

**Mental Hygiene Goals and Objectives Form**  
Warren County Community Services (70220)  
Certified: Robert York (9/17/20)

**1. Overall Needs Assessment by Population (Required)**

Please explain why or how the overall needs have changed and the results from those changes.

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

a) Indicate how the level of unmet **mental health service needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

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

Prior to the Covid-19 pandemic, we were seeing an expansion of school based clinics in our two county region. Improvements in the area of mental services seem to be more centered around the reduction of stigma, the continued appreciation and value of having peer based services and giving voice to those with lived experience is apparent in our two county region and is reflected in the larger cultural context as a country. The trends and science around what it is to be healthy and how we care for our most vulnerable populations is also supporting a much more holistic view, including well documented research on racial, gender and cultural disparities as well as the relationship to how social determinants of health impact all facets of health. This shift in moving away from mental health existing separate from overall health along with the integration of trauma informed care and harm reduction models has the ability to profoundly impact how we provide care and services as the system re-evaluates how we provide care during this pandemic.

According to data from Adirondack Health Institute for the period of July 2018 to June 2019, with the aid of DSRIP funds and AHI's Performing Provider System, **Warren County saw improvements on these metrics:**

- Preventable Emergency Department visits (Behavioral Health visits)
- 7-Day and 30-Day Follow-Ups after a Mental Health discharge
- Antidepressant Medication Management
- ADHD Medication Management at the 9 month mark

**Washington County saw improvements on these metrics:**

- 7-Day Follow Ups for Mental Health discharges
- Antidepressant Medication Management after 6 months

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

According to a survey of local health service providers conducted by our office, there is still a high level of unmet need for integration between different kinds of care, including mental health, substance use, developmental disability, and primary provider care. 50% of behavioral health providers surveyed also indicated that negative interactions between residents and law enforcement because law enforcement agencies did not understand the conditions or experiences of residents was a "very common problem", and 71% of respondents indicated it was a common problem. The availability and access to affordable housing units, both with and without disability supports, continue to be major unmet needs in our counties. Specifically, there is still a large need for affordable housing units located near bus routes, grocery stores, centers for various treatments, social opportunities, and other community sites for residents with mental health needs. Transportation itself also remains a huge area of unmet need - low- or no-cost transportation, both medical and non-medical, and transportation access in rural areas is sorely lacking and actively prevents maintenance of appointments, thus harming population health overall. There is also a lack of information among both service providers and individuals seeking services about housing options, different types of services, funding options, Medicare and Medicaid options, and the general availability of services. Workforce recruitment and retention remains a massive problem, partially due to the low wages provided in the field. Respondents to the survey also specifically indicated a huge need in the mental health community for not only integrated care, but different types of care being offered in the same location/setting, care conferences among providers, and sharing of health records among providers to be able to coordinate care. **It was expressed that long-standing confusing, rigid, and siloed restrictions from OMH, OASAS, OPWDD, and DOH around information sharing consistently have made it more difficult for providers to provide the best care possible. The siloed, separatist quality of OMH, OASAS, and OPWDD continues to be a barrier to both care provision and access.**

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

Warren and Washington Counties are rural counties located in Northeastern New York State. The two counties have a combined population of approximately 130,000. Both Warren and Washington Counties have a higher percentage of residents who are aged 65 and older as well as a higher percentage of disabled individuals under the age of 65, when compared to statewide averages. In addition, Washington County has a higher than average rate of completed suicide and it appears to be on an upward trend. Warren County's rate of completed suicide, while slightly higher than the statewide rate, appears to be decreasing over the past 3 years.

These factors, combined with the rural nature of both counties along with the added mental, emotional, physical and economic stressors of the current Covid-19 pandemic all have quickly contributed to multiple challenges in the delivery of mental health services. The culture of self-sufficiency, hesitancy on the part of residents to seek behavioral health care in traditional ways and the large number of employment opportunities that are often seasonal and lack health benefits all presented unique challenges to the delivery of mental health services in the region before the pandemic. Glens Falls Hospital behavioral health services is also transitioning away from their outpatient mental health services and substance use services. The slated transition to another community based provider has recently fallen through and at this time Behavioral Health Services North is interested in providing the services. BHSN is an integrated care provider that has had much success in the Plattsburgh region and is well established in the ever changing landscape of value based payments and integration of overall mental health and substance use services.

With the unprecedented closure of many services and institutions due to the pandemic, our current systems and community are being taxed in ways that were impossible to prepare for. It is difficult to fully comprehend what the lasting impact will be on the community and the residents at such an early stage. While businesses and services are re-opening in NYS, there are many unknowns that we will continue to need to assess and remain flexible in order to best determine how to meet the needs of our communities and how services are delivered. The use of tele-health has become much more widely accepted as it became a necessity during the closures and the use of these technologies will continue to grow. We are hopeful that as tele-health becomes more widely used and accepted, it will be able to ease some of the additional mental health needs, allowing for a more diverse workforce and ease of access for individuals that might not have transportation.

Our office has solicited feedback from our local mental health providers and various community stakeholders, most of whom indicated that their perception is that the level of unmet mental health service needs has increased over the past year, even prior to the pandemic. Our Children's SPOA coordinator has also reported an increased need for wrap around services for children and youth, also pre-pandemic, which has only been exacerbated by the current circumstances. Our region has the highest number of residential treatment facility applications which is a high level of care. This is reflective of a variety of factors but continues to highlight our need to de-stigmatize mental health care and expand community and natural supports as well as actual services provided by community based agencies. We continue to work on the Systems of Care model and integrating those principles of family-driven, youth-guided, community-based, and linguistically and culturally competent supports for our children and youth.

According to data from Adirondack Health Institute for the period of July 2018 to June 2019, **Washington County saw a worsening of the following metrics:**

- Preventable Emergency Department Visits (Behavioral Health visits)
- Antidepressant Medication Management at the 3 Month Mark
- Child ADHD Medication Management after 30 Days
- ADHD Medication Management after 9 months
- Antipsychotic Medication Adherence

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

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

Addictions Care Center of Albany has opened a new women's residence and is also closing on a property for a new men's residence, both located in Queensbury, NY. Based on the increase in chemical dependency services and the feedback from stakeholders, the increased need for housing programs is a significant issue for those in need of SUD services.

Locally, our two largest outpatient SUD providers have expanded hours and service availability by implementing specific open access clinic times and some additional programming that allows substance use treatment to be conducted in the community and counselors to travel to individual homes for service delivery, pre-pandemic. This has been very successful however due to the onset of the pandemic and subsequent closures of many office spaces, tele-health has been the primary mode of service delivery. While there were discussions of combining the Hometown vs. Heroin and Addiction Coalition with our Criminal Justice and Community Task force, in part because of dwindling participation and the overlap of many of the same stakeholders, the Hometown group has grown several smaller sub-committees that continue to operate independently. Most notably, the neo-natal abstinence group that is gaining state wide participation in addressing the concerns for newborns and opiate addicted mothers. The group has successfully garnered the support of local legislators as well as key community and healthcare stakeholders.

The Council for Prevention has also continues to oversee the local recovery center, which has a part time staff/peer counselor. OASAS has strategically planned to enhance treatment and recovery as well as improve the effectiveness of prevention and recovery services. There has been a cultural shift in recent years that has embraced recovery and encouraged a more person-centered, holistic lens around the nature of recovery. Feedback from our two county SUD services and recovery community indicated that there is an increase demand for peer-based services. Peer-based services have great value and there is evidence to indicate that these services can be very effective in supporting individuals throughout the various phases of recovery. There is a focus on integrated services and health in a much broader context. Warren/Washington Friends of Recovery has done a wonderful job advocating and creating a more public forum to bring attention to how pervasive substance use disorders are in our area.

The LGU continues to work and advance the use of MAT services in our two local jails as well as increase the access to SUD services in the local jails. The Addictions Care Center of Albany also is utilizing their mobile treatment van and while they are less mobile these days, they are able to provide tele-health services to get individuals engaged in MAT.

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

According to a survey of local health service providers conducted by our office, there is still a high level of unmet need for integration between different kinds of care, including mental health, substance use, developmental disability, and primary provider care. 54% of recovery providers surveyed also indicated that negative interactions between residents and law enforcement because law enforcement agencies did not understand the conditions or experiences of residents was a "very common problem", and 81% of respondents indicated it was a common problem. The availability and access to affordable housing units, both with and without disability supports, continue to be major unmet needs in our counties. Specifically, there is still a large need for affordable housing units located near bus routes, grocery stores, centers for treatment, social opportunities, and other community sites for residents with substance use issues. Transportation itself also remains a huge area of unmet need - low- or no-cost transportation, both medical and non-medical, and transportation access in rural areas is sorely lacking and actively prevents maintenance of appointments, thus harming population health overall. There is also a lack of information among both service providers and individuals seeking services about housing options, different types of services, funding options, Medicare and Medicaid options, and the general availability of services. There remains a lack of detox and inpatient treatment locally, and there is a consistent need for more recovery providers. Workforce recruitment and retention remains a massive problem, partially due to the low wages provided in the field. Respondents to the survey also specifically indicated a huge need in the recovery community for not only integrated care, but different types of care being offered in the same location/setting, care conferences among providers, and sharing of health records among providers to be able to coordinate care. **It was expressed that long-standing confusing, rigid, and siloed restrictions from OMH, OASAS, OPWDD, and DOH around information sharing consistently have made it more difficult for providers to provide the best care possible. The siloed, separatist quality of OMH, OASAS, and OPWDD continues to be a barrier to both care provision and access.**

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

The continued lack of detox, inpatient and MAT programs are also a notable gap in service needs for our area. Within our larger Adirondack region, which encompasses Clinton, Essex, Franklin, Hamilton, Warren and Washington Counties, we have only two inpatient rehabilitation programs, which are both located in Franklin County. The lack of essential SUD treatment and crisis services make it difficult for individuals with acute needs to access timely services due to increased travel and limited openings across the region.

Demand for SUD treatment and prevention services continues to increase, particularly with the onset of the pandemic and added stressors that

could not be avoided. While our region is starting to open back up, we have many challenges that continue to require attention and innovation. Since we are still early on in the pandemic and the future of the virus continues to be unknown, we have not yet been able to fully comprehend the lasting impact on our region and specifically, those with substance use disorders. Feedback from our local providers report that there has been a significant increase in children and youth substance use disorders, which may have been present all along, however they have become more visible since schools were closed and the structure and routine that may have masked some of the concerns have become more obvious to parents.

Warren and Washington County continue to have higher incidences of alcohol use disorders and health related complications.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year:  Improved  Stayed the Same  Worsened

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

One of the most pressing issue in the arena of disability services is the need for residential options as well as workforce recruitment and retention. This concern is one that cuts across all three disability areas but has had a profound impact on developmental/intellectual disability services due to the large number of direct care staff these services employ. Several programs noted that the increasing minimum wage has made recruitment more difficult, particularly for such nuanced work that requires a high level of dedication and empathy. Providers indicate that they are competing with employers in the fast food industry as they are able to provide similar wages for job duties that typically require much less responsibility on the part of the employees when compared to those of a direct care support staff.

The other priority within disability needs is the lack of residential services. **From 2014-2016 there was a twenty percent increase in residential enrollments for Warren County. Within Washington County there has been a slight decrease in the residential enrollments.** Also notable is the access to disability services, due in part to the OPWDD transformation, which has a greater emphasis on moving individuals from day support options into employment-based opportunities. The concern is that while employment can be an important piece of supportive services, not all individuals are interested in or able to maintain employment. Those opportunities that are available are limited and highly competitive. Additionally, the eligibility process for OPWDD services continues to be a long process that often times causes frustration to the families and individuals that are in need of support.

CWI, our local contract provider for individuals with developmental disabilities is working with Katy Cook, the telehealth coordinator from AHI, to explore telehealth opportunities and options for their services and are awaiting guidance from OPWDD on the participation of the Article 16 clinics in this process. CWI indicates that they are anticipating support from OPWDD on the matter. CWI has also connected to the local FQHC, HHHN, to explore telemedicine for individuals that reside in their community residences, which does not look as promising but is allowing for more conversation on the issue.

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

According to a survey of local health service providers conducted by our office, there is still a high level of unmet need for integration between different kinds of care, including mental health, substance use, developmental disability, and primary provider care. 44% of respondents indicated that negative interactions with law enforcement because law enforcement agencies did not understand the conditions or experiences of residents was a "very common problem", and 66% of respondents indicated it was a common problem. It cannot be stressed enough the magnitude of the lack of affordable housing units, both with and without disability supports, located near bus routes, grocery stores, treatment centers, and other community sites. Transportation itself also remains a huge area of unmet need - low- or no-cost transportation, both medical and non-medical, and transportation access in rural areas is sorely lacking and actively prevents maintenance of appointments, thus harming population health overall. There is also a lack of information among both service providers and individuals seeking services about housing options, different types of services, funding options, Medicare and Medicaid options, and the general availability of services. Workforce recruitment and retention remains a massive problem, partially due to the low wages provided in the field.

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

residential opportunities—there are limited existing spots and all efforts are being made to support people in apartments. Unfortunately that does not meet the majority of people’s needs and has not freed up enough spots in certified homes with access to 24/7 staff supports for them. Families are in a position of keeping their loved one home for more years and/or waiting until they are in crisis to be “eligible” for placement—and not able to be placed near their family. Even if agencies were permitted/supported to develop more certified options, there is such a staffing shortage that we can not reasonably expect we could staff more than we currently have. Open positions are >25% and daily open shifts (attributed to planned and unplanned absences) are closer to 50%.

Staffing in general—many people have been authorized for community based services to support them in their homes, in their home communities; however, the needs remain un-served/under-served due to lack of staff. Funding for services has not kept up pace with the increases in minimum wage so many of the traditional community service workers are drawn to these positions vs positions where they have responsibility for someone’s welfare for comparable wages. Our organization and sister agencies statewide have advocated for the funding via #bFair to Direct Care campaigns; however, have not yet achieved increases that would sustain our field at a commensurate wage (higher than minimum wage increases). Clinical personnel are always a tough category to recruit and retain—nursing has been a critical area of need for the past couple of years. Due to shortages, resources are focused on priority cases and regulatory requirements, leaving a void in proactive nursing supports.

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

## 2. Goals Based On Local Needs

Issue Category

Applicable State  
Agenc(ies)

	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Other Need 2 (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ab) Problem Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**2a. Housing - Background Information**

Housing continues to be a major concern across all three disability areas. WWAMH is continuing to make progress in the construction of the Housing First project in Glens Falls, as the Hudson Falls model has been so successful. Locally, our OASAS residential housing options have expanded with the Addictions Care Center of Albany opening up a women's residence and also preparing to get planning approval for a men's residence that was recently purchased. Both residences are centrally located in Queensbury. 820 River St. continues to operate the Crandall Street residence, despite a long court battle with NYS OASAS, which was won by the agency. They are setting up access to grants gateway in order to be eligible for OASAS funding again, which they had been unable to access for the last few years per OASAS legal department.

Housing for developmentally disabled individuals also continues to be a concern, as OPWDD is updating and monitoring their review of the Residential Request List (RRL). Over the past three years the RRL reflects a statewide reduction of approximately 1,000 individuals. OPWDD has also revised their approach to determine access to certified residential opportunities after concerns were made that there was not a provision for individuals whose family members were no longer able to, or would soon be unable to, continue caring for them. This helped address some of the individuals that may have never received services but reside with an aging parent/s or caretaker. Additionally, OPWDD continues to work on expanding more community integrated housing options, which are not viable for all individuals. There continue to be extended waiting periods for individuals trying to attain housing/residential services. The North Country branch of the Saratoga-North Country Continuum of Care is working closely with CARES to implement a coordinated entry system that will allow individuals in need of housing to allocate our community resources as effectively as possible, regardless of which agency an individual presents at. HUD has made the coordinated entry process a mandate as of January 2018 for all CoC funded agencies.

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

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

Improve Coordination coordination and access to housing services across all three disability areas

**Objective Statement**

Objective 1: Facilitate a meeting with state oversight agencies and local service providers to promote information-sharing regarding housing options and resources

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

Objective 2: The Office of Community Services and the CSB will continue to support options available to expand housing in our region.

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

Objective 3: Expand normalization and use of the Coordinated Entry system through our North Country Continuum of Care

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

**Change Over Past 12 Months (Optional)**

The local branch of the Saratoga-North Country Continuum of Care continues to work diligently with members and the community to address unmet housing needs. The North Country CoC now has a shared Coordinated Entry system that is available through the CARES HMIS system. The Coordinated Entry process is a mandate that has been a HUD requirement since January 2018 and MOU's with participating agencies have already been executed. WWAMH is in the process of a new Housing First project in the Glens Falls area.

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

Workforce recruitment and retention continues to be an ongoing issue in our two counties across all three mental hygiene areas. This category of unmet needs was most widely noted on the provider and stakeholder surveys that were collected by the LGU. This difficulty, combined with the raise in minimum wage, continues to tax the human services sector as industries such as fast food service are able to compete with direct care jobs. Direct care employment typically carries more responsibility and accountability for similar pay. Our local PPS, Adirondack Health Institute, has worked collaboratively with the community to ensure that all appropriate agencies and staff are aware of the workforce recruitment and retention funds which have been an asset to a number of our contract agencies.

As of late 2016, both Warren and Washington Counties have been determined to qualify as a health professional shortage area (HPSA), due to the work of the Center for Health Workforce Studies out of SUNY Albany, who applied for the designation on behalf of the LGU. This HPSA designation allows certain behavioral health providers to become National Health Service Corp. sites, which then allows certain licensed mental health professionals to apply for their loan forgiveness program. Benefits such as loan repayment are a valuable resource for rural areas looking to attract and retain a qualified professional workforce.

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

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

Support and expand telehealth opportunities across all three disability areas.

**Objective Statement**

Objective 1: Organize a training session with AHI telehealth specialists and local service providers to encourage the effective expansion of these services

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

Objective 2: Explore the use of telehealth to expand access to behavioral health services in local school districts

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

Objective 3: Explore options and opportunities to expand telehealth services into local jails

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

**Change Over Past 12 Months (Optional)**

**2h. Recovery and Support Services - Background Information**

Our office is looking to increase the use of certified peers in both the OMH and OASAS systems to support and engage those in recovery. Several of our local programs have expanded the use of peers in their work, namely the Rose House, and the Hope and Healing Recovery Center, which has hired a CRPA. Glens Falls Hospital currently has a bedside consultant program through the Center for Recovery which was funded by SOR monies, however that funding is ending at the end of September. Our office has advocated that the new contract agency, Behavioral Health Services North, consider integrating that position when these services are transitioned from GFH as the program has been well received and utilized by the hospital staff. In addition the Criminal Justice and Community Services Task Force continues to prioritize and send out any additional CRPA training opportunities and scholarships that might be useful for stakeholders to be aware of as the process typically is associated with a fee. Our communities are still limited in the number of peers available to act in this capacity and we are seeing an increase in the need for substance use and behavioral health services as a result of the pandemic.

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

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

Promote and aid the growth of OMH and OASAS peer delivered services

**Objective Statement**

Objective 1: Work to expand the use of peers and resources for peer delivered services.

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

Objective 2: Continue to coordinate with our local recovery centers to disseminate information on scholarship and training opportunities for peer certifications.

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

Objective 3: Partner with the Warren County Office of Employment and Training as a potential funding source for those interested in peer based certification.

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

### Change Over Past 12 Months (Optional)

#### 2j. SUD Outpatient Services - Background Information

The community continues to work through a variety of coalitions and agencies to increase awareness of SUD issues in our communities as well as to expand knowledge of the Hope and Healing Recovery Center and local resources for individuals and families in need of assistance. The Addictions Care Center of Albany is now operating mobile treatment services for MAT and is seeing an increase in referrals now that they are back up and running more effectively since COVID-19. Behavioral Health Services North is also working with the two outpatient substance use clinics through Glens Falls Hospital to transition services, hopefully by October - November of 2020.

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

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

Increase access to flexible behavioral health and substance abuse services

#### Objective Statement

Objective 1: Advocate and support the expansion of mobile crisis services to a 24hr./7 day a week model

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

Objective 2: Expand availability and outreach of substance use mobile treatment services

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

Objective 3: Explore new opportunities for behavioral health and recovery service connections in local school districts to develop at least two additional school-based clinics.

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

Objective 4: Promote and work to expand the use of behavioral health and substance use screenings in pediatric offices.

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

Objective 5: Expand the capacity of outpatient behavioral health services for the SPMI population with the transition to BHSN

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

### Change Over Past 12 Months (Optional)

Addictions Care Center has launched their mobile treatment services which provide tele-health and MAT treatment along with counseling and additional supports. While services were limited with COVID-19 the program has ramped back up and is receiving new referrals. The program director is accessible and always receptive to referrals and the needs of our communities. The on-going impact of the pandemic continues to tax a system that already was struggling to meet the community needs now that state aid and funding have significantly decreased but the needs and rates of overdoses, etc. have increased quite dramatically. We continue to assess the unintended consequences across our communities and the systems that serve the most vulnerable populations.

In addition, our largest behavioral health provider, Glens Falls Hospital is now transitioning their outpatient services for both mental health and substance use services to Behavioral Health Services North, a process that will not be completed until October or November of 2020. This has greatly impacted our two counties as the outpatient clinics have not been accepting new clients, leaving one main mental health clinic to lift the burden of numerous referrals from a wide variety of systems.

#### 2m. Coordination/Integration with Other Systems for SUD clients - Background Information

The need for ongoing collaboration between multiple systems for SUD clients was stressed through a survey instrument our office put out to a wide variety of community stakeholders. The two main systems that intersect with this population and highlighted the need for better integration were the mental health system and the criminal justice/probation system. Integration and collaboration across all of these systems has been a focus of our office even prior to the COVID-19 pandemic, however the pandemic has greatly emphasized the cracks in the system and where we need to focus our energies and resources. This is also challenged now by the drastic cuts across the board in state aid.

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

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

Integration and coordination across the disability areas and among local stakeholders.

#### Objective Statement

Objective 1: Utilize our standing mental health/substance use subcommittee and the developmental disability subcommittee to work on the development and implementation of services in our two counties

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

Objective 2: Utilize the Criminal Justice/Community Services Task Force to improve integration of community based services for justice involved individuals.

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

Objective 3: Support and normalize the use of NY Connects to promote coordination and resource availability among community resources.

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

Objective 4: Address identified issues and challenges through continued participation in the North Country Regional Planning Consortium

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

### Change Over Past 12 Months (Optional)

#### 2n. Mental Health Clinic - Background Information

The lack of psychiatric prescribers available has compounded the limits on outpatient treatment options, particularly with the shut-downs and limitations that the pandemic presented us with as a community. Additionally, the transition of Glens Falls Hospital outpatient mental health services to a new contract provider has taxed the system and the access to these services as the hospital has not been taking new clients. The increase in need combined with the decrease in service availability and funding has been a huge challenge for our communities to deal with. The pandemic has contributed to the overall mental health of many individuals that may have not required or tried to access services in the past, however the stressors that this has added to the lives of many individuals has been unprecedented. Behavioral Health Services North (BHSN) has projected that the transition of these outpatient services will be complete by October-November 2020 and also has plans to increase capacity. BHSN has integrated clinics that allow for SUD, MH and primary care services to be accessed in one location, which is critical to whole person, coordinated care. BHSN also is utilizing tele-health regularly and is familiar with the hurdles and value of offering this service effectively.

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

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

Individuals will have timely access to flexible, appropriate behavioral health supports and services.

#### Objective Statement

Objective 1: Expand open-access model of treatment.

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

Objective 2: school based sites/integration?

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

Objective 3: The Office of Community Services will work with providers to expand outpatient behavioral health clinic access

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

### Change Over Past 12 Months (Optional)

The transition of Glens Falls Hospital out of behavioral health and substance use services has created a capacity issue which has been magnified by the COVID-19 pandemic. We are hopeful that Behavioral Health Services North will be able to smoothly transition into the community and expand services. There is an increase in demand for both mental health and substance abuse treatment brought on by the socio-economic factors that were exacerbated by the lock-down and closure of schools. Many individuals that may not have accessed services in the past are not in need of support during these dynamic and challenging times.

#### 2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Survey results and stakeholder input indicated the support and need for additional peer services in both mental health and substance use fields.

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

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

Promote and aid the growth of OMH and OASAS peer delivered services

#### Objective Statement

Objective 1: Work to expand the use of peers and resources for peer delivered services.

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

Objective 2: Partner with the Warren County Office of Employment and Training as a potential funding source for those interested in peer based certification.

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

Objective 3: Continue to work with our local recovery centers to disseminate scholarship opportunities for peer certification

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

**Change Over Past 12 Months (Optional)**

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

We are working to develop a Systems of Care framework in our communities, particularly now during the increased needs of the community due to the pandemic. Our stakeholder survey indicated there is a rising incidence of substance use in youth, particularly with the lack of structure and community resources necessary to meet the needs of the children in our community at this time. There has been a sharp increase in the number of crisis calls and crisis visits to the Glens Falls Hospital for children and youth.

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

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

Encourage the Systems of Care model and wraparound services

**Objective Statement**

Objective 1: Develop a Systems of Care framework to form communities that engage in problem solving and sharing of resources across systems to impact the best outcomes for children, youth and families in Warren and Washington Counties

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

Objective 2: To utilize the Systems of Care framework in the implementation of community collaboration utilizing a model of shared values and principles across all services and every process within each service.

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

Objective 3: Explore and continue to support local transportation programs, such as Uplift and other innovative ideas

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

**Change Over Past 12 Months (Optional)**

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

The local stakeholder survey that our office created and reviewed indicated that one of the biggest needs was bringing together mental health and substance use providers and training, to ensure that the our service delivery system has a base of trauma informed, person-centered, harm-reduction models. Also of concern and highlighted was the intersection of those with mental health and substance use issues and how they intersect and engage with the law enforcement and public safety organizations. There is a clear perception from the community that continued training for law enforcement, corrections and probation agencies would increase the level of engagement and appropriate services for those individuals that often cycle in and out of the criminal justice system.

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

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

Facilitate cross-training and continuing education for service providers and relevant local organizations

**Objective Statement**

Objective 1: Explore options for regulary scheduled trainings in trauma-informed practices, Crisis Intervention Training and de-escalation techniques for providers as well as the criminal justice professionals

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

Objective 2: Engage in continuing education and in-service trauma-informed practices with the local magistrate meetings

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

Objective 3: Encourage the sharing of training resources between providers and the possible creation of a training resource database,

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

**Change Over Past 12 Months (Optional)**

Attachments
<ul style="list-style-type: none"><li>• Adirondack DSRIP Needs Assess.pdf - Adk. DSRIP OMH Needs Assessment</li><li>• adverse_childhood_experiences.pdf</li></ul>