

COMPLETE

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Q2

Nassau Co Office of MH, CD and DD Svcs

LGU:

Q3

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

Nassau County 2021 Local Service Plan Executive Summary

In March of 2020, Nassau County was hit by the COVID-19 pandemic and as a result, many of the activities initiated towards addressing the issues identified in the 2019-2020 local service plan stopped. The priority for Nassau County and its residents became and still is focused on reducing the number of positive cases and deaths. The onslaught of cases disrupted County operations at all levels. Observing the severity of the impact the virus was having on families, community service providers immediately prepared themselves to transition from traditionally rendered services to offering telehealth services for mental health and addiction treatment. To date, Nassau County has had a total of over 44,761 positive COVID-19 cases and a total of 2,198 COVID related deaths.

Now, more than ever, Nassau County's system of care needs its services fully operational, available and accessible to its residents, many of whom are sadly struggling with unimaginable losses due to COVID. The recent twenty percent of third quarter withholdings for 2020 from New York State Office of Mental Health, New York State Office of Addiction Services and Supports and the New York State Office of People with Developmental Disabilities has raised the County's concerns should this become a sign of additional impending cuts to behavioral health services.

A recent Long Island study of the pandemic's economic impact revealed a few key findings:

- LI business shed jobs at a faster rate compared to NYC, the northern suburbs, NYS, and the US as a whole during the initial months of the crisis.
- LI business shed 270,000 jobs during the first month of COVID. 48,000 jobs were recouped in May 2020.
- Total job losses in 2020 are expected to reach 375,000.
- As a result of job losses, it is projected that LI will experience \$61 Billion in reduced economic activities.
- Specifically, Nassau County faces a \$749 million deficit over the next 18 months with \$385 million in FY2020 and \$364 million in FY2021.

These economic statistics only amplify the dire impact COVID has brought to children and families and the impact this will have on people's mental health and/or increases in addiction issues.

Adding to the economic strain, effective April 1, 2020, all Counties will be billed for 100% of the cost of 730.20 CPL competency restoration services provided by the New York State Psychiatric Centers. Even though the expectation is that there will be less 730.20 CPL as a result of bail reform, at this time it is difficult to assess the actual impact because of COVID 19, which prompted closures of the courts.

Another looming crisis is the upticks in fatal and nonfatal overdoses during the COVID-19 pandemic. After a few years of steady declines in overdoses and deaths, Nassau had a 43% spike in fatal overdoses with an 18% spike in nonfatal overdoses in 2020. The rise was as result of the County being forced to redeployment its resources to address the public health crisis. It has recently resumed to prioritize it's focus on the opioid crisis.

In summary, the COVID-19 pandemic disrupted not only the lives of its residents in Nassau County, but operations at multiple levels and the community-based organizations across systems. The future continues to be uncertain for the County with additional impending cut possible on the horizon and a second potential spike in COVID cases with colleges, schools and universities opening in September.

The required SurveyMonkey report completed delves into specifics details outlining the impact of COVID 19 on mental health, addiction and developmental disabilities service delivery.

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan Supplemental Survey

Q4

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

Mental Health Services

Nassau County's suicide prevention helpline under Long Island Crisis Center had no changes in their delivery of service. The program is a 24/7 hotline handling telephone calls.

Nassau County's Mobile Crisis Team (MCT) under South Shore Child Guidance Center continued to conduct assessments during the height of the pandemic telephonically and/or virtually using Doxy.me and zoom. Onsite visits were conducted on an as needed basis with personal protection equipment (PPE). The Nassau County Opioid Treatment Program trained the MCT on the proper usage of PPE.

Training and education provided by the Mental Health Association of Nassau County switched to live online conferences and workshops using the zoom platform. During the pandemic, the Nassau County Town Hall was conducted virtually with over 226 attendees. The Multicultural Conference was attended by over 350 registrants. The County actually saw a significant increase in participation of trainings/conferences done online.

MHFA - Virtual training was not approved until 6/15/20 and the rollout of the new presentation became available in July/August.

The mental health housing providers had to change their intake process to "virtual" and/or "telephonic". Providers indicated that the human connection was "lost" in virtual intakes approach with the frail population.

The mental health housing providers have had a hard time with the stay on eviction proceedings, as there are some clients who may be better served by another agency.

Providers reported an array of fiscal and availability challenges with the conversion to telehealth services which included the purchases of laptops, video cameras, establishing zoom accounts, Microsoft Team, cost of PPE, increase in cleaning services and cleaning supplies and re-entry planning with ventilation, Plexiglass, dividers, etc.

The transition to telehealth services was challenging for both the staff and clients. Many clients had difficulty with access to technology, technological difficulties, as well as privacy and confidentiality within their home environments.

Both MH and Addiction providers have indicated that they have noticed an overall increase in individuals experiencing mental health and substance use issues as a result of COVID 19.

Individuals served who had limited cellular phone service often expressed concerns over the possible financial implications of using their phones for extended periods of time for treatment.

The children's providers reported that youth were difficult to engage due to their level of maturity, inattentiveness, hyperactivity, and insecurity among other factors. Sessions were sometimes split into multiple sessions if a child could not stay attentive for the entire telehealth session in one sitting. Youth are not as likely to share with their parents around, so providers were focused on having the youth have a safe, private space for their sessions.

Disparate impact on racial or ethnic minorities were consistent with those identified in the media regarding minorities in the general community.

The forensics services unit was impacted by COVID-19 because of the closure of the NYS Court system. While there were no changes in the requests for 730 exams during the months of March – May, there was a 50% decrease from June – August.

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Examinations were conducted virtually from March and the County continues to use this platform for all /30 exams.

Care coordination and ACT Team referrals remained consistent during March – July. Starting in late July to the present, the County continues to see an increase in requests for ACT Teams.

Assisted Outpatient Treatment (AOT) saw a steady increase in pickup orders. While the pandemic was reaching its peak, many providers were unable to locate clients. Face to face interactions were limited due to the fears of virus exposure, therefore contacts were difficult to maintain with clients. The highest pick up orders were reflected in June and July.

COVID-19 has posed multiple challenges for the treatment seeking community. Those challenges include an increase in mental health diagnoses and substance use disorders. The rising stressors, fears and losses have shown in reports of increased suicidal ideations, relapses and disconnect from what once was healthy supports. Clients have had trouble engaging in telehealth services due to lack of in person connection, or inability to access technology to engage with a therapist.

New York State Office of Mental Health generously provided mask to the providers in Nassau County through the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities.

Low income clients had difficulty utilizing various telehealth platforms due to lack of computer or cell phone limitations. This included clients living in community residences or homeless shelters. Lack of confidentiality when utilizing telehealth services was also a challenge.

Providers shared that initial services plans and goals changed during COVID as the needs of individuals and symptoms experienced evolved. Thing such as food insecurity, loss of employment, sick family members have negatively impacted individuals overall.

Some children had been easier to engage in telehealth services than others, possibly due to age and maturity level. Younger children who typically required more of a hands-on engagement approach, had difficulty engaging in telehealth sessions. Staff were required to be creative in their engagement with children, especially new cases where the child had never met the staff member in person.

Overall, privacy had been a major concern for both adults and children. Individuals lacked privacy due to their living arrangements. Children were less likely to share with their parents around, and adults struggled to manage their children and pets in the background during live sessions.

In summary, mental health providers have reported a need to assist clients not only with mental health needs but also concrete services. Overall, there is ongoing need for crisis management.

Programs have reported that many clients do not have access to technology with video. This issue has created challenges to engage clients over the phone and have seen an increase in clients being lost to contact. Programs report issues in relation to confidentiality, many clients live with multiple people and have limited space for privacy. Programs also report that adults have been able to adjust to telehealth services easier than children, providers have found that children have difficulty maintaining attention. In addition, children do not consider the importance of confidentiality during a counseling session, sharing their screen with friends or conducting sessions in public spaces.

The future of mental health services in Nassau County is very uncertain with signs of what is to come with the recent 20% withholdings in the third quarter of 2020 with the possibility of full restoration. The Local Government Unit received a 10% cut with no hope of having such funds restored.

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.

Addiction Services

The needs of the treatment community have changed throughout the course of the pandemic. Providers have reported the need to adjust immediately to telehealth services. This required educating the staff on policies and procedures to conduct services virtually and obtaining technology to accommodate working from home. Providers had to manage medication administration differently, crisis services more frequently and residential settings needed to accommodate clients according to social distancing guidelines. Providers were faced with obtaining PPE and making their spaces appropriate for when in person services begin once again. The results from all of these changes have increased client's ability to access care in other ways. Telehealth has allowed for easier access when transportation was an issue, it has offered an opportunity in many circumstances for clients to take accountability of their own recovery without close monitoring that occurs in person with regular toxicologies and face to face visits.

Unlike mental health providers who received masks from the New York State Office of Mental Health through the County, many addiction services providers were not offered masks by NY-OASAS with the exception of opioid treatment providers and others. The County worked closely with the Nassau County Office of Emergency Management to provide masks to many of the outpatient treatment providers.

Clients served were affected by loss of income/employment, resulting in loss of insurance or inability to pay for services. Copayments were waived during this time. As a result, adjusting fees reduced agency revenue during this time.

Opiate Overdoses have increased on Long Island by 40-50%. Substance users have faced significant challenges during COVID-19 due to limited sober supports, without in person AA/NA meetings and counseling sessions. Outpatient programs have been encouraged to prescribe longer Methadone and Suboxone holds, which raises concerns for overdose. Finally, clients have a lower tolerance due to lack of funds to purchase substances and limited accessibility to the substance. A lower tolerance then creates greater risk for when the client uses substances once again.

According to reports given by the Nassau County Police Commissioner, since the start of 2020, fatal overdoses in Nassau spiked 43% while nonfatal overdoses climbed 18% from 306 in 2019 to 360 this year so far.

Similar to the 20% withholdings of mental health funds for treatment services, NYS-OASAS also implemented 20% withholdings in the third quarter of 2020 with the possibility of full restoration. The Local Government Unit receives no funding.

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.

Developmental Disabilities

Why have the needs of persons with developmental disabilities changed? A significant reason why the needs of persons with developmental disabilities has changed is because the disease is one of contagion and much of the service provision for persons with developmental disabilities is in congregate, social or group settings, such as an Individualized Residential Alternative (IRA), a recreational activity or day habilitation.

Methods of contagion prevention such as wearing a facial mask and social distancing are requirements and concepts that require a level of understanding and compliance, something that persons with a developmental /intellectual disability may not have to the degree necessary for compliance.

Unlike persons with a mental health or chemical dependency disorder who may intellectually understand what contagion is and how far six feet is, they may be resistant to or not want to wear a facial mask or social distance. Persons with developmental disabilities have a diminished intellectual capacity to understand what contagion is and how far six feet is, so they may lack compliance.

Persons with a mental health or chemical dependency disorder have a level of independence and self-preservation, as well as the capacity for self-determination that persons with developmental/intellectual disabilities may not have. Thus, their needs have changed because, for those not living in an IRA or ICF, with the system on lockdown, families and caregivers became the de facto 24X7 providers with a 24X7 burden of caregiving. Parents who work could no longer do so and families with other children in the home who had to participate in remote education were impacted and their lives disrupted.

How have the overall needs of persons with developmental disabilities changed? Service providers must find alternate ways of delivering services to residents of congregate care settings, day habilitation, recreational/group settings, and those in self-direction, that diminish social interaction and comply with physical distancing requirements. Service providers and families in general must find alternate activities and ways of communicating the contagion aspect of the disease. Programs have been as creative as possible and have been doing virtual activities.

The need for socialization and ongoing habilitation for the population have increased and, as in the "general population," gains may have diminished and there may have been some regression. Unlike a mental health or chemical dependency disorder the burden of compensation, accommodation, caregiving and adaptation has fallen on the parents and caregivers of the developmentally disabled. There is a tremendous need for respite and support for parents, particularly parents whose children are in self-direction. Many felt lonely, isolated, anxious and in a communication void. Parents who were over 60 years of age had the additional anxiety of being in a high-risk group – who would take care of their child if they got COVID?

One of the most common needs voiced were from parents, and the need for clear, consistent, frequent communication from OPWDD.

Death, cannot be overlooked as something that affected the service delivery system.

Death of personnel, death of direct support personnel, death of residents in IRA's and ICF's, and deaths of persons who lived with families and loved ones. Grief and loss were tremendous.

Personnel and staffing patterns were affected – with personnel not coming to work due to exposure, infection or fear of exposure and infection. Staff turnover increased.

Providers were impacted financially due to the need to purchase PPE and provide "hazard pay" to personnel.

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The service delivery system was essentially put on lockdown, and program participants, their families and personnel were affected. Some parents took their children out of IRA's and kept them in their homes and provided supports. The prohibition on visitation affected families who were prohibited from visiting their provided supports. The prohibition on visitation affected families who were prohibited from visiting their children and siblings. However, staff were permitted to come and go, which was interpreted as a contradiction by families and loved ones.

Some report that there was a delay in service access for new clients coming into the system.

Some report a lack of communication and leadership from OPWDD, a void that was filled somewhat by Care Coordination Organizations.

Providers need funds – they are facing a 20% withholding – to remain solvent.

Providers need help with workforce development – a problem pre-COVID and made worse during COVID.

Parents need respite.

Participants need to re-engage in programs.

Program policies need to be tailored for each population – as there are different needs in the Queens region and different needs in the Buffalo region – each agency has unique populations and guidelines should be flexible.

Providers need access to rapid, non-invasive testing. Because of their intellectual deficits and hi risk for community spread, persons with developmental disabilities should be on the same access to testing playing field as nursing home residents, hospital patients, and all personnel should have the same access to testing as all healthcare personnel.

Q7

a. Mental Health providers

Providers updated their policies based on CDC and OMH guidance. The providers kept their staff members informed of the changes in guidance documents that impacted their programs. Programs continue to request updates, clarification, and guidance about specific OMH policies and exceptions related to COVID.

Providers reported efforts to teach staff to engage in telehealth services and some have provided equipment to complete their tasks

Q8

b. SUD and problem gambling service providers:

Providers updated their policies based on CDC and OASAS guidance. The providers kept their staff members informed of the changes in guidance documents that impacted their programs. Programs continue to request updates, clarification, and guidance about specific OASAS policies and exceptions related to COVID.

Providers have been diligent in referring to OASAS guidance in conducting services.

Q9

c. Developmental disability service providers:

There is no need for training or educational materials related to COVID-19. Developmental disability service providers were and are self-starters regarding education. They utilized the Centers for Disease Control (CDC) website, the World Health Organization (WHO) website, local public health department websites and materials that were prepared by the not-for profit sector, Care Coordination Organizations, or advocacy organizations such as the Self-Advocacy Association of New York State (SANYS). Service providers also had medical personnel on staff who could train and educate. OPWDD issued "guidelines" were and are also available.

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Q10

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

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

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Q11

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

Providers did not see an increase in referrals or demand for services at the time, although there were many people who were certainly in need of services. Individuals may not have been aware that programs were operational, or were possibly hesitant to start as they were still very anxious about COVID. Specifically, for children, there were reports about the lack of referrals as the families were less connected at this time with priorities focused on home schooling during the pandemic. School social workers, counselors, and other school professionals who usually refer children and youth to services were not as connected to the students surely impacting referrals. Nassau County Executive made frequent public announcements that mental health and addiction services were available to its residents.

Other providers reported initial difficulties with the implementation of telehealth services which impacted their level of readiness in offering open access through telehealth.

Hospitals reported difficulty managing psychiatric needs of COVID positive patients.

One hospital with (29 beds), quarantined section of their psychiatric unit for COVID positive cases and reported an increase of first breaks relating to anxiety.

Another hospital (36 beds) reported receiving overflow of patients who were NYC residences. The hospital reported treating patients with first mental health episodes; treated an increase number of older people that where isolated; there was an increase in co-occurring disorders and higher re-admission rates due to telehealth services not being high enough level of treatment; and early discharges from the County hospital as a result of State mandates imposed on the hospital to convert all of its beds for COVID patients. Hospital also reported that COVID positive cases were designated to medical floors and followed by psychiatrists and assigned a clinical social worker. Patients were provided iPads for virtual groups. Discharges were described as challenging for homeless patients without cell phone and those in need of higher level of care such as detox and rehab services due to the temporary closure of those services at the County hospital to accommodate COVID patients as mandated to do so by the State.

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)	Decreased
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:

NA

Q14

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

1

Q15

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

One provider suspended family support services for a 6 week and furloughed staff due to COVID.

The housing providers did not suspend services unless it was due to a positive case in their residence early on during the pandemic. As CDC guidelines were released on best practices, residences quickly adopted and implemented recommendations to keep both residents and staff safe.

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:

All mental health programs in Nassau County are operational. A few providers reported not conducting group therapy sessions due to inability in securing confidentiality for all clients.

Q18

N/A

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

Q19

Respondent skipped this question

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

Q20

No

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

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Q21

Respondent skipped this question

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

Q22

No

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

Q23

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

The Housing Providers had a tough time with staffing but were able to keep all residential homes functioning.

Q24

No

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.

Q25

No

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.

Q26

Respondent skipped this question

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

Q27

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

All Housing providers updated their policy and procedures to reflect COVID - 19 CDC guidelines.

All agencies reported developing plans and assessing the continuity of care by implementing internal COVID planning committee and sending surveys to client to assess obstacles in returning to physical location.

All programs found an alternative solution to continue work functions soon after the pandemic began.

All programs participated in telehealth practices whenever possible. For in person services, certain programs maintained necessary staff in alternative locations at a hospital or in-home services.

Many providers did not have existing COVID 19 continuity of operations plans as this caught all by surprise. However, as federal and state guidelines and policies were made available, providers added addendums to their Policy and Procedure Manual to update it with regards to telehealth, staff policies surrounding working from home and safety/precautionary guidelines in the work place.

Q28

Respondent skipped this question

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

Q29

Respondent skipped this question

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

Q30

LGU

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?

Q31

Respondent skipped this question

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

Q32

**Program-level Guidance,
Telemental Health Guidance,
Fiscal and Contract Guidance**

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

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:

Agencies report financial concerns regarding altering physical space, acquiring PPE, cleaning supplies, and need for ongoing cleaning/disinfecting of physical site. Unlike NYS-OMH, NYS OASAS did not engage in partnership with the County to acquire and distribute face coverings. NYS-OMH sent Nassau County LGU thousands of masks to be distributed to all mental health providers. The Nassau County LGU, within a week, supplied all of the mental health providers with reusable face masks. Upon learning of this, OASAS providers made requests for such deliveries but unfortunately the masks were for mental health providers only. NYS OASAS directly supplied the Nassau County Opioid Treatment Program.

Q34

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

When applicable, prevention continued to be offered as a telehealth service.

Prevention providers were unable to meet in-person to provide services. Many providers were in the middle of implementing their Evidence Based Programs and were unable to complete them with fidelity. Many Nassau County prevention providers are school based programs. During the height to the pandemic, when the schools transitioned to remote learning there was a learning curve and it was quite stressful for students and staff. Unfortunately, many schools did not make the prevention services a priority during this time as their focus was on health, safety, and transitioning to remote learning. The delivery of services was highly impacted.

Q35

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

Recovery services continue through telehealth.

Residential settings needed to modify their setting with limited capacity. There were limited group numbers and socially distant living spaces.

Q36

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

Unknown. The LI Regional Office may have this information due to their direct oversight.

Q37

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

INPATIENT	No Change
OUTPATIENT	No Change
OTP	No Change
RESIDENTIAL	No Change
CRISIS	No Change

Q38

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

The initial demand on outpatient treatment has decreased due to closure of referral agencies, courts, probation, DSS, schools, etc.

Q39

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

INPATIENT	No Change
OUTPATIENT	No Change
OTP	No Change
RESIDENTIAL	No Change
CRISIS	No Change

Q40

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

SUD treatment services continue to admit new clients into their programs with no wait list reported.

Q41

No

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

Q42

No

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

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Q43

No

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

Q44

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

Biggest challenges include funding and remaining solvent. The Developmental Disabilities Alliance of Western New York notes that the financial catastrophe coupled with the \$20% cut will force programs to close. A recent survey by the New York Disability Advocates estimates that more than 200 of the non-profits are already strapped for cash.

The state's across the board 20% withholding will have a disparate impact on the developmentally disabled community. Participants in self-direction, who may receive as much as \$6,000.00 annually to cover expenses not covered by Medicaid will particularly impacted.

Community advocates note that this will have an impact on the health and safety of persons with developmental/intellectual disabilities who live in independent settings in the community and targets some of the most critical supports such as rent subsidies/ISS, self-direction and FSS contracts which often serve as a safety net for those living in the community.

Additionally noted, state-only funded supports have been put in place to meet significant needs not funded by Medicaid. Failure to fund these programs such as self-direction fiscal intermediaries, mirrored services, IDD residential provider room and board payment and CCO "Non-Medicaid" Care Management will result in potential loss of services and at risk of not having their daily needs met.

Other challenges include:

- staffing and workforce development.
 - coping with a virus that remains with us and coping if there is another outbreak.
 - Summer is coming to an end – finding indoor venues for recreation and social groups will be a challenge. Recreation leaders are already having trouble finding venues for indoor activities.
 - Due to the limitations on the number of persons in a van – transportation is a challenge.
 - The return to day habilitation for adults whose parents are afraid to send them.
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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.

August 26, 2020

3,437 COVID-19 + statewide.

2,770 COVID-19 + resided in certified residential programs. A total of

464 COVID + deaths

4,216 Agency Staff COVID-19+

Nassau County reached out to the LI Regional Office for general data specific to the County, but was informed that the data could not be shared due to confidential information.

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Q46

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

Developmental Disabilities:

State and local government confirmed that developmental disability service providers were not a priority for the distribution of Personal Protective Equipment. The New York State PPE distribution formula dictated that "10%" goes "to others" and that organizations that "are not a residential treatment provider and/or health care center.....can certainly make a request as well, however do know that priority is given to our health care professionals," and "these facilities are not a high priority like hospitals."

The local Office of Emergency Management did provide some PPE but alternative recommendations for say, gowns, was to purchase ponchos.

By the end of May payroll costs increased by an additional \$73 million and knowing that they were on their own, there was a PPE shortage and that they were at the bottom of the priority list, service providers turned to the open, competitive market and spent millions on PPE from domestic and international providers.

It is recommended that recognition be made that the formula for PPE distribution be amended so that developmental disability service providers receive more than "10%" of what is left, or available and that priority also be given to congregate care setting such as Individualized Residential Alternatives (IRA's) and Intermediate Care Facilities (ICF's).
