorphine waiver trained providers by six (6) and offered support to these providers to in order to move the forward with prescribing to individuals in need.

In June 2019 Northpointe Council expanded their Methadone clinic from being able to serve 120 to 250 patients, increasing capacity by 108%. This has allowed for increased and timely access to Methadone treatment and elimination of a waitlist.

Additionally, a primary care practice in Niagara Falls expanded their services to include MAT induction and maintenance along with limited counseling services; approximately 150 patients are reported to be served.

For the past two (2) years, NCDMH has been working in partnership with the Niagara County Jail and a local substance use treatment agency to provide treatment for opioid use disorder at the jail through federal funding obtained from the Substance Abuse and Mental Health Services Administration (SAMHSA), and allocated through the New York State Office of Alcoholism and Substance Abuse Services (now the Office of Addiction Services and Supports) (OASAS). This voluntary program at the Niagara County jail has provided inmates with opioid use disorder access to screening and assessment, education and information, group and individual treatment, and linkage to outpatient providers upon release. There have been two community agencies providing services within the Niagara County Jail. However, one was grant funded and has now ended as of December 2019.

Furthermore, in November 2019 the Niagara County jail expanded MAT availability for only pregnant woman to the entire jail population who enter the jail on verified MAT regimens to allow treatment continuation, improve continuity of care and affect positive outcome for sustained recovery post jail release. The jail continues to collaborate with community based treatment and service providers to also ensure necessary and appropriate discharge / release planning occurs to provide linkage and continued treatment post-jail release to assist individuals in continuing their recovery journey.

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 current Health Home structure is problematic. Children and Adult Health Home Care Management services are not meeting the needs of consumers and families based upon the feedback that has been received from various providers and those receiving such services. The intensity and frequency of face-to-face services are severely lacking and, therefore, resulting in utilization of crisis and emergency department services. Letters, phone calls and text correspondences are insufficient means to appropriately assess and intervene with high acuity individuals with severe emotional disturbances and mental illness.

Children's care management agencies also have informed the LGU that the Lead Health Homes have given directives to enroll children under 2 chronic conditions, if possible, avoiding using SED criteria as it is more difficult to verify eligibility. This is problematic as the SED designation indicates a level of need that a child should qualify for that may not be recognized and, therefore, the level of service provided may be inappropriate and inadequate.

Telephonic interaction versus face-to-face visits performed within care coordination can negatively impact a client's care and coordination significantly. For example, if a client has a diagnosis of Major Depressive Disorder and reports only to the care manager via phone or text that they are somewhat sad but overall doing alright, there would be a lack of assessment and understanding of the overall picture. A face-to-face visit may reveal that the client is struggling to care for their home as well as their personal needs, such as eating, sleeping, or personal hygiene which would otherwise be unrecognized without the visual observation that a face-to-face visit allows for.

Health Home Care management for children and youth has become further complicated with the additional coordination required for linkage to Child and Family Treatment and Support Services (CFTSS) and Home & Community Based (HCBS) Waiver Services. These changes have created additional barriers to timeliness of appropriate service linkages.

Additional concerns include the extended time and coordination required by Health Home Care Managers to successfully link families to the Child and Youth Evaluation Services (CYES) program in order to explore their potential eligibility for Medicaid due to an increased need for a higher level of service. Without Medicaid, a child/family would be unable to access CFTS Services or Home and Community Based Services (HCBS) leaving them without the appropriate level and intensity of necessary services.

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

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

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.

Niagara County residents will have access to effective Care Coordination that meets their individualized needs through methods, frequency, and intensity necessary.

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: The LGU, in collaboration with stakeholders, will advocate with state agencies for standards of care that meet the comprehensive needs of individuals with mental health concerns.

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

Objective 2: The LGU, in partnership with stakeholders, will identify systemic gaps in services and relationships, and facilitate necessary change in order to meet the needs of individuals with mental health concerns.

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.

There have been some additional stressors noted in the Children's Health Homes with the advent of the Child and Family Treatment and Support Services (CFTSS) in January 2019. Health Home Care Managers struggled with understanding the new CFTS Services and the referral/linkage process. This was further complicated by the additional steps that are involved if a child does not currently receive Medicaid. A child and family that is not a current Medicaid recipient needs to first explore the Child and Youth Evaluation Services (CYES) in order to determine possible eligibility/need for CFTSS and/or Home and Community Based Services (HCBS) and, therefore, eligibility for Medicaid. This process has been lengthy and confusing for families to navigate which, in turn, has delayed the onset of needed services for children, youth, and families. This has been further exacerbated by the struggles and barriers noted previously with the Child and Family Treatment and Support Services implementation in 2019.

2r. Developmental Disability Children Services - Background Information

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

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

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

There is a lack of timely and adequate services available to meet the needs of children and adolescents with developmental disabilities. The Niagara County Children's Single Point of Access (CSPOA) staff receive calls from parents of developmentally disabled children and adolescents seeking additional assistance in gaining access to OPWDD services as they do not believe their child's needs are being adequately addressed. Families and Care Managers report lengthy wait times (nine months or more) for eligibility determination for OPWDD and, when found eligible for services, parents express concern that there is a long delay in accessing the array of eligible services. Additionally, access to a physician with expertise in I/DD is limited as there are few physicians with this knowledge base locally.

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.

Niagara County children and adolescents with intellectual/developmental disabilities will have increased local access to services that meet their holistic 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: The LGU will support the development and implementation of strategies / plans that increase timely consumer access to I/DD services where a needs for such is clearly demonstrated.

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.

The Niagara County CSPOA committee has expanded membership to include Care Coordination agencies that have expertise working with children and adolescents with I/DD needs. This has led to increased assistance to families in navigating the OPWDD eligibility process, a reduction in the amount of time it takes to link children to eligible services to meet their needs, and more effective collaborations between multidisciplinary providers, which ultimately benefits the I/DD consumers and families.

2t. Developmental Disability Respite Services - Background Information

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

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

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

Historically, there has been an insufficient number of Developmental Disability respite slots in Niagara County, particularly for children. One agency has been active in exploring alternative and innovative strategies to increase the number of respite opportunities for Niagara County residents and has made significant progress by utilizing hotel rooms to provide respite services. However, the need for access to locally based respite services remains a high need.

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.

Niagara County residents with Intellectual and Developmental Disabilities (I/DD) will have access to respite beds that are sufficient to meet the demands for such services locally.

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: The LGU will advocate for, and support efforts to, increase the number of respite beds within the county for the I/DD population where a need is clearly demonstrated.

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.

One local agency has significantly increased both overnight and day respite services. The agency reported an increase of 50% of in-home respite units and an increase of nine (9) percent for overnight respite. During the COVID-19 crisis, one agency was able to utilize their Day Habilitation program for Respite services prior to a client returning to their IRAs after a home visit.

2v. Developmental Disability Self-Directed 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.

Based on information from the Niagara County Developmental Disabilities Self Advocacy Coalition, families and consumers lack a comprehensive understanding of the complexity of Self-Directed Services, which, over time, service provision becomes problematic. There is a need for family and consumer training on self-directed services to improve understanding, as well as a need for more brokers, in order for there to be effective utilization of these services. Coalition members also reported a shortage of self-directed services workers who are willing to work for the wages they are able to offer, even with the advantage that the consumer can grant a raise if appropriate.

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.

Individuals with I/DD and their families will have increased access to a coordinated system of information exchange in order to be informed of, and linked to, available supports and services to meet their 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: The LGU, in collaboration with providers and consumer / family advocacy groups, will support and advocate for, efforts to educate staff, families and consumers about Self-Directed Services in a manner that is easy to understand and clearly lays out the path for service utilization.

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

Objective 2: The LGU, in collaboration with providers and consumer / family advocacy groups, will support and advocate for an increase in the number of available Self-Directed brokers.

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.

Niagara County Developmental Disabilities Self-Advocacy Coalition members have been vocal about having a lack of individuals available to provide self-directed services, ongoing difficulties with effectively navigating self-directed services after the initial explanations, and challenges with a high turnover of care coordinators in organizations since the transition from Medicaid Service Coordination to Care Coordination/Care Management in July 2019.

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

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

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

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

Disproportionately impacted by the opioid crisis, Niagara County exceeds NYS rates on all DOH Opioid related indicators and has been federally designated as a High Intensity Drug Trafficking Area. Opioid overdoses and related fatalities had been on an upwards trend over the past several years in Niagara County and nationwide; however in 2019 there was reduction seen in the non-fatal and fatal overdoses, which was also evident across the region and nationwide. The number of reported suspected non-fatal opioid overdoses responded to by law enforcement and first responders was 308 in 2017, 430 in 2018 (39.6% increase over 2017), and 340 in 2019 (21% decrease compared to 2018). The number of confirmed opioid overdose related deaths were 35 in 2017, 44 in 2018 (25.6% increase over 2017), and 29 in 2019 (34.1% decreased compared to 2018).

With only one year showing a decrease in the total number of opioid related overdoses by 22.2%, it is too soon to say that this is a trend or the specific causality for the noted decrease. Of note, the first five (5) months of 2020, have unfortunately shown a spike of overdoses and deaths within the county of over 50% compared to the same time last year. It is believed that this may be related to the COVID-19 crisis and the social isolation and unemployment that have occurred due to the pandemic.

The Niagara County Opioid (OASIS) Task Force has continued its efforts to address the Opioid Crisis in Niagara County. Three (3) subcommittees currently operate under this Task Force, which is chaired by Rebecca Wydysz, Niagara County Legislator. The three subcommittees include the Public Awareness / Involvement Subcommittee, the Law Enforcement / First Responder Subcommittee and the Medical Community Subcommittee. Each subcommittee engages in activities and initiatives that address different, but intersecting, aspects of the opioid crisis.

The Public Awareness / Involvement Subcommittee is co-chaired by a Niagara County Legislator and the Deputy Director of Niagara County Department of Mental Health and Substance Abuse Services. It also includes diverse representation from substance use prevention and treatment agencies, local school districts, county, state and federal agencies, and representatives from both the Native American and recovery communities. Strategies employed by this subcommittee encompass goals to raise the community's awareness about addiction and the various resources available to treat addiction, reduce the stigma placed on those with the disease of addiction as well as the barriers that people face to engaging in mental health and substance abuse recovery. Furthermore, through various mediums, such as printed materials, social media, and bus bench advertisements, as well as various activities such as Opioid Overdose Rescue Trainings, school, provider and community presentations and events, the Public Awareness Subcommittee strives to reach an increasing number individuals spreading the message that "There is Help – There is Hope; Recovery is Possible". The Niagara County Crisis Services 24-Hour Phone Number has been standardized to be a central point of contact for anyone in need of information, support or referral to substance abuse or mental health services.

The Law Enforcement / First Responder Subcommittee is led by current and former law enforcement officials and is comprised of various representatives from local law enforcement, court, first responder departments, and the Niagara County Department of Mental Health & Substance Abuse Services. This subcommittee monitors the statistical tracking information received through the NY/NJ HIDTA Officer, reporting and follow-up procedures for overdose events among the various law enforcement and first responder agencies in our community, while ensuring those who fight this problem firsthand have the resources and training they need to safely and effectively handle the situations they encounter daily. Through strong support of the District Attorney's Office, Sheriff's Department, City and Town Police Departments and our first responder agencies, there is ongoing coordinated efforts to stem the tide – to get the drugs off the streets, prosecute those who prey upon our citizens and to help those they encounter that want and need help. Furthermore, through the work of this subcommittee, policies and procedures have been devised and shared among local law enforcement departments that encourage, and facilitate for, individuals to receive emergency room care post opioid overdoses. New programs and initiatives for standardizing fatal overdose investigations, diversion tactics to help individuals resolve the life struggles causing recidivism of petty crimes and outreach to instill trust in the community are ongoing.

The Medical Subcommittee of the Niagara County Opioid Task Force Subcommittee was established in late 2018. It's co-chaired by the Niagara County Department of Health and the Niagara County Department of Mental Health & Substance Abuse Services Directors. This Subcommittee's strategies have included the engagement of medical providers to improve local availability of Medication for Addiction Treatment (MAT), including efforts to train physicians and Emergency Departments regarding Suboxone initiation, CDC Guidelines for prescribing opioids for chronic pain and linkage to treatment and services; engaging the first responder community to provide opioid use disorder training; establishing a high quality and timely data surveillance report and resource linkage placement; and enhancing assessment, referral and peer support for mothers with substance use disorder.

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

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

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

Increase the availability of, access to, services, supports and treatments for individuals, and their loved ones, with heroin and opioid addictions to reduce overdoses, fatalities, and other negative outcomes related to substance use.

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: The LGU, in collaboration with providers, community coalitions, and consumer/family advocacy groups, will monitor data related to the opioid crisis to inform public awareness/involvement activities.

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

Objective 2: The LGU will support the development and implementation of strategies that will increase access to, and engagement in, addiction services, supports and treatment for individuals, and their loved ones impacted by, addiction.

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

Objective 3: The LGU, in partnership with local and state entities, and other stakeholders, will support the development and implementation of strategies to further increase the number of opioid overdose rescue (Narcan) trainings, and persons trained and equipped with Naloxone (Narcan).

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.

Throughout the past year, the Niagara County Opioid (OASIS) Task Force Public Awareness / Involvement Subcommittee has continued active implementation of various strategies to involve and educate individuals in the community on available resources, supports and treatment and reduce stigma and associated barriers for seeking help. The following are some of the highlights:

- Coordination of 30 Opioid Overdose Prevent (Narcan) trainings with NYS OASAS between 2018 and 2019; NYS OASAS also conducted some additional trainings in Niagara County independently. Altogether, between 11/2017-11/2019, NYS OASAS trained 1356 individuals from Niagara County based trainings plus an additional 34 Niagara County residents who attended trainings in other counties, bringing the grand total of 1390 people trained. According to the NYS OASAS Naloxone Training Coordinator for the State Opioid Response, Niagara County is the number one (1) county in NYS for the number of people they have provided training to on Opioid Overdose Prevention (Narcan). This Task Force Subcommittee is also in process of piloting a virtual training program with NYS OASAS since the COVID-19 crisis has halted any scheduled in-person trainings.
- Coordination of Opioid Overdose Prevention (Narcan) Training of the Trainers in cooperation with the Erie County Department of Health to increase the number of trainers available within Niagara County; these trainers have since trained a countless number of individuals within our communities.
- Distribution of over 10,000 printed materials (flyers, rack cards, and resource cards) to pharmacies, schools, funeral homes, agencies and the community at large.
- Distribution of 500 bags of Deterra, provided through the University of Buffalo's Pharmacy School and Mallinckrodt Pharmaceuticals.
- For the second year in a row, student involvement in the creation of bus bench advertisements in seven (7) locations throughout Niagara Falls.

The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH), on behalf of Niagara County and Niagara Opioid (OASIS) Task Force Law Enforcement / First Responder Subcommittee, applied for, and was awarded in October 2019, a three (3) year Office of Justice Programs, Bureau of Justice Assistance Comprehensive Opioid Abuse grant totaling just under \$900,000. This grant funding is assisting with the establishment of the Niagara County Presenting Alternatives to Treatment Healing (PATH) Team, which is using a two-pronged, harm-reduction approach to address the opioid and drug epidemic in Niagara County. The PATH (Presenting Alternatives for Treatment and Healing) Team will provide opportunities for Law Enforcement and First Responders to connect individuals struggling with opioid use disorders with community-based supports and services while diverting them from criminal justice settings. Through the PATH Team project, the Niagara Falls Police Department, along with the District Attorney, the Sheriff, NCDMH, community peer-supports and treatment providers, will implement Law Enforcement Assisted Diversion (LEAD). Once established and demonstrating success, the LEAD program will be expanded to other law enforcement agencies within Niagara County. Additionally, the PATH Team, through the use of ODMAP, will also implement a Quick Response to Overdose Team (QRT). The QRT, comprised of a Certified Recovery Peer Specialist, Qualified Health Professional, Harm Reduction Care Manager, and where applicable, harm-reduction trained Law Enforcement Officer, will be dispatched to conduct follow-up with individuals post non-fatal overdoses and may also serve family members. The QRT will engage an individual, assess for and assist with a broad range of social, medical, and recovery support needs.

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:

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

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

With the growing evidence of emotional and behavioral concerns of children and youth in the school setting negatively impacting the ability for teachers to teach materials and students to learn, school districts representatives are identifying that childhood traumas, intergenerational trauma, lack of early intervention services and limited access to treatment are contributing to this. They report that an increasing number of students are entering pre-K and kindergarten without having met developmental milestones expected for their ages such as toileting and the ability to communicate appropriately through language skills. Furthermore, students are presenting with sensory and auditory processing difficulties, and a high degree of emotional dysregulation, including severe displays of physical aggression. The developmental concerns, intensity of the acting out behavior and overall high acuity of these students' emotional needs has led to districts to exponentially expand their specialized classrooms of 6:1:3 (6 students: 1 teacher: 3 aides) from zero to 17 in the past few years. Additionally, in the past two (2) years, Orleans/Niagara BOCES has developed and hired positions for Behavior Consultants and Mental Health Services Counselors to further provide more specialized behavioral and social - emotional supports to students and teachers. In 2018-2019 school year, one (1) of each position was hired and due to the increasing needs and success of these supports, an additional staff member was hired for each position in the 2019-2020 academic year. These positions currently service eight (8) out of (13) component districts through COSERs (Co-service agreements). Among the various supports provided by the Mental Health Services staff, they have focused efforts on training and modeling for school personnel trauma-informed care and practices. This philosophy is a mind-set shift for many and continues to be an important focus area in order for all schools to become trauma - informed schools, which will further benefit the students, and their families, in our communities.

Having identified the quickly escalating trend upwards in need, Orleans/Niagara BOCES, in collaboration with component districts, Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Local Governmental Unit (LGU), Help Me Grow and Best-Self Behavioral Health have been working together over the past two (2) years to devise a plan for implementing Parent-Child Interaction Therapy (PCIT) and Teacher-Child Interaction Training (TCIT) within Niagara County. Implementation of PCIT and TCIT is anticipated within the 2020-2021 academic year. Both PCIT and TCIT are evidenced based programs. PCIT is a treatment for children ages 2 - 7 with social, emotional and behavioral challenges. The treatment involves a trained therapist work intensively with a parent / caregiver on building a stronger parent-child relationship, change ineffective interactions and strengthen their skills on how to deliver clear, direct commands to reward child compliance, and utilize effective strategies to curb child noncompliance (<https://pcit-training.com/parent-child-interaction-therapy/>). TCIT is a classroom adaptation of PCIT that helps train teachers and further develop their skill set to manage difficult behavioral needs of students. It is "designed to improve the social, emotional, and behavioral competence for children 3 to 6 years of age. Additionally, TCIT-C has been shown to increase teacher-efficacy and job satisfaction for early childhood educators and the needs of children" (<https://pcit-training.com/tcit/what-is-teacher-child-interaction-training/>). Implementing both PCIT and TCIT will provide a common skill set and language for parents and teachers to utilize with their children / students to further effect change and long-term positive outcomes for children, families and schools.

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.

There will be a coordinated systemic effort to educate the community at large about trauma and trauma-informed practices in order to build and maintain a trauma-sensitive and responsive service system.

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: The LGU, in collaboration with stakeholders, will support activities that increase provider and community awareness of ACEs, promote education, programming and systemic changes to mitigate risk factors related to ACEs.

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.

Over the past four (4) years, Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) received and fulfilled numerous requests to provide presentations to local school district personnel and professional associations on Adverse Childhood Experiences (ACEs), their impact, and ways in which ACEs can be prevented, identified, and responded to in a manner that is consistent with a trauma-informed approach. During 2019, NCDMH provided ten (10) trauma related presentations to multidisciplinary audiences across the county. This represents a total increase of trauma related presentations by 43% over 2018.

Compared to 2018 data, a representative from the local Department of Social Services reported a 3.1% increase in the number of cases received in 2019 for investigation into child abuse and maltreatment. This data indicates ongoing incidents of ACEs occurring in the lives of children and families in Niagara County. Furthermore, data from the one local school district's 2019 Youth Risk Behaviors Survey indicated an increase in nine (9) of the 10 (ten) areas within the ACES survey compared to data collected in 2015, which further supports the need for a systemic response to addressing Adverse Childhood Experiences.

Office of Addiction Services and Supports

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Tuesday, September 15, 2020 4:00:58 PM

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Q1

Contact Information

Name	Myrla Gibbons Doxey, MA LMFT
Title	Deputy Director
Email	Myrla.Doxey@niagaracounty.com

Q2

Niagara County Dept Mental Health Srvs

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.

The mental hygiene service system required a rapid shift in the manner in which services were delivered. The majority of local services and programs immediately worked to develop plans to utilize telehealth (both telephonic and video sessions) to continue to meet the needs of clients. Most non-clinical programs were able to utilize creative methods, including virtual meetings, telephonic interventions, and alternative ways of providing support which is described in more detail in sections below.

There were notable positive impacts on the mental hygiene service system that occurred during the COVID-19 pandemic. With the emergency regulations expanding implementation of telehealth, many local agencies reported an increase in show rates and client engagement, which correlates to barriers being removed related to child care, transportation, time commitment to attend an appointments, and other commitments such as scheduling around employment hours. Many of the local agencies under OMH and OASAS oversight have reported plans to continue with telehealth after the emergency regulations expire, which will not only benefit clients, but also agencies with staff retention as they consider ongoing staffing hybrid work models allowing employees to schedule time both at home and in office. Changing to a hybrid work model may assist local agencies with improving workforce recruitment and retention efforts.

Some challenges faced by the mental hygiene service system included a decrease in service access, particularly with inpatient and residential services as programs had to revamp programming to allow for social distancing and increased infection control protocols. This led to decreases in census and increases in wait time to be admitted to programming. Providers further noted that clients presented with increased apprehension about entering inpatient and residential treatment programs due to the concern of possible COVID-19 exposure also.

Overall, the local providers across the mental hygiene service system have continued to remain open; however they have shared that the pandemic has negatively affected revenue flow, which may impacts long term sustainability of the current programming.

The COVID-19 pandemic has had disproportionate impacts on the African American and Hispanic populations, the local jail population, the homeless, individuals with lower socioeconomic statuses, and those that live in more rural areas within the county.

There were differences noted between adult and children's services. Overall, the adult population were more receptive to, and engaged in, telehealth services than the children's population. There was more difficulty keeping children engaged in telehealth sessions, and when able to engage, sessions were much shorter, and, therefore scheduled more frequently. More families preferred face to face sessions when possible. It was also noted that there was reduced access to children's services compared to adult services with the closure of the school satellite clinics and other support services such as in-home and group respite. Unlike children's community based support services, which had a drastic decreased in referrals to services, the referrals to adult supportive services increased and there was a primary focus on assisting clients with obtaining essentials such as food and clothing as compared to the period prior to the COVID-19 pandemic.

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.

The vast majority of local providers have reported that they have shifted to providing telehealth services (either telephonically or virtually) during the pandemic, while they also continue to offer in-person services as necessary. Many local providers indicated experiencing increased show rates and access through the use of telehealth with relaxed regulations since the beginning of the pandemic. This has given both existing and new clients the opportunity to engage in services without the fear of possible COVID-19 exposure to self or loved ones. Local providers have also shared that many clients have noted that telehealth has eased many of the concerns related to transportation, childcare, and work commitments, which has historically had a negative impact on the clients' abilities to regularly attend therapeutic services.

As with any system change, there were some challenges during the transition between service delivery modalities. Challenges included increases in the volume of clients presenting with more intensive needs, more individuals being assessed with dual diagnoses, and increases in critical incidents such as suicide attempts and substance use. Furthermore, with the partial or full closing of some of the local (face-to-face) referral points, there was reduced access for receiving diagnostic evaluations in order to obtain approval for other non-clinical supports and services.

Another barrier that was identified included various challenges to delivering telehealth as its implementation was abrupt. Some staff and clients have a lack of knowledge and comfortability with, or access to, use of technology. Many clients, particularly children and families, still preferred face-to-face services. Furthermore, some staff and clients are experiencing a great deal of anxiety related to the use and availability of personal protective equipment.

During the COVID-19 crisis there have been delays in individuals being able to access mental health residential programming due to additional infection control procedures needing to be implemented. Additionally there have been delays with individuals being admitted to mental health supported housing due to challenges locating apartments.

Niagara County Crisis Services had a notable 50% increase in the volume of calls received compared to the same time period in the previous year. When onsite interventions were necessary, the Mobile Crisis Team had increased challenges getting law enforcement to engage in a joint response according to established protocols.

Local providers shared that the African American, Hispanic and lower socioeconomic populations in the Niagara County community have been more adversely impacted by the pandemic due to health issues and lack of testing or slow result returns. They have also experienced increased barriers to accessing technology, internet, and food, and have higher rates of service jobs that may increase risk of exposure, which have further complicated the pandemic impact for these populations.

Compared to adult services, there was reduced access to children's services with school satellite clinics being closed and the Mental Health Association in Niagara County ceased in-home respite services and Compeer related activities were only offered through video interaction, in which not every consumer could take advantage of. The local children's providers noted that it was difficult to engage younger clients in telehealth for extended periods of time, children were more easily distracted during sessions, and they preferred to see children and families in person rather than utilizing telehealth. Additionally, the Children's Single Point of Access Program and community based providers serving children and families noted a drastic decrease in referrals for services, whereas referrals for adult community based and housing supports increased.

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.

Niagara County has seen a 50% increase in drug overdoses, including fatal overdoses, compared to the same time period last year. Although fentanyl continues to be involved in the vast majority of the overdose fatalities, we are seeing a broader range of substances that are being used during these overdoses, including benzodiazepines and cocaine. All areas of the county are being impacted. Overdoses are seen in individuals who have not necessarily been previously identified as needing assistance with substance use concerns.

The COVID-19 crisis has led to increased isolation, boredom and anxiety in individuals. There has also been disruption to normal routines and activities, in-person supports and monitoring of individuals with substance use disorders. With treatment courts and other oversight programs having temporarily closed and / or relaxed monitoring standards, the lack of accountability for individuals with SUD have had a devastating impact.

Local providers noted increased substance use and abuse among those they serve as well as increased critical incidents in suicide attempts and drug overdoses. Although there was an initial increase in clients seeking services, over the length of the pandemic outreach and engagement became more difficult, eventually leading to a decrease in clinic outpatient census. It was noted that telehealth services were not equally effective for all clients as it was observed that some clients struggled to engage with this modality.

With regard to inpatient and residential services, due to safety concerns the requirements for social distancing and increased infection control precautions, there was a delay in the process for individuals being admitted to programs as well as a reduction in the number of individuals that were able to be served in programming. Additionally, there were individuals who were resistant to enter into care during the pandemic due to fears related to contracting COVID-19. This has led to a decrease in referrals to local SUD services.

The local provider of services in the county jail indicated that due to the pandemic, they were required to limit direct services to inmates, which in turn also limited engagement and negatively impacted community collaboration with providers and outcome measures.

Local providers stated that the African American and Hispanic populations experienced increased impact of the COVID-19 pandemic compared to other population groups in the county. It was specifically shared that these populations dealt with underlying difficulties, such as homelessness and lower socioeconomic status, creating barriers in access to virtual services.

SUD providers within Niagara County did not indicate any differences between adult and children's services.

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.

The greatest negative impact that has been felt by the developmentally disabled population has been social isolation. For those who reside in group homes, their health needs have been well-met, but their access to visitors and community outings has been severely restricted during the pandemic. For those who live in the community, their access to day services and other social supports has been similarly affected. Employment opportunities have also been limited by the pandemic. Those who received a paycheck through prevocational programs have been unable to do so until the past few weeks. The competitive employment services also experienced few work opportunities due to the economic downturn caused by the pandemic.

Local OPWDD providers noted that though they did not observe COVID-19 having disproportionate impacts on racial/ethnic groups or populations, it is believed that there are racial disparities among the African American and Hispanic populations related to the pandemic. This could impact those clients within the OPWDD system twofold if they are also part of the African American or Hispanic populations.

One local provider noted observing a difference between adult services and children's services, specifically that adult services were able to resume much faster than the children's services within the OPWDD system.

Q7

a. Mental Health providers

The local mental health providers within Niagara County shared that there were no issues obtaining training, educational materials, and model policy guidance. The only additional guidance that could be beneficial included ideas for implementation and use of telehealth services, specifically how to address challenges when utilizing audio/visual sessions effectively. Additionally, it was noted that it would be helpful to receive more information on how staff can maintain safety and provide education to families to assist with understanding the impact of the COVID-19 pandemic.

Q8

b. SUD and problem gambling service providers:

The local SUD providers within Niagara County did not identify any major issues with obtaining training, educational materials and model policy guidance. It was noted, however, that it would be helpful if OASAS dated their guidance as to streamline the changes in policy over the course of pandemic.

Q9

c. Developmental disability service providers:

The local OPWDD providers within Niagara County did not identify any major issues with obtaining training, educational materials and model policy guidance.

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

Q11

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

Local providers have noted that there has been an overall increase in need for supports to meet basic needs with the challenges of people being isolated and supports not readily available that were previously received or accessed through in person services. The local children’s crisis response programming as well as children’s community based service programs have seen a decrease in the number of referrals, which is believed to be related to educational programming disruptions as the majority of those calls come from the educational setting.

Q12

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

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

Q13

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

Due to the reduction in and availability of in person services, access to services was perceived to be more limited despite the availability of telehealth.

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?

1

Q15

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

The Mental Health Association in Niagara County did not provide the Legal Assistance or in-home respite programming. The agency also essentially halted group compeer activities.

Local providers remained open but needed to adjust their service delivery systems to best meet the needs of their clients and utilize creative ways of providing services to the community such as the utilization of telehealth or alternative interventions to reach those in need. Face-to-face sessions for home and community-based services continued to be provided on an emergency basis due to lack of technology for some individuals and families or as clinically indicated.

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?

1

Q17

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

The MHA legal assistance, in-home respite and group compeer activities remain closed.

Q18

Yes

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

Q19

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

Niagara County Department of Mental Health and Substance Abuse Services transitioned to offering telephonic sessions and virtual sessions during the pandemic, while maintaining availability of face-to-face sessions as clinically appropriate and necessary.

Q20

No

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

Q21

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

N/A

Q22

No

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

Q23

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

N/A

Q24

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

Yes (please describe):

Local providers reported initiating door drops (dropping off a package of materials that would assist with engagement during telehealth sessions or provide creative activities / projects to do) and health checks during the pandemic. The availability of supplies and offerings of activities that assist with interactions on virtual meetings were increased during this time as well. In addition, one local provider indicated that they were able to access greater provider availability/expertise from various clinics within the agency regardless of where the client was enrolled as part of the transition to telehealth services. Another local agency was able to purchase smart phones for clients who needed them in order to participate in telehealth services.

Q25

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

Yes (please describe):

Some partnerships developed by mental health providers within Niagara County include the following: One provider joined a Health Equity Task Force to address the continued need for equity in care and supports. Another provider noted that they had existing partnerships within the 21 Value Network agencies and they are currently exploring the WNYCOVID-B3 project, which involves multi-agency training and primary care/behavioral healthcare integration. Furthermore, another providers identified the benefit of conducting case conferences and utilization review by virtual meetings, noting this will modality will be continued post COVID-19 as they experienced a higher level of participation and attendance from various providers compared to in-person meetings.

Q26

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

8

Q27

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

Eight (8) local mental health providers responded that they implemented existing continuity of operations plans.

Q28

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

2

Q29

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

N/A

Q30

None

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

Q31

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

N/A

Q32

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

**Program-level Guidance,
Telemental Health Guidance,
Infection Control Guidance,
Fiscal and Contract Guidance,
FAQs,**

Please provide any feedback on OMH's guidance resources::

N/A

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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:

Local SUD providers noted difficulty locating surgical gowns, testing supplies, and disinfecting wipes during the pandemic. One local agency noted that in the beginning of the pandemic, they struggled to find personal protective equipment, but have been able to secure the necessary items by creating an internal process to do so.

Q34

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

The local SUD prevention provider utilized creative avenues to revamp their prevention curriculum in order to continue their prevention services. Specifically, the provider created an alternative way to provide prevention information to the community via social media and virtual trainings. They are also in process of developing new materials and presentations to be able to provide virtually or in small groups in the local school districts.

Q35

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

Recovery services such as self-help groups, drop-in and recovery community centers needed to re-evaluate their programming and workflow in order to best meet the needs of their clients, often by providing virtual and /or telephonic interventions when possible. While providers did their best to offer virtual and telephonic assistance, the lack of having a physical place to go and connect with others has likely negatively impacted individuals who are in need of supportive recovery services. Virtual interaction cannot replace the brick and mortar places where people can go, develop healthy, sober relationships and develop a sense of belonging and healthy connections.

Q36

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

Local SUD providers indicated that all aspects of delivery and demand for treatment services were affected by the pandemic. Specifically, treatment services were radically changed with the allowance of virtual services versus face-to-face sessions. Outreach had to be limited to emergency care as needed. Treatment for residential clients has decreased due to the state guidance on social distancing and requirements for space to quarantine and isolate if necessary. A decrease in demand for residential services was observed when the stay-at-home orders were initiated. One local provider noted that within the past 6 weeks, there has been an increased demand for SUD residential services and clients are presenting with more severe symptoms of substance abuse.

Local providers that service those in the criminal justice system identified a decrease in requests for services due to treatment court operations being suspended during the COVID-19 pandemic and only recently returning to a virtual court option.

SUD providers within Niagara County also indicated that services have been limited to remote and/or face-to-face on an as needed basis. This has decreased the providers' ability to assist with immediate linkages to needed services. Some SUD clients struggled to participate in virtual sessions due to unfamiliarity with technology and/or lack of appropriate devices and internet connections.

Q37

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

INPATIENT	Increased
OUTPATIENT	Increased
OTP	Increased
RESIDENTIAL	Increased
CRISIS	Increased

Q38

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

One agency noted that the overall demand for residential services may have decreased but, due to limited bed availability related to social distancing requirements, the limitations led to an increased demand for the available slots. Of note, it is important to acknowledge that demand does not necessarily correlate with need. It is evident by the drastic increase in opioid overdoses in our community that the need for supports, services and treatment are critical; however individuals are not necessarily reaching out for those services thus not demonstrating a demand for such. In several instances, individuals verbalized hesitation to reach out for residential or even emergency services due to fears of being in a group environment, risking COVID-19 exposure.

Q39

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

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

Q40

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

N/A

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):

One local SUD provider shared that they were able to expand use of their secure online telehealth platform across the agency and access increased counselor/prescriber availability and expertise from various clinics within their agency to best meet their clients' needs. In addition, another local provider offered virtual daily support groups. These groups have been available to the community and also clients within the residential treatment facilities within their agency. Virtual outreach services were also available during the pandemic.

Q42

b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Yes (please describe):

One local SUD agency noted that they have been participating in existing partnerships with the 21 Value Network agencies and recently submitted two RFIs to the WNYCOVID-19 B3 project for multi-agency training and primary care/behavioral health care integration.

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Q43

No

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

Q44

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

The greatest challenges that Niagara County will be facing over the next 12 months related to I/DD include loss of funding, loss of enrollment in key programs that will result in unsustainable infrastructure, and lack of PPE and the resulting need for government leadership regarding it. Also, there have been staffing shortages that have been exacerbated by individuals who feel endangered by the COVID-19 pandemic. There have been staff who have obtained medical documentation excusing them from work due to COVID-19. There is an overall challenge of keeping people safe as society reopens and in-person services are re-established.

Q45

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

The following data from OPWDD would better inform the Niagara County local planning process. It is listed in order of priority:

- Total number of Niagara County residents, age 21 and under, and age 22 and older, authorized for OPWDD services and the number not receiving those services.
 - Total number of Niagara County residents, arranged by age and priority level, who have requested residential placement through OPWDD but are not currently placed along with the average length of stay on those lists.
 - Total number of Niagara County residents, grouped by age, with an autism diagnosis.
 - Total number of Niagara County residents, grouped by age, with a dual IDD/mental health diagnosis.
-

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Q46

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

Local mental health service providers noted that their experience with providing telehealth services assisted in reducing unnecessary constraints on the delivery of services and reduced barriers for access to treatment. However, telehealth has not been a one-size-fits-all approach to care and in-person care remains crucial for those who need this.

The LGU has been in weekly contact with mental hygiene service system providers to monitor, and respond accordingly, to any changes and challenges that are being experienced during the COVID-19 crisis. Technical assistance has been provided as needed.

Regarding the I/DD service system, the larger advocacy organizations of which some local agencies are a part (DDAWNY, CP State, and NYDA) conducted formal analyses on the impact of COVID-19. The results indicate the fiscal impact on providers is a highly significant concern. Additionally, while some of the local OPWDD providers noted that they saw an initial increase in employment applications and were able to onboard new staff during this time, it is unclear whether this trend will continue long term.
