Mental Hygiene Goals and Objectives Form
Seneca County Community Services Board (70330)
Certified: Margaret Morse (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**:

COVID 19 has had a signficant impact on mental health of our community members resulting in an increased need for services. Telehealth has increased access to clinical services overall and has been a great benefit to our community.

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

Our staffing challenges continue as we attempt to meet the growing demand for psychiatric and clinical care. While we have been successful in bringing increased awareness and education to our community around the issues of mental health and suicide prevention, death by suicide continues to be an issue in our community.

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

We have a continued need for expanded psychiatric coverage. COVID 19 has resulted in an increase in mental health challenges for our community members. Additionally, expected funding cuts will impact resources for both the clinic and the schools.

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**:

COVID 19 appears to have increased use of substances, particularly opioids and stimulants, in our community. We have also had an increase in overdoses reported within our community during the pandemic. Telehealth has increased access to clinical services overall and has been a great benefit to our community. Unfortunately access to crisis beds and inpatients beds decreased during the pandemic creating additional challenges in our community.

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

Unfortunately, as was the case last year, while we have seen some improvements and increased funding for increased service delivery, opioid use and resulting consequences including arrests and overdose, continue to be a growing concern in

Seneca County. While access to MAT has improved in our outpatient settings, access to detox and stabilization beds has not yet improved despite efforts by the state to increase these numbers and the COVID 19 pandemic only complicates this problem.

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

Seneca County continues to experience an increase in opioid overdose, opioid related ER visits and hospitalizations and opioid related deaths. Seneca County had among the highest rate of opioid related ER visits in the region January-June of 2018. The COVID 19 Pandemic has increased this challenge in our community while reducing access to inpatient and crisis beds. Additionally, decreased funding for services delivery upwards of 20% across programs will create challenges moving into 2021.

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**:

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

The unmet needs appear to have remained the same during the past year. We continue to monitor changes as the system transformation moves forward.

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

The new Care Coordination Organizations are providing services in place of the former MSC. This has apparently been a difficult transition with IT functionality issues including an inability to utilize their electronic record to develop life plans. We have not heard any negative feedback from families or consumers regarding the transition but our local service provider expresses stress on staff which may eventually have an impact on consumers of services. Additionally, funding cuts have impacted staffing levels at Mozaic which is a big concern moving forward.

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

2. Goals Based On Local Needs

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

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

Issue Category		Applicable State Agenc(ies)		
		OASAS	OMH	OPWDD
a)	Housing	✔	☐	☐
b)	Transportation	☐	☐	☐
c)	Crisis Services	✔	✔	☐
d)	Workforce Recruitment and Retention (service system)	☐	☐	✔
e)	Employment/ Job Opportunities (clients)	☐	☐	☐
f)	Prevention	☐	✔	☐
g)	Inpatient Treatment Services	☐	✔	☐
h)	Recovery and Support Services	☐	☐	☐
i)	Reducing Stigma	✔	✔	☐
j)	SUD Outpatient Services	☐	☐	☐
k)	SUD Residential Treatment Services	✔	☐	☐
l)	Heroin and Opioid Programs and Services	✔	☐	☐

m)	Coordination/Integration with Other Systems for SUD clients	☐	☐	☐
n)	Mental Health Clinic	☐	☐	☐
o)	Other Mental Health Outpatient Services (non-clinic)	☐	☐	☐
p)	Mental Health Care Coordination	☐	☐	☐
q)	Developmental Disability Clinical Services			☐
r)	Developmental Disability Children Services			☐
s)	Developmental Disability Student/Transition Services			☑
t)	Developmental Disability Respite Services			☐
u)	Developmental Disability Family Supports			☐
v)	Developmental Disability Self-Directed Services			☐
w)	Autism Services			☐
x)	Developmental Disability Front Door			☑
y)	Developmental Disability Care Coordination			☐
z)	Other Need 1(Specify in Background Information)	☐	☐	☐
aa)	Other Need 2 (Specify in Background Information)	☐	☐	☐
ab)	Problem Gambling	☐	☐	☐
ac)	Adverse Childhood Experiences (ACEs)	☐	☐	☐

(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.

There continues to be a paucity of safe, affordable housing in Seneca County. This fact is experienced acutely by those members of our community challenged by mental illness and/or substance use disorder. Providers and consumers alike describe housing options as sub-standard. Supported Housing waiting lists are long in large part due to the difficulties providers experience in finding adequate housing for consumers. There exists only one OASAS Supportive Living bed in Seneca County. Individuals leaving the state hospitals or other controlled environments including jail and prison face significant barriers to community re-engagement due to a variety of factors including inability to find adequate housing in Seneca County. From a 'housing first' perspective, our community is not conducive to recovery when we cannot meet the basic housing needs of our residents.Additionally, we lack access to transitional housing and crisis beds. Individuals leaving the hospital who can't find housing are placed in hotels which are often not places conducive to recovery.

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

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

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

 Develop new housing initiaves in conjunction with community based organizations to provide adequate, safe, affordable housing in Seneca County.

Objective Statement

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

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

Objective 1: Work with FLACRA on development of new housing initiatives that will provide affordable housing access to those in Seneca County struggling with SUD.

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

Objective 2: Work with Lakeview Mental Health on development of new housing initiatives that will provide affordable housing access to those in our community struggling with mental illness.
Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☐ OPWDD

Objective 3: Work with Seneca County Housing Coalition on development of new housing initiatives to bring affordable housing opportunities to Seneca County.
Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 4: Continue to advocate for increased funding for OASAS supportive living beds.
Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 5: Work to develop transitional housing opportunities for Seneca County residents leaving jail and hospital settings.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

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

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.

Seneca County continues to experience increased opioid overdose and death rates in our community particularly impacted by the COVID 19 Pandemic. Seneca County had among the highest crude rate of ER visits due to heroin overdose last quarter of 2018 in the Finger Lakes Regoin. Additionally, we have experienced a number of suicides since 2018. Our local law enforcement report numerous mental health crisis calls on a weekly basis and an increase in calls from the same time last year of 18%.

Despite increased collaboration with the Finger Lakes CPEP, county residents in need of mental health crisis services continue to be routinely tranported to area 9.39 hospitals due to 9.41 or 9.45 order only to be let our of the hospital within hours. These same individuals are often back in police custody within hours of discharge from the CPEP. Information regarding ongoing concerns with lack of crisis services, including mobile response are reported by community members in group settings. These concerns are parrotted by our local law enforcement in our CIT planning meetings.

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 access to crisis services and crisis housing for Seneca County residents diagnosed with a behavioral health disorder

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: Seneca County will ccontinue collaboration with Rochester Regional Health for enhancement of CPEP mobile crisis response in the County.

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

Objective 2: Seneca County will continue to plan with regional partners including Ontario County Mental Health, Wayne Behavioral Health and Rochester Regional Health in the implementation of a Regional Crisis Plan, once it is approved, that includes mobile crisis capacity for Seneca County.

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

Objective 3: Seneca County will continue to explore options for development of crisis housing and other transitional housing options in our community.

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

Objective 4: DCS will continue to facilitate CIT collaboration with Seneca County law enforcement entities.

    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.

 Seneca County has expanded use of telehealth evaluations in the community with the Sheriff's Office and the Seneca Falls PD. Seneca County has developed a High Risk Planning Team meeting with local stakeholders including law enforcement that meets on a monthly basis.

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

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

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

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

Workforce recruitment and retention continues to be an issue for rural counties attempting to staff both mental health and SUD services. Seneca County in particular struggles with recruitment and retention due to low county wages. Recruitment of psychiatric providers also continues to be a struggle for our rural community.

The ARC of Seneca County reports continued recruitment and retention issues with their direct care staff. Transition to CCOs has exacerbated this challenge.

Lakeview Mental Health also reports continued challenged with recruitment and retention of direct care staff.

Mozaic reports ongoing issues with recruitment and retention of direct care staff.

Budget cuts expected in 2021 will only exacerbate these staffing and retention issues for service delivery agencies. Mozaic has already had to let go of direct care providers in order to manage cuts to their budget.

Failure to effectively recruit and retain direct care, clinical and medical staff significantly impacts the county's ability to effectively care for persons with mental health, substance use disorder and developmental disabilties.

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.

Realization of improved recruitment and retention of staff serving persons with disabilities in Seneca County.

Objective Statement

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

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

Objective 1: We will continue to work with our County Legislator to bring wage parity to Seneca County.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: We will continue to work with County HR and IT departments on effective recruitment.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: We will continrue to appropriately increase contract amounts to reflect governor's increase in direct care wages.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 4: We will continue to support community providers as they struggle to manage cuts to state funding.
    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 Pandemic has created funding deficits for local providers resulting in their having to lay off staff.

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.

In the past 18 months, Seneca County has experienced a number of deaths due to suicide and opioid overdose. The Pride Youth Development Survey conducted by the Substance Abuse Coalition illustrates decreases in perceptions of substance harm by both youth and their parents. We know this to be a risk factor for our community. While we have had the opportunity to expand services in the schools both OMH clinical and OASAS prevention, our youth population has unmet prevention needs. Additionally, our Substance Abuse Coalition lost it's main funding source in 2018. The County is now funding the Coalition. Community members consistently report in community forums and other group settings, that prevention efforts should be a priority in our community.

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.

Implementation of universal mental health screening in schools and primary care for youth in Seneca County. Increase access to prevention services for both mental health and substance use disorder in county schools.

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 continue collaborate with Racker Centers and The Suicide Prevention Center of New York for implementation of a youth focused Zero Suicide Initiative

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

Objective 2: LGU will monitor progress of Systems of Care Initiatives in Seneca County being lead by Seneca County Children's Services Coordinator

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

Objective 3: LGU will work with stakeholders to implement Zero Suicide Initiative.

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

Objective 4: LGU will continue to advocate for additional focus by OMH on prevention services in the schools.

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

Objective 5: LGU will monitor OASAS prevention activities being delivered in the county schools and the community.

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

Change Over Past 12 Months (Optional)

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

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.

Access to children's inpatient beds continues to be significantly challenging for Seneca County families and children. We have had reports of children waiting in area emergency rooms for day in order to gain access to beds. We have heard stories of children being transferred to hospitals downstate in order to receive the appropriate levels of care. Additionally, we continue to find that our local inpatient system is very likely to admit patients in need of services. Most patients referred to our 9.39 hospital via 9.41 pr 9.45 are not admitted and are back in the community within hours of transport only to be engaged with law enforcement again within hours of discharge. This revolving door process is a drain on our community resources and does not best serve those sickest individuals in need of an inpatient admission. Observation beds are not being utilized as they should.

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 access to inpatient beds.

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 work with local 9.39 hospitals to increase access to EOBs.

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

Change Over Past 12 Months (Optional)

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

2i. 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 in our community continues to create barriers to employment, services, adequate healthcare, social services, housing etc.... Stigma was commonly mentioned in all of our Community Forums as being experienced by both youth and adults in our community living with SUD and MH.

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

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

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

Work to reduce the stigma associated with MH and SUD in Seneca County.

Objective Statement

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

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

Objective 1: The Seneca County Suicide Prevention Coalition will continue to facilitate Talk Saves Lives presentations throughout the community
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: The LGU will continue to facilitate implementation of Mental Health First Aid classes throughout the community.
    Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: The Seneca County Substance Abuse Coalition will continue to provide community education programs.
    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.

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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.

 Access to residential treatment services is limited for our community members. The only providers of SUD Residential Treatment in our region have long waiting lists to access beds. Access to beds can take months. Demands for residential SUD beds have increased in our community due to the growing heroin/opioid problem. Additionally, an unintended consequence of residential redesign is that individuals are having significantly shorter lengths of stay in stabilization and rehabilitation levels of care. They are discharging to Supportive Living without adequate skills to maintain recovery in the community. Additionally, there are now longer waiting lists for supportive living beds.

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 available residential beds, with a particular focus on Supportive Living beds, in order to increase access to residential services for Seneca County residents needing this level of care.

Objective Statement

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

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

Objective 1: Seneca County will provide support to community based agencies including Finger Lakes Addiction Counseling Referral Agency's efforts to increase the number of residential beds available to Seneca County residents.
    Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 2: DCS will continue to work with Finger Lakes RPC to advocate for resolution to unintended consequences of OASAS residential redesign.
    Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

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

2I. Heroin and Opioid Programs and Services - Background Information

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

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

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

Seneca County continues to experience an increase opioid related emergency room visits and overdose deaths in 2019. According to DOH data, Seneca County had among the highest rates of opioid related ER visits in the Finger Lakes Region. Approximately 50% of the county operated OASAS outpatient clinic's current clients are diagnosed with an opioid 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.

Decrease opioid overdose rates in Seneca County.

Objective Statement

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

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

Objective 1: Futher Implement Ancillary Withdrawal Services in the county operated outpatient clinic.
   Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 2: Develop access to withdrawal services in local urgent care facility.
   Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 3: Continue expansion of Community Narcan Training opportunities.
   Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 4: Work with Regional Network in SOR 2 Initiative to enhance existing SOR services in Seneca County.
   Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 5: Continue development of Opioid Response and Peer Services to include COTI services for Seneca 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.

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

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

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

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

Seneca County continues see this as a priority area for our community. Ensuring effective student transition into adult services is essential.

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 student transition in adult services in Seneca County.

Objective Statement

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

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

Objective 1: LGU will work with the schools and Childrens Services Coordinator to monitor student transition into adult services.
        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.

2x. Developmental Disability Front Door - 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.

Waiting periods for access to DD services in Seneca County have historically been a barrier for residents with DD and their families. Additionally, we are concerned that systems transformation may have unintended consequences to service access. Additionally, we believe that those who are deemed inelgible for services are falling through the cracks. We would like know why individuals are deemed not eligible and what services they are referred to in our community to support the needs they have once deemed ineligible by The Front Door process.

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.

Reduce barriers to service access for those individuals in Seneca County with DD and their families.

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 continue to advocate for more comprehensive data reporting from OPWDD to the County regarding Front Door access and services.
        Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: LGU will collaborate with OPWDD and Mozaic to support systems transformation.
        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.

 We have increased participation from OPWDD regional office at our OPWDD CSB Subcommittee meetings.

Office of Addiction Services and Supports

Accessibility

Contact

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Friday, September 11, 2020 6:04:11 PM

Page 1

Q1

Contact Information

Name	**Margaret Morse**
Title	**Director of Community Services**
Email	**mmorse@co.seneca.ny.us**

Q2

Seneca County Community Services Board

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.

Our local mental hygiene service system has been fairly lucky in that local services have been nimble in their response to service delivery during the COVID-19 pandemic. As a result of swift changes and supports from OMH, OPWDD and OASAS in allowing telehealth service delivery our service delivery system was able to continue a full array of services with little, if any interruption. Relaxation of regulations, decreased time frame thresholds for service delivery and billing supported a swift transition to remote service delivery. The populations most impacted by this change in service delivery in Seneca County are those at the ends of the age spectrum. Young children and elderly individuals faced the greatest challenges to successful engagement in telehealth services. Our delivery system found creative ways to address these challenges. Home visits were provided as needed. Lots of training for staff to enhance telehealth delivery skillsets was provided to include specialized training for service delivery to children. Transportation was provided to those clients with limited wifi and/or internet access in order to provide them with access to telehealth equipment on site for remote connection to prescribers and clinicians working from home offices.
We did have concerns regarding the lack of telehealth delivery to community members living in OPWDD state operated residences. OPWDD staff in State Operations reported that telehealth was not being utilized to provide mental health services to those living in DDSOs. This is something that needs to be addressed. Mozaic, our OPWDD not for profit provider, was fully engaged in delivery of telehealth psychiatric services as needed.

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 crises have increased somewhat significantly in Seneca County during the COVID-19 pandemic. According to our Sheriff's Office, Mental Health calls to 911 dispatch increased over 18% from the same time frame in 2019. Additional domestic calls increased by approximately 38% from the same time last year. Requests for 945 transport orders was higher during this time than in any other time I can remember since becoming a DCS in 2017. Individuals are presenting to services with increased symptomology and our prescribers are reporting higher rates of decompensation. We haven't necessarily seen any difference in increased need by age group. It appears both adults and children have had growing and increased needs during this time. We are very concerned about the level of need in a time when funding is being decreased.

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.

We have seen an increase in reported use of opioids and stimulants as well as an increase in reported overdoses on both of these substances. It has been difficult to keep tabs on many of our SUD clients and to confirm reported abstinence without the ability to drug screen. Running virtual groups was a challenge and resulted in decreased intensity of services to some of our SUD clients. With the Casino closed, we saw a decreased number of referrals for problem gambling services. It would however stand to reason that increased stressors resulting from COVID 19 pandemic would impact those with problem gambling similarly to those with other forms of addiction.

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.

We didn't see any specific increased needs for DD population in our County reported by providers. We were however concerned with a reported lack of telehealth service provide by those being served by OPWDD state operated residences and clinics. One of our DDSOs did have a COVID outbreak that was managed well without any deaths. No COVID positives in any of our Mozaic residential services.

Q7

a. Mental Health providers

Training in delivery of telehealth services to children and delivery of virtual groups continues to be an area of need that would serve to improve services. We didn't receive any state level support in development of policies in terms of "model policies". Luckily our professional networks were able to work together effectively to share best practices and policies. Educational materials were widely available and many free webinars were able to be accessed to support clinical skill development. The OMH website was very helpful with FAQ and providing updates on regulation changes. The biggest challenge we faced was keeping up with all of the coding changes for purposes of billing. While some guidance documents were provided, it was still very confusing and ever changing. This required significant time and resources to keep up with the continual changes and need to update our electronic billing system in order to effectively bill for services.

Q8

b. SUD and problem gambling service providers:

Training in delivery of telehealth services to children and delivery of virtual groups continues to be an area of need that would serve to improve services. We didn't receive any state level support in development of policies in terms of "model policies". Luckily our professional networks were able to work together effectively to share best practices and policies. Educational materials were widely available and many free webinars were able to be accessed to support clinical skill development. While some guidance documents were provided, it was still very confusing and ever changing. This required significant time and resources to keep up with the continual changes and need to update our electronic billing system in order to effectively bill for services.

Q9

c. Developmental disability service providers:

DD service provider Mozaic did not report any unmet needs during the pandemic. This system seemed to function well to support the needs of service providers and service recipients.

Page 2

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)	**Increased**
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:

Our community experience an increased need in all areas above during this time. This need appears to be increasing as time goes on. This is particularly concerning as funding is being decreased to support service delivery systems.

Q12

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

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

Q13

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

The ability and flexibility afforded by relaxing of regulation for delivery of telehealth services, particularly telephonic service delivery, allowed for increased access. This is the silver lining of COVID 19 pandemic. Our service delivery system has become adept at effective delivery of telehealth services.

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

Q15

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

No Mental Health program sites in our county closed or had limited operations thanks to regulatory flexibility surrounding telehealth and particularly telephonic service delivery.

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

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

Again, telehealth services and particularly telephonic service delivery have made it possible to continue full access to services in Seneca County.

Q18

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

Yes

Q19

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

In person services were delivered on site and in peoples homes as needed.

Q20

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).

No

Q21

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

Respondent skipped this question

Q22

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

No

Q23

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

Respondent skipped this question

Q24

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

Yes (please describe):
Our outreach services were greatly enhanced during the COVID 19 pandemic. Our Peers, Case Managers and Nurses became more confident and comfortable with delivery of home services as needed. Additionally, regular phone contacts outside of sessions to provide check ins and shows of support in between sessions was very effective in keeping clients engaged. We will continue these practices moving forward as we believe they have improved quality of care to our community.

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):
Our partnership with Finger Lakes CPEP and local law enforcement was enhanced and strengthened during this time.

Q26

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

1

Q27

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

Respondent skipped this question

Q28

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

0

Q29

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

Respondent skipped this question

Q30

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

LGU

Q31

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

Respondent skipped this question

Q32

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

Program-level Guidance,

Telemental Health Guidance,

Infection Control Guidance,

Fiscal and Contract Guidance,

FAQs,

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

All of the above were extremely helpful. We refer to them often.

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:

None

Q34

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

SUD service demand has increased. Our greatest challenge was delivery of virtual group services resulting in decreased intensity of services for some SUD clients. Greater use of Peers for outreach and engagement was very successful.

Q35

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

The increase in access to virtual recovery supports during COVID 19 was a benefit to service in our county. The demand for these services increased. SOR funding allowing us to support increased use of Peers I our community for delivery of recovery services was of great benefit.

Q36

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

We saw no specific change.

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	**N/A**
RESIDENTIAL	**Increased**
CRISIS	**Increased**

Q38

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

We saw a significant increase in addictions crisis related specifically to use and/or overdose with opioids and stimulants.

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

Q40

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

We found it more difficult to access inpatient and addictions crisis beds during this time.

Q41	**No**
a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.	
Q42	**No**
b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.	

Page 4

Q43

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

Yes (please explain):
We have only one provider in our County who we had regular contact with. Mozaic reported no reduction in access to services.

Q44

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

Loss of funding. Mozaic has already had to let staff go.

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.

Front door access data: how many in our community are referred, deemed eligible. For those not deemed eligible, why were they deemed ineligible and what support or referrals were made to provide them with alterative services.

Page 5

Q46

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

The major concern for our service delivery system is how providers will address an increased need for service while needing to decrease staff and other resources due to funding cuts. Agencies are worried about sustainability, particularly smaller agencies.