



Office of Addiction  
Services and Supports

Office of  
Mental Health

Office for People With  
Developmental Disabilities

## 2023 Goals and Plans Form

### Niagara County Department of Mental Health

**Goal 1:** Niagara County's high risk / high need residents will have immediate access to Care Management / Coordination services that are responsive to and meet their diverse needs through methods, frequency, and intensity necessary.

**Goal 2:** Priority Goal: To further promote the stabilization and recovery of individuals in the community, Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.

**Goal 3:** Priority Goal: Ensure high quality integrated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.

**Goal 4 (Optional):** Priority Goal: The Niagara County service system will work collaboratively to maximize timely access to safe and affordable housing opportunities for individuals with diverse service needs.

**Goal 5 (Optional):** Priority Goal: Niagara County residents across the lifespan will have greater and timelier access to high quality, inpatient care that effectively treats co-occurring needs.

**Goal 6 (Optional):** Expand access to outpatient treatment in multiple modalities that aligns with evidence-based practices and includes an enhanced focus on integrated and coordinated care, recovery and wellness, and care delivered in community settings.

**Goal 7 (Optional):** Priority Goal: Increase the reach and effectiveness of prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being on individuals through a coordinated, multi-disciplinary collaborative, and culturally sensitive approach.

**Goal 8 (Optional):** Niagara County residents will have greater and timelier access to local, high quality, residential care that effectively addresses individual's needs and preferences, including co-occurring mental illness and substance use disorder concerns, in a responsive and integrative manner.

**Goal 9 (Optional):** Priority Goal: The Niagara County mental hygiene service system will strengthen the workforce by: engaging in innovative workforce development strategies to ensure a continuous and growing pipeline of qualified staff; and recruiting, retaining, training and supporting culturally competent, culturally responsive and diverse personnel who can provide high quality services to individuals and their families.

**Goal 10 (Optional):** Priority Goal: Increase the availability of, access to, and awareness of harm reduction supports and services in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.

**Annual and intermediate plans for addiction services:**

1. The LGU will work in partnership with Niagara County stakeholders to implement innovative strategies that will affect positive changes to address the workforce shortage crisis across the OASAS service system.
2. The LGU, in partnership with Niagara County stakeholders, will utilize available data sources to engage in data-driven decision making that supports the development, expansion, and/or enhancement of programs and initiatives where need is clearly demonstrated.
3. The LGU will be supportive of and encourage OASAS licensed, certified and funded programs to implement evidenced based and supported practices that will deliver services in a trauma-informed, person-centered, recovery-oriented, and culturally and linguistically relevant manner.
4. The LGU, in partnership with Niagara County stakeholders, will engage in cross-systems collaborations to devise and enact responsive action plans that address service gaps and unmet needs.

**Annual and intermediate plans for developmental disability services:**

1. The LGU will work in partnership with Niagara County stakeholders to implement innovative strategies that will affect positive changes to address the workforce shortage crisis across the OPWDD service system.
2. The LGU, in partnership with Niagara County stakeholders, will utilize available data sources to engage in data-driven decision making that supports the development, expansion, and/or enhancement of programs and initiatives where need is clearly demonstrated.
3. The LGU will be supportive of and encourage OPWDD licensed, certified and funded programs to implement evidenced based and supported practices that will deliver services in a trauma-informed, person-centered, recovery-oriented, and culturally and linguistically relevant manner.
4. The LGU, in partnership with Niagara County stakeholders, will engage in cross-systems collaborations to devise and enact responsive action plans that address service gaps and unmet needs.

**Annual and intermediate plans for mental health services:**

1. The LGU will work in partnership with Niagara County stakeholders to implement innovative strategies that will affect positive changes to address the workforce shortage crisis across the OMH service system.
2. The LGU, in partnership with Niagara County stakeholders, will utilize available data

sources to engage in data-driven decision making that supports the development, expansion, and/or enhancement of programs and initiatives where need is clearly demonstrated.

3. The LGU will be supportive of and encourage OMH licensed, certified and funded programs to implement evidenced based and supported practices that will deliver services in a trauma-informed, person-centered, recovery-oriented, and culturally and linguistically relevant manner.

4. The LGU, in partnership with Niagara County stakeholders, will engage in cross-systems collaborations to devise and enact responsive action plans that address service gaps and unmet needs.

**LGU Representative Name:** Myrla Gibbons Doxey

**LGU Representative Title:** Deputy Director

**Submitted for:** Niagara County Department of Mental Health

**NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH &  
SUBSTANCE ABUSE SERVICES**

**2023 Local Services Plan Mental Hygiene Goals and Needs Assessment Forms**

Goals Based On Local Needs **\*\* = identified priorities**

Issue Category	Applicable State Agency	Applicable Population
Adverse Childhood Experiences (ACS)	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
Case Management / Care Coordination	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
<b>*Crisis Services</b>	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
Cross Systems Services	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
Employment/Volunteer (Client)	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
Forensics	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
<b>*Housing</b>	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
<b>*Inpatient Treatment</b>	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
Non-Clinical Supports	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
Outpatient Treatment	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
<b>*Prevention</b>	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
Problem Gambling	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
Refugees and Immigrants	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
Residential Treatment Services	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
Respite	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
Transitional Age Services	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
Transportation	<input type="checkbox"/> OMH <input type="checkbox"/> OASAS <input type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input type="checkbox"/> Both Youth & Adults
<b>*Workforce Recruitment &amp; Retention</b>	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults

Other: Harm Reduction	<input checked="" type="checkbox"/> OMH <input checked="" type="checkbox"/> OASAS <input checked="" type="checkbox"/> OPWDD	<input type="checkbox"/> Youth Only <input type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Both Youth & Adults
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**ANNUAL AND INTERMEDIATE PLANS BY SERVICE TYPE**

**Please describe your annual and intermediate plans for ADDICTION SERVICES:**

1. The LGU will work in partnership with Niagara County stakeholders to implement innovative strategies that will affect positive changes to address the workforce shortage crisis across the OASAS service system.
2. The LGU, in partnership with Niagara County stakeholders, will utilize available data sources to engage in data-driven decision making that supports the development, expansion, and/or enhancement of programs and initiatives where need is clearly demonstrated.
3. The LGU will be supportive of and encourage OASAS licensed, certified and funded programs to implement evidenced based and supported practices that will deliver services in a trauma-informed, person-centered, recovery-oriented, and culturally and linguistically relevant manner.
4. The LGU, in partnership with Niagara County stakeholders, will engage in cross-systems collaborations to devise and enact responsive action plans that address service gaps and unmet needs.

**Please describe your annual and intermediate plans for DEVELOPMENTAL DISABILITY SERVICES:**

1. The LGU will work in partnership with Niagara County stakeholders to implement innovative strategies that will affect positive changes to address the workforce shortage crisis across the OPWDD service system.
2. The LGU, in partnership with Niagara County stakeholders, will utilize available data sources to engage in data-driven decision making that supports the development, expansion, and/or enhancement of programs and initiatives where need is clearly demonstrated.
3. The LGU will be supportive of and encourage OPWDD licensed, certified and funded programs to implement evidenced based and supported practices that will deliver services in a trauma-informed, person-centered, recovery-oriented, and culturally and linguistically relevant manner.
4. The LGU, in partnership with Niagara County stakeholders, will engage in cross-systems collaborations to devise and enact responsive action plans that address service gaps and unmet needs.

**Please describe your annual and intermediate plans for MENTAL HEALTH SERVICES:**

1. The LGU will work in partnership with Niagara County stakeholders to implement innovative strategies that will affect positive changes to address the workforce shortage crisis across the OMH service system.
2. The LGU, in partnership with Niagara County stakeholders, will utilize available data sources to engage in data-driven decision making that supports the development, expansion, and/or enhancement of programs and initiatives where need is clearly demonstrated.
3. The LGU will be supportive of and encourage OMH licensed, certified and funded programs to implement evidenced based and supported practices that will deliver services in a trauma-informed, person-centered, recovery-oriented, and culturally and linguistically relevant manner.
4. The LGU, in partnership with Niagara County stakeholders, will engage in cross-systems collaborations to devise and enact responsive action plans that address service gaps and unmet needs.

## MENTAL HYGIENE SERVICE SYSTEM GOALS & NEEDS ASSESSMENT

### **1. Case Management / Care Coordination**

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

**Niagara County's high risk / high need residents will have immediate access to Care Management / Coordination services that are responsive to and meet their diverse needs through methods, frequency, and intensity necessary.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

### **Needs Description:**

The current Health Home structure remains problematic. Children and Adult Health Home Care Management services are not meeting the needs of individuals and their families based upon ongoing feedback received from various providers and those receiving such services. The intensity and frequency of face-to-face services are severely lacking and, therefore, resulting in utilization of crisis and emergency department services that may not be necessary if appropriate care management / coordination and other similar community based supports were provided. Letters, phone calls and text correspondences are insufficient means to appropriately assess and intervene with high acuity individuals with serious emotional disturbances (SED), severe mental illness (SMI), substance use disorders (SUD) and intellectual/developmental disabilities (I/DD), especially for those with co-occurring concerns.

Access to Specialty Care Management providers who serve the Health Home Plus (HH+) population, in particular those involved with Assisted Outpatient Treatment (AOT), is critically deficit. Due to a lack of care managers available with the required credentials, experience and training to serve this high-risk / high-need population, immediate access is unavailable placing them at greater risk for adverse outcomes. For individuals attempting to transition from Assertive Community Treatment (ACT) services to HH+ services, they are also unable to access these services in a timely manner resulting in reduced access to ACT for those in need of / awaiting this service. Legacy Care Management Agencies providing HH+ services to the AOT population also report fiscal concerns as they are often unable to engage an AOT individual in service planning requirements within the required 60 day time frame established by Health Homes. When a service plan is not established within the time frame, the provider is unable to bill Medicaid for services provided until the plan is established and results in a loss of revenue. They are advocating with their lead health homes to address this matter with State as any individual on an AOT court order has an established service plan that ordered by an evaluating psychiatrist; they hope this can be utilized as the service plan while the member is attempting to be engaged in HH+ services.

Providers indicate that care managers / coordinators lack a comprehensive of awareness of the array of services, supports and treatment available in Niagara County and how to navigate multiple service systems outside of their area of expertise. Service systems are siloed and place individuals served at a disadvantage when their needs are unable to be addressed in an integrated manner.

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

Telephonic interaction versus face-to-face visits performed within care coordination can negatively impact a client's care and coordination significantly as it limits assessment of individuals served to self-report and prevents the ability of visual observations to inform assessments on an individual's status, progress and unmet needs that a face-to-face visit allows for. Input received from some care managers indicate that some care managers only provide the minimum requirements of services / intensity verses what is needed by the individual being served perhaps due to caseload size / workforce issues. The care managers who have been in the field for many years and used to provide traditional case management services seem to be the same individuals who are more likely to provide person-centered services at the level of intensity / frequency needed verses only providing the minimum standard. This creates an inconsistency in service delivery across the service system.

Health Home Care management for children and youth with SED is further complicated by the additional coordination required for linkage to Child and Family Treatment and Support Services (CFTSS) and Home & Community Based (HCBS) Waiver Services. These changes resulted in the creation of further barriers to timeliness of appropriate service linkages. Individuals and their families do not necessarily prefer multiple providers involved in their care as it can be overwhelming and confusing as to who is doing what for them and service provision tends to be disjointed.

Additional issues to be addressed in this area include the extended time and coordination required by Health Home Care Managers to successfully link families to the Child and Youth Evaluation Services (CYES) program in order to explore their potential eligibility for Medicaid due to an increased need for a higher level of service. Without Medicaid, a child/family would be unable to access CFTS Services or Home and Community Based Services (HCBS) leaving them without the appropriate level and intensity of necessary services. With local SPOAs being removed from the referral, eligibility determination and oversight process, an effective mechanism does not current exist to ensure individuals are not falling through the service gaps.

## **2. CRISIS SERVICES**

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

**Goal Statement-** Is this Goal a priority goal? Yes No

**To further promote the stabilization and recovery of individuals in the community, Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

### **Needs Description:**

Niagara County Crisis Services (NCCS), with its 24/7/365 call center and mobile crisis team response, is a valuable and responsive resource that has been increasingly stressed. The severity of individuals' mental health and substance use presentations, psychiatric instability and level of service intervention needed has intensified, particularly in individuals living with serious emotional disturbances (SED) and severe mental illness (SMI). - 19 Additionally, the stressors related to the COVID pandemic are resulting in new presentations of behavioral health concerns in the general population and Crisis Services programming has become even more crucial for providing immediate support, referrals and clinical intervention to mitigate risks. Long standing effects of the COVID-19 pandemic along with Police reform efforts, which are highlighting the need for trained Mental Health professionals to respond to individuals experiencing mental health emergencies, and the recent implementation of 988 to which NCCS is affiliated, leads us to project an ongoing upward trend in the need for, and utilization of, crisis services supports and interventions now and well into the future.

Niagara County based calls to the Crisis Services Call Center increased in 2021 by 23% over 2020 (33,464 calls from 27,140 calls) and 49.6% over 2019. Of the 2021 call total, there was a 23% increase in calls over 2020 (27,294 calls from 22,177 calls) and a 68.6% increase over 2019 that were Crisis Calls in nature. The majority of crisis calls in 2021 were successfully managed via phone support and intervention; however 3% (779) of these calls resulted in more intensive interventions (i.e. mobile crisis team response, virtual intervention by the licensed mental health designee via Mobile Zoom app, ambulance authorizations, police welfare checks, family transports of an individual to a hospital), which is slightly higher compared to 2020. Of the 779 calls requiring more intensive interventions in 2021, 50% resulted in an individual being transported to a local hospital for further psychiatric evaluation and possible admission for immediate treatment of their mental health condition.

In 2021, 9,630 unique individuals were served. Of those, 51% were male and 49% female, and 5.5% were children under the age of 18. The percentage of calls received related to children in distress slightly increased by 1.6 percentage points over 2020, but 4.5 percentage points lower compared to 2019. With children returning to schools for the 2021-2022 and beyond, the implementation of 988, and awareness through regular meetings with one of the local MHL 9.39 hospitals who receive and treat most of the Niagara County children in a psychiatric crisis, we anticipate data will begin to show higher rates of children being served by Niagara County Crisis Services.

NCCS also provides support and intervention to individuals residing in Genesee and Orleans Counties. The following data is in addition to the total number of calls reported above, as those reflect the Niagara County calls only. In 2021, NCCS answered an additional 2,203 calls for Genesee County which is just a slight decrease of 5.8% compared to 2020 most likely due to therapeutic limitations placed on a repeat caller not in crisis, but an increase in calls by 32.3% and 70.8% increase compared to 2019 and 2018 respectively. Of the 2,203 calls in 2021, 88.6% were of crisis nature. The Crisis Services staff were able to provide the majority of callers with the appropriate level of support, intervention and linkage through phone intervention; however activation of the Mobile Crisis Teams in Genesee County occurred for 6.8% of the calls received for Genesee County.

Orleans County calls totaled 893 in 2021, with 71.4% calls of crisis nature which was an increase of 12.1% and 23.2% over 2020 and 2019 respectively. The Crisis Services staff met the majority of caller needs via phone support and intervention, with only 8.7% of the crisis calls requiring activation of the mobile outreach team.

The NCCS and local law enforcement alike are increasingly experiencing significant challenges in obtaining ambulance responses to transport individuals in a mental health crisis who meet MHL 9.45 or 9.41 to a MHL 9.39 hospital. Often times law enforcement is having to transport individuals to the hospital due to ambulance delays in response, or refusals to, transport individuals. Ambulances are either responding or diverted to medical emergencies or are reported to be short-staffed and unavailable. When individuals require transport by law enforcement, this portrays an image of criminalizing those with mental illness which contradicts current efforts to decriminalize and destigmatize mental illness.

Crisis Services for Individuals with Intellectual and Developmental Disabilities (CSIDD), formerly known as NYSTART, provides crisis prevention and response services in Niagara County to individuals, ages six (6) and over, and their families, who have both developmental disabilities and complex behavioral needs and are OPWDD eligible. Providers state that the services provided within Niagara County remain insufficient due to a lack of resources to cover the broad geographical area. Flexibility in providing services to individuals with co-occurring mental health concerns is also lacking. There is a significant need for more cross-systems collaborations when servicing this population and an emphasis should be placed on the “no wrong door approach”. Additionally, it is unclear as to how to access services, what services are available, when and to whom.



Although there is a local peer-staffed adult respite program in Niagara County for individuals with mental illness, transportation to the program tends to be a barrier preventing access for individuals that do not live close by. In addition, OPWDD providers continue to identify a lack of crisis respite opportunities for individuals with intellectual/developmental disabilities. Individuals of all ages with mental health, substance use and co-occurring issues need more options for crisis stabilization in the community that will prevent the need for utilization of higher levels of services, such as emergency department evaluations, and provide opportunity for recovery in the least restrictive setting.

Even without the additional stressors related to the COVID pandemic, the demand for Crisis Services has trended upwards over the past several years. With the prolonged, chronic stressors related to the pandemic a dramatic surge in mental health and substance use related issues are expected that will be managed by NCCS.

### **3. CROSS-SYSTEM SERVICES**

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

**Ensure high quality integrated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

#### **Need Description:**

While there is not only a workforce shortage crisis across the mental hygiene service system, there is also a lack of staff with cross-systems experience and expertise to meet the needs of individuals, and their families, with co-occurring issues. The mental hygiene service system needs to leverage resources and engage in cross-systems collaborations to share knowledge and expertise with one another to break down system siloes and provide the most appropriate care to individuals attempting to access and receiving services. Creating a workforce that is able to provide integrated and coordinated services to address co-occurring issues is critical.

There is a general lack of awareness of available services in Niagara County, and across counties. Efforts to increase marketing of programs, services, supports and trainings / events are needed to ensure individuals served are receiving information on all resources available them to and also connecting with those resources that may best meet their complex needs.

The LGU has facilitated and participated in numerous multi-provider, cross-systems collaborations to devise innovative strategies to support individuals in the community or to assist with facilitating access to higher levels of care to fill service gaps and meet individual's, and their families, complex needs. This takes intentional planning and coordination, effective communication, and collaborative partnerships. Because the system is not built to permit multiple entities to submit claims for the time and efforts put into these types of collaborations for one individual, some providers indicate that they are unable to prioritize scheduling for these collaborations as it does not generate billable unites of services and therefore cannot fiscally afford to participate – though they recognize the value.

More resources and funding are necessary to increase cross-system services and collaborations in order to effect sustainable positive change.

#### **4. HOUSING –**

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

**The Niagara County service system will work collaboratively to maximize timely access to safe and affordable housing opportunities for individuals with diverse service needs.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

#### **Need Description:**

The housing needs of Niagara County residents remain critical and unmet. The availability of safe and affordable housing for individuals, and families, with mental illness, substance use disorders and intellectual/developmental disabilities is severely lacking. Single-room occupancy and supportive housing beds for the mentally ill have extensive wait lists and, despite these lists being diligently vetted to prioritize open slots that become available for individuals with the highest needs, the lists and wait times continue to grow. Transitional housing availability is also insufficient for individuals with substance use disorders, which leads to delayed movement between levels of care as well as delayed community reintegration in order to attain permanent housing. For those with co-occurring disorders, locating appropriate housing, including residential programming, is even more difficult not only due to specialized supports, services and expertise required, but also due to the associated stigma. Furthermore, the cost of apartments significantly exceeds the amount of funding that individuals and families can receive from the local department of social services causing yet another barrier to people being appropriately housed and having monies available to meet their daily needs. Larger property businesses are taking over independently owned properties thus reducing options for individuals and if not accepted for one of the properties they are unable to access any of the others. Lastly, background, reference and credit checks conducted by landlords on potential tenants further interferes with access to safe and affordable housing as either they checks are not favorable or they lack the necessary references or credit history.

According to the 2020 Homelessness Summary Brief by the Homeless Alliance of WNY (HAWNY) that analyzed data collected through the Homeless Management Information System (HMIS), there were 1,212 people considered homeless in Niagara County in 2020. Compared to the previous year's counts, the number of people experiencing homelessness decreased in 2020 by 26.5%. The dramatic decrease may be correlated to the COVID Eviction Moratorium that was in place at the time. Key findings from the 2020 HMIS showed the following:

- Despite only being 7% of Niagara County's population, Black individuals made up over a third (36.3%) of all clients experiencing homelessness;
- 19.7% of the homeless population were children (ages 17 and under);
- 90.4% of clients served were single adults;
  - 78.87% of single adults identified as male;
- 34.2% of clients reported their release from an institution as their reason for homelessness;
  - 20.8% reported coming directly from jail, prison or a juvenile detention facility;
- 30.2% of clients went to a permanent housing destination after exiting from a program;
- 37.7% of 849 people who provided their disability status report having at least one (1) disability. When adults only are considered, the rate increases to 45.1%
  - People with disabilities are overrepresented in the homelessness system.
- Of the whole homeless population in Niagara County:
  - 21.57% report having a mental illness
  - 16.88% report having a physical or medical disability, or a chronic health condition
  - 17.12% report having an alcohol or substance use disorder

Additionally, HAWNY's 2020 report found that a significant percentage of people in Niagara County, 54.8% in

the City of Niagara Falls and 41.2% outside of the city, pay more of their income towards rent than is considered affordable (30%). <https://wnyhomeless.org/app/uploads/2020-Niagara-Homelessness-Brief.pdf>

In 2021, the Niagara County Department of Social Services (NCDSS) reported that only 7.2% of households were able to find permanent housing compared to 12.6% of households in 2020; that is a 5.4 percentage point decrease over one (1) year. Many individuals / families presented to the local Social Services Department multiple times during 2021, noting difficulty staying in compliance with regulations regarding continued receipt of assistance or ongoing need of housing assistance. The NCDSS was able to provide temporary emergency housing to some of the households while they searched for permanent housing. The NCDSS also noted that the cost of an apartment within the city limits of Niagara Falls and Lockport were from \$700 to \$1000 and up per month and these costs generally exceed the amount of funding an individual can receive.

The NYS Office of Mental Health (OMH) Supportive Housing wait list continues to be extensive for the Severely and Persistently Mentally Ill (SPMI) adults, demonstrating that safe and affordable housing remains a critical unmet need. Supportive housing slot increases have not occurred since 2019 though the demand for them increases. Despite diligent efforts to review and vet the wait list to provide the highest need and highest acuity individuals priority access to slots that become available, the ongoing lack of safe and affordable housing persists causes lengthy waiting lists and untimely access to necessary housing services. BEING HOUSED IS A BASIC HUMAN NEED. Furthermore, the number of affordable housing units within Niagara County continues to decrease as rental companies are purchasing single properties and raising rents within the three (3) urban areas to an unaffordable amount.

Providers note that physical accessibility to and within housing is a barrier for disabled individuals. Some local landlords appear to lack an understanding of the needs of disabled individuals as well as the requirement of the American's with Disabilities Act (ADA). For example, landlords may recognize the need to address physical access to a building, however, the interiors of living spaces may not meet individual's needs, such as inaccessible showers, countertops, cook surfaces, and the like. Many of the affordable housing options in the area were built prior to the advent of the Americans with Disabilities Act of 1990.

The Adult Single Point of Access (SPOA) Program and the Community Services Board (CSB) subcommittees highlight the need for a "Housing First Model of Care" and housing programming that effectively meets the complex needs of individuals with co-occurring mental health and substance use disorder (SUD) concerns, as well as those with I/DD and co-occurring mental health concerns, as such programming does not exist at this time in Niagara County. Both OMH and OASAS housing providers indicate that they are unable to meet this need at their level of care without an adequate and skilled workforce, support and funding to invest in more extensive training, education and ongoing staff development to meet the needs of this population.

In 2020, two local agencies were awarded grant funding through the US Department of Housing and Urban Development through the Homelessness Alliance of WNY to develop programming to address the transitional age population who are at risk or facing homelessness. Both agencies began providing services in early 2021 including Transitional Housing/ Rapid Rehousing for Youth (18-24 years) and a Family Engagement Team to assist youth (12-24 years) in navigating the system. Through community collaborations and data sharing, these agencies report that in the Niagara Falls City School District alone, over 200 youth have been identified as being unhoused. The critical need for more housing opportunities is further supported.

In 2021, one local agency was awarded HUD ESG-CV funding through the City of Niagara Falls. The agency also received funding for Rapid Rehousing and Prevention. Since the lifting of the Eviction Moratorium, the agency is exploring options available to reallocate some of these funds to their shelter operations.

DePaul Community Services, in Partnership with Community Missions of Niagara Frontier, Inc., continue to pursue funding to build an 80-unit apartment building which will house 30 Apartment Treatment Program (ATP) units, 10 ESSHI units for the Severely Mentally Ill, 20 ESHII units for seniors, and 20 community affordable units. The project was originally planned for the city of Niagara Falls, however, community objections blocked the development in Niagara Falls and another location in Niagara County is being considered.

For the past few years, Cazenovia Recovery Systems has also been attempting to expand supportive housing (33 beds) for individuals with SUD. This project remains on hold due to strong community objection to the originally proposed location in Lockport and the roadblocks to overcome the “not in my backyard” sentiment.

Recognizing that safe, affordable and stable housing is not only a basic human need but also an essential component of health and recovery, the Niagara County Local Governmental Unit (LGU) is committed to supporting the implementation of Local, State and Federal initiatives to improve housing for our most vulnerable, underserved individuals across the mental hygiene service system. People with mental illness, substance use disorders and intellectual / development disabilities are severely stigmatized and therefore further marginalized and disadvantaged by the very community in which they seek to live and thrive within. This must change.

## **5. INPATIENT TREATMENT SERVICES**

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

**Goal Statement-** Is this Goal a priority goal? Yes No

**Niagara County residents across the lifespan will have greater and timelier access to high quality, inpatient care that effectively treats co-occurring needs.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

### **Need Description:**

Designated MHL 9.39 hospitals in the area remain overwhelmed and often understaffed. This results in lengthy wait times for psychiatric evaluations as well as admissions. One local hospital has been intermittently forced to “close” the psychiatric emergency room due to a lack of nursing staff and then serve individuals through the medical side. With the lack of security of individuals available on the medical side, high-risk individuals have absconded which placed them at significant risk for negative outcomes. Additional law enforcement and crisis services resources are utilized in order to locate these individuals and intervene to ensure their safety and well-being.

Significant gaps exist for individuals in need of inpatient care who have co-occurring disorders. Individuals with severe emotional disturbance / mental illness and I/DD are often times denied admission to inpatient psychiatric units as their needs are determined to be pervasive verses acute in nature and appropriate programming is unavailable to meet their needs in an inpatient setting. This is despite presenting as a danger to self / others and in need of stabilization in a controlled, structured and safe setting. They are often discharged back to the community where necessary intensive in-person supports and services are unavailable due to workforce shortages. This results in a perpetuating cycle of utilization of higher level services without benefit to individuals, and, in fact can be traumatizing to them. Access to inpatient treatment also remains problematic for children and adolescents in need of/appropriate for inpatient care due to units being at capacity, or operating at reduced capacity, in the Western New York region.

For adult psychiatric inpatient services in Niagara County, workforce issues continue to prevent the local Article 28 hospital to fully staff and operate its inpatient units thus reducing access. The adult inpatient unit's average daily census made up only approximately 43% of their capacity so far this year with staffing shortages impacting the ability to operate to full capacity. Unit closures have persisted since 2019 as required staffing patterns cannot not be achieved.

Moreover, those with Substance Use Disorders and co-occurring Severe Mental Illness and/or significant medical needs face significant barriers in accessing inpatient substance use treatment locally and often have to seek placement across or out of state at a facility that is willing and able to accommodate their complex needs. The denial rate from local inpatient SUD treatment facilities is high (50% and upward) for individuals with co-occurring issues as well as for those who are in need of detox. Additionally, as a result of the ongoing COVID-19 pandemic, local inpatient substance use treatment facilities have not operated at capacity due to infection control protocols and/or response to outbreaks which reduces access to services.

## **6. OUTPATIENT TREATMENT**

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

**Expand access to outpatient treatment in multiple modalities that aligns with evidence-based practices and includes an enhanced focus on integrated and coordinated care, recovery and wellness, and care delivered in community settings.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

### **Need Description:**

Access to outpatient treatment is a critical unmet. Children's outpatient mental health clinics in WNY are closing. The Children's Clinic of WNY in Niagara Falls, NY, which also operated three (3) school-based satellite clinics in Niagara County, is on a temporary hiatus due to a workforce shortage and BryLin Hospitals Outpatient Clinic in our neighboring county is closing due to financial reasons. The three (3) Catholic Charities Monsignor Carr Clinics in Niagara County have struggled with staff vacancies resulting in larger caseloads and longer wait times for initial appointments. In addition, the Lockport Monsignor Carr Clinic's school-based satellite clinic in one of the Lockport School District's schools has not been able to provide services due to a lack of staff to provide services.

At the same time that outpatient providers are struggling to maintain an adequate workforce, there is an increased demand for services over the past 2 years, which is correlated to increased stressors and mental health concerns exacerbated by the COVID-19 pandemic. The workforce shortage and lack of timely access to needed care is also contributing to increases in mental health and substance use crises, more severe mental health and substance use presentations, and utilization of higher level / cost services such as emergency department evaluations and inpatient psychiatric care. This places even greater stress on an already overwhelmed system.

Workers indicate they are tired between high caseload numbers and, for those that provide outpatient treatment in the community setting, travel time. Providers report that reimbursement rates do not align with agency outputs and some community-based programs cannot pay for mileage reimbursement, while others are reaching into other funding sources in order to pay employee mileage.

In relation to OASAS outpatient services in particular, multiple pathways programs are lacking for "marginally connected" individuals and for individuals who have attempted treatment previously and did not find it beneficial. Increased flexibility in services are needed along with less rigid and restrictive treatment structures. Expanded access to types of Medication Assisted Treatment (MAT), including methadone, are needed as well



as access to more primary care providers to continue MAT maintenance. Other items of note include the need for more clinical services for youth whose parents use drugs and their caregivers; grief and loss support; expanded family education, support and treatment; rural designed care; services and supports that are culturally responsive to and meet the unique needs of historically underserved and under-resourced populations – Native American, BIPOC, LGBTQ+, etc. populations; and continued support and funding for required jail based clinical services.

The implementation of integrated models of care are also in outpatient treatment program across the mental hygiene service system to most effectively meet individuals holistic needs in a comprehensive, evidence-informed manner.

There are no Article 16 clinics in Niagara County to serve the unique needs of individual with intellectual/developmental disabilities and co-occurring mental health concerns. The workforce is not well-trained in the treatment and care of individuals with these co-occurring needs, which creates inequities and contributes to poorer health outcomes for this population.

## **7. PREVENTION**

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

**Goal Statement**- Is this Goal a priority goal?  Yes  No

**Increase the reach and effectiveness of prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being on individuals through a coordinated, multi-disciplinary collaborative, and culturally sensitive approach.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

### **Need Description –**

Prevention activities remain a priority in Niagara County in order to meet the goals of the New York State Prevention Agenda. Niagara County has a high suicide death rate of 11.2 per 100,000 population as well as a high Opioid Burden crude rate of 296.2 per 100,000 population compared to the overall rates of New York State. Although improvement is noted from 2016 to 2019 in the rate of newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (47.5 to 41.0 per 1,000 newborn discharges), Niagara County is the fifth highest rate in NYS. As it relates to health status and disparities, Niagara County’s prevention agenda indicators are substantially worse compared to NYS on all but one indicator. As prevention is all encompassing, specific strategies are critical to employ that focus on the following: reducing stigma and barriers to care; increasing awareness of available services and navigating access to preventative care; and integration of physical and behavioral health models of care into programming that are culturally appropriate and tailored for underserved communities and populations utilizing local data sources to guide efforts. The LGU is committed to partnering with cross-system stakeholders to further implement appropriate interventions aimed at addressing the whole health of individuals to instill lasting positive changes for high-risk communities.

## **8. RESIDENTIAL TREATMENT SERVICES**

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

**Goal Statement**- Is this Goal a priority goal?  Yes  No

**Niagara County residents will have greater and timelier access to local, high quality, residential care that effectively addresses individual’s needs and preferences, including co-occurring mental illness and**

**substance use disorder concerns, in a responsive and integrative manner.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

**Need Description:**

The Adult Single Point of Access (SPOA) Program and the Community Services Board (CSB) subcommittees report that access to residential care is lacking for individuals with co-occurring mental illness and substance use disorders (SUD). Both OMH and OASAS residential providers indicate that they are unable to meet the specialized needs of these individuals at their level of care even despite expanded staff training and education, as well as a recovery focus. Furthermore, OMH and OPWDD providers report a lack of residential programming available to meet the needs of individuals with co-occurring emotional disturbance/mental illness and intellectual/developmental disabilities. The LGU regularly participates in multi-provider, cross-systems meetings focused on identifying innovative solutions to collectively support these individuals who struggle to access needed multi-system supports including residential treatment.

Timely access to OASAS residential programming remains a challenge due to demand for services exceeding slot availability, whether it is due to infection control protocols and/or work force shortages. Additionally, programming to meet the unique needs of the transitional age population across the mental hygiene service system is not readily available.

Vacancies in the local scatter-site Apartment Treatment Program remain, although not typically due to a lack of referrals. In 2021, an average of 7.4 slots were vacant which is equal to 23.1% of the total slots available. Barriers to filling vacancies are pervasive and include the following:

- people do not want to live with others and single apartments are not available;
- people are not interested and therefore refuse an apartment treatment level of care when that level is determined to be clinically appropriate as they often wish to remain living independently;
- people are unable to have their pets stay with them;
- residing in Niagara Falls is not desirable and often times not conducive to their recovery; and
- cannot find pet friendly apartments and safe neighborhoods.

In Niagara County, individuals tend to stay in congregate care programs for longer periods of time (current average is 2.4 years) as compared to the surrounding counties. Individuals often struggle with fear and uncertainties about leaving the licensed programs to live independently in the community identifying their biggest concern as losing the sense of community they have established. In addition, individuals often struggle to develop the necessary life skills to live independently thus keeping them dependent upon the services provided in a congregate setting. Lastly, the lack of safe, affordable housing within the county also creates a barrier for those individuals preparing to step down to lower levels of care.

On the OMH children's residential side, referral sources and families alike indicate that both the Residential Treatment Facilities (RTF) and Community Residences (CR) referral process is burdensome and that care management providers will only guide a family through the process, versus where they previously would take a lead role in completing the application for submission. This both deters and prevents pursuit of placement when needed.

In 2021, Villa of Hope at St. Joseph's Villa in Rochester, NY announced their closure. Fourteen (14) RTF beds were lost for individuals in the Western Region aged 13-18. Due to workforce shortages, Aurora House Community Residence, for youth ages 12-17, remained closed for most of 2021. In 2022, the CR has operated at approximately 25% capacity due to ongoing staffing challenges. Reduction in bed availability and staffing shortages negatively impact timely access to care and increase risk for adverse events.

## **9. WORKFORCE RECRUITMENT AND RETENTION**

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

**The Niagara County mental hygiene service system will strengthen the workforce by: engaging in innovative workforce development strategies to ensure a continuous and growing pipeline of qualified staff; and recruiting, retaining, training and supporting culturally competent, culturally responsive and diverse personnel who can provide high quality services to individuals and their families.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

**Need Description:** Workforce recruitment and retention remains the most prominent and critical issue to be addressed in Niagara County across all three (3) mental hygiene service systems as our established goals cannot be accomplished without an adequate workforce. Without immediate intervention that involves both funding from the State and innovative strategy development and implementation locally, the entire mental hygiene service delivery system is threatened now and in future years to come. Ongoing workforce shortages may lead to program, and potentially agency, closures. The severe shortage of qualified job applicants and the inability to offer competitive wages and incentives to recruit and retain a diverse and skilled workforce, further jeopardizes agencies' ability to provide high quality services, as well as their capability to adapt programming to meet the population needs especially in our historically underserved and under-resourced population needs. This also leaves these populations vulnerable to negative health outcomes and creates greater health disparities. Although regulatory flexibilities provided the opportunity for innovative strategies to be employed during the COVID-19 pandemic to assist with staff retention in outpatient and community-based settings (e.g. remote work, flexible hours and use of telehealth), programs and services that require 24/7 operations and service delivery have not had these opportunities available. The immense demand and stress on direct care staff to ensure 24/7 service availability and monitoring has led to staff burnout, trauma, and departure from human services work altogether creating even greater gaps in service and increased position vacancies.

Agencies are unable to recruit and retain a culturally diverse and qualified workforce that possess the essential skill sets to perform duties across all areas and job titles, including direct service, care management, counseling, qualified health professionals and prescribers. Also agencies do not have the resources to offer salaries commensurate with the level of responsibility and competency staff need to possess. Individuals can make significantly more money in non-human services settings (i.e. retail, food service), without being responsible for "people's lives". While the State has provided some funding toward workforce recruitment and retention, it is not nearly enough to address the workforce crisis we are in.

In 2022, one local children's outpatient behavioral health clinic, which also operated three (3) school satellite clinics, ceased operations due to a lack of staff. Another school satellite clinic operated by a different local agency also has not been able to staff the site and therefore no services have been provided since the start of the COVID-19 pandemic in early 2020.

At a time when the behavioral health needs of children, youth and adults alike are increasing and a service system that is tremendously stressed to a near breaking point, we cannot afford to lose any access to necessary treatment in any area of the service system due to the workforce crisis.

According to the NY State Education Department (SED) Office of Professions License Statistics, as of January 1, 2022 there are a total of 416 licensed master degree counseling professionals that live within Niagara County, which is a 9.5% increase over 2021. Of these, there are 177 LMSWs (increased by 25 licensees), 120 LCSWs (increased by 7 licensees), 113 LMHCs (same # as 2021), four (4) LCATs (same # as 2021), and two (2)



LMFTs (same # as 2021).

Comparing 2017 to 2021, there was a 24.7% increase in NYS SED issued licenses in these five (5) credentials, totaling 6,801 licensed professionals in 2021. LMFTs showed the greatest increase in licenses issued (47.9%) (though the number of professionals issued licenses (139) in this discipline remains the second lowest with LCATs (109) at the bottom), followed by LCSWs (40.5%) with 1907 professionals issued licenses in 2021. Though LMSWs show the second lowest increase (16.6%) in the number of licenses issued in 2021, this discipline has the highest number of licenses issued (3,637) in NYS.

Based on information gathered from local provider agencies, many of the licensed professionals who previously worked in agency and governmental settings transitioned to employment with insurance companies, online telehealth entities, or into private practice settings. Some even left the human services field altogether. This leaves a gaping hole in the local workforce and therefore creates greater disparities and service inequities for our historically underserved (i.e. BIPOC, LGBTQ+, rural and poverty stricken) populations.

According to NYS OASAS report (12/2018), there are 6,467 CASACs in NYS. Eighty-one (81) percent of CASACs have academic degrees and 47% have a Master's Degree; 28% of CASACs also hold a medical a medical, nursing, social work or mental health counselor license from NYSED; and CASAC-Ts and CASACs are permanently exempt from the Social Work and Mental Health practitioners restricted scopes of practice. Local OASAS programs report that individuals seeking their CASAC-Trainees (Ts) and CASAC certification through OASAS are experiencing difficulties due to the processing being more restrictive and not in alignment with workforce needs. For example, Master's Degree clinicians are being told they do not have enough educational credits to satisfy the certification. These barriers to certification place an undue burden on the workforce and to agencies who seek to ensure access to specialized, quality care to individuals with substance use disorders.

Another area of critical need includes developing a career pathway to human services work that begins at the secondary education level. Developing a skilled, competent and diverse workforce takes time. Local providers across the mental hygiene service system note a critical soft skills (i.e. time management, planning, communication and team work) and hard skills deficits among job applications and within various parts of the workforce. In addition, employers need to approach their workforce similarly to those they serve by promoting their growth and development on an ongoing basis that also encompasses both soft and hard skill development. Creative partnerships and innovative programming are crucial components to developing and sustaining a human services workforce now and into the future.

Additionally, the Mental Hygiene system providers note that reimbursement rates are inadequate and must be increased to ensure the long term fiscal viability of programs and therefore availability of services. Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) in partnership with Community Network of Care (CNOC) distributed a Workforce Survey to the Human Service agencies and programs, including, mental health, substance abuse, developmental disabilities, local schools, health services, care management/coordination, juvenile justice and social services. The survey was conducted in order to gain insight into and an understanding of areas of importance to individuals seeking employment or employed within the Human Services field. The survey collected 89 responses from a diverse cross-section of individuals employed or seeking employment in the Human Services field. The survey identified importance of Advancement /Professional Development; Employment Flexibility; Wellness/ Self-Care Opportunities; Benefits/ Pay; Workplace Environment/ Culture; Reasons for staying at current position; and Reasons for leaving for another position.

The top five reasons for remaining in a position include: Pay/Salary; Benefits/Pension; Supportive Environment; Importance/ impact of work; and Flexibility.

The most common reasons to leave a current position for another include: Similar or better pay; more flexibility; Better benefits; more supportive workplace culture; Potential to advance career; and Lower caseloads.

The factors need to be taken into consideration when developing strategies to address workforce recruitment and retention. The LGU will continue to monitor workforce data in order to devise response initiatives and targeted, informed advocacy efforts.

## **10. OTHER – HARM REDUCTION**

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

**Increase the availability of, access to, and awareness of harm reduction supports and services in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.**

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

### **Needs Description:**

Disproportionately impacted by the opioid crisis, Niagara County exceeds NYS rates on most all DOH Opioid related indicators and remains federally designated as a High Intensity Drug Trafficking Area. Although fentanyl continues to be involved in the vast majority of the overdose fatalities, we continue to see a broader range of substance that are being used during these overdoses, including marijuana, alcohol, benzodiazepines, methamphetamine and cocaine. All areas of the county are being impacted and overdoses are seen in individuals who have not necessarily been previously identified as needing assistance with substance use concerns.

The total number of suspected fatal and nonfatal opioid related overdoses increased by 15.4% in 2021 over 2020 (607 compared to 526), while suspected non-fatal opioid related overdoses increased by 10.1% (513 compared to 466) and suspected fatal opioid related overdoses increased by 56.7% (94 compared to 60) in the same time period. Although the rate of both non-fatal and fatal overdoses appear to be declining thus far in 2022 compared to the previous two years, the rate is not decreasing as quickly as desired.

Individuals with substance use concerns face tremendous stigma from the community in which they live as the community lacks factual information and education about individuals who use drugs, addiction, what harm-reduction is, what it means and its purpose. This negatively impacts people's willingness to seek support, creates greater health inequities and disparities.

The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) facilitated two (2) Round Table Sessions related to the Opioid Settlement Funds. There was significant conversation about needing to expand harm-reduction services in our community that focus on meeting basic needs and developing trust as an entry point to care. It is difficult to focus on reducing drug use when one is uncertain as to where they may sleep at night, where their next meal will come from or how they will adequately cloth themselves. Meeting individuals' basic needs are essential. Access to Narcan, fentanyl test strips, Deterra Bags, and safe and affordable housing are all key in our community and statewide. Other key needs include expanding the reach of peer support into areas that had not been thought of such as public housing, shelters and local department of social services offices to "meet people where they are at" and engage them "when they're ready". Also, supporting the development of safe places in the community for people to go, such as sober recreational activities, drop-in centers, safe respite locations / after-hours support, youth-focused services as well as

providing expanded family focused supports are critical needs in this area. Additionally, as we discovered, there are some services that exist that people are unaware of, such as employment and training. We need to create improved awareness and thus connection to existing resources.

### **OTHER- DEVELOPMENTAL DISABILITY RESPITE Services**

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

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

Applicable Population:  Youth Only  Adult Only  Both Youth & Adults

### **Need Description:**

Historically, there has been an insufficient number of Developmental Disability respite slots in Niagara County, particularly for children. The need for access to locally based respite services remains a high unmet need. There are changes with whom those positions attract. Oftentimes, respite workers would work in residential and vice versa. This is no longer the case as the workforce is siloed in terms of preference in where they work.

Innovative strategies are necessary to address the unmet respite needs. Examples of such include the following:

- Agencies share a pool of respite workers that can work across agencies based on respite needs. In order to do this, there also needs to be reduced barriers to employing individuals as some policies are hindering creativeness (e.g. back ground checks required to be completed by each entity verses 1 background check is sufficient across entities in the same field/service area).
- Agencies to work collaboratively with funders such as foundations (i.e. the Children's Guild Foundation or Grigg Lewis Foundation) to address respite needs in the community.
- Access to real time data related to OPWDD needs is paramount to aid in planning efforts.



Office of Addiction  
Services and Supports

Office of  
Mental Health

Office for People With  
Developmental Disabilities

## 2023 Needs Assessment Form

### Niagara County Department of Mental Health

#### **Adverse Childhood Experiences** No

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

#### **Case Management/Care Coordination** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): The current Health Home structure remains problematic. Children and Adult Health Home Care Management services are not meeting the needs of individuals and their families based upon ongoing feedback received from various providers and those receiving such services. The intensity and frequency of face-to-face services are severely lacking and, therefore, resulting in utilization of crisis and emergency department services that may not be necessary if appropriate care management / coordination and other similar community based supports were provided. Letters, phone calls and text correspondences are insufficient means to appropriately assess and intervene with high acuity individuals with serious emotional disturbances (SED), severe mental illness (SMI), substance use disorders (SUD) and intellectual/developmental disabilities (I/DD), especially for those with co-occurring concerns.

Access to Specialty Care Management providers who serve the Health Home Plus (HH+) population, in particular those involved with Assisted Outpatient Treatment (AOT), is critically deficit. Due to a lack of care managers available with the required credentials, experience and training to serve this high-risk / high-need population, immediate access is unavailable placing them at greater risk for adverse outcomes. For individuals attempting to transition from Assertive Community Treatment (ACT) services to HH+ services, they are also unable to access these services in a timely manner resulting in reduced access to ACT for those in need of / awaiting this service. Legacy Care Management Agencies providing HH+ services to the AOT population also report fiscal concerns as they are often unable to engage an AOT individual in service planning requirements within the required 60 day time frame established by Health Homes. When a service plan is not established within the time frame, the provider is unable to bill Medicaid for services provided until the plan is established and results in a loss of revenue. They are advocating with their lead health homes to address this matter with State as any individual on an AOT court order has an established service plan that ordered by an evaluating psychiatrist; they hope this can be utilized as the service plan while the member is attempting to be engaged in HH+ services.

Providers indicate that care managers / coordinators lack a comprehensive of awareness of the array of services, supports and treatment available in Niagara County and how to navigate multiple service systems outside of their area of expertise. Service systems are siloed and place individuals served at a disadvantage when their needs are unable to be addressed in an integrated manner.

Children's care management agencies previously informed the LGU that the Lead Health Homes have

given directives to enroll children under two (2) chronic conditions, if possible, avoiding using SED criteria as it is more difficult to verify eligibility. This is problematic as the SED designation indicates a level of need that a child should qualify for that may not be recognized and, therefore, the level of service provided may be inappropriate and inadequate.

Telephonic interaction versus face-to-face visits performed within care coordination can negatively impact a client's care and coordination significantly as it limits assessment of individuals served to self-report and prevents the ability of visual observations to inform assessments on an individual's status, progress and unmet needs that a face-to-face visit allows for. Input received from some care managers indicate that some care managers only provide the minimum requirements of services / intensity verses what is needed by the individual being served perhaps due to caseload size / workforce issues. The care managers who have been in the field for many years and used to provide traditional case management services seem to be the same individuals who are more likely to provide person-centered services at the level of intensity / frequency needed verses only providing the minimum standard. This creates an inconsistency in service delivery across the service system.

Health Home Care management for children and youth with SED is further complicated by the additional coordination required for linkage to Child and Family Treatment and Support Services (CFTSS) and Home & Community Based (HCBS) Waiver Services. These changes resulted in the creation of further barriers to timeliness of appropriate service linkages. Individuals and their families do not necessarily prefer multiple providers involved in their care as it can be overwhelming and confusing as to who is doing what for them and service provision tends to be disjointed.

Additional issues to be addressed in this area include the extended time and coordination required by Health Home Care Managers to successfully link families to the Child and Youth Evaluation Services (CYES) program in order to explore their potential eligibility for Medicaid due to an increased need for a higher level of service. Without Medicaid, a child/family would be unable to access CFTS Services or Home and Community Based Services (HCBS) leaving them without the appropriate level and intensity of necessary services. With local SPOAs being removed from the referral, eligibility determination and oversight process, an effective mechanism does not current exist to ensure individuals are not falling through the service gaps.

### **Crisis Services Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Niagara County Crisis Services (NCCS), with its 24/7/365 call center and mobile crisis team response, is a valuable and responsive resource that has been increasingly stressed. The severity of individuals' mental health and substance use presentations, psychiatric instability and level of service intervention needed has intensified, particularly in individuals living with serious emotional disturbances (SED) and severe mental illness (SMI). -19 Additionally, the stressors related to the COVID pandemic are resulting in new presentations of behavioral health concerns in the general population and Crisis Services programming has become even more crucial for providing immediate support, referrals and clinical intervention to mitigate risks. Long standing effects of the COVID-19 pandemic along with Police reform efforts, which are highlighting the need for trained Mental Health professionals to respond to individuals experiencing mental health emergencies, and the recent implementation of 988 to which NCCS is affiliated, leads us to project an ongoing upward trend in the need for, and utilization of, crisis services supports and interventions now and well into the future.

Niagara County based calls to the Crisis Services Call Center increased in 2021 by 23% over 2020 (33,464 calls from 27,140 calls) and 49.6% over 2019. Of the 2021 call total, there was a 23% increase in calls over 2020 (27,294 calls from 22,177 calls) and a 68.6% increase over 2019 that were Crisis Calls in nature. The majority of crisis calls in 2021 were successfully managed via phone support and intervention; however 3% (779) of these calls resulted in more intensive interventions (i.e. mobile crisis team response, virtual intervention by the licensed mental health designee via Mobile Zoom app,

ambulance authorizations, police welfare checks, family transports of an individual to a hospital), which is slightly higher compared to 2020. Of the 779 calls requiring more intensive interventions in 2021, 50% resulted in an individual being transported to a local hospital for further psychiatric evaluation and possible admission for immediate treatment of their mental health condition.

In 2021, 9,630 unique individuals were served. Of those, 51% were male and 49% female, and 5.5% were children under the age of 18. The percentage of calls received related to children in distress slightly increased by 1.6 percentage points over 2020, but 4.5 percentage points lower compared to 2019. With children returning to schools for the 2021-2022 and beyond, the implementation of 988, and awareness through regular meetings with one of the local MHL 9.39 hospitals who receive and treat most of the Niagara County children in a psychiatric crisis, we anticipate data will begin to show higher rates of children being served by Niagara County Crisis Services.

NCCS also provides support and intervention to individuals residing in Genesee and Orleans Counties. The following data is in addition to the total number of calls reported above, as those reflect the Niagara County calls only. In 2021, NCCS answered an additional 2,203 calls for Genesee County which is just a slight decrease of 5.8% compared to 2020 most likely due to therapeutic limitations placed on a repeat caller not in crisis, but an increase in calls by 32.3% and 70.8% increase compared to 2019 and 2018 respectively. Of the 2,203 calls in 2021, 88.6% were of crisis nature. The Crisis Services staff were able to provide the majority of callers with the appropriate level of support, intervention and linkage through phone intervention; however activation of the Mobile Crisis Teams in Genesee County occurred for 6.8% of the calls received for Genesee County.

Orleans County calls totaled 893 in 2021, with 71.4% calls of crisis nature which was an increase of 12.1% and 23.2% over 2020 and 2019 respectively. The Crisis Services staff met the majority of caller needs via phone support and intervention, with only 8.7% of the crisis calls requiring activation of the mobile outreach team.

The NCCS and local law enforcement alike are increasingly experiencing significant challenges in obtaining ambulance responses to transport individuals in a mental health crisis who meet MHL 9.45 or 9.41 to a MHL 9.39 hospital. Often times law enforcement is having to transport individuals to the hospital due to ambulance delays in response, or refusals to, transport individuals. Ambulances are either responding or diverted to medical emergencies or are reported to be short-staffed and unavailable. When individuals require transport by law enforcement, this portrays an image of criminalizing those with mental illness which contradicts current efforts to decriminalize and destigmatize mental illness.

Crisis Services for Individuals with Intellectual and Developmental Disabilities (CSIDD), formerly known as NYSTART, provides crisis prevention and response services in Niagara County to individuals, ages six (6) and over, and their families, who have both developmental disabilities and complex behavioral needs and are OPWDD eligible. Providers state that the services provided within Niagara County remain insufficient due to a lack of resources to cover the broad geographical area. Flexibility in providing services to individuals with co-occurring mental health concerns is also lacking. There is a significant need for more cross-systems collaborations when servicing this population and an emphasis should be placed on the "no wrong door approach". Additionally, it is unclear as to how to access services, what services are available, when and to whom.

Although there is a local peer-staffed adult respite program in Niagara County for individuals with mental illness, transportation to the program tends to be a barrier preventing access for individuals that do not live close by. In addition, OPWDD providers continue to identify a lack of crisis respite opportunities for individuals with intellectual/developmental disabilities. Individuals of all ages with mental health, substance use and co-occurring issues need more options for crisis stabilization in the community that will prevent the need for utilization of higher levels of services, such as emergency department evaluations, and provide opportunity for recovery in the least restrictive setting.

Even without the additional stressors related to the COVID pandemic, the demand for Crisis Services has trended upwards over the past several years. With the prolonged, chronic stressors related to the

pandemic a dramatic surge in mental health and substance use related issues are expected that will be managed by NCCS.

**Cross System Services** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): While there is not only a workforce shortage crisis across the mental hygiene service system, there is also a lack of staff with cross-systems experience and expertise to meet the needs of individuals, and their families, with co-occurring issues. The mental hygiene service system needs to leverage resources and engage in cross-systems collaborations to share knowledge and expertise with one another to break down system siloes and provide the most appropriate care to individuals attempting to access and receiving services. Creating a workforce that is able to provide integrated and coordinated services to address co-occurring issues is critical.

There is a general lack of awareness of available services in Niagara County, and across counties. Efforts to increase marketing of programs, services, supports and trainings / events are needed to ensure individuals served are receiving information on all resources available them to and also connecting with those resources that may best meet their complex needs.

The LGU has facilitated and participated in numerous multi-provider, cross-systems collaborations to devise innovative strategies to support individuals in the community or to assist with facilitating access to higher levels of care to fill service gaps and meet individual's, and their families, complex needs. This takes intentional planning and coordination, effective communication, and collaborative partnerships. Because the system is not built to permit multiple entities to submit claims for the time and efforts put into these types of collaborations for one individual, some providers indicate that they are unable to prioritize scheduling for these collaborations as it does not generate billable unites of services and therefore cannot fiscally afford to participate – though they recognize the value.

More resources and funding are necessary to increase cross-system services and collaborations in order to effect sustainable positive change.

**Employment/volunteer (client)** No

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**Forensics** No

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**Housing** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): The housing needs of Niagara County residents remain critical and unmet. The availability of safe and affordable housing for individuals, and families, with mental illness, substance

use disorders and intellectual/developmental disabilities is severely lacking. Single-room occupancy and supportive housing beds for the mentally ill have extensive wait lists and, despite these lists being diligently vetted to prioritize open slots that become available for individuals with the highest needs, the lists and wait times continue to grow. Transitional housing availability is also insufficient for individuals with substance use disorders, which leads to delayed movement between levels of care as well as delayed community reintegration in order to attain permanent housing. For those with co-occurring disorders, locating appropriate housing, including residential programming, is even more difficult not only due to specialized supports, services and expertise required, but also due to the associated stigma. Furthermore, the cost of apartments significantly exceeds the amount of funding that individuals and families can receive from the local department of social services causing yet another barrier to people being appropriately housed and having monies available to meet their daily needs. Larger property businesses are taking over independently owned properties thus reducing options for individuals and if not accepted for one of the properties they are unable to access any of the others. Lastly, background, reference and credit checks conducted by landlords on potential tenants further interferes with access to safe and affordable housing as either they checks are not favorable or they lack the necessary references or credit history.

According to the 2020 Homelessness Summary Brief by the Homeless Alliance of WNY (HAWNY) that analyzed data collected through the Homeless Management Information System (HMIS), there were 1,212 people considered homeless in Niagara County in 2020. Compared to the previous year's counts, the number of people experiencing homelessness decreased in 2020 by 26.5%. The dramatic decrease may be correlated to the COVID Eviction Moratorium that was in place at the time. Key findings from the 2020 HMIS showed the following:

- Despite only being 7% of Niagara County's population, Black individuals made up over a third (36.3%) of all clients experiencing homelessness;
- 19.7% of the homeless population were children (ages 17 and under);
- 90.4% of clients served were single adults;
  - o 78.87% of single adults identified as male;
- 34.2% of clients reported their release from an institution as their reason for homelessness;
  - o 20.8% reported coming directly from jail, prison or a juvenile detention facility;
- 30.2% of clients went to a permanent housing destination after exiting from a program;
- 37.7% of 849 people who provided their disability status report having at least one (1) disability.

When adults only are considered, the rate increases to 45.1%

- o People with disabilities are overrepresented in the homelessness system.
- Of the whole homeless population in Niagara County:
  - o 21.57% report having a mental illness
  - o 16.88% report having a physical or medical disability, or a chronic health condition
  - o 17.12% report having an alcohol or substance use disorder

Additionally, HAWNY's 2020 report found that a significant percentage of people in Niagara County, 54.8% in the City of Niagara Falls and 41.2% outside of the city, pay more of their income towards rent than is considered affordable (30%). <https://wnyhomeless.org/app/uploads/2020-Niagara-Homelessness-Brief.pdf>

In 2021, the Niagara County Department of Social Services (NCDSS) reported that only 7.2% of household were able to find permanent housing compared to 12.6% of households in 2020; that is a 5.4 percentage point decrease over one (1) year. Many individuals / families presented to the local Social Services Department multiple times during 2021, noting difficulty staying in compliance with regulations regarding continued receipt of assistance or ongoing need of housing assistance. The NCDSS was able to provide temporary emergency housing to some of the households while they searched for permanent housing. The NCDSS also noted that the cost of an apartment within the city limits of Niagara Falls and Lockport were from \$700 to \$1000 and up per month and these costs generally exceed the amount of funding an individual can receive.

The NYS Office of Mental Health (OMH) Supportive Housing wait list continues to be extensive for the Severely and Persistently Mentally Ill (SPMI) adults, demonstrating that safe and affordable housing remains a critical unmet need. Supportive housing slot increases have not occurred since 2019 though



the demand for them increases. Despite diligent efforts to review and vet the wait list to provide the highest need and highest acuity individuals priority access to slots that become available, the ongoing lack of safe and affordable housing persists causes lengthy waiting lists and untimely access to necessary housing services. BEING HOUSED IS A BASIC HUMAN NEED. Furthermore, the number of affordable housing units within Niagara County continues to decrease as rental companies are purchasing single properties and raising rents within the three (3) urban areas to an unaffordable amount. Providers note that physical accessibility to and within housing is a barrier for disabled individuals. Some local landlords appear to lack an understanding of the needs of disabled individuals as well as the requirement of the American's with Disabilities Act (ADA). For example, landlords may recognize the need to address physical assess to a building, however, the interiors of living spaces may not meet individual's needs, such as inaccessible showers, countertops, cook surfaces, and the like. Many of the affordable housing options in the area were built prior to the advent of the Americans with Disabilities Act of 1990.

The Adult Single Point of Access (SPOA) Program and the Community Services Board (CSB) subcommittees highlight the need for a "Housing First Model of Care" and housing programming that effectively meets the complex needs of individuals with co-occurring mental health and substance use disorder (SUD) concerns, as well as those with I/DD and co-occurring mental health concerns, as such programming does not exist at this time in Niagara County. Both OMH and OASAS housing providers indicate that they are unable to meet this need at their level of care without an adequate and skilled workforce, support and funding to invest in more extensive training, education and ongoing staff development to meet the needs of this population.

In 2020, two local agencies were awarded grant funding through the US Department of Housing and Urban Development through the Homelessness Alliance of WNY to develop programming to address the transitional age population who are at risk or facing homelessness. Both agencies began providing services in early 2021 including Transitional Housing/ Rapid Rehousing for Youth (18-24 years) and a Family Engagement Team to assist youth (12-24 years) in navigating the system. Through community collaborations and data sharing, these agencies report that in the Niagara Falls City School District alone, over 200 youth have been identified as being unhoused. The critical need for more housing opportunities is further supported.

In 2021, one local agency was awarded HUD ESG-CV funding through the City of Niagara Falls. The agency also received funding for Rapid Rehousing and Prevention. Since the lifting of the Eviction Moratorium, the agency is exploring options available to reallocate some of these funds to their shelter operations.

DePaul Community Services, in Partnership with Community Missions of Niagara Frontier, Inc., continue to pursue funding to build an 80-unit apartment building which will house 30 Apartment Treatment Program (ATP) units, 10 ESSHI units for the Severely Mentally Ill, 20 ESHII units for seniors, and 20 community affordable units. The project was originally planned for the city of Niagara Falls, however, community objections blocked the development in Niagara Falls and another location in Niagara County is being considered.

For the past few years, Cazenovia Recovery Systems has also been attempting to expand supportive housing (33 beds) for individuals with SUD. This project remains on hold due to strong community objection to the originally proposed location in Lockport and the roadblocks to overcome the "not in my backyard" sentiment.

Recognizing that safe, affordable and stable housing is not only a basic human need but also an essential component of health and recovery, the Niagara County Local Governmental Unit (LGU) is committed to supporting the implementation of Local, State and Federal initiatives to improve housing for our most vulnerable, underserved individuals across the mental hygiene service system. People with mental illness, substance use disorders and intellectual / development disabilities are severely stigmatized and therefore further marginalized and disadvantaged by the very community in which they seek to live and thrive within. This must change.

**Inpatient Treatment** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Designated MHL 9.39 hospitals in the area remain overwhelmed and often understaffed. This results in lengthy wait times for psychiatric evaluations as well as admissions. One local hospital has been intermittently forced to “close” the psychiatric emergency room due to a lack of nursing staff and then serve individuals through the medical side. With the lack of security of individuals available on the medical side, high-risk individuals have absconded which placed them at significant risk for negative outcomes. Additional law enforcement and crisis services resources are utilized in order to locate these individuals and intervene to ensure their safety and well-being.

Significant gaps exist for individuals in need of inpatient care who have co-occurring disorders. Individuals with severe emotional disturbance / mental illness and I/DD are often times denied admission to inpatient psychiatric units as their needs are determined to be pervasive versus acute in nature and appropriate programming is unavailable to meet their needs in an inpatient setting. This is despite presenting as a danger to self / others and in need of stabilization in a controlled, structured and safe setting. They are often discharged back to the community where necessary intensive in-person supports and services are unavailable due to workforce shortages. This results in a perpetuating cycle of utilization of higher level services without benefit to individuals, and, in fact can be traumatizing to them. Access to inpatient treatment also remains problematic for children and adolescents in need of/appropriate for inpatient care due to units being at capacity, or operating at reduced capacity, in the Western New York region.

For adult psychiatric inpatient services in Niagara County, workforce issues continue to prevent the local Article 28 hospital to fully staff and operate its inpatient units thus reducing access. The adult inpatient unit's average daily census made up only approximately 43% of their capacity so far this year with staffing shortages impacting the ability to operate to full capacity. Unit closures have persisted since 2019 as required staffing patterns cannot not be achieved.

Moreover, those with Substance Use Disorders and co-occurring Severe Mental Illness and/or significant medical needs face significant barriers in accessing inpatient substance use treatment locally and often have to seek placement across or out of state at a facility that is willing and able to accommodate their complex needs. The denial rate from local inpatient SUD treatment facilities is high (50% and upward) for individuals with co-occurring issues as well as for those who are in need of detox. Additionally, as a result of the ongoing COVID-19 pandemic, local inpatient substance use treatment facilities have not operated at capacity due to infection control protocols and/or response to outbreaks which reduces access to services.

**Non-Clinical Supports** No

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**Outpatient Treatment** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Access to outpatient treatment is a critical unmet. Children's outpatient mental health clinics in WNY are closing. The Children's Clinic of WNY in Niagara Falls, NY, which also operated three (3) school-based satellite clinics in Niagara County, is on a temporary hiatus due to a workforce shortage and BryLin Hospitals Outpatient Clinic in our neighboring county is closing due to financial reasons. The three (3) Catholic Charities Monsignor Carr Clinics in Niagara County have struggled with staff vacancies resulting in larger caseloads and longer wait times for initial appointments.

In addition, the Lockport Monsignor Carr Clinic's school-based satellite clinic in one of the Lockport School District's schools has not been able to provide services due to a lack of staff to provide services.

At the same time that outpatient providers are struggling to maintain an adequate workforce, there is an increased demand for services over the past 2 years, which is correlated to increased stressors and mental health concerns exacerbated by the COVID-19 pandemic. The workforce shortage and lack of timely access to needed care is also contributing to increases in mental health and substance use crises, more severe mental health and substance use presentations, and utilization of higher level / cost services such as emergency department evaluations and inpatient psychiatric care. This places even greater stress on an already overwhelmed system.

Workers indicate they are tired between high caseload numbers and, for those that provide outpatient treatment in the community setting, travel time. Providers report that reimbursement rates do not align with agency outputs and some community-based programs cannot pay for mileage reimbursement, while others are reaching into other funding sources in order to pay employee mileage.

In relation to OASAS outpatient services in particular, multiple pathways programs are lacking for "marginally connected" individuals and for individuals who have attempted treatment previously and did not find it beneficial. Increased flexibility in services are needed along with less rigid and restrictive treatment structures. Expanded access to types of Medication Assisted Treatment (MAT), including methadone, are needed as well as access to more primary care providers to continue MAT maintenance. Other items of note include the need for more clinical services for youth whose parents use drugs and their caregivers; grief and loss support; expanded family education, support and treatment; rural designed care; services and supports that are culturally responsive to and meet the unique needs of historically underserved and under-resourced populations – Native American, BIPOC, LGBTQ+, etc. populations; and continued support and funding for required jail based clinical services.

The implementation of integrated models of care are also in outpatient treatment program across the mental hygiene service system to most effectively meet individuals holistic needs in a comprehensive, evidence-informed manner.

There are no Article 16 clinics in Niagara County to serve the unique needs of individual with intellectual/developmental disabilities and co-occurring mental health concerns. The workforce is not well-trained in the treatment and care of individuals with these co-occurring needs, which creates inequities and contributes to poorer health outcomes for this population.

#### **Prevention Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Prevention activities remain a priority in Niagara County in order to meet the goals of the New York State Prevention Agenda. Niagara County has a high suicide death rate of 11.2 per 100,000 population as well as a high Opioid Burden crude rate of 296.2 per 100,000 population compared to the overall rates of New York State. Although improvement is noted from 2016 to 2019 in the rate of newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (47.5 to 41.0 per 1,000 newborn discharges), Niagara County is the fifth highest rate in NYS. As it relates to health status and disparities, Niagara County's prevention agenda indicators are substantially worse compared to NYS on all but one indicator. As prevention is all encompassing, specific strategies are critical to employ that focus on the following: reducing stigma and barriers to care; increasing awareness of available services and navigating access to preventative care; and integration of physical and behavioral health models of care into programming that are culturally appropriate and tailored for underserved communities and populations utilizing local data sources to guide efforts. The LGU is committed to partnering with cross-system stakeholders to further implement appropriate interventions

aimed at addressing the whole health of individuals to instill lasting positive changes for high-risk communities.

**Problem Gambling No**

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**Refugees and Immigrants No**

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**Residential Treatment Services Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): The Adult Single Point of Access (SPOA) Program and the Community Services Board (CSB) subcommittees report that access to residential care is lacking for individuals with co-occurring mental illness and substance use disorders (SUD). Both OMH and OASAS residential providers indicate that they are unable to meet the specialized needs of these individuals at their level of care even despite expanded staff training and education, as well as a recovery focus. Furthermore, OMH and OPWDD providers report a lack of residential programming available to meet the needs of individuals with co-occurring emotional disturbance/mental illness and intellectual/developmental disabilities. The LGU regularly participates in multi-provider, cross-systems meetings focused on identifying innovative solutions to collectively support these individuals who struggle to access needed multi-system supports including residential treatment.

Timely access to OASAS residential programming remains a challenge due to demand for services exceeding slot availability, whether it is due to infection control protocols and/or work force shortages. Additionally, programming to meet the unique needs of the transitional age population across the mental hygiene service system is not readily available.

Vacancies in the local scatter-site Apartment Treatment Program remain, although not typically due to a lack of referrals. In 2021, an average of 7.4 slots were vacant which is equal to 23.1% of the total slots available. Barriers to filling vacancies are pervasive and include the following:

- people do not want to live with others and single apartments are not available;
- people are not interested and therefore refuse an apartment treatment level of care when that level is determined to be clinically appropriate as they often wish to remain living independently;
- people are unable to have their pets stay with them;
- residing in Niagara Falls is not desirable and often times not conducive to their recovery; and
- cannot find pet friendly apartments and safe neighborhoods.

In Niagara County, individuals tend to stay in congregate care programs for longer periods of time (current average is 2.4 years) as compared to the surrounding counties. Individuals often struggle with fear and uncertainties about leaving the licensed programs to live independently in the community identifying their biggest concern as losing the sense of community they have established. In addition, individuals often struggle to develop the necessary life skills to live independently thus keeping them dependent upon the services provided in a congregate setting. Lastly, the lack of safe, affordable housing within the county also creates a barrier for those individuals preparing to step down to lower levels of care.

On the OMH children's residential side, referral sources and families alike indicate that both the Residential Treatment Facilities (RTF) and Community Residences (CR) referral process is burdensome and that care management providers will only guide a family through the process, versus where they previously would take a lead role in completing the application for submission. This both deters and prevents pursuit of placement when needed.

In 2021, Villa of Hope at St. Joseph's Villa in Rochester, NY announced their closure. Fourteen (14) RTF beds were lost for individuals in the Western Region aged 13-18. Due to workforce shortages, Aurora House Community Residence, for youth ages 12-17, remained closed for most of 2021. In 2022, the CR has operated at approximately 25% capacity due to ongoing staffing challenges. Reduction in bed availability and staffing shortages negatively impact timely access to care and increase risk for adverse events.

**Respite** Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Historically, there has been an insufficient number of Developmental Disability respite slots in Niagara County, particularly for children. The need for access to locally based respite services remains a high unmet need. There are changes with whom those positions attract. Oftentimes, respite workers would work in residential and vice versa. This is no longer the case as the workforce is siloed in terms of preference in where they work.

Innovative strategies are necessary to address the unmet respite needs. Examples of such include the following:

- o Agencies share a pool of respite workers that can work across agencies based on respite needs. In order to do this, there also needs to be reduced barriers to employing individuals as some policies are hindering creativeness (e.g. back ground checks required to be completed by each entity verses 1 background check is sufficient across entities in the same field/service area).
- o Agencies to work collaboratively with funders such as foundations (i.e. the Children's Guild Foundation or Grigg Lewis Foundation) to address respite needs in the community.
- o Access to real time data related to OPWDD needs is paramount to aid in planning efforts.

**Transition Age Services** No

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**Transportation** No

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**Workforce** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Workforce recruitment and retention remains the most prominent and critical issue to be addressed in Niagara County across all three (3) mental hygiene service systems as our established goals cannot be accomplished without an adequate workforce. Without immediate intervention that involves both funding from the State and innovative strategy development and implementation locally, the entire mental hygiene service delivery system is threatened now and in future years to come. Ongoing workforce shortages may lead to program, and potentially agency, closures. The severe shortage of qualified job applicants and the inability to offer competitive wages and incentives to recruit and retain a diverse and skilled workforce, further jeopardizes agencies' ability to provide high quality services, as well as their capability to adapt programming to meet the population needs especially in our historically underserved and under-resourced population needs. This also leaves these populations vulnerable to negative health outcomes and creates greater health disparities. Although regulatory flexibilities provided the opportunity for innovative strategies to be employed during the COVID-19 pandemic to assist with staff retention in outpatient and community-based settings (e.g. remote work, flexible hours and use of telehealth), programs and services that require 24/7 operations and service delivery have not had these opportunities available. The immense demand and stress on direct care staff to ensure 24/7 service availability and monitoring has led to staff burnout, trauma, and departure from human services work altogether creating even greater gaps in service and increased position vacancies.

Agencies are unable to recruit and retain a culturally diverse and qualified workforce that possess the essential skill sets to perform duties across all areas and job titles, including direct service, care management, counseling, qualified health professionals and prescribers. Also agencies do not have the resources to offer salaries commensurate with the level of responsibility and competency staff need to possess. Individuals can make significantly more money in non-human services settings (i.e. retail, food service), without being responsible for "people's lives". While the State has provided some funding toward workforce recruitment and retention, it is not nearly enough to address the workforce crisis we are in.

In 2022, one local children's outpatient behavioral health clinic, which also operated three (3) school satellite clinics, ceased operations due to a lack of staff. Another school satellite clinic operated by a different local agency also has not been able to staff the site and therefore no services have been provided since the start of the COVID-19 pandemic in early 2020.

At a time when the behavioral health needs of children, youth and adults alike are increasing and a service system that is tremendously stressed to a near breaking point, we cannot afford to lose any access to necessary treatment in any area of the service system due to the workforce crisis.

According to the NY State Education Department (SED) Office of Professions License Statistics, as of January 1, 2022 there are a total of 416 licensed master degree counseling professionals that live within Niagara County, which is a 9.5% increase over 2021. Of these, there are 177 LMSWs (increased by 25 licensees), 120 LCSWs (increased by 7 licensees), 113 LMHCs (same # as 2021), four (4) LCATs (same # as 2021), and two (2) LMFTs (same # as 2021).

Comparing 2017 to 2021, there was a 24.7% increase in NYS SED issued licenses in these five (5) credentials, totaling 6,801 licensed professionals in 2021. LMFTs showed the greatest increase in licenses issued (47.9%) (though the number of professionals issued licenses (139) in this discipline remains the second lowest with LCATs (109) at the bottom), followed by LCSWs (40.5%) with 1907 professionals issued licenses in 2021. Though LMSWs show the second lowest increase (16.6%) in the number of licenses issued in 2021, this discipline has the highest number of licenses issued (3,637) in NYS.

Based on information gathered from local provider agencies, many of the licensed professionals who previously worked in agency and governmental settings transitioned to employment with insurance companies, online telehealth entities, or into private practice settings. Some even left the human services field altogether. This leaves a gaping hole in the local workforce and therefore creates greater disparities and service inequities for our historically underserved (i.e. BIPOC, LGBTQ+, rural and poverty stricken) populations.

According to NYS OASAS report (12/2018), there are 6,467 CASACs in NYS. Eighty-one (81) percent of CASACs have academic degrees and 47% have a Master's Degree; 28% of CASACs also hold a medical a medical, nursing, social work or mental health counselor license from NYSED; and CASAC-Ts and CASACs are permanently exempt from the Social Work and Mental Health practitioners restricted scopes of practice. Local OASAS programs report that individuals seeking their CASAC-Trainees (Ts) and

CASAC certification through OASAS are experiencing difficulties due to the processing being more restrictive and not in alignment with workforce needs. For example, Master's Degree clinicians are being told they do not have enough educational credits to satisfy the certification. These barriers to certification place an undue burden on the workforce and to agencies who seek to ensure access to specialized, quality care to individuals with substance use disorders.

Another area of critical need includes developing a career pathway to human services work that begins at the secondary education level. Developing a skilled, competent and diverse workforce takes time. Local providers across the mental hygiene service system note a critical soft skills (i.e. time management, planning, communication and team work) and hard skills deficits among job applications and within various parts of the workforce. In addition, employers need to approach their workforce similarly to those they serve by promoting their growth and development on an ongoing basis that also encompasses both soft and hard skill development. Creative partnerships and innovative programming are crucial components to developing and sustaining a human services workforce now and into the future.

Additionally, the Mental Hygiene system providers note that reimbursement rates are inadequate and must be increased to ensure the long term fiscal viability of programs and therefore availability of services.

Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) in partnership with Community Network of Care (CNOCC) distributed a Workforce Survey to the Human Service agencies and programs, including, mental health, substance abuse, developmental disabilities, local schools, health services, care management/coordination, juvenile justice and social services. The survey was conducted in order to gain insight into and an understanding of areas of importance to individuals seeking employment or employed within the Human Services field. The survey collected 89 responses from a diverse cross-section of individuals employed or seeking employment in the Human Services field. The survey identified importance of Advancement /Professional Development; Employment Flexibility; Wellness/ Self-Care Opportunities; Benefits/ Pay; Workplace Environment/ Culture; Reasons for staying at current position; and Reasons for leaving for another position.

The top five reasons for remaining in a position include: Pay/Salary; Benefits/Pension; Supportive Environment; Importance/ impact of work; and Flexibility.

The most common reasons to leave a current position for another include: Similar or better pay; more flexibility; Better benefits; more supportive workplace culture; Potential to advance career; and Lower caseloads.

The above factors need to be taken into consideration when developing strategies to address workforce recruitment and retention. The LGU will continue to monitor workforce data in order to devise response initiatives and targeted, informed advocacy efforts.

#### **Harm Reduction Yes**

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional): Disproportionately impacted by the opioid crisis, Niagara County exceeds NYS rates on most all DOH Opioid related indicators and remains federally designated as a High Intensity Drug Trafficking Area. Although fentanyl continues to be involved in the vast majority of the overdose fatalities, we continue to see a broader range of substance that are being used during these overdoses, including marijuana, alcohol, benzodiazepines, methamphetamine and cocaine. All areas of the county are being impacted and overdoses are seen in individuals who have not necessarily been previously identified as needing assistance with substance use concerns.

The total number of suspected fatal and nonfatal opioid related overdoses increased by 15.4% in 2021 over 2020 (607 compared to 526), while suspected non-fatal opioid related overdoses increased by

10.1% (513 compared to 466) and suspected fatal opioid related overdoses increased by 56.7% (94 compared to 60) in the same time period. Although the rate of both non-fatal and fatal overdoses appear to be declining thus far in 2022 compared to the previous two years, the rate is not decreasing as quickly as desired.

Individuals with substance use concerns face tremendous stigma from the community in which they live as the community lacks factual information and education about individuals who use drugs, addiction, what harm-reduction is, what it means and its purpose. This negatively impacts people's willingness to seek support, creates greater health inequities and disparities.

The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) facilitated two (2) Round Table Sessions related to the Opioid Settlement Funds. There was significant conversation about needing to expand harm-reduction services in our community that focus on meeting basic needs and developing trust as an entry point to care. It is difficult to focus on reducing drug use when one is uncertain as to where they may sleep at night, where their next meal will come from or how they will adequately cloth themselves. Meeting individuals' basic needs are essential. Access to Narcan, fentanyl test strips, Deterra Bags, and safe and affordable housing are all key in our community and statewide. Other key needs include expanding the reach of peer support into areas that had not been thought of such as public housing, shelters and local department of social services offices to "meet people where they are at" and engage them "when they're ready". Also, supporting the development of safe places in the community for people to go, such as sober recreational activities, drop-in centers, safe respite locations / after-hours support, youth-focused services as well as providing expanded family focused supports are critical needs in this area. Additionally, as we discovered, there are some services that exist that people are unaware of, such as employment and training. We need to create improved awareness and thus connection to existing resources.

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

Applies to OASAS?

Applies to OMH?

Applies to OPWDD?

Need Applies to:

Need description (Optional):

**LGU Representative:** Myrla Gibbons Doxey

**Submitted for:** Niagara County Department of Mental Health