2021 Mental Hygiene Executive Summary
Saratoga County Community Svcs Board

The Community Services Board (CSB) has actively discussed the changing healthcare landscape, and the challenges and opportunities unique to the behavioral healthcare topography of Saratoga County. A variety of human services stakeholders also held formal, monthly meetings on these issues. Stakeholders represented both public (i.e., mental health, addicitions, probation, social services, public health, and law enforcement) and private (i.e., hospital systems, performing provider systems, prevention, domestic violence, charitable) agencies, and contributed significantly to the breadth and depth of County needs analysis and program development.

The current plan is predicated on the goal of meeting identified needs by capitalizing on available resources, securing additional resources, and working energetically to communicate, collaborate, coordinate, and integrate service delivery across County providers.

Office of Addiction Services and Supports

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Q1

Contact Information

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Q2

LGU:

Saratoga County Community Svcs Board

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.

A variety of anecdotal and empirical reports were consistent with increases in anxiety, dysphoria, relapse, and overdose. Across systems, reports suggested the challenge of engagement was met with more or less success, depending on remote work capabilities. There was no clear evidence of differential impact on particular racial/ethnic groups in Saratoga County, which is generally homogenous in terms of race. Children, as opposed to adults, reportedly were much more difficult to engage in services by remote means. Also of note, the ID/DD population was impacted by the loss of structured day programming duirng the shutdown.

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.

As described above, self-reported anxiety and dysphoria were characteristic of persons experiencing mental health consequences of the pandemic. Also as noted above, children were reportedly far more difficult to engage in the remote treatment process. Differential impacts by race/ethnicity were not identified.

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.

Available evidence suggested a clear year-over-year increase in overdoses, 2019 (Jan-Jun)-2020 (Jan-Jun). The increase is correlated with the lack of access to prevention support and intervention services so widely reported, and applies both to problem gambling as well. Anecdotally, there was a significant increase in relapse across classes of drugs and alcohol. A differential impact by race/ethnicity was not noted.

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.

Access to structured activities was curtailed during the pandemic shutdown, resulting in significant challenges for the ID/DD population. No differential impact correlated with race/ethnicity was observed.

Q7

a. Mental Health providers

The training and educational materials made available by DOH as well as the "O" agencies was most welcome. An artifact of the efforts to communicate to the field: multiple emails containing duplicate information was received several times/day. A central repository or point of contact for distributing important information would have been more efficient.

Q8

b.   SUD and problem gambling service providers:

The training and educational materials made available by DOH as well as the "O" agencies was most welcome. An artifact of the efforts to communicate to the field: multiple emails containing duplicate information was received several times/day. A central repository or point of contact for distributing important information would have been more efficient.

Q9

c.   Developmental disability service providers:

The training and educational materials made available by DOH as well as the "O" agencies was most welcome. An artifact of the efforts to communicate to the field: multiple emails containing duplicate information was received several times/day. A central repository or point of contact for distributing important information would have been more efficient.

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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)	**Increased**
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)	**No Change**
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	**Increased**

Q11   **Respondent skipped this question**

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

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   **Respondent skipped this question**

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

Q14

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

0

Q15

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

MH programs transitioned to telehealth service delivery.

Q16

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

0

Q17   **Respondent skipped this question**

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

Q18   **Yes**

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

Q19

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

On-site presence maintained to ensure injection administration, crisis/emergency response, support line capability and on-call
services.

Q20   **No**

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

Q21   **Respondent skipped this question**

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

Q22   **No**

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

Q23

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

Respondent skipped this question

Q24

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

No

Q25

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

Yes (please describe):
A strong network of collaborative service providers predates the pandemic, and was of great value in service coordination during the pandemic shutdown.

Q26

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

0

Q27

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

Elements of existing plans were modified to meet the unique challenges posed in this case.

Q28

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

0

Q29

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

Respondent skipped this question

Q30

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

Both

Q31

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

This was done informally. As needs on the ground evolved, a collaborative problem-solving approach was implemented.

Q32

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

Program-level Guidance,

Telemental Health Guidance,

FAQs

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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:

The LGU served as liason between the Office of Emergency Services and local providers, ensuring access to adequate supplies of PPE.

Q34

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

The limitations imposed by telehealth prevention services and the isolation imposed by the shutdown significantly affected prevention efforts. In particular, the cessation of school-based prevention programs had effects that have yet to be determined.

Q35

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

The limitations imposed by telehealth prevention services and the isolation imposed by the shutdown significantly affected recovery efforts. The essential benefits provided through in-person support were not available in the same way, and increases in relapse and overdose were noted. Increased relapse in connection with problem gambling likewise was reported.

Q36

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

Clearly, treatment services have relied upon and benefited from in-person delivery. Reports suggested a need for increased services resulting from increased distress, dysphoria and access to internet-based means during the shutdown.

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	**Increased**
OTP	**Increased**
RESIDENTIAL	**Increased**
CRISIS	**Increased**

Q38   **Respondent skipped this question**

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

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   **Respondent skipped this question**

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

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   Yes (please describe):

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.

A strong, collaborative network of providers and prevention specialists existed pre-COVID, and was the platform for continued communication, collaboration, coordination, and integration.

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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?

Identifying means to deliver structured daily programming to those for whom the virus precluded participation.

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.

Applicants for residential and treatment services
Available openings for services

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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:

Saratoga County's network of providers collaborated throughout the pandemic shutdown, and provided mutual assistance by trouble-
shooting, or sharing policy, practice and information. Further, the LGU capitalized on existing relationships with regional colleagues and
other County Departments (e.g., Sheriff, OES) to maintain a safety net of sorts for stakeholders.