Mental Hygiene Goals and Objectives Form
Delaware County Dept. of Mental Health (70050)
Certified: Cynthia Heaney (8/7/20)

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 moved along implementation of telehealth capacity for outpatient mental health clinic. All clinicians have capacity to provide telehealth.
- Access to psychiatric prescribers has increased in primary sites throughout the county.

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

- Mental health needs in our rural communities continue to outpace resources. Delaware County has one article 31 outpatient mental health clinic to serve a county the geographic size of Rhode Island with 1442 miles of county roads.
- There is a limited availabililty of local inpatient psychiatric beds for adolescents. Many adolescents wait in ER beds for days only to be sent home due to no bed space in NYS or inability of parent to supervise. There are limited community resources to stabilize and enable individuals to function adequately in the community. The decrease in psychiatric hospital beds has placed additional burden on core outpatient mental health services without any increase in workforce.

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

- Full impacts due to COVID-19 are as yet unknown however Mobile Crisis reports 20% increase in crisis calls during pandemic primarily related to anxiety and depression.
- According to Census data Delaware County's population continues to decrease. 24% of the population is over 65 years old. Workforce availability has worsened from last year. There are more vacancies across the mental health service providers for extended periods of time.

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**:

- Recovery and Peer supports have increased in the county with resources from County, OASAS and DOH. Friends of Recovery of Delaware and Otsego Co is poised to have a more active and engaged presence in the county with the renovation of a new facility. Since transportation is a barrier to engagement, a recovery van will be able to travel to communities to meet with individuals and also bring to recovery center for programming.
- The Faith based Church Councils are very supportive of recovery initiatives and have been a strong recovery ally.
- Heroin admissions in outpatient clinic have decreased the 1st six months of 2020 from 19.6% last year to 7.3% in 2020.
- OASAS providers have received telepractice designation to continue virtual access beyond COVID state of emergency.

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

- . Peers report ongoing community stigma to those with SUD disorders.

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

- We continue to see an increase in methamphetamine and other stimulant use. According to OASAS LGU statistics for primary substance admissions, Meth admissions have increased from 1% to 14.6 % in first 6 months of 2020 as compared to same timeframe of 2019.
- There is anecdotal information that overdoses have increased because of COVID shelter in place, hospitals have not been keeping up with reporting data due to pandemic so it is difficult to assess.
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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**:

- Unable to assess at this time due to COVID

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

- The NY Start program has yet to be implemented in the Southern Tier. This program is designed to address crisis services for the DD population.The Southern Tier is the only region that does not have a program that offers crisis prevention and response services to individuals with IDD/DD and complex behavioral health needs as well as their families.
- Care Coordination needs have stayed the same for both adults and children with developmental disabilites as well as transition aged youth.

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

- Unable to assess at this time due to COVID.

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)

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.

Delaware County is one of 5 upstate rural counties with the largest population loss since the last decennial census. The county population has decreased over 8% since 2010. The base population has decreased from 47,980 to 44,135. **see attachment**: 2020 Empire Center census data

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.

Delaware County will strive to develop and retain a well trained health professional workforce that adequately addresses the needs of the community.

Objective Statement

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

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

Objective 1: Regional and local initiatives for workforce solutions will continue to be explored.
    Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Community Stakeholders will explore innovative ideas to incentivize recruitment and retention of workers
    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.

- Telehealth has been implemented at local hospital/primary care that has increased some access for behavioral health needs.
- There has been some limited success in hiring licensed social workers for county outpatient clinic.

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.

Delaware County Health Ranking for 2020 has decreased from 2019. In 2019 Delaware ranked **25** out of 62. In 2020 , Delaware is ranked 33 out of 62. There are certain health factors that remain of concern. Adult Obesity remains at 30% Adult smoking is 19% . Social /economic factors rank much lower in the county and are highlighted by the number of Children in poverty. Children in poverty is **30%** se**e attached:** 2020 county rankings

Delaware County ranks third for highest suicide rates in New York State. It is higher than the NYS average. Veterans and dairy farmers are among the demographics with particular concern for men age 39-54. Firearm suicide rate in Delaware County is the highest in the State. (average 12.92 deaths per 100,000) as well as the highest 5 year average death rate by firearm. **see attached.:** CDC firearms death

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.

Delaware County and regional partners will support strong prevention and engagement networks which are essential for improving population healilth and promote well being.

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 suicide prevention network will strengthen and develop interventions and initiatives that are data driven and involve multiple community stakeholders

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

Objective 2: Del. Co. Community Services will actively support the development and sustainability of community coalitions

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

Objective 3: Community Stakeholders will actively participate in planning and implementing Population Health initiatives in County

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

Objective 4: Del. Co Community Services will partner with public health around NYS prevention agenda 2019-2024 to promote well being and prevent mental and substance use disorders.

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 suicide prevention network remains an active community advocacy group. Current initiative is to assemble informational packets to distribute to local sporting goods stores that sell firearms.
- Delaware County has two active community coalitions (Sidney and Margaretville) that support educational initiatives in the school and promotion of wellness in their communities.
- The local substance abuse council has received additional funding to expand prevention programming into more schools.

2h. Recovery and Support Services - Background Information

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

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

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

Delaware County Recovery Center is operated by Friends of Recovery of Delaware and Otsego Counties . OASAS has recently provided funding $350,000 to significantly increase the access and footprint in the county for peers support, advocacy and education.

There are limited Mental Health peer supports available in the county. There are several peer led programs through Rehabilitation Support 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.

Addiction Recovery and Mental Health Support Services are accessible and available to all Delaware County residents.

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: Del.Co. Community Services will support the Turning Point Recovery Center in Delhi as it expands programming to assist the recovery community

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

Objective 2: Opportunities to expand peer services in communities and in the local correctional facility will be explored

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

Objective 3: Evidenced based initiatives to provide support to peers in the community will be explored and supported.

    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.

- OASAS has recently provided funding $350,000 to significantly increase the access and footprint in the county for peers support, advocacy and education.
- Recovery Center Peer specialist has increased hours of operation to full time.
- Peer Recovery support trainings are being made available throughout the county.

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 of mental health illness or substance use disorder is a social justice concern. Stigmatized Individuals suffer from societal exclusion and isolation which can exacerbate disabilities. Delaware County Community Services has had significant negative experiences revolving aroung trying to site a new behavioral health facility. **see attached**: Mental Health facility backlash

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.

Delaware County Stakeholders will work toward achieving a stigma free environment for individuals suffering from mental illness and substance use disorders

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: Del. Co Community services and stakeholders will support social media initiatives to address stigma and person centered language.

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

Objective 2: Stakeholders will develop and support early recognition and screening initiatitves through community outreach

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

Objective 3: Del Co Community services will support and initiate educational opportunities in the communities such as MHFA / YMHFA as well as public speakers and informative documentaries

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.

- Delaware County Department of Mental Health hosts a facebook page that provides informational and educational materials / videos to address stigma in the communities we live in. This collaboration involves youth as well as individuals with live experience.

2ac. Adverse Childhood Experiences (ACEs) - Background Information

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

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

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

2019 New York State county social and economic rankings indicate Delaware County is 54 out of 62 counties. The county has a higher unemployment rate 5.6 % compared to 4.7% for NYS. The county has 30% of children living in poverty as compared to 20% average for NYS. Of particular concern is the rate of child abuse/maltreatment in the county. Reports indicate that 41.2% per 1000 children had indicated reports in 2018. This is significantly higher than NYS current rate of 17.1% **see attachments :** KWIC county report , county rankings

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.

Delaware County Community Services and partners will work toward building resilent and trauma informed communities to improve well being.

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: Delaware County Community Services and partners will participate in formation of ACES taskforce
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.

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

Robert Wood Johnson Foundation

Delaware (DE)
2020 Rankings

County Demographics

	County	State
Population	44,527	19,542,209
% below 18 years of age	16.5%	20.8%
% 65 and older	24.5%	16.4%
% Non-Hispanic Black	1.7%	14.5%
% American Indian & Alaska Native	0.4%	1.0%
% Asian	1.0%	9.0%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	4.0%	19.2%
% Non-Hispanic White	91.9%	55.4%
% not proficient in English	1%	7%
% Females	49.5%	51.4%
% Rural	78.4%	12.1%

	Delaware County	Error Margin	Top U.S. Performers ^	New York	Rank (of 62)
Health Outcomes					33
Length of Life					39
Premature death	6,900	5,900-7,800	5,500	5,500	
Quality of Life					32
Poor or fair health **	15%	15-16%	12%	17%	
Poor physical health days **	3.7	3.6-3.9	3.1	3.5	
Poor mental health days **	4.1	3.9-4.4	3.4	3.9	
Low birthweight	7%	6-8%	6%	8%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	79.3	78.4-80.1	81.1	81.3	
Premature age-adjusted mortality	350	320-380	270	280	
Child mortality			40	40	
Infant mortality			4	5	
Frequent physical distress	11%	11-11%	9%	10%	
Frequent mental distress	13%	12-13%	11%	12%	
Diabetes prevalence	9%	7-11%	7%	10%	
HIV prevalence	140		41	760	
Health Factors					41
Health Behaviors					27
Adult smoking **	16%	15-17%	14%	14%	
Adult obesity	30%	26-34%	26%	26%	
Food environment index	8.5		8.6	9.1	
Physical inactivity	26%	23-30%	20%	25%	
Access to exercise opportunities	61%		91%	93%	
Excessive drinking **	19%	18-20%	13%	19%	
Alcohol-impaired driving deaths	23%	14-34%	11%	21%	
Sexually transmitted infections	188.9		161.4	588.5	
Teen births	12	10-14	13	15	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	12%		9%	11%	
Limited access to healthy foods	1%		2%	2%	
Drug overdose deaths	24	16-33	10	19	
Motor vehicle crash deaths	13	9-17	9	6	
Insufficient sleep	32%	31-33%	27%	37%	
Clinical Care					44
Uninsured	7%	6-8%	6%	7%	
Primary care physicians	3,210:1		1,030:1	1,220:1	
Dentists	4,050:1		1,240:1	1,220:1	
Mental health providers	810:1		290:1	350:1	
Preventable hospital stays	3,573		2,761	4,203	

handwritten: getting worse

Mammography screening	43%		50%	42%
Flu Vaccinations	47%		53%	48%
Additional Clinical Care (not included in overall ranking)				
Uninsured adults	8%	6-9%	7%	8%
Uninsured children	3%	2-4%	3%	3%
Other primary care providers	1,172:1		665:1	847:1

Social & Economic Factors					53
High school graduation	87%		96%	82%	
Some college	54%	50-59%	73%	68%	
Unemployment	4.8%		2.6%	4.1%	
Children in poverty	26%	20-33%	11%	19%	
Income inequality	4.5	4.2-4.9	3.7	5.7	
Children in single-parent households	41%	33-48%	20%	34%	
Social associations	14.2		18.4	8.0	
Violent crime	193		63	379	
Injury deaths	73	62-84	58	49	

Additional Social & Economic Factors (not included in overall ranking)				
Disconnected youth	5%	2-8%	4%	6%
Reading scores			3.4	3.1
Math scores			3.4	2.9
Median household income	$47,400	$43,500-51,300	$69,000	$67,600
Children eligible for free or reduced price lunch	51%		32%	55%
Residential segregation - Black/White	36		23	74
Residential segregation - non-white/white	21		14	61
Homicides			2	3
Suicides	16	11-23	11	8
Firearm fatalities	10	6-15	8	4
Juvenile arrests	9			6

Physical Environment					10
Air pollution - particulate matter **	7.9		6.1	8.5	
Drinking water violations	No				
Severe housing problems	17%	15-19%	9%	24%	
Driving alone to work	75%	72-77%	72%	53%	
Long commute - driving alone	32%	29-35%	16%	38%	

Additional Physical Environment (not included in overall ranking)				
Traffic volume	48			2,359
Homeownership	74%	73-76%	81%	54%
Severe housing cost burden	14%	12-15%	7%	20%

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

March 2020

NYC, downstate suburbs account for most of NY's 2018-19 population dip

For a second consecutive year, New York's population loss was mainly concentrated downstate, according to the latest Census Bureau estimates.

During the 12-month period ending last July 1, the 50 counties of upstate New York lost 20,846 residents, a decrease of 0.33 percent, while the down-state region lost a combined total of 55,944 people, or 0.42 percent. Virtually all of the change (53,264) occurred in New York City, accounting for the bulk of the state's net decrease of 76,790 in 2018-19. It was the third straight year of decline in the city's estimated population after a long period of growth.

The latest downstate population estimate of 13,241,115 reflects an increase of 202,289 (1.6 percent) since the 2010 census, while the combined population upstate stood at 6,212,446, a decrease of 126,830 people (-2.0 percent) since 2010. Since the last decennial census in 2010, the total state population has grown by 75,459, or just 0.4 percent.

As shown below, 45 of 50 upstate counties have lost population since the last decennial census; in all but six of the losing counties, the decline has exceeded 2 percent of the 2010 base population. Dutchess, Putnam and Suffolk remain the only downstate counties to have lost population since the census

**Population Change
2010 to 2019**

- ▥ Loss of >4 percent
- ▦ Loss of 2 to 4 Percent
- ▤ Loss of 0 to 2 Percent
- ▫ Gain of 0 to 2 Percent
- ▦ Gain of 2 to 4 Percent
- ▪ Gain of >4 percent
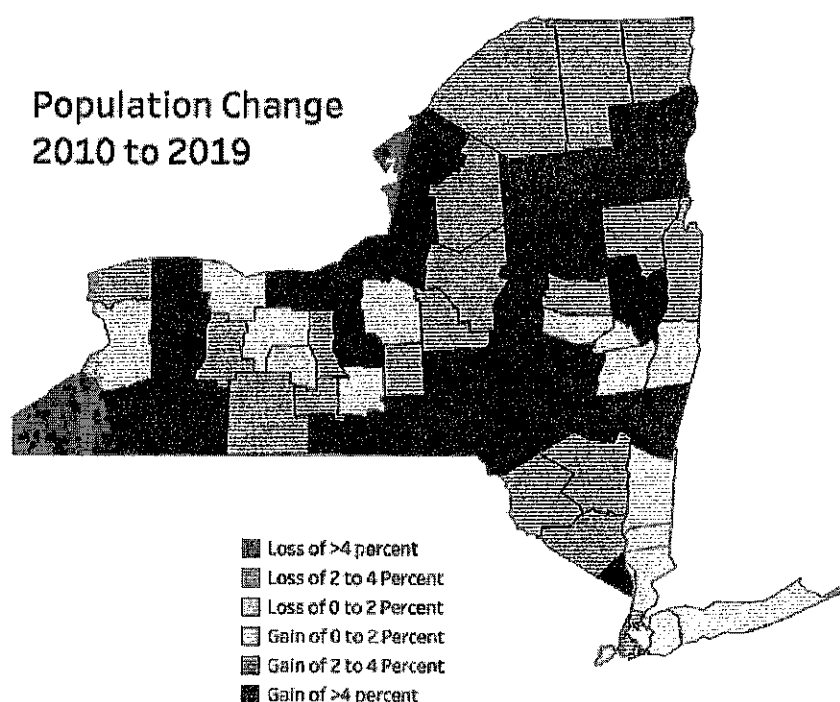
Source: U.S. Census Bureau

Table 1. Components of Migration, 2010-19

	International Migration			Domestic Migration			Net Migration		
	Total	Rate[1]	Rank[2]	Total	Rate[1]	Rank[2]	Total	Rate[1]	Rank[2]
Albany County	8,538	2.81%	7	-10,929	-3.59%	20	-2,391	-0.79%	4
Allegany County	398	0.81%	34	-3,431	-7.01%	56	-3,033	-6.20%	60
Bronx County	115,162	8.31%	1	-188,926	-13.64%	61	-73,764	-5.33%	50
Broome County	3,714	1.85%	17	-13,266	-6.61%	55	-9,552	-4.76%	45
Cattaraugus County	230	0.29%	54	-4,950	-6.16%	49	-4,720	-5.88%	57
Cayuga County	458	0.57%	37	-4,068	-5.08%	38	-3,610	-4.51%	44
Chautauqua County	1,524	1.13%	26	-8,894	-6.59%	54	-7,370	-5.46%	51
Chemung County	356	0.40%	48	-5,855	-6.59%	53	-5,499	-6.19%	59
Chenango County	35	0.07%	60	-2,861	-5.67%	43	-2,826	-5.60%	53
Clinton County	779	0.95%	30	-3,008	-3.66%	21	-2,229	-2.71%	23
Columbia County	516	0.82%	33	-2,694	-4.27%	25	-2,178	-3.45%	31
Cortland County	212	0.43%	44	-2,249	-4.56%	31	-2,037	-4.13%	39
Delaware County	248	0.52%	41	-2,673	-5.57%	41	-2,425	-5.05%	47
Dutchess County	4,102	1.38%	20	-9,240	-3.11%	13	-5,138	-1.73%	12
Erie County	22,801	2.48%	11	-24,705	-2.69%	6	-1,904	-0.21%	3
Essex County	250	0.64%	35	-1,882	-4.78%	34	-1,632	-4.15%	41
Franklin County	182	0.35%	53	-2,028	-3.93%	22	-1,846	-3.58%	32
Fulton County	118	0.21%	57	-1,603	-2.89%	11	-1,485	-2.67%	22
Genesee County	222	0.37%	50	-2,564	-4.27%	24	-2,342	-3.90%	35
Greene County	466	0.95%	31	-1,389	-2.82%	9	-923	-1.88%	13
Hamilton County	-11	-0.23%	62	-136	-2.81%	8	-147	-3.04%	26
Herkimer County	164	0.25%	56	-2,828	-4.38%	27	-2,664	-4.13%	40
Jefferson County	3,033	2.61%	9	-20,453	-17.60%	62	-17,420	-14.99%	62
Kings County	128,893	5.15%	5	-301,161	-12.02%	60	-172,268	-6.88%	61
Lewis County	150	0.55%	38	-1,690	-6.24%	51	-1,540	-5.69%	54
Livingston County	752	1.15%	25	-2,841	-4.34%	26	-2,089	-3.19%	28
Madison County	260	0.35%	52	-3,265	-4.45%	30	-3,005	-4.09%	38
Monroe County	18,389	2.47%	12	-36,123	-4.85%	35	-17,734	-2.38%	19
Montgomery County	1,067	2.12%	14	-2,310	-4.60%	32	-1,243	-2.48%	20
Nassau County	25,261	1.89%	16	-37,321	-2.79%	7	-12,060	-0.90%	5
New York County	97,431	6.14%	4	-127,991	-8.07%	58	-30,560	-1.93%	15
Niagara County	1,309	0.60%	36	-6,297	-2.91%	12	-4,988	-2.30%	17
Oneida County	5,086	2.17%	13	-11,762	-5.01%	37	-6,676	-2.84%	25
Onondaga County	12,388	2.65%	8	-28,188	-6.04%	46	-15,800	-3.38%	29
Ontario County	1,027	0.95%	29	1,121	1.04%	2	2,148	1.99%	2
Orange County	3,438	0.92%	32	-12,231	-3.28%	16	-8,793	-2.36%	18
Orleans County	194	0.45%	42	-2,654	-6.19%	50	-2,460	-5.74%	55
Oswego County	466	0.38%	49	-7,481	-6.13%	48	-7,015	-5.74%	56
Otsego County	338	0.54%	39	-2,231	-3.58%	19	-1,893	-3.04%	27
Putnam County	993	1.00%	28	-3,524	-3.53%	18	-2,531	-2.54%	21
Queens County	148,158	6.64%	2	-266,505	-11.95%	59	-118,347	-5.31%	49
Rensselaer County	2,101	1.32%	23	-4,041	-2.53%	5	-1,940	-1.22%	9
Richmond County	6,426	1.37%	21	-15,223	-3.25%	15	-8,797	-1.88%	14
Rockland County	7,757	2.49%	10	-20,387	-6.54%	52	-12,630	-4.05%	36
Saratoga County	2,535	1.15%	24	4,178	1.90%	1	6,713	3.06%	1
Schenectady County	3,133	2.02%	15	-4,910	-3.17%	14	-1,777	-1.15%	8
Schoharie County	91	0.28%	55	-1,554	-4.75%	33	-1,463	-4.47%	43
Schuyler County	74	0.40%	47	-324	-1.77%	4	-250	-1.36%	10
Seneca County	126	0.36%	51	-1,557	-4.42%	28	-1,431	-4.06%	37
St. Lawrence County	1,241	1.11%	27	-6,825	-6.10%	47	-5,584	-4.99%	46
Steuben County	535	0.54%	40	-4,841	-4.89%	36	-4,306	-4.35%	42
Suffolk County	24,984	1.67%	18	-75,945	-5.09%	39	-50,961	-3.41%	30
Sullivan County	1,253	1.62%	19	-4,232	-5.46%	40	-2,979	-3.84%	34
Tioga County	-78	-0.15%	61	-3,038	-5.94%	45	-3,116	-6.09%	58
Tompkins County	6,686	6.58%	3	-7,667	-7.55%	57	-981	-0.97%	6
Ulster County	2,456	1.35%	22	-6,207	-3.40%	17	-3,751	-2.06%	16
Warren County	270	0.41%	46	-930	-1.42%	3	-660	-1.00%	7
Washington County	80	0.13%	59	-1,807	-2.86%	10	-1,727	-2.73%	24
Wayne County	397	0.42%	45	-5,270	-5.62%	42	-4,873	-5.20%	48
Westchester County	28,643	3.02%	6	-42,039	-4.43%	29	-13,396	-1.41%	11
Wyoming County	82	0.19%	58	-2,424	-5.75%	44	-2,342	-5.56%	52
Yates County	111	0.44%	43	-1,081	-4.26%	23	-970	-3.83%	33
Upstate	*106,752*	*1.68%*		*-278,717*	*-4.4%*		*-171,965*	*-2.7%*	
Downstate	*591,248*	*4.53%*		*-1,100,493*	*-8.4%*		*-509,245*	*-3.9%*	
NYS TOTAL	**698,000**	**3.60%**		**-1,379,210**	**-7.1%**		**-681,210**	**-3.5%**	

1 Rate is percentage of population in previous decennial census.
2 Rate ranked from highest to lowest
Source: U.S. Census Bureau

Highlights of 2019 Census Bureau estimates for New York Counties
(See Tables 1 and 2 for more details)

- In the last two years, the Census Bureau has begun making large downward adjustments to its estimates of international immigration, which has long been concentrated in the New York City metropolitan area. As a result, the estimated net change in the downstate population since 2016, in particular, has been reduced significantly. This also has reduced estimated populations below previous counts for some upstate urban counties.

- Ontario and Saratoga remain the only New York counties to have experienced positive domestic migration since 2010, meaning they attracted more new residents from the rest of the nation, including other New York counties, than they lost (see map below).

- New York City's total population remains 161,684 higher than measured by the 2010 census, with the county-boroughs of Kings (Brooklyn), New York (Manhattan), the Bronx and Queens, in that order, having experienced the state's largest overall population increases since 2010, driven mainly by large natural increases. Elsewhere downstate, the largest percentage increases in estimated population have occurred in Rockland and Orange counties, while Saratoga has had the fastest growing population of any upstate county.

- In percentage terms, the biggest population losses since the last decennial census have been in upstate rural areas: Hamilton, Delaware, Chenango, Essex and Chemung counties.

**Net Domestic Migration
2010 to 2019**

- Loss of >4 percent
- Loss of 2 to 4 Percent
- Loss of 0 to 2 Percent
- Gain of 0 to 4 percent
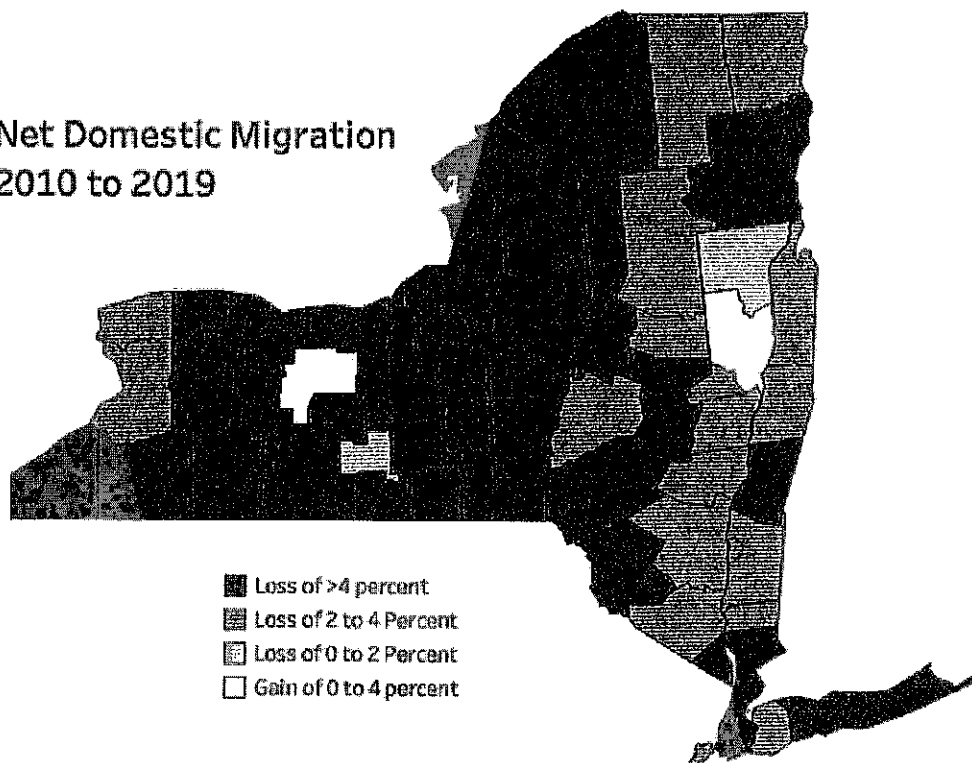
Source: U.S. Census Bureau

Table 2. Change in Total Population for NY Counties, 2010-19

County	2010 Base Total	Net Migration Total	Net Migration Rate[1]	Net Migration Rank[2]	Natural Increase[a] Total	Natural Increase Rate[1]	Natural Increase Rank[2]	Net Population Change[b] Total	Net Population Change Rate[1]	Net Population Change Rank[2]	2019 Total[3]
Albany	304,204	-2,391	-0.79%	4	3,862	1.27%	20	1,302	0.43%	13	305,506
Allegany	48,946	-3,033	-6.20%	60	172	0.35%	36	-2,855	-5.83%	55	46,091
Bronx	1,385,108	-73,764	-5.33%	50	106,368	7.68%	4	33,099	2.39%	5	1,418,207
Broome	200,600	-9,552	-4.76%	45	-680	-0.34%	45	-10,112	-5.04%	48	190,488
Cattaraugus	80,317	-4,720	-5.88%	57	482	0.60%	31	-4,200	-5.23%	49	76,117
Cayuga	80,026	-3,610	-4.51%	44	184	0.23%	37	-3,450	-4.31%	44	76,576
Chautauqua	134,905	-7,370	-5.46%	51	-674	-0.50%	47	-8,002	-5.93%	57	126,903
Chemung	88,830	-5,499	-6.19%	59	94	0.11%	40	-5,374	-6.05%	58	83,456
Chenango	50,477	-2,826	-5.60%	53	-477	-0.94%	52	-3,270	-6.48%	60	47,207
Clinton	82,128	-2,229	-2.71%	23	595	0.72%	27	-1,643	-2.00%	24	80,485
Columbia	63,096	-2,178	-3.45%	31	-1,386	-2.20%	60	-3,635	-5.76%	54	59,461
Cortland	49,336	-2,037	-4.13%	39	323	0.65%	29	-1,755	-3.56%	36	47,581
Delaware	47,980	-2,425	-5.05%	47	-1,385	-2.89%	61	-3,845	-8.01%	61	44,135
Dutchess	297,488	-5,138	-1.73%	12	1,914	0.64%	30	-3,270	-1.10%	18	294,218
Erie	919,040	-1,904	-0.21%	3	2,086	0.23%	38	-338	-0.04%	15	918,702
Essex	39,370	-1,632	-4.15%	41	-854	-2.17%	58	-2,485	-6.31%	59	36,885
Franklin	51,599	-1,846	-3.58%	32	241	0.47%	34	-1,577	-3.06%	31	50,022
Fulton	55,531	-1,485	-2.67%	22	-631	-1.14%	54	-2,148	-3.87%	40	53,383
Genesee	60,079	-2,342	-3.90%	35	-311	-0.52%	48	-2,799	-4.66%	46	57,280
Greene	49,221	-923	-1.88%	13	-1076	-2.19%	59	-2,033	-4.13%	43	47,188
Hamilton	4,836	-147	-3.04%	26	-277	-5.73%	62	-420	-8.68%	62	4,416
Herkimer	64,519	-2,664	-4.13%	40	-476	-0.74%	50	-3,200	-4.96%	47	61,319
Jefferson	116,229	-17,420	-14.99%	62	10,875	9.36%	1	-6,395	-5.50%	52	109,834
Kings	2,504,700	-172,268	-6.88%	61	227,925	9.10%	2	55,203	2.20%	6	2,559,903
Lewis	27,087	-1,540	-5.69%	54	742	2.74%	10	-791	-2.92%	29	26,296
Livingston	65,393	-2,089	-3.19%	28	-186	-0.28%	43	-2,479	-3.79%	39	62,914
Madison	73,442	-3,005	-4.09%	38	496	0.68%	28	-2,501	-3.41%	34	70,941
Monroe	744,344	-17,734	-2.38%	19	15,167	2.04%	14	-2,574	-0.35%	16	741,770
Montgomery	50,219	-1,243	-2.48%	20	211	0.42%	35	-998	-1.99%	23	49,221
Nassau	1,339,532	-12,060	-0.90%	5	29,783	2.22%	12	17,392	1.30%	10	1,356,924
New York	1,585,873	-30,560	-1.93%	15	73,521	4.64%	7	42,833	2.70%	4	1,628,706
Niagara	216,469	-4,988	-2.30%	17	-2,090	-0.97%	53	-7,188	-3.32%	33	209,281
Oneida	234,878	-6,676	-2.84%	25	507	0.22%	39	-6,207	-2.64%	25	228,671
Onondaga	467,026	-15,800	-3.38%	29	9,248	1.98%	15	-6,498	-1.39%	20	460,528
Ontario	107,931	2,148	1.99%	2	-363	-0.34%	44	1,846	1.71%	8	109,777
Orange	372,813	-8,793	-2.36%	18	20,845	5.59%	6	12,127	3.25%	3	384,940
Orleans	42,883	-2,460	-5.74%	55	-91	-0.21%	42	-2,531	-5.90%	56	40,352
Oswego	122,109	-7,015	-5.74%	56	1,993	1.63%	17	-4,985	-4.08%	41	117,124
Otsego	62,259	-1,893	-3.04%	27	-871	-1.40%	55	-2,766	-4.44%	45	59,493
Putnam	99,710	-2,531	-2.54%	21	1,196	1.20%	22	-1390	-1.39%	21	98,320
Queens	2,230,722	-118,347	-5.31%	49	141,037	6.32%	5	23,136	1.04%	11	2,253,858
Rensselaer	159,429	-1,940	-1.22%	9	1,303	0.82%	25	-715	-0.45%	17	158,714
Richmond	468,730	-8,797	-1.88%	14	16,354	3.49%	8	7,413	1.58%	9	476,143
Rockland	311,687	-12,630	-4.05%	36	26,632	8.54%	3	14,102	4.52%	2	325,789
Saratoga	219,607	6,713	3.06%	1	3,693	1.68%	16	10,256	4.67%	1	229,863
Schenectady	154,727	-1,777	-1.15%	8	2,418	1.56%	18	572	0.37%	14	155,299
Schoharie	32,749	-1,463	-4.47%	43	-275	-0.84%	51	-1750	-5.34%	50	30,999
Schuyler	18,343	-250	-1.36%	10	-300	-1.64%	57	-536	-2.92%	30	17,807
Seneca	35,251	-1,431	-4.06%	37	204	0.58%	32	-1,235	-3.50%	35	34,016
St. Lawrence	111,944	-5,584	-4.99%	46	1,356	1.21%	21	-4,204	-3.76%	38	107,740
Steuben	98,990	-4,306	-4.35%	42	719	0.73%	26	-3,611	-3.65%	37	95379
Suffolk	1,493,350	-50,961	-3.41%	30	34,418	2.30%	11	-16,749	-1.12%	19	1,476,601
Sullivan	77,547	-2,979	-3.84%	34	884	1.14%	23	-2,115	-2.73%	28	75,432
Tioga	51,125	-3,116	-6.09%	58	246	0.48%	33	-2,922	-5.72%	53	48,203
Tompkins	101,564	-981	-0.97%	6	1,506	1.48%	19	616	0.61%	12	102,180
Ulster	182,493	-3,751	-2.06%	16	-1139	-0.62%	49	-4,920	-2.70%	27	177,573
Warren	65,707	-660	-1.00%	7	-1042	-1.59%	56	-1,763	-2.68%	26	63,944
Washington	63,216	-1,727	-2.73%	24	-292	-0.46%	46	-2,012	-3.18%	32	61,204
Wayne	93,772	-4,873	-5.20%	48	1023	1.09%	24	-3,854	-4.11%	42	89,918
Westchester	949,113	-13,396	-1.41%	11	32,019	3.37%	9	18,393	1.94%	7	967,506
Wyoming	42,155	-2,342	-5.56%	52	37	0.09%	41	-2,296	-5.45%	51	39,859
Yates	25,348	-970	-3.83%	33	520	2.05%	13	-435	-1.72%	22	24,913
Upstate	6,339,276	-509,245	-3.9%		46,311	0.7%		-126,830	-2.00%		6,212,446
Downstate	13,038,826	-171,965	-2.7%		712,012	5.5%		202,289	1.55%		13,241,115
NYS TOTAL	19,378,102	-681,210	-3.5%		758,323	3.9%		75,459	0.39%		19,453,561

a Natural increase is resident births minus resident death. b Includes a statistical "residual" not included in other categories
[1] Rate is percentage of population in previous decennial census
[2] Rate ranked from highest to lowest   [3] Estimate
Source: U.S. Census Bureau

Delaware County Diversity Information
Social Determinants of Health

At-A-Glance
Delaware County is in the highest state quartile for residents with a disability and in the lowest quartile for median household income.

Social Factors with Percent and Placement in Statewide Quartiles

75th Quartile	
Disabled	15.9%
50th Quartile	
Poverty	14.5%
Unemployed	5.3%
Civilian Veterans	11.0%
25th Quartile	
High school graduate or equivalent	86.7%
Have Health Insurance	89.8%
Speak English "less than well"	1.5%
Lowest Quartile	
Median household income	$43,004.00

Statewide Quartile Ranges for each Social Factor

Factor	25th	50th	75th
Disabled	11.4%	13.1%	14.3%
Unemployed	4.6%	5.1%	5.5%
Have Health Insurance	89.1%	90.6%	91.7%
Median household income	$46,519.00	$50,530.00	$56,455.00
Civilian Veterans	8.9%	10.1%	11.3%
Poverty	11.3%	13.4%	16.0%
Speak English "less than well"	1.4%	2.1%	4.9%
High school graduate or equivalent	86.4%	87.9%	89.4%

Delaware County: Opioid overdoses and crude rates per 100,000 population
(Preliminary data as of November, 2018 - subject to change)

Indicator	Location	Apr-Jun, 2017		Jul-Sep, 2017		Oct-Dec, 2017		2017 Total		Jan-Mar, 2018		Apr-Jun, 2018	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Deaths[1]													
All opioid overdoses	Delaware	1	2.2	4	8.8	1	2.2	7	15.4	2	4.4	4	8.8
	NYS excl. NYC	604	5.4	533	4.8	430	3.8	2,137	19.1	429	3.8	336	3.0
Heroin overdoses	Delaware	1	2.2	3	6.6	0	0.0	4	8.8	0	0.0	0	0.0
	NYS excl. NYC	210	1.9	207	1.8	150	1.3	780	7.0	152	1.4	122	1.1
Overdoses involving opioid pain relievers (incl. illicitly produced opioids such as fentanyl)	Delaware	1	2.2	2	4.4	1	2.2	5	11.0	2	4.4	4	8.8
	NYS excl. NYC	526	4.7	466	4.2	389	3.5	1,873	16.7	389	3.5	312	2.8
Outpatient emergency department visits													
All opioid overdoses	Delaware	s	s	s	s	8	17.6	20	43.9	s	s	s	s
	NYS excl. NYC	2,027	18.1	1,905	17.0	1,419	12.7	7,096	63.3	1,278	11.4	1,350	12.0
Heroin overdoses	Delaware	s	s	s	s	8	17.6	17	37.3	s	s	0	0.0
	NYS excl. NYC	1,500	13.4	1,371	12.2	1,040	9.3	5,137	45.8	927	8.3	989	8.8
Opioid overdoses excluding heroin (incl. illicitly produced opioids such as fentanyl)	Delaware	s	s	s	s	0	0.0	s	s	0	0.0	s	s
	NYS excl. NYC	527	4.7	534	4.8	379	3.4	1,959	17.5	351	3.1	361	3.2
Hospitalizations													
All opioid overdoses	Delaware	7	15.4	0	0.0	6	13.2	15	33.0	0	0.0	s	s
	NYS excl. NYC	532	4.7	508	4.5	385	3.4	1,914	17.1	379	3.4	361	3.2
Heroin overdoses	Delaware	s	s	0	0.0	s	s	s	s	0	0.0	s	s
	NYS excl. NYC	213	1.9	221	2.0	151	1.3	766	6.8	154	1.4	137	1.2
Opioid overdoses excluding heroin (incl. illicitly produced opioids such as fentanyl)	Delaware	s	s	0	0.0	s	s	10	22.0	0	0.0	s	s
	NYS excl. NYC	319	2.8	287	2.6	234	2.1	1,148	10.2	225	2.0	224	2.0

[1] Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are fewer than 6 discharges.

Delaware County: Unique clients admitted to OASAS-certified chemical dependence treatment programs [1,2]
(Preliminary data as of October, 2018 - subject to change)

Indicator	2016			2017					2018	
	Jul-Sep	Oct-Dec	Total	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total	Jan-Mar	Apr-Jun
Unique clients admitted for heroin	38	43	152	40	45	30	40	138	30	23
Unique clients admitted for any opioid (incl. heroin)	52	51	195	54	64	44	50	191	41	38

OASAS: Office of Alcoholism and Substance Abuse Services

[1] The number of unique clients admitted per year does not equal the sum of the unique clients admitted each quarter. This is because an individual client can be admitted to treatment in more than one quarter during the year.

[2] Clients may have heroin, other opioids, or any other substance simultaneously recorded as the primary, secondary and tertiary substance of abuse at admission.

s: Data for indicators are suppressed for confidentiality purposes if there are fewer than 6 clients.

Delaware County: Naloxone (Narcan and other brands) administration reports
### (Preliminary data as of November, 2018 - subject to change)

Indicator	Location	2016		2017					2018		
		Oct-Dec	Total	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total	Jan-Mar	Apr-Jun	Jul-Sep
Emergency Medical Services (EMS) naloxone administration reports [1,2]											
Naloxone administration report by EMS	Delaware	7	28	2	12	4	4	22	4	7	2
	NYS excl. NYC	2,050	7,761	2,060	2,248	2,090	1,659	8,057	1,453	1,746	1,704
Law enforcement naloxone administration reports [3]											
Naloxone administration report by law enforcement	Delaware	1	5	0	1	0	3	4	0	2	0
	NYS excl. NYC	346	1,545	337	445	368	321	1,471	333	334	327
Registered Community Opioid Overdose Prevention (COOP) program naloxone administration reports [3]											
Naloxone administration report by registered COOP program	Delaware	1	6	1	2	1	0	4	1	0	4
	NYS excl. NYC	210	954	329	438	347	412	1,526	262	374	497

[1] County numbers displayed in the table represent only naloxone administration events reported electronically; therefore, actual numbers of events may be higher.

[2] EMS reporting may have been affected by a change in documentation systems used by EMS agency/ies serving the area. Counts may include additional cases compared to previous reports, if applicable. In addition, some counts may have decreased compared to previous reports due to an improvement made in the deduplication of records. Please see the Introduction and Method sections for more detail about these potential changes.

[3] Numbers displayed in the table represent only naloxone administration reports submitted by law enforcement or by registered COOP programs to the NYSDOH AIDS Institute. The actual numbers of naloxone administration events may be higher.
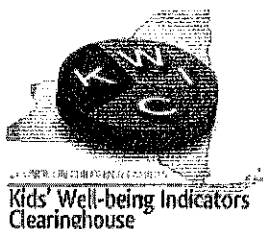
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KWIC County Report

Kids' Well-being Indicators Clearinghouse

Delaware County

AND

Child Well-being

Child Well-being: Delaware County

The Child Well-being Report provides a snapshot of the overall health, education and well-being of children, youth and families. This is the default profile.

Download Data

Economic Security: Delaware County

Indicator(s) rate or percent (base year;current year)	Base Year		Current Year		NYS Current
	Number	Rate	Number	Rate	Rate
Children and Youth Living Below Poverty, number and percent children/youth ages birth-17 years (2010;2017) Data Sources | Narrative | Indicator Report	1,904	20.9	2,236	30.0	19.9
Children and Youth Receiving Supplemental Nutrition Assistance Program Benefits, number and percent children/youth ages birth-17 years (2010;2017) Data Sources | Narrative | Indicator Report	2,064	22.2	1,731	22.7	24.5
Children Receiving Free or Reduced-price School Lunch - Public Schools, number and percent children in grades K-12 (2009/10;2016/17) Data Sources | Narrative | Indicator Report	2,934	49.3	2,975	55.9	52.9

Physical And Emotional Health: Delaware County

Indicator(s) rate or percent (base year;current year)	Base Year		Current Year		NYS Current
	Number	Rate	Number	Rate	Rate
Asthma - Hospitalizations 0-4 years (Three-Year Average), number and rate/10,000 children ages birth-4 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*5	*21.2	*3	*13.2	49.3
Infant Mortality (Three-Year Average), number and rate/1,000 live births (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*1	*2.3	*3	*6.6	4.8
Mortality by Age - Adolescents 10-14 years (Three-Year Average), number and rate/100,000 youth ages 10-14 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*1	*51.0	*0	†*13.9	11.7
Mortality by Age - Adolescents 15-19 years (Three-Year Average), number and rate/100,000 youth ages 15-19 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*2	*44.2	*2	*47.0	30.5
Mortality by Age - Children 1-4 years (Three-Year Average), number and rate/100,000 children ages 1-4 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*0	†*17.4	*0	†*18.0	19.7
Mortality by Age - Children 5-9 years (Three-Year Average), number and rate/100,000 children ages 5-9 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*0	†*14.6	*0	†*14.5	10.0
Motor Vehicle Crashes - Hospitalizations (Three-Year Average), number and rate/100,000 youth/young adults ages 15-24 years (2009-2011;2012-	N/A	N/A	*4	*55.8	82.5

	Base Year Number	Base Year Rate	Current Year Number	Current Year Rate	NYS Current Rate
Self-Inflicted Injuries - Hospitalizations 10-14 years (Three-Year Average), number and rate/100,000 youth ages 10-14 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	N/A	N/A	N/A	N/A	38.7
Self-Inflicted Injuries - Hospitalizations 15-19 years (Three-Year Average), number and rate/100,000 youth ages 15-19 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	N/A	N/A	*5	*131.7	118.8
Self-Inflicted Injuries - Suicide Mortality (Three-Year Average), number and rate/100,000 youth ages 10-19 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*1	*10.4	*1	*11.2	3.2
STD - Reported Cases of Chlamydia, Females - all ages, number and rate/100,000 females all ages (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	46	197.2	64	274.4	651.6
STD - Reported Cases of Chlamydia, Females 15-19 yrs, number and rate/100,000 females ages 15-19 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*18	*1046.9	25	1549.9	3319.7
STD - Reported Cases of Chlamydia, Males - all ages, number and rate/100,000 males all ages (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*14	*60.9	34	144.4	338.9
STD - Reported Cases of Chlamydia, Males 15-19 yrs, number and rate/100,000 males ages 15-19 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*5	*260.2	*12	*604.5	941.3
STD - Reported Cases of Gonorrhea (Three-Year Average), number and rate/100,000 youth ages 15-19 years (2009-2011;2012-2014) Data Sources | Narrative | Indicator Report	*2	*44.2	*1	*18.8	319.8

Education: Delaware County

Indicator(s) rate or percent (base year;current year)	Base Year Number	Base Year Rate	Current Year Number	Current Year Rate	NYS Current Rate
Student ELA Performance - Gr. 4 - Public Schools, number and percent at or above Level 3 (2009/10;2017/18) Data Sources | Narrative | Indicator Report	255	59.7	113	33.6	47.4
Student Math Performance - Gr. 8 - Public Schools, number and percent at or above Level 3 (2009/10;2017/18) Data Sources | Narrative | Indicator Report	194	42.6	43	23.9	30.0

Civic Engagement: Delaware County

Indicator(s) rate or percent (base year;current year)	Base Year Number	Base Year Rate	Current Year Number	Current Year Rate	NYS Current Rate
Hospitalizations Resulting from Assault (Three-Year Average), number and rate/100,000 youth ages 10-19 years (2004-2006;2012-2014) Data Sources | Narrative | Indicator Report	*1	*14.7	N/A	N/A	39.1
Juvenile - Arrests for Drug Use/Possession/Sale, number and rate/10,000 youth under 16 years old (2010;2017) Data Sources | Narrative | Indicator Report	*0	*0.0	*0	*0.0	N/A
Juvenile Arrests - Property Crimes (under age of 16), number and rate/10,000 youth under 16 years old (2010;2017) Data Sources | Narrative | Indicator Report	*7	*15.7	*8	*19.9	N/A
Juvenile Arrests - Violent Crimes (under age of 16), number and rate/10,000 youth under 16 years old (2010;2017) Data Sources | Narrative | Indicator Report	*2	*4.5	*0	*0.0	N/A
Young Adult Arrests - Property Crimes - 16-21 years, number and rate/10,000 young adults ages 16-21 years (2010;2017) Data Sources | Narrative | Indicator Report	72	159.0	27	65.8	106.7
Young Adult Arrests - Violent Crimes - 16-21 years,	*13	*28.7	*1	*2.4	56.9

Young Adults - Driving While Intoxicated,
number and rate/10,000 arrests for young adults ages 16-21 years (2010;2017)
Data Sources | Narrative | Indicator Report

| 30 | 66.3 | *14 | *34.1 | 17.5 |

Family: Delaware County

Indicator(s) rate or percent (base year;current year)	Base Year Number	Rate	Current Year Number	Rate	NYS Current Rate
Child Abuse/Maltreatment - Children/Youth in Indicated Reports of Abuse/Maltreatment, number and rate/1,000 children/youth ages 0-17 years (2010;2017) Data Sources | Narrative | Indicator Report	352	29.3	365	41.2	17.1
Foster Care Admissions - Children/Youth Admitted to Foster Care, number and rate/1,000 children/youth ages 0-17 years (2010;2017) Data Sources | Narrative | Indicator Report	28	3.1	*16	*1.4	1.7
Foster Care Adoption Milestone - Children/Youth Discharged to Adoption, number and percent children/youth in foster care with goal and status of free for adoption (2010;2017) Data Sources | Narrative | Indicator Report	*10	*83.3	*17	*70.8	51.2
Foster Care Children in Care - Children/Youth 0-21 years, number and rate/1,000 children/youth ages birth-21 years (2010;2017) Data Sources | Narrative | Indicator Report	58	4.9	42	3.7	3.0
Foster Care Discharges - Children/Youth Discharged from Foster Care, number and percent children/youth in foster care (2010;2017) Data Sources | Narrative | Indicator Report	38	39.6	37	46.8	36.4

Community: Delaware County

| Indicator(s) rate or percent (base year;current year)	Base Year Number	Rate	Current Year Number	Rate	NYS Current Rate
Crimes Known to the Police - Violent Index Crimes - General Population, number and rate/10,000 persons in general population (2010;2017) Data Sources | Narrative | Indicator Report	58	13.2	58	13.0	35.5
Unemployment - Resident Civilian, number and rate persons 16 years of age and older in the labor force and not employed (2010;2017) Data Sources | Narrative | Indicator Report	2,000	8.8	1,100	5.6	4.7

Created May 6, 2019 3:35 PM EST

Notes:

- N/A: Data not available.
- † The number displayed for this three-year average is 0 yet the rate displayed is greater than 0. This occurs when very few cases are reported during a three year period. Due to rounding, the number is presented as 0 and the rate, while very small, is greater than 0.
- * Rates are not stable when the number is less than 20.

2008-2014, New York
Death Rates per 100,000 Population
Firearm, Suicide, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Crude Rate for New York: 2.40

Delaware
9.62
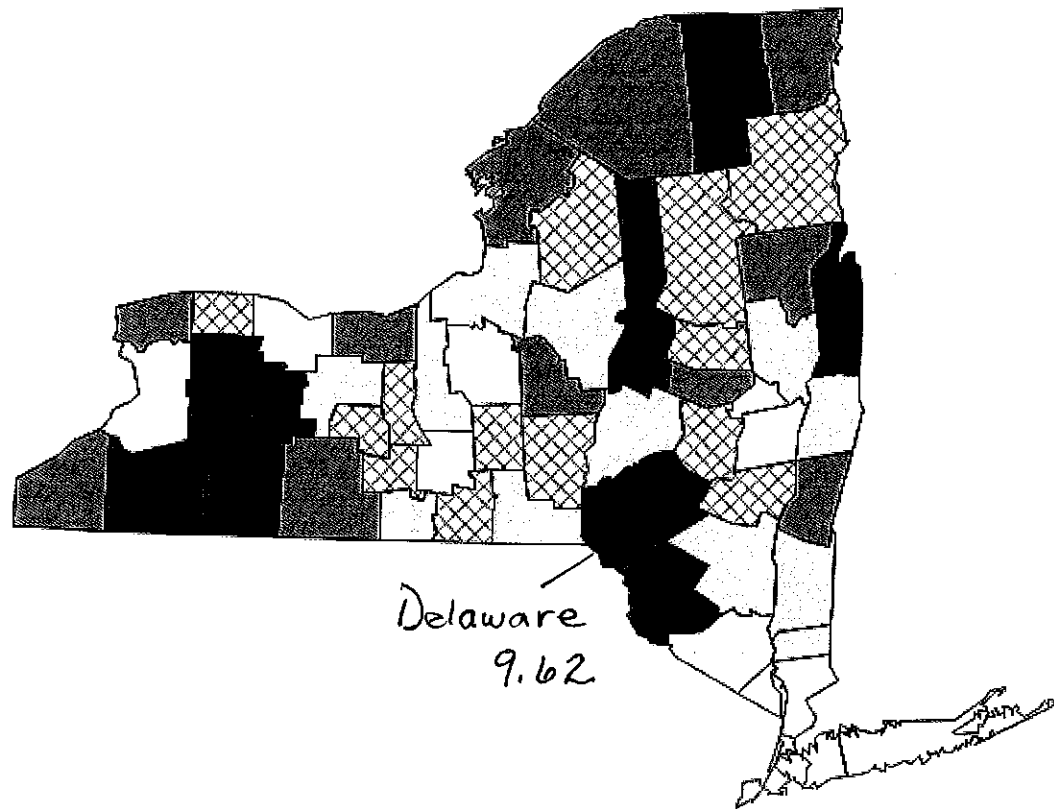
Suppressed/Unstable/Undefined   0.66-3.71   3.72-5.20
5.21-6.63   6.64-10.58

Reports for All Ages include those of unknown age.
* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have

`COMPLETE`

Wednesday, August 05, 2020 3:51:45 PM

Page 1

Q1

Contact Information

Name	**Cynthia Heaney**
Title	**Director of Community Services**
Email	**cindy.heaney@co.delaware.ny.us**

Q2

LGU:

Delaware County Dept. of Mental Health

Q3

a.   Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

The entire mental hygiene system has been greatly affected by the COVID-19 pandemic. Service availability and supports changed in an instant. Providers scrambled to get technology to go virtual and figure out how to keep everyone as safe as possible in chaos. All protocols and procedures changed weekly during March, April and May depending on whether it was an inpatient, outpatient or residential program. Lack of Broad band access heightened the disparities in our rural county. Children fell off the radar in mental health system for a while as they weren't in school and many issues went underground. Residential programs esp. I/DD population have suffered greatly due to extremely strict protocols with no family visits for months.

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.

SPMI population decompensated in larger numbers during COVID-19. Social supports shut down. Increased isolation exacerbated illness. Mobile crisis was phone only , replacing face-to face .

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.

Demand for SUD services plummeted. Reduced supervision of parole and probation as well as court closures lessened accountability for this population.

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.

This population needs social interaction and family support which all but disappeared until recently. In our rural county transportation stopped which has increased isolation and stress.

Q7

a. Mental Health providers

The challenge was digesting the volumes of material that was put out by OMH , DOH, CDC as well as local public health and county government. It was overwhelming

---

Q8

b.   SUD and problem gambling service providers:

Similar issue with OASAS. Too much information that changed often and contradicted in early days.

Q9

c.   Developmental disability service providers:

The issue wasn't training or educational material but rather how to implement and make the best supports that could be offered.

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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)	**No Change**
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	**Decreased**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**N/A**
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:

The number of crisis decreased however the crisis that did occur were of higher risk and complexity.

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)	**Decreased**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**N/A**
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	**No Change**
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:

It took a good month to develop virtual remote counseling for outpatient.

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   **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   **Yes**

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

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

Respondent skipped this question

Q24

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

No

Q25

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

No

Q26

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

2

Q27

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

Respondent skipped this question

Q28

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

Respondent skipped this question

Q29

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

Respondent skipped this question

Q30

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

LGU

Q31

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

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 problems acquiring PPE or toher materials. Stores were in short supply so a combination OEM supplies and retail were used.

Q34

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

OASAS prevention is mostly school based. All schools closed in March and it took a while to gain virtual access. Teen Intervene was conducted online. Prevention resources for schools were created online. Online challenges were created for Middle and High School students and send to school guidance counselors. There was contact with TGFD and TGFV programs to get guidance for online programming.

Q35

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

Peer services and recovery center closed down. There was limited access to online 12 step programs initially. Online peer supports were developed. Broadband access for this population remains limited at best.

Q36

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

The seems to be a greater need for services but reduced demand during COVID-19. Drug Court shut down as well as town and county court which is major referral source for SUD treatment. Relapses increased due to loss of work, financial stress, relationship problems including domestic violence increases, and bereavement.

Q37

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

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

Q38

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

law enforcement reports increase of crisis compliants of overdoses, domestic violence, custody disputes and criminal contempt. This is not reflected to increased demand for SUD treatment.

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

Q40

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

Inpatient and residential access decreased due to reduced available bed space and social distancing protocols. Telehealth practices opened up accessibility for outpatient .

Q41	**No**

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

Q42

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

No

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):
Received input from boots on ground of largest I/DD
provider in the county.

Q44

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

The capacity for funding and flexibility to regulatory requirements.

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.

Very little data is available in the county. ARC NY has collected data regarding infection and death rates for this population but luckily
there have been no COVID + in this population in county that we are aware of.

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Q46

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

I/DD provider reports that some of the population felt there were a set of rules for New Yorkers to follow and a stricter set of rules for
New Yorkers with disabilities. Since COVID-19 will be a long term concern, Residential programs are fearful of a burn through PPE if
there is a COVID outbreatk. Ongoing readily accessible PPE is a concern for the future.