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

COMPLETE

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Q1

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Q2

LGU:

Columbia County Dept of Human Services

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 pandemic's impact to our community members experiencing behavioral health disorders include:
1) Behavioral health symptom development and exacerbation. A significant number of individuals who had historically been struggling with chronic symptoms, experienced an increase in depressed mood, anxiety and psychosis. A number of other individuals who had not historically experienced acute symptoms, began to do so.
2) Barriers. There were: technological, equipment, broadband, privacy and comfort challenges to the rapid system conversion from exclusive face-to-face services to exclusive telehealth services on ~3/20/20 for both providers and recipients. Most non-residential outpatient service providers converted to remote telehealth within a matter of days or weeks of NYS's state of emergency. Providers did not have the equipment to provide to their staff to permit effective use of telehealth. Clients also did not necessarily have the equipment needed. Provider waivers permitting reimbursement for off site telehealth services and telephonic telehealth services made a significant difference in our continuum's ability to connect with those in need during this emergency. Unreliable or unavailable internet access, satellite coverage, availability of phone "minutes negatively impacted service access. Both staff and clients have varying degrees of comfort with use of the technology needed for telehealth. Both staff working from home and clients also reported challenges to securing a private space to conduct such services.
3) Increased isolation. Many aspects of accepting and adjusting to the pandemic containment requirements imposed on us have been very difficult. The isolation experienced resulting from quarantining, working from home, social distancing and elimination of social events has had a particularly negative impact on the consumers our providers serve. This isolation also negatively impacted our provider workforce.
4) Workforce shortages. Some providers went into the start of the state of emergency with staff vacancies due to workforce shortages. Once the financial reality of the pandemic was experienced by the State and localities - as manifested by state aid cuts/ withholds and hiring freezes; the shortages worsened. For some , this has resulted in waitlists and elimination of walk-in real time service access across the outpatient service continuum.
5) Decreased "no-shows"/ Suspension of Client Transportation Challenges. Transition to telehealth had at least one advantage for most outpatient providers and recipients. A higher percentage of scheduled appointments were kept for those with technological access due to increased convenience and the absence of a need for travel.

It is important to note the following cross-system issues as well:
1) Transitions of care were less streamlined due to provider capacity limitations to accept referrals.
2) It is suspected that medically vulnerable populations (elderly and those with chronic medical conditions) and economically disadvantaged populations have been disproportionately negatively impacted. Those without access to technology and those most prone to social determinants of health are suspected to all have all been disproportionately negatively impacted.
3) Anecdotes suggest that young children seem to have a more difficult time engaging in services via telehealth (either telephonic or video)

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 COVID-19 pandemic affected our mental health service needs in a multitude of ways. A significant number of individuals who had historically been struggling with mental health issues began to see an increase in depressed mood, anxiety and psychosis. This, coupled with social isolation, caused an increase in need for mental health services, which coincided with the unprecedented shift to remote services. In the early months of the COVID pandemic, our Mobile Crisis Assessment Team (MCAT) was not able to respond in-person to crisis calls, which likely inadvertently increased the use of the local Emergency Department. Subsequently, increased ED use and inpatient admissions resulted in an increase in 7-day appointments, which outpatient Mental Health providers, like ourselves, struggled to oblige due to staffing shortages, hiring freezes and furloughs.

Anecdotal evidence suggests a possible increase in suicides this year, as compared to the same time period last year. The 2019-21 Columbia-Greene Community Health Needs Assessment identifies Columbia's suicide mortality rate of 17.2/100,000, which was higher than NYS excl. NYC (9.6). Columbia currently has a suicide mortality rate of 15.5, which puts us in the worst 25% of NYS counties. Over time the rate is increasing significantly.

Though most, if not all, of our mental health providers were able to transition swiftly and successfully to telehealth services, this had a mixed effect on individuals struggling with mental illness. Those with access to technology, including broadband, internet access, and/or cell phone 'minutes' were able to take advantage of telehealth services, while those with limited (or no) access to these things were negatively impacted by the transition to remote services. Additionally, those with more severe mental health issues do not have the capacity to successfully sustain a remote connection with their service providers. Finally, anecdotal evidence shows that children's services may have been impacted more severely than adult services, as many young children have a more difficult time engaging in services via telehealth.

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.

Individuals struggling with substance use disorder (SUD) have been severely impacted by the COVID-19 pandemic. While our SUD providers implemented a swift, mostly successful transition to telehealth services, the sudden change in service provision, coupled with social isolation and the emotional effects of the pandemic, presented a challenge for those affected by SUD. While some individuals were able to actively participate in telehealth sessions, others (likely those with more severe SUD) were unable to maintain a connection with their service provider due to limited technological resources and/or limited capacity to function in a remote environment.

The most alarming trend we've identified shows a tremendous increase in overdoses. Prior to the COVID outbreak, Columbia County already had some of the highest overdose rates in New York State. According to the 2019-21 Columbia-Greene Community Health Needs Assessment, Columbia County had an opioid overdose mortality rate of 25.9/100,000 which was higher than NYS excl. NYC (19.4), and showed a 175% increase from 2013 to 2017. In addition, Columbia's opioid overdose ED visit rate of 65.4/100,000 increased 30% from 2013 to 2016. Data from ODMAP (an overdose mapping tool that allows first responders to log an overdose in real time into a centralized database) confirms that Columbia County's overdose numbers have exponentially increased when you compare January-July 2020 to the same time period in 2019.

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.

As with all other behavioral health populations, the developmentally disabled population has been tremendously affected by the COVID-19 pandemic. The greatest negative impact is experienced by individuals who live alone, live at home with family, or receive other non-residential services. For the most part, I/DD service providers have been able to maintain close oversight and service provision to those living in IRAs. However, due to the anxiety and heightened concern for infection, staff was (is) hesitant to provide community-based services (i.e. going into homes or meeting people in the community). Additionally, many families (or those who care for individuals with I/DD) restricted contact with providers when it was offered. Both of these factors limited service providers' ability to provide supports to those who live in the community.

Individuals who were seeking eligibility evaluations for Home and Community Based Services via Medicaid Waiver were not able to receive them during the initial months of the pandemic. Cognitive evaluations were not able to be completed via telehealth, so referrals were put 'on hold' by many of the psychologists who were qualified to perform this service. As a result, there is a current backlog of individuals waiting for their OPWDD eligibility applications to be completed

Individuals with I/DD who continued to hold their jobs have been provided employment supports, while those who were let go were assisted with filing for unemployment, etc.

Individuals living in the IRAs have been frustrated by the restrictions placed on those in group homes, albeit, initially for their protection but as we got further along, it seemed that they were being denied community access when the general public was being given greater access. This became somewhat of a "rights" issue for those who wanted to regain their independence but were restricted by government oversight of residential settings. There have been few positive cases and those were all staff, resulting in precautionary quarantines for the IRAs where the staff worked.

The scope of the impact relative to loss of funding for the providers remains to be seen and the overall issues with workforce occurring prior to the pandemic have not changed. It remains a real challenge to find qualified staff.

As with other populations, telehealth appears to have limited utilization with young children. The preschool special education programs have been providing "remote learning" as best as is possible with three and four year old children with special needs. The children are not gaining as much from the remote sessions as they would if the classes were in person, but there is extreme anxiety from families and staff about when and how to bring the children back to the classroom. Providers continue to be concerned about funding, which could be impacted over the next few years.

Overall, the effects of the stress related to managing fears, emotions, information overload, misinformation, etc. and the requirements to set aside personal health concerns in order to continue to deliver services where they are wanted is impossible to measure. The effects of this stress is apparent on all sides and providers continue trying to support their workforce as best they can. There is a sense among the provider community that the I/DD sector is a largely invisible sector in the realm of "essential workers" and the general public often forgets that they are there as they are continuing to provide supports and services.

Q7

a. Mental Health providers

Not needed.

Q8

b. SUD and problem gambling service providers:

Not needed.

Q9

c. Developmental disability service providers:

Not needed.

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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)	**Increased**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**No Change**
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	**Increased**
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	**No Change**

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)	**Decreased**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**No Change**
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	**Decreased**
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 **Respondent skipped this question**

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

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:

Columbia County Mental Health Clinic continued to provide injections in-person.

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:

Respondent skipped this question

Q22

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

No

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.

No

Q26

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

5

Q27

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

Respondent skipped this question

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?

None

Q31

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

Respondent skipped this question

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:

Our only OASAS-licensed SUD treatment provider had difficulty obtaining PPE in the initial stages of the outbreak, especially for their staff nurses who were responsible for giving injections. Though it is now easier to obtain PPE, it has added to the provider's expenses.

Q34

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

Though we have not seen a change in the demand for prevention services, our school-based prevention staff have slowly transitioned to virtual instruction. Prevention staff have maintained contact with our local School Districts throughout the pandemic so that they could stay abreast of any potential changes in technology. The Prevention staff are becoming adept in using all of the platforms that teachers will use when they return to school in the Fall with the hope of using these platforms to deliver critical Prevention lessons.

Q35

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

Anecdotal evidence shows an increase in the demand for SUD recovery services in the County. Many recovery services have successfully transitioned to remote delivery, though it is unclear if this method of service delivery is comparable to in-person services.

Q36

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

COVID-1o has not affected the delivery of and demand for problem gambling treatment services in Columbia County.

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	**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

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

Though Columbia County's SOR-funded program (Greener Pathways) was invaluable prior to the COVID pandemic, the services they provide have met a critical need in the County during the pandemic.

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?

Recruiting and retaining qualified staff has been, and will likely continue to be a challenge over the next 12 months (or more).

The effects of social isolation of the IDD population will likely present a challenge in the coming year. If the County continues to deliver IDD services remotely (or even with a hybrid model), the IDD population will be greatly affected. More specifically, young children with special needs respond best to in-person services and have great difficulty engaging in telephonic (or video) sessions. Similarly, individuals with IDD who live with family/caretakers in the community will likely experience greater challenges as they try to engage with service providers via telehealth.

Cuts/withholds to State Aid funding to localities will exacerbate the issues identified above in addition to severely impacting our local service providers as they work to return to in-person services in the coming months.

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.

Housing waitlist data

Data on school-aged students with IDD who will be transitioning to community-based 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:

Respondent skipped this question