

Mental Hygiene Goals and Objectives Form

Lewis County Community Services (70100)

Certified: [Patricia Fralick](#) (9/14/20)

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**:

Lewis County has seen an improvement in the following areas:

- Improved access to services
- Improved ability to engage clients
- Successful use of tele health by both staff and clients
- Through a Community Schools initiative, improved communication and access between school districts and community based organizations.
- Successful integration of the Systems of Care philosophy into the SPOA/E program
- Regional collaboration between LGU and cross county providers
- Improved communication and collaboration between providers, school districts, law enforcement and the medical community
- Strong Suicide Prevention Coalition
- Community Crisis Response Team. This is still an active effort

COVID:

- The flexibility of tele health during COVID was a resource allowing consumers and providers to stay connected.

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

In a review of the 2020 LSP submission , many of the areas noted to have remained the same or have seen little change

- Implementation and transition of the Children's Medicaid managed care continues to have challenges
- Transportation is still a concern in our rural county. While small gains have been achieved, there is still a concern when urgent or rescheduled appointments don't fall into the 48 hour notification requirement
- Timely and comprehensive discharge planning for residents either from inpatient or emergency department. The LGU isn't involved until a residents has multiple contacts , many discharges happen late on a Friday giving little time to arrange housing, obtain medications. The referring entities are not using supportive services such as the MIT team or peer despite being aware of them
- Communication about consumers between service providers licensed by different regulatory agencies (DOH, OASAS 42CFR, HIPAA). This creates confusion for front line workers

- Lewis County LGU continues working with the local hospital, behavioral health provider and law enforcement to standardize crisis response
- Attraction and retention of seasoned/qualified providers. The loss of one staff person regardless of licensure has an immediate impact which results in clients being transferred to yet “another counselor” or a delay in service access

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

- Housing stock available for individuals with mental health issues
- Waiting lists for HUD Housing Choice vouchers continue to be long, and for many people that is the only way out of supported housing.
- Stigma: people are hesitant to seek services for MH/SUD. It is a small community where "everyone knows or is related to everyone". It is hard to stay anonymous as service providers are located in visible areas
- Employment opportunities for clients are lacking
- Access to inpatient beds, all residents are admitted to facilities outside the counties
- Lack of child providers
- Access to inpatient mental health services for adults and children, any admission will be out of county. Children especially will require significant travel for family
- Waiver is now much more difficult to qualify for based on DOH standards. Children that would normally qualify will no longer with the new requirements set by DOH

COVID:

Lack of access to or inability to use technology caused some to disconnect from care

COVID 19 exacerbated mental health symptoms in in both children and adults

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**:

- Access to Medication Assisted Treatment services has improved
- Continued Narcan trainings and increasing availability to residents
- The number of resources available to assist people with substance use disorders continues to increase as does awareness to the issue
- Better client engagement, person centered care treatment philosophy shows longer treatment episodes by client choice
- Increased screening for opioid disorders
- Additional funding from SOR/OASAS. This has provided an opportunity to enhance service in our jail and provide means to access clients in hard to reach places in the county.
- The Drug Free Community (DFC) grant and SUD Prevention coalition has worked hard to reduce stigma and provide education to the communities and schools
- Improved communication and collaboration between providers, school districts, law enforcement and the medical community
- The county is one of 8 WAVE 1 counties in the Columbia University/NIDA HEALing Communities Study. This opportunity has allowed members to organize and focus efforts on MAT, OED and safer prescribing

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

- Transportation is still a concern in our rural county. While small gains have been achieved, still a concern when urgent or rescheduled appointments don't fall into the 48 hour notification requirement
- Lacking access to services which support a client who is waiting for a detox or inpatient bed
- Communication about consumers between service providers licensed by different regulatory agencies (DOH, OASAS 42CFR, HIPAA). This creates confusion for front line workers
- Lacks Medication Assisted Treatment (MAT) waived providers
- Engaging the medical community to provide MAT, the providers report a lack of capacity which prevents them from adding on MAT
- Stigma: people are hesitant to seek services for MH/SUD. It is a small community where "everyone knows or is related to everyone". It is hard to stay anonymous as service providers are located in visible areas

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

- An addicts use continues to impact families , however despite efforts have not been able to engage families in treatment
- Attraction and retention of seasoned/qualified providers. The loss of one staff person regardless of licensure has an immediate impact which results in clients being transferred to yet “another counselor” or a delay in service access.

- Lack of experienced staff and supervisors impacts client care as clients are presenting with multiple co morbidities . Many staff ,once trained or credentialed/licensed, move to systems with better pay/benefits.
- Vaping, school systems are struggling with students use of vaping

COVID:

Lack of access or inability to use technology caused some to disconnect from care

COVID 19 exacerbated SUD symptoms in in both children and adults

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**:

- Communication between DD providers and other agencies has improved.
- Support and collaboration between OPWDD staff/programs continues to build
- Improved communication and collaboration between providers, school districts, law enforcement and the medical community
- Access to Tele health
- Medicaid services have assisted families with respite care and the care managers work closer with families
- There is more opportunity for people with developmental disabilities with self-direction and smaller numbers of people living in the same household
- Transition to CCO is nearing completion

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

- Navigating the OPWDD system. Families still report being challenged/confused when attempting to access the OPWDD system
- Communication about consumers between service providers licensed by different regulatory agencies (DOH, OASAS 42CFR, HIPAA). This creates confusion for front line workers
- Access to specialized services for children. Lack of local providers and transportation
- The time it takes to be deemed eligible by OPWDD and to be approved for Medicaid is extremely lengthy, limiting people's ability to receive prompt services
- Lewis County service providers still lack capacity to meet the demand for needed services
- High turnover of service coordinators
- Reduced funding
- Consumers continue to be challenged to access communities services, such as transportation and food delivery
- Lack employment opportunities for consumers

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

- Attraction and retention of seasoned/qualified providers and front line service workers. OPWDD agencies report that the potential employee pool is less and workers lack "soft skills". Consumers report workers focused on their smart phones
- Staffing is also impacted by Justice Center investigations, meaning that staff are "suspended" until a resolution has been determined
- Ability to offer a competitive salary
- OPWDD Self Directed services and supports is pulling otherwise qualified candidates away from traditional services by offering much higher wages than agencies can afford to pay
- Finding well trained job coaches that can help with on the job training for their client is challenge
- Engaging and maintaining relationships with local employer who hire our consumers
- Access to housing
- Access to crisis services/respice has been identified as a need that was not being met. However the provider that offers Free Standing Respite is under utilized. Anecdotal reports indicate a communication breakdown between case managers and OPWDD approvals
- Lack of qualified staff for individualized services resulting in consumers waiting to start approved services

COVID:

Agencies not able to provide developmental services due to COVID 19 closures have likely set students/people back in terms of developmental growth

Due to COVID-19, day programs had to be suspended. Many people with development disabilities relied on them for socialization, education, and job skills building. Without those programs, people became more isolated and may have lost skills that were developed over time

If a second wave occurs, learning from Wave 1 experiences will hopefully be able to better accommodate the need for socialization

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input 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 type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services			<input type="checkbox"/>
r) Developmental Disability Children Services			<input type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input type="checkbox"/>
t) Developmental Disability Respite Services			<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports			<input type="checkbox"/>
v) Developmental Disability Self-Directed Services			<input type="checkbox"/>
w) Autism Services			<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Other Need 2 (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ab) Problem Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2a. Housing - Background Information

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

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

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

- The Section 8 lease rate in Lewis County is 97%. The available vouchers is 320. The county had 340 vouchers, but they were reduced as a result of the county not using them all. Lewis county also reports the wait list is shorter than average.
- However, single healthy people have historically been marginalized because the system is designed to help the most vulnerable; which often gives preference to seniors, individuals with disabilities, and people with children. Healthy single adults find themselves on an island with basically no safety net. Anecdotally, people who might be fall into the MH/SUD/DD classifications can have unmet housing needs given how various programs/systems work.
- Recently homeless preference was just added to Section 8 . This will increase options for single healthy people (and others) under the homeless preference category based on meeting eligibility criteria.
- Cost of housing is often reported as high. Urban areas with high density often have extreme rental costs whereas rural areas not so much. Shelter costs (rent and utilities) should not exceed 30% of a person’s available income. Many single people will be paying in excess of 30% without some program supporting them through an interdependence.
- Noted that available accommodations for both children, adult and families in need of temporary housing continues to be a challenge.
- Housing stock available for individuals with mental health issues has stayed the same. Efforts are being made to increase the number of landlords that work with MH individuals but progress is very minimal.
- Being able to locate and place households in need.
- Regulatory oversight of housing by numerous agencies is making it difficult to maintain current housing and is a barrier to engage new landlords. These site requirements are duplicative, time consuming and burdensome.
- Availability of subsidies. Supported housing, whether it be OMH funded or HUD funded, is at or near capacity.
- Waiting lists for HUD Housing Choice vouchers from Lewis County Opportunities are long, and for many people that is the only way out of supported housing.
- Not being able to move people along the continuum fast enough to provide new spots at the bottom for people to enter.

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

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

- While we as a county recognize housing needs of clients, either temporary or permanent, continues to be a challenge there are three county agencies that are monitoring housing.
- A local provider is applying for additional units, DSS is partnering with organization. This is also being monitored by the Lewis County Priorities Council

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 county did have an apartment for the homeless, however this was recently discontinued as a result of tougher regulations and now the homeless are put up in local hotels.
- A local providers recently acquired special funding that helps with rent, utilities, first month’s rent, as well as a “Housing Advocate” to try to help people navigate into stable housing.
- A local mental health provider did submit a PAR application to establish 3 adult crisis beds which would be available to Lewis County residents but physically in another county.

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.

Lewis County New York provides a basic county wide public transportation services for its residents. The challenges for consumers involve getting from their location to the offered routes. Another challenge involves accessing services located outside of the county. While residents have access to the Volunteer Transportation Center, this service only provides limited access to medical appointments. The VTC serves 33 clients in the month of April totaling 235 trips. Access to methods of transportation is also impacted by the poverty experienced by consumers, who may have license restrictions. The rate of poverty in Lewis County is 14.2% , which is a 1.7% increase over last year. Other barriers are the non local approach to scheduling Medicaid transportation, available resources whose regulatory requirements inadvertently create access issues

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

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

This area is being monitored by the Lewis County Planning Department , Tug Hill Regional Planning Consortium and by the Lewis County Priorities council

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.

- Lewis County Planning Dept. Transportation Task Force continues to meet on a quarterly basis
- The Tug Hill Regional Planning Consortium Board working with Office of Mental Health and Department of Health modified the 2020 form to allow more licensed providers approve the need for medicaid transportation.
- Both Lewis County Planning Department and the Volunteer Transportation Center were awarded federal 1510 funds which allowed for the purchase of vehicles
- Volunteer Transportation Center, this service only provides limited access to medical appointments served 33 clients in the month of April 2020 which equaled 235 trips. These were classified as "charitable rides". the VTC also serves the medicaid population.
- There are still reports of patients not being able to be served due to a delay in approval or needed services sooner than a 48 hours notification. The ability to mitigate this is sometimes delayed by the 42CFR confidentiality requirements

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.

Lewis County has an inconsistent response to crisis in the community. The public awareness of resource available and how to access them is lacking. The COVID 19 pandemic, has resulted in new people seeking services. Social distancing measure have impacted how services are given

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.

Lewis County LGU, working with community partners, use data to monitor crisis services utilization

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: Using currently available data and seek other data sources develop protocol to seek crisis support. Local staff and community members will be educated and trained.

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.

This continued in 2020. The direction of this changed with COVID 19. The LGU working with our county public health, BH agencies, school districts and hospital system took steps to increase public awareness of available services and how to access them. The LGU also tracked data. We saw a 23% increase in crisis contacts for Q2 in 2020 over the same time period in 2019.

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.

COVID 19 has significantly impacted all aspects of workforce from daily workflow, how employees approach their jobs, how employee hiring is done and what skills are now sought after. The other implication is the potential for reductions in state aid. As a result, our goals and objectives have been modified.

Executive leadership from our mental health, substance use and developmental disability providers all report concerns with staff turnover, filling existing positions, finding and keeping qualified and experienced staff. Salaries and benefits at the nonprofit levels have difficulty competing with those at the county, state and federal level. During county planning sessions, participants also note that when there is turnover, this results in a temporary higher case load, loss of agency knowledge, multiple counselors for the client's episode of care, fragmented continuity of care and a reduced confidence in services by both professionals and consumers.

It is the consensus of the Community Service Board and all subcommittees that without maintaining qualified and experienced workforce it will be challenging to maintain a collaborative treatment community meeting the complex needs of our consumers.

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.

In 2021, the LGU will work with all stakeholder groups to monitor both agency and employee needs related to COVID 19, funding and community service 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, CSB and subcommittees will monitor through quarterly reporting the impact of COVID 19 on workforce. It will also monitor state aid and its impact of workforce and service delivery. This will be done using reporting documentation

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.

COVID 19 changed the way service delivery happened in all three agency types. Almost overnight, staff were delivering service using technology and in isolation of their co workers. This required staff to get up to speed with various form of remote contact (telephone, telehealth, Zoom). Agencies had to comply with regulatory changes daily and transform, train and implement policies and procedures to continue to serve clients.

In addition to this, agencies have also been faced with reduced revenue and increased costs due to less client traffic, COVID related expenses and a state aid withhold.

Staff turnover in the behavioral health sector stabilization continued

- Workforce committee from the Priorities Council met every 4-6 weeks.

- Gathering information about the challenges of attracting and retaining staff both professional and para professional staff. Gathering information for the development of a human services career path and the beginning of a universal orientation for human services new hires.

- The local community college opened the satellite and are willing to develop a certificate program geared towards entry level direct care staff for all regulatory agencies-The LGU developmental disability subcommittee agreed that the previous years LSP goals and objectives for service and staff should be covered under workforce

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.

In planning for and ongoing review of the Local Services Plan, two anonymous surveys are circulated. One for staff, govt, coalition members and the other for community members. This year, employment opportunities for consumers was identified as a 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.

LGU will look for objective data/information to determine the scope/depth of the identified need

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: LGU will explore sources of information to determine depth of problem and any current initiatives or services geared to improve employment opportunities for consumers

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.

N/A

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.

In planning for and ongoing review of the Local Services Plan, two anonymous surveys are circulated. One for staff, govt, coalition members and the other for community members. In both surveys, lacking local inpatient treatment services was identified as a problem.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
While it is true, anyone needing inpatient services must travel outside of the county, the current fiscal climate is not supportive of pursuing this level of care within the county

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.

N/A

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 was identified as a concern in both the surveys used to solicit input from providers/staff and Lewis County residents.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Lewis County is currently a county participating in the NIDA/Columbia University HEALing Communities study. While the study's intent is geared to reduce Opioid deaths by 40%, all agencies have representation. One goal/work activity is the reduction of stigma and improved education. We can expect that in addition to impacting those suffering and working with consumers and families with SUD issues, the OPWDD and OMH worlds will also benefit from these efforts.

Change Over Past 12 Months (Optional)

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

2t. Developmental Disability Respite Services - Background Information

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

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

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

Despite having a Free Standing Respite option in Lewis County, which provides respite on weekends. It is reported they don't get many new referrals. This option has the capability of service those with intensive medical needs such as feeding tubes, Hoyer lift and diabetic needs. It is reported they serve 25 unduplicated participants annually. In certain circumstances they have occasionally opened during weekdays for emergent situations. Anecdotally it is reported by Care Managers that when they apply for Free Standing Respite services through DDRO that the amount of units being approved is less than what a family requests.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
OPWDD is monitoring all forms of services including respite, consumer/family needs and access, this is regularly discussed at the LGU developmental disability subcommittee. The implementation of the CCO and use of care managers is another source of information about respite and utilization

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.

N/A

2w. Autism 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.

Lewis County only has access to a limited number of qualified experienced staff for consumers with autism diagnosis especially those in the 3-5-year age group. The county also lacks comprehensive services resulting in consumers and families traveling out of area.

Lacking of providers for conducting evaluations, behavior specialists and those to provide crisis training for parents

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 number of educated and qualified staff and improve access to 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: Look at services outside of county and determine if those services could be provided locally

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.

Despite efforts members of the community services developmental disability subcommittee, staff from the ARC of Oneida Lewis and other community partner in our workforce committee we have been unsuccessful in the recruitment of staff and service providers. Pre COVID the group had intended to shift this to the workforce goals and objectives, however the LGU DD subcommittee will continue to monitor status and look for opportunities to offer these services in county

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.

The COVID 19 related needs has significantly changed the direction of this group. Goals and objectives have been modified.

Lewis County NY has five school districts. Each district has its own culture and the available services/resources offered to students and families can vary. With the significant local drug problem with 11 confirmed opiate deaths in 2017, 15.8 % poverty rate, 5.2% unemployment rate for 2017 and lacking affordable housing these social determinants of health impact families. In 2017 meetings between school superintendents, county government and leadership from service providers were held. The meeting allowed for the identification of student and staffing needs, current available resources and discussion surrounding how we could identify students and connect them to available 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.

Maintain strategic partnerships between school districts and available services with the goal of improving the identification of students and families in need in a "wrap around" 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: Will continue to work with school districts to ensure students and families are connected to needed services in response to the COVID 19 requirements

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 community schools initiative continued to meet and developed a strategic plan with 3 goals and objectives. With the COVID 19 pandemic, the initiative took a hiatus until the districts received guidance from NYS. In August the group reconvened and identified child care needs was an urgent priority. The group created resources for the

community in anticipating of the school year opening. The group has meeting scheduled post opening to assess status of services and needs.

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

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

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

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

NYS has identified budget deficit in the 2020 budget with potential carry over into 2021. Providers have already been impacted by a reduction in medicaid payments and a state aid withhold of 20%. In addition, NYS was declared in a state of emergency as a result of the COVID 19 pandemic. Providers report decreased revenue and increased expenses in Q2 and 3 of 2020. The delivery of services has been changed dramatically.

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.

Monitor the service needs of Lewis County residents, work with local agencies and regulatory regional office staff to increase efficiencies, reduce costs and identify and maintain critical 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, CSB and agency leadership will work together to identify critical services, use data and info to decide if services or staffing will be impacted by temporary or permanent reduction in state aid.

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.

N/A

Office of Addiction Services and Supports

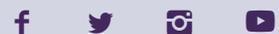
Accessibility

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COMPLETE

Monday, September 14, 2020 9:10:51 AM

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Q1

Contact Information

Name	Patricia Fralick
Title	Director of Community Services
Email	patriciafralick@lewiscounty.ny.gov

Q2

Lewis County Community Services

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 impact of COVID 19 on the Lewis County mental hygiene system was initially noted when trying to maintain or establish contact with clients, other community-based organizations, and newcomers to these services. Adopting and implementing non-contact ways to "meet" with clients was a challenge which also included modifying documentation, billing, HIPAA, and corporate compliance. Technology implementation was also a challenge for client facing staff and agency IT departments. The technology options were not available to all residents as we have areas in the county that have no internet access, clients without consistent access to computers or cell phones. The impact of COVID 19 on other systems, county government, schools, shopping, legal, medical community, and employment had implications on staff and clients. The fear and anxiety associated with these exacerbated client's symptoms as we saw an increase in crisis contacts. Access to transportation in general was challenging and the requirement for "social distanced" transportation option is still a concern. Population specifically impacted were those incarcerated in the local jail and anecdotally children were more challenged by the conversion from face to face to some form of technology.

Impact on staff and agencies: Shifting from working at the office to home was and continues to be an area to monitor. Staff were also coping with having to homeschool children, setting up home offices, possible reduction in income, ensuring patient information was secure, gaining new skills for client engagement and using technology to support treatment teams/care coordination.

Financially, agencies who were already coping with reduced Medicaid dollars, saw a reduction in revenue as units of service were affected by decrease appointments, inability to do groups, shifts in types of billable services, increased costs of being "COVID" complaint, additional IT needs. Currently all agencies are coping with a 20% withhold of state aid in Q3 of 2020 which has been implemented due to the cost of COVID and NYS budget deficit.

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.

Mental health service delivery has been in perpetual change since the beginning. As more is known, the service must adapt, educate, and deliver services. The pace is frantic for all involved. The service is committed to maintain a high level of service and keep up with the changes.

The population that may have been affected the greatest would be the lower socioeconomic class, mainly based on their access to electronic communications when many services shifted to telehealth as well as being able to stay aware of the updates via internet access.

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.

As in other counties, Lewis County is fighting the opioid epidemic. Initially in the beginning SUD providers reported challenges shifting clients from a face to face model of care to some form of technology. Those involved in the legal system have been impacted. With courts shut down and jails off limits to visitors, clients or potential clients are not being offered SUD treatment and support. The ability to reach youth in the community face to face for prevention counseling services. This is a time when youth are being faced with emotional stress as well as a potential increase in availability of substances such as alcohol and MJ. SUD Treatment/Prevention and MH services will be very important as we move through this fall.

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 area most affected by the pandemic was the reduced opportunities for socialization. This was not only for consumers but family members as well. And while technology was offered as a substitution/alternative, it was not a perfect solution.

The impact of COVID has been primarily felt by families of people with IDD who were unable to attend day programs upon the mandated suspension. Persons living in certified residences continued to receive day supports in their homes, provided by their day services staff. We were fortunate to not have any positive cases with staff or people receiving services, in Lewis County.

Q7

a. Mental Health providers

- Are not necessarily new needs but learning from the initial round. The amount of information, ways of delivery, is difficult to keep up with. Once reviewed and sorted it then must be operationalized.
-

Q8

b. SUD and problem gambling service providers:

- N/A
-

Q9

c. Developmental disability service providers:

- The OPWDD developed a great way to send info to providers and then follow-up with an opportunity to ask questions or get clarification. This would have been so helpful with OMH and OASAS.
 - The Arc has used its Education and Training Department, and Clinical Solutions Department for all training needs, as well as the NYS DOH, CDC and OPWDD websites for training materials.
-

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
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Q10

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

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

Q11

Respondent skipped this question

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

Q12

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

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

Q13

Respondent skipped this question

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

Q14

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

0

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

Q15

Respondent skipped this question

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

Q16

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

0

Q17

Respondent skipped this question

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

Q18

N/A

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

Q19

Respondent skipped this question

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

Q20

No

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

Q21

Respondent skipped this question

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

Q22

No

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

Q23

Respondent skipped this question

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

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

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):

While there were no formal innovative practices developed, partnerships in general (or collaboration) continued to strengthen as we realized that we were all in this together and had to work together to make things work.

Q25

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

No

Q26

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

1

Q27

Respondent skipped this question

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

Q28

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

1

Q29

Respondent skipped this question

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

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

Respondent skipped this question

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

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**

Page 3

Q33

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

There were no issues obtaining supplies, it was more of where you access them from

Q34

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

Prevention reported an increase in demand for services. The delivery was challenged by schools doing remote learning, navigating confidentiality and HIPAA and staff working from home.

Q35

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

N/A

Q36

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

Treatment reported an increase in demand for services. The delivery was challenged by navigating confidentiality/HIPAA, staff working from home, access to clients, NARCAN training and distribution and need for staff and clients to increase their implementation, knowledge and use of various technology options

Q37

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

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

Q38

Respondent skipped this question

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

Q39

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

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

Q40

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

We have no inpatient, OTP, residential or crisis SUD services in the county

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):

- Virtual Opioid Overdose Prevention Program (OOPP) trainings and distribution of Narcan
 - Potentially continuing extended take home doses (pending ongoing regulatory relief
 - Telephonic telehealth sessions
 - Reduction on restrictions of certain types of telehealth services (i.e. buprenorphine induction)
-

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

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):

We have been working with Jefferson and St. Lawrence Counties to review our day to day processes to identify cost sharing possibilities. We recently completed a three agency IT assessment to determine if we can collaborate in this area moving forward.

Page 4

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?

Maintaining socially distant client interactions. The substitution of some form of technology for face to face service delivery has been reported to be very challenging for consumers and family members. The requirement has also impacted, socialization, transportation, and employment activities. The CCO's serving my county plan to keep having their staff work from home rather than meet with consumers and families in the community. Anecdotal reports from family members indicate it is difficult to know who is calling and finding transportation for approved activities.

Challenges will arise if people become exposed/infected with COVID, limiting the ability to receive in home supports, and challenges will arise if staff become exposed or infected, unable to provide supports. If schools end up going remote again, it could impact staff's ability to work outside the home.

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.

N/A

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Q46

Respondent skipped this question

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