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Q1

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Q2

LGU:

Erie County Dept. of Mental Health

Q3

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

The Erie County Department of Mental Health (ECDMH) conducted a survey of provider agencies serving mental health, substance use disorder, and developmentally disabled populations in order to complete this form. The ECDMH received 31 responses. The ECDMH also conducted a Provider Telehealth Survey in June 2020 to better understand the impact of telehealth and telephonic services during COVID-19. Responses to these surveys and input from ECDMH staff informed by subcommittee meetings and communications with providers are reflected in our response to the COVID-19 Supplemental Form.

The shift to video and phone service delivery was very helpful in making services available and this did help overcome some of the traditional barriers to accessing care such as transportation. However, there are limitations to the effectiveness of this strategy. Not all clients have access to computers or internet which does not allow them to use this service delivery method. If using the telephone, counselors are not able to have “eyes on” a client for the purpose of assessing and using visual cues. The lack of ability to see individuals in their homes made it more difficult to assess the person’s well-being. Also, providers cannot administer tox screens or blood alcohol tests for clients in substance use treatment with this mode of service delivery. Most providers see virtual service delivery as favorable and reported increased levels of engagement and fewer missed appointments or cancellations. Reported challenges of virtual service delivery include billing issues, challenges with some therapeutic modalities including group sessions, and administrative or technology challenges for staff including setting up tele-accounts, scheduling appointments, among others. As most staff were working remotely during this time, providers also cited that some staff members had difficulty with self-care and maintaining home-work boundaries. Many respondents voiced hope that the ability to provide telehealth services will continue as it has shown to be effective with many of their clients.

While most providers and staff worked remotely, contacting people from other agencies has been challenging. This has affected some service areas including crisis services and community providers. Without provider cell phone numbers or email addresses communication is delayed.

OPWDD providers reported significant challenges including the closure of day services from mid-March to late July, affecting clients and their families. There were numerous changes in policies in residential settings including halting all visitation and community access. One OPWDD provider converted respite sites to COVID-19 care sites, making these respite opportunities unavailable.

The financial impact of COVID-19 on the provider community has been significant. Personal protective equipment (PPE), which is required for any in-person interactions, has been very expensive and in short supply. Some providers have implemented hazard pay to compensate their workforce, which for one OPWDD agency has cost close to $1 million in unanticipated wages. The conversion of the respite sites to COVID-19 care, noted above, also required 24/7 staffing by RNs and additional PPE, which created significant additional costs. The financial impact is not limited to OPWDD providers as others report deceases in new clients and billable services affecting their fiscal wellness.

Many respondents cited the social and psychological impacts of COVID-19. Increased anxiety and social isolation are seen as causing increased mental health symptoms, increased substance use and overdoses, and increased violence in the home. Job losses as a result of COVID-19 have exacerbated anxiety and stress, and the loss of income can also affect access to technology and internet services, thereby affecting access to services through telehealth. Some also feel that because face to face services have not been available many people are not seeking the services they need. Fear of the virus may have also kept some people from seeking care.

Changes across the service delivery system, which has increasingly relied on cross system cooperation and coordination, has been impacted by COVID-19. This has been seen particularly in services that rely on the court systems, which were closed for several months. Referrals from court systems were not occurring and AOT experienced a number of challenges because of court closures or restrictions. A provider also reported a lack of support from hospitals who would not take people needing inpatient care and that the

restrictions. A provider also reported a lack of support from hospitals who would not take people needing inpatient care and that the police would not arrest people after incidents of assault.

The homeless population lost many of their daytime refuges and many of the shelters reduced their bed capacity. Erie County, with Restoration Society and the City of Buffalo, created an additional 24-hour shelter in the Erie County Community College gym to meet this need. This shelter included supports for mental health and substance use services.

Other impacts seen as a result of COVID-19 include: the reentry population struggled to access services; lack of in-home community-based services; and lack of guidance, funding, and patients.

Many cited the challenges they've experienced during COVID-19 but most, if not all, described their ability to make it work during these challenging times. One provider noted that the support they received from ECDMH was extremely helpful, stating that the ECDMH was highly collaborative, flexible, responsive and effective.

Cross-System Issues:

Many survey respondents reiterated their responses from the previous question.

Several providers reinforced the value of telehealth for many of their clients, and also noted that there were many clients who were not able to benefit from this mode of service due to lack of technology including phones, computers and stable internet access. For those that do have phones or computers, many clients do not have the skills to use the technologies.

Poverty and social and emotional factors related to COVID-19 were also cited as cross-system issues. Isolation, anxiety, fear of seeking care because of the virus or stigma, access to food, housing instability and homelessness, depression and limited access to resources were all stated as cross-system issues.

Provider organizational challenges were also raised, most commonly related to funding and workforce. The increased costs of providing services during the pandemic and the pressure of possible funding cuts, coupled with greater challenges in recruiting and retaining staff because of the risk of exposure to the virus for those working face to face with clients and continued low wages further impacts an agency's ability to address client needs.

One of the respondents noted issues with Adult Protective Services and Child Protective Services as they relate to crisis cases.

Racial/Ethnic groups or populations disproportionately impacted by COVID-19:

Several respondents cited the increased impact of the virus on communities of color, particularly those living in poverty. While not restricted to any racial or ethnic group, people living in poverty were repeatedly identified as being disproportionately impacted by COVID-19.

A number of respondents also identified members of their workforce as being disproportionately affected, particularly African Americans in urban centers. They had limited or no access to quality child care pre-COVID and this was compounded by school closures.

Some respondents also cited communities where English is not the primary or preferred language because they were less able to follow the most current news and updates related to COVID-19.

Differences between adult services and children's services:

For providers that serve children, several cited the challenges for children being out of their regular school environment and the adjustment to remote learning. Some respondents reported that remote learning may be more difficult for some children. The isolation of being home all day, confined to their homes created additional stressors for many children.

Adolescent clients have reported greater apprehension engaging in the therapeutic process when there is not a private/confidential

space within their home. Counselors have concerns that it is difficult to “check-in” with their adolescent clients with regard to possible safety issues such as abuse or neglect because of a lack of a private/confidential space for the child/teen when providing telehealth services. There is concern that children and teens are more reluctant to express feelings of suicidal ideation. Caretakers have reported concerns that their children appear less engaged in the therapeutic process delivered via telehealth.

For some children, access to care via telehealth has been positive as other barriers have been removed such as child care and transportation. Non-traditional providers i.e., school mental health services, adapted services to include Zoom meetings when possible and visiting families within the CDC social distancing guidelines i.e., home visits to drop off needed resources to families and school support (computers). There is a subgroup of providers who serve the MH and JJ youth who provided the similar service as stated above.

Q4

b. Indicate how your mental health service needs, overall, have been affected by the COVID-19 pandemic:Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

The shift from in-person to virtual services allowed many clients to continue to access services, but for those with limited resources or who did not have access to technology, this has not been an effective solution. Use of telehealth services was largely dependent on access to technology and stable internet.

Some respondents saw an increase in demand for services and had more new clients. Some saw increased engagement with existing clients and a decrease in new clients.

Providers noted an increase in substance use and need for mental health supports.

Some have seen extended isolation as exacerbating mental health symptoms and detrimental to symptom management. This also interferes with a client’s ability to seek services and utilize available supports. Isolation was particularly problematic for older adults who providers reported had increased needs for mental health services and also faced increased stigma. Providers of services to older adults said they were less likely to utilize telehealth as many in this population do not have internet or devices and for those that have access they may not have the technological skills to connect to these services.

Poverty of the severely disabled mental health population is the primary factor affecting access to care and outcomes for this population.

Housing access was limited as many landlords were hesitant to show their available apartments.

Additionally, IT support and equipment (computers, tablets, etc.) for agencies and clients would be helpful, but this is expensive.

Q5

c. Indicate how your substance use disorder (SUD) and problem gambling needs, overall, have been affected by the COVID-19 pandemic:Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

During this period there has been an increase in overdoses and overdose deaths.

Ethnic and racial minorities, particularly those living in poverty, have been impacted by COVID more so than their counterparts.

Providing substance use services virtually is challenging for the provider and people receiving services. The transition to telehealth service delivery has taken some time. Having rapid response, easy access and MAT available is critical during this time.

There were also some shifts observed. One agency reported that individuals who do not have safe housing or who were homeless sought services more readily than those with secure housing. Another reported that system movement from one level of care to another has decreased the utilization of beds for the adult population. Some reported a reduction in referrals due to COVID-19.

The restrictions around COVID-19 have impacted access to services. Prevention and early intervention programming were suspended when schools and community locations closed. ECMC restricted non-hospital personnel from the facility which affected an agency's ability to offer services to ECMC patients. Some agencies had to reduce their census to follow social distancing guidelines. Another reported that they were not able to do any admissions for approximately four months, significantly affecting their ability to offer services to the adolescent and young adult population they serve.

Other comments said collaborative partners could not participate in person and there is a concern for students who did not have the devices or internet needed to do their school work.

One stated that the OASAS guidance has been helpful.

Q6

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic:Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

The need for residential placement was unmet for several months as facilities did not accept new admissions. In addition, children in residential settings struggled without school. In-home resources have been significantly impacted.

There is a general consensus among providers that the guidelines are inequitable as people with disabilities have limitations in traveling and need a higher level of support; in turn making it difficult to transport individuals needing day programs which also have capacity limitations;

Individuals' rights to service are stifled given all the limitation within the regulations.

CDC guidelines and social distancing were challenging depending on an individual's disability and the activity and personal limitations.

Q7

a. Mental Health providers

Respondents stated they received materials provided by NYS OMH, CDC, NYS DOH, ECDMH and the Suicide Prevention Center of NY.

Specific training needs cited by respondents include: technological training as it pertains to remote program and service delivery; educational materials for consumers, protective PPE for clients and information about how they can protect themselves while accessing programs and services; where clients can access additional services; training on virtual trauma treatment; and how to navigate platforms for client ease.

A respondent reported that they need iPads for their clients to access self-help groups. Another reported that they were able to get a grant to provide iPads to high risk/high need individuals to provide better access to services and supports.

Another respondent reported that what they really need is fiscal relief, financial resources and cancellation of the State funding withholds.

Q8

b. SUD and problem gambling service providers:

Providers adapted their group programs to allow these programs to be delivered virtually, but for some this caused a delay. Staff training was provided to support their use of telehealth in service delivery.

OASAS provided numerous guidance and policy documents but these were not always received in a timely manner. This seems to have been resolved as agencies are now receiving information from the state as it is released. One agency reported that the documents from OASAS were not dated and it was not possible to determine which was the latest document. Another provider stated that updated telehealth regulations are needed from OASAS.

Fiscal resources and the cancellation of State funding withholds was stated by one respondent as what is most needed.

Q9

c. Developmental disability service providers:

None reported.

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Q10

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

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

Q11

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

Seventy percent of survey respondents said that their agency provides mental health services. The most frequent responses are recorded above.

Comments and additional statements by respondents included: CPEP volumes generally decreased, however those with emergent needs still continued to seek evaluation with the community crisis response services; and referrals for services declined despite the known need and active clients were generally seen more frequently.

Q12

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

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

Q13

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

Respondents commented that services were primarily provided virtually and served as many people as they could. However, because services were limited to being provided remotely, this was a barrier to access for those who lacked resources, skills, trust, or connection through this platform

Q14 **Respondent skipped this question**

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

Q15

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

Of responses received, the following programs had limited operations due to COVID-19: school-based services, trainings and parent programs were limited; some sites were closed to avoid congregating; some program sites had limited operations; some clinics limited in-person appointments; and some had to reduce on-site operations because of staffing shortages.

Q16

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

0

Q17

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

None of the respondents have any closures at this time.

Q18 **Yes**

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

Q19

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

The county provides forensic mental health services in the jail and correctional facility. These services were available in-person throughout.

Q20

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

No

Q21

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

No additional comments.

Q22

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

Yes (please list program name(s) and type(s)):
One site was closed for 4 days because of staff infections. This site is the Monsignor Carr Clinic, Catholic Charities located at 76 West Humboldt Parkway, Buffalo, NY and provides OMH and OASAS licensed services.

Q23

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

There were significant challenges in managing staff needs, particularly for staff who are parents of young and school-aged children since schools and daycare providers were closed. Staff in these circumstances were able to work remotely, but the situation did create additional stress for staff.

Q24

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

Yes (please describe):
38% of respondents said they did develop innovative services or methods of program delivery that may be continued post-COVID. These innovative services included community-based nursing and medication services, increased telehealth services, telehealth programing, remote trainings, virtual summer camp, and use of Zoom for Healthcare to conduct Utilization Review/Case Conferences which had much better participation from other involved providers outside of the agency. Virtual apartment tours were utilized when allowed to assist with housing searches.

Q25

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

No

Q26

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

Respondent skipped this question

Q27

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

100% of respondents to this question implemented existing continuity of operations plans during COVID-19.

Q28

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

Respondent skipped this question

Q29

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

100% of respondents to this question implemented existing continuity of operations plans during COVID-19.

Q30

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

Both

Q31

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

Based on the 15 responses received to this question one reported assistance from the LGU, two received assistance from the OEM, one had assistance from both and 11 did not receive assistance from either. One of the respondents received assistance from the Department of Health and one received assistance from the NYS OMH central office to augment their continuity of operations plan.

Q32

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

Program-level Guidance,

Telemental Health Guidance,

Infection Control Guidance,

Fiscal and Contract Guidance,

FAQs,

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

The rapid regulatory relief and guidance was extremely important in the continuity of operations and services.

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Q33

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

Responses to this question varied widely from having ready access to the needed PPE, some difficulties obtaining PPE with some delays in delivery, and difficulties early on but are able to get what they need now. Gowns were identified as a challenging piece of PPE to acquire and for some agencies this is still problematic. Cost of PPE was also cited as a challenge with prices increasing due to limited availability. Some respondents expressed concern that cleaning supplies may be difficult to keep in stock going forward.

Q34

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

Many providers were able to continue to deliver services specifically via telehealth. Some providers have seen an increased level of need, particularly for overdose prevention and harm reduction services.

Prevention program services have been limited due to reduced access to youth but one prevention provider reported that they were able to continue to deliver services by working together with the schools, teachers and administrators.

The problem gambling provider reported that they have received no referrals during this period.

Q35

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

Respondents report that demand for recovery services has stayed the same or increased during this period. Service delivery has continued primarily using telehealth, however there were delays while the conversion to telehealth took place. One respondent reported that fewer patients seem to be accessing services at this time.

Other comments stated: COVID-19 affected the ability of clients to use self-help services in the facility until virtual groups were established and the community was informed about the virtual groups and how to access them; there were fewer referrals for inpatient services; and kids needed to be connected to services.

Q36

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

Telehealth service delivery was implemented which made access to treatment services possible, but there were delays in setting up telehealth services. For some high need, high risk individuals, this may not be the best option. One respondent reported they added onsite options for the higher risk, higher need clients. Some providers reported that services were limited, but still delivered. One respondent reported fewer patients seem to be accessing services at this time.

Providers reported an increase in demand for services including treatment, stabilization and rehabilitation, however in order to operate with infection control guidance and social distancing, capacity was temporarily decreased. In addition, fear of placement in a congregate setting has affected utilization of residential SUD services, recognizing that demand does not necessarily correlate with need.

Q37

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

INPATIENT	**Increased**
OUTPATIENT	**Increased**
OTP	**Increased**
RESIDENTIAL	**No Change**
CRISIS	**Increased**

Q38

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

Providers reported a sharp increase in requests for medication only MAT services (such as suboxone) without counseling, that the need has not decreased but the demand for residential SUD services has decreased due to fear of being in a congregate care facility, and there was a decrease in admissions for outpatient programs during COVID.

Q39

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

INPATIENT	**Decreased**
OUTPATIENT	**No Change**
OTP	**No Change**
RESIDENTIAL	**Decreased**
CRISIS	**No Change**

Q40

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

One respondent stated that MAT availability is a challenge in western NY.

Q41

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

Yes (please describe):
Examples of innovative services and methods of program delivery that were implemented include: mobile response teams, access to technology and increased rapid response services; mobile outreach with increased safety precautions, revisions to how internal services are delivered through better collaboration; suspending the use of patient ID cards to prevent disease spread and using alternative methods for confirming client identification (waiver request was submitted to OASAS to discontinue issuance of ID card as the patient's picture is available on the dispensing computer screen) and exclusive use of telehealth services. Visits to individuals' homes were made to offer home dosing when appropriate. Some prevention programs were very creative in how they reached the population they serve, despite the fact that schools and community sites were closed for a significant period of time. For example, they send materials home with supply bags, sent flyers with lunches, recorded and posted video lessons, and used social media posts to convey the messaging. SUD providers reported that they are hopeful that OASAS waivers that were put in place during COVID would be extended beyond COVID. Specifically, they would like to see the continuation of flexible COVID telehealth waivers. They are hoping that OASAS will review and update their SUD outpatient regulations to include more flexible telehealth practices and take-home medicine criteria for clients. In addition, they request that OASAS continue reimbursement for methadone take-home administration in OTP programs. They also request OASAS provide more notice for extension of waivers so outpatient programs may plan operational needs accordingly.

Q42

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

Yes (please describe):
Responses to this item included: an agency worked with a SUD provider to deliver a parenting program; expanded relationships with community-based providers; and established partnerships with the University at Buffalo and Erie 1 BOCES.

Q43

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

Yes (please explain):
This analysis includes the survey sent to Erie County providers which was used to respond to the COVID-19 Supplemental Form, discussions with the Developmental Disabilities subcommittee of the Community Services Board and ECDMH staff input related to their communications with providers. We asked about the impact of COVID related to IDD services/OPWDD service system on the following categories of services: housing/residential; day services including day programs and work programs; respite services; crisis services; care coordination; transportation; and personal care assistance. Housing/residential: The sites were placed into total quarantine which meant no access to family or community from March 17 to July 15. The inability to screen new cases at the site as well as concern about bringing new people in has slowed or halted the process and inhibits the ability to find placement for people needing services. Day services including day programs and work programs: These services were suspended from March 17 to July 22. Agency re-opening plans are in progress but the rules have made it difficult to serve everyone in the program. Respite services: Site based respite was closed from March 17 to July 22. Many respite facilities transitioned to COVID care units. Many free-standing respite services were closed to accommodate COVID care units and due to inability to safely manage multiple persons served. Crisis services: The ability to see individuals in crisis has been significantly impacted. In home visits halted completely for a period of time, but these are now possible with approval. Clients were unable to access CPEP due to COVID concerns and had refusals by ambulance services to transport positive cases to the hospital for mental health evaluations. Care coordination: All meetings and visits went to virtual platforms. It was difficult to mobilize technology that was available to the people served. This led to less than ideal meetings at times. Care coordination in-home visits were not happening. In person meetings are currently not being allowed unless approved. Transportation: Social distancing requirements reduced capacity for transportation providers. Personal care assistance: For individuals who reside in independent community settings, the impact has been significant. Staff are not going into homes as regularly as before. Those who reside in IRA’s or ICF’s have not been impacted.

Q44

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

The financial and budget impact is crippling for these services. The duration of the pandemic and the length of time that service delivery will be impacted is also major concern.

Q45

3. Is there data that would be helpful for OPWDD to provide to better information the local planning process? Please list by order of priority/importance.

The following data requests are not in a prioritized listing, all are equally important.

1. County Planning System data - We would like both actual utilization numbers (# of people receiving service) and # of people approved for service. This would the difference between people receiving service and those waiting for the service. To be helpful in preparing our Local Services Plan would be best to receive by February or March for the previous year.
2. Annual County Budget data - Numbers of individuals receiving day training, respite, pre-vocational services, supported employment and care coordination for Erie County. These are the numbers we ask for every year. This year the request went to Central Office and we did not get a response. Need these numbers in June for the previous 3 years.
3. Housing numbers by housing type - Number of individuals in each type of housing arrangement. OPWDD subcommittee asked to include both certified and non-certified residential opportunities. The committee has requested these numbers quarterly.
4. Co-occurring conditions under the purview of OPWDD providers by co-occurring conditions – Number of individuals with each co-occurring condition (mental health, substance use, medical, etc.) and we request this data at least annually for the previous year. If you have this data for previous years, we would like this as well.

Q46

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

The waivers that have been put in place by OMH and OASAS to allow providers to deliver services by phone and video conference have been quite successful and an important resource for our community. Telehealth has allowed continued access to services to many during this period. While not a solution for those who lack internet or devices, for many this method of service delivery has increased engagement and has eliminated many of the barriers to care that so many clients have struggled with including transportation and child care. Many Erie County providers have expressed their hope that the waivers will be made permanent and they will still be able to offer telehealth services beyond COVID.

We would be remiss if we did not acknowledge the amazing work of the Erie County mental hygiene services delivery system providers, who rose to the challenge in response to COVID-19, well beyond what anyone could have expected or predicted. The Erie County Department of Mental Health actively worked to support providers in their efforts. Some examples of the ECDMH role during the pandemic include, but are not limited to, the following:

The ECDMH was in communication with providers, many on a daily basis, to provide support, technical assistance, convey information, and connect providers to the information and resources they needed. The Department convened regular calls with community providers which provided a platform for sharing information, identifying gaps and needs, problem solving, and addressing the various challenges that emerged as a result of the pandemic.

The Department also created and compiled information and resources on our website to support the mental health needs of the community through the pandemic. This included information about stress and anxiety, mental health impacts and resources, substance use, developmental disabilities and special sections on children and families, workforce, grief and loss, and domestic violence. Much of the content provided information on where and how people can access help.

The Department worked closely with the Erie County Departments of Health and Emergency Services to facilitate deployment of PPE and sanitizer to community agencies, particularly early on when these supplies were in very short supply.