

COMPLETE

Tuesday, September 15, 2020 1:48:35 PM

Page 1

Q1

Contact Information

Name	Patricia Brinkman
Title	Director of Community Mental Hygiene Services
Email	brinkmap@co.chautauqua.ny.us

Q2 **Chautauqua Co. Dept of Mental Health**

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.

Chautauqua County, like other NYS counties and counties nationally, has felt the widespread impact of the COVID-19 pandemic. While the number of total cases of the virus has been small in comparison to other parts of NYS, County residents experienced the full brunt of the shutdown and the psychological pressures associated with the uncertainty and the fears of contracting the virus. Overnight, the lives of residents were changed. Literally, every aspect of life changed. Work and school became virtual, sports and entertainment ceased, outlets for socialization such as restaurants and gyms were shuttered. Obtaining basic supplies like toilet paper and basic food necessities became a challenge. People grew more fearful of leaving their homes over time. Economic hardships became prevalent as employees were furloughed from jobs when businesses closed. The stress on parents was exacerbated as they took on the responsibility of teaching their children at home while simultaneously attempting to work from home. The anxiety levels of individuals with health conditions grew as preventative care and treatment for chronic conditions were no longer available. Within days of the Governor's Executive Order, the service delivery system for all 3 disability groups within the County made the transition to the provision of services by telehealth. The challenges of securing the appropriate waivers from the respective NYS agencies, obtaining the necessary technology including software and hardware, training staff to deliver services by telehealth, educating consumers on how to use technology for this new purpose, and engaging consumers in participating in services via this new vehicle all were accomplished over a few short days. The Chautauqua County system of care is to be commended for the speed and comprehensiveness of its response. One of the hallmarks of our system is the degree to which agencies collaborate. Never was this more evident than as agencies came together to address the COVID-19 pandemic. Agencies consulted one another on progressive steps, shared best practices, offered assistance when needed and came together to act in the best interests of consumers. Over these months it has been gratifying to watch agencies individually improving day by day in providing telehealth and to see the system as whole identifying needs that are unmet and coming together to meet those needs.

Cross-systems - There have been challenges that have been manifested across systems. Families have been strained by social isolation, lack of in-home services and supports, the need for remote education and the need to work remotely while caring for their children. Coupled with the fiscal stressors brought about by the pandemic, anxiety and depression took root in many families. For those families caring for a child or adult with special needs, the normal challenges of doing so are significant but doing so without the day to day normal supports, increased the rate of family crisis and need for system intervention. Families without their own transportation found it difficult to access basic life necessities such as food and personal hygiene items during the "stay at home" order. This resulted in an increase in the number of calls to Care Coordinators and other systems for assistance. Another cross system challenge has been staffing particularly for those programs in which in-person services were required during the pandemic. Examples being nursing and residential care providers. Staff with any physical or chronic health condition that made them more susceptible to contracting the virus, requested remote duties which placed significant pressure on an already strained system. This resulted in an increased financial burden as it necessitated overtime payments to available staff. Consumers also delayed addressing physical health challenges which increased anxiety among those consumers, decreased revenue to healthcare systems and negatively impacted health outcomes.

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.

Like communities throughout NYS and rest of the country, Chautauqua County has experienced an increase in the rates of anxiety and depression among all populations but especially among our children and adolescents. The pandemic has heightened and expanded the stressors faced by individuals and families struggling with mental illness. The loss of school, jobs, childcare, medical care, in person services, isolation and confinement all exacerbated symptoms and acuity. Domestic violence calls increased as the "shut down" continued. Normal coping strategies were no longer available to many. Fear of the virus initially kept those in crisis away from emergency departments and inpatient units. Presentations to both dropped dramatically during the early stages of the pandemic. In the latter stages, not only did presentations increase but the severity of the symptoms were far more serious and of longer duration than normally encountered. Consumers are presenting to the ED and inpatient units with conditions that are more treatment resistant. The provision of services by telehealth is more challenging for children. Many interventions effective with children such as play therapy are more difficult via telehealth. With family members being in the home, privacy for sessions was found to be an issue for some. Unresolved grief has also increased during the pandemic. Individuals who have lost loved ones either to the virus, drug overdose or another health condition during the pandemic have not had the opportunity to engage in the normal rituals associated with loss from being present to say goodbye to the funeral ritual. The impact of this unresolved grief on future physical and behavioral health is yet to be known.

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.

The impact of the pandemic on SUD has been devastating. While services to this population continued without interruption, overdoses in Chautauqua County, like other NYS counties and counties across the nation have increased by 40%. The positive news is that fatal overdoses have not increased this year suggesting that increased harm reduction efforts have been effective. The "stay at home" order negatively impacted the coping tools that individuals with SUD typically use in their recovery. Recovery Centers, gyms, socialization with loved ones and friends, work etc. were no longer available. Another contributing factor was that external accountability entities were no longer monitoring use among this population. These entities include County Probation and Drug Treatment Courts that were no longer doing random drug testing, holding court sessions or doing random home visits. With virtual sessions, providers were unable to perform urine screens to detect use. The lack of perceived consequences most likely fueled the increase in use and overdose. Another factor is the growing substitution of lethal fentanyl in the drug supply. Law Enforcement reports that drugs seized in our area are primarily comprised of fentanyl. Another dynamic influencing this increase in overdoses affects individuals who have been in recovery for some time and then use at a prior level. People are also using in isolation making it less likely that Narcan can be administered. Stimulus funds received during the shutdown also provided an influx of funds that tempted a segment of this population to purchase drugs.

Throughout the pandemic the Chautauqua Substance Abuse Response Partnership (CSARP), has continued its efforts to combat substance abuse in Chautauqua County. CSARP is comprised of treatment and prevention providers, peers, family members, County representatives, funders including United Way, and community representatives. To address the increase in substance use during the pandemic CSARP developed a public education campaign utilizing all available media to increase the community's awareness of treatment resources and the dangers of substance use. CSARP has developed the website COMBATADDICTIONCHQ.com as a one stop resource for all available treatment services, prevention activities and materials as well as introductory videos with MAT providers, counselors and peers.

Telehealth has been embraced by providers and consumers. Across providers we have seen no-show rates decline.

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.

Many support services for the IDD population have been on hold since the start of the pandemic. The pandemic and resulting stay at home order resulted in temporary closure of day programming for those with developmental disability challenges. This has resulted in increased feelings of isolation, anxiety and depression in this population. This is of significant concern in that many in this population are unable to engage in and benefit from telehealth services. Educational programming for this population has been disrupted as remote learning may not be an option for many facing these challenges. These stressors have led to increased family strife, personal and family crisis and an increased demand for residential placements and psychiatric hospital presentations. It has also resulted in increased admissions to skilled nursing facilities. Families with children with IDD or ASD have been significantly impacted due to the lack of available services to meet their needs. Children are presenting to the OMH system for services when these are not appropriate but parents are desperate for any assistance they can obtain for their children. UPMC has been struggling with discharge planning for children/adolescents with developmental challenges. These youths are forced to remain in a level of care that is not appropriate and is not "least restrictive" because either OPWDD lacks the facilities and/or supports to serve them in the community or the facility from which the youth is admitted, "dumps" the youth by refusing to accept him/her back and filling the bed in the interim. This has been a longstanding problem which OPWDD fails to acknowledge or take responsibility for and that has led many psychiatric hospitals to refuse to admit anyone with a DD diagnosis. Those facilities that do the "right thing" and admit are often faced with huge financial losses as payers will not pay for stays beyond what is deemed necessary. The pandemic has only worsened the problem. Impact seems consistent across all racial and ethnic groups.

The impact on children has been more significant. There has been a dramatic rise in the need for children's residential beds and services. More children than is typical have been dropped off at hospital ERs by overwhelmed parents. The "shut-in" order has placed these families in 24/7 proximity without the usual supports of program and school as time apart. The stress on these families cannot be overstated. These youths create a discharge "nightmare" for hospitals.

Q7

Respondent skipped this question

a. Mental Health providers

Q8

Respondent skipped this question

b. SUD and problem gambling service providers:

Q9

Respondent skipped this question

c. Developmental disability service providers:

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

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)	Decreased
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

Q11

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

1. Inpatient- Increased for children currently. Initially down for both adult and children for fear of contracting the virus. Adult demand has returned to pre-pandemic levels. All acute adult beds in Chautauqua County are routinely full. Length of stay is up due to severity of symptoms.
 2. Outpatient-Minimal decrease in intakes. Current patients are more actively participating in sessions. More clients are expressing desire to return to in person sessions due to feelings of social isolation.
 3. Residential- No Change.
 4. Emergency- Volume has returned to pre-pandemic levels.
 5. Support-No change.
-

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)	Increased
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	Decreased
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:

Due to fear of the virus, demand for inpatient has decreased in spite of individual need. Those who are presenting tend to have more serious symptoms and a more complex array of symptoms. Children's inpatient units are unable to meet the demand for their services. Children presenting have more complex symptoms and behaviors requiring longer lengths of stay and making discharge planning more challenging. Finding a bed for children has become an even bigger challenge because of these factors.

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:

School based sites are limited or have closed. Community residences stopped accepting new referrals at the start of the pandemic and these facilities stopped allowing home visits as well. There are few openings for foster care and respite services. Residential programs are discharging children without services being in place. The VA in Jamestown reduced staffing by .4FTE.

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:

School sites remained closed until this week. Those clients were served via telehealth. Otherwise, no other services closed. State family care homes did not allow visits nor accept new referrals.

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:

County operated clinics in Jamestown and Dunkirk remained open with reduced staffing. Each clinic had a nurse, clinician and prescriber on site. Injectable meds continued to be administered. Virtually all MAT assessments were done in person. Health Home Care coordination and WRAP services for children were provided when needed in person, taking all precautions. Both clinics allowed walk-in appointments and other persons as necessary.

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

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

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

None have closed. Hillside furloughed a number of employees that served county residents. The future of those positions or the status of their continued participation in our system of care is unknown at this time.

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:

None closed. However, staffing shortages were and continue to be problematic due to staff contracting the virus, staff in quarantine and/or waiting for test results and staff unable to find suitable childcare. There is an ongoing shortage of Spanish speaking staff that has only been exacerbated by the pandemic.

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):

CCBHC grant application was funded during this period by SAMHSA and it will dramatically enhance the services delivered by the County operated clinics. The County's Integrated license application was approved. OMH will now be the lead licensing body for these clinics.

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):

Collaborations between providers increased with technology on both the individual client and systemic level. Team meetings/joint appointments were easier to schedule and assure attendance. The time saved from not traveling allowed providers and organizations more time for collaboration and joint planning.

Q26

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

5

Q27

Respondent skipped this question

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

Q28

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

0

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

Both

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

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

LGU reached out to providers to ascertain their needs and to assist where possible. Provided resource lists for services to OEM, County operations, 411 etc. Added crisis information to all emergency response plans. LGU repeatedly sent out media releases to increase the community's awareness of ALL behavioral health services throughout the County as well as how to access those services. Shared training opportunities across all providers.

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 guidance issued for Health Homes, OASAS and OMH programs was extremely important as was the Telemental-Health guidance. Operating services in accord with regulations is key and these guidance documents allowed providers to do this. The billing guidance was essential to providers billing accurately for those services.

Page 3

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:

It was difficult early in the pandemic for providers to acquire PPE, cleaning supplies and other such supplies due to the shortage created by the volume of demand. The County's Office of Emergency Management has been extremely helpful in obtaining these needed supplies.

Q34

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

Covid-19 has radically changed SUD treatment and prevention in Chautauqua County. From a treatment perspective more than 90% of visits are now provided by telehealth. Just six months ago that number was less than 10%. Conducting urine screens to identify usage and what specific drug(s) were being used, no longer was a tool readily available in the treatment process. Throughout this period, referral sources such as treatment courts and probation were not operational and therefore, the number of new referrals for treatment dwindled. Treatment also became more difficult as many external oversight / consequences for using were removed because these agencies were non-operational. Individuals in need of inpatient and residential levels of care were more reluctant to access treatment because of the fear of contracting the virus. For some, COVID-19 delayed access to care. Providers did everything possible during this period to engage individuals in outpatient care including assessments and the initiation of MAT via telehealth. Nursing staff continued to be available for shots. Group treatment services were slower to navigate as the technology challenges were greater. Once these were overcome, groups were conducted as usual via telehealth. It should be noted that not every client had video capability and this made assessment more difficult as well as participation in group. Some clients expressed the fact that they felt more socially isolated due to the pandemic and that they are looking forward to resuming their services in person.

Social isolation is one factor that is believed responsible for the increases in overdoses. In addition, using substances alone increases vulnerability, as no one is there to call for help or to administer Narcan.

Much of the prevention work in Chautauqua County takes place within our school systems. With schools being closed, that work came to a halt. As the duration of the pandemic became apparent, trainings and conferences were conducted remotely. With schools returning at least in part to in-classroom learning, prevention providers are working with districts to develop the plan going forward. Prevention providers seized every opportunity to offer their services virtually whenever possible.

Q35

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

Recovery services were impacted by COVID-19 in much the same ways treatment services were impacted. For safety reasons, peers were no longer able to be in inpatient units, jails and emergency departments. Probation and treatment courts were not operational. Referrals across the board dropped. Any referrals had to be engaged via telehealth. The availability of technology was an issue. Peers lost access to recovery center activities and the socialization and supports found in these programs. Many clients verbalized missing these programs and feeling socially isolated. COVID-19 also negatively impacted the training of peers. As a county with a growing need for additional certified peers, COVID-19 forced the cancellation of this training and set this effort back.

Q36

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

The impact is not known at this time.

Q37

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

INPATIENT	Decreased
OUTPATIENT	Decreased
OTP	Decreased
RESIDENTIAL	Decreased
CRISIS	No Change

Q38

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

1. Inpatient- Demand was down in the early stage of the pandemic due to fear of contracting the virus with any exposure to the hospital. However, as time passed, requests for admission has gradually returned to normal.
 2. Outpatient- New referrals decreased dramatically while volume of ongoing clients remained steady.
 3. Crisis- No change.
-

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:

1. Inpatient- Access was more limited and was a slower process.
 2. Outpatient- More ready access as providers offered same day access via telehealth. MAT appointments were also readily available via telehealth and in-person appointments.
 3. Crisis- No change in access. Could be seen on-site as walk-in or via telehealth.
-

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):

Through the CSARP partnership, there already exists extensive collaborations between treatment, recovery and prevention providers. The group worked particularly diligently during the pandemic to heighten the community's awareness of substance abuse and the resources available to combat it. The efforts used various forms of social media to reach as wide an audience as possible. The group also created some short videos with prescribers talking about MAT, with harm reduction experts on access to Narcan and other options, and with recovery experts on what to expect from peer services. These videos remove the mystique from these services and hopefully the fear of accessing services. The hope is to break down any barrier to reaching out for help.

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):

CSARP collaborative will continue post COVID-19 as it is part of Chautauqua County's HRSA grant deliverables.

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):

The LGU in concert with the regional office of OPWDD is engaged in ongoing dialogue with voluntary agencies regarding the impact of COVID-19 on this system. This analysis is ongoing. Some highlights are: The ability to do in-person assessments in facilities has been curtailed. Visitation by families has likewise been reduced to video to prevent spread and will be reassessed as more is known. For some residents, this has led to feelings of isolation resulting in more crisis, health hospitalizations and psychiatric incidents. Many of these required cross system collaborations which are a struggle in normal times but proved to be even more difficult during this pandemic. There has been a pattern of OPWDD looking to the OMH system to find resolution to placement and other issues. All this tumult has placed an even greater burden on direct care staff thereby adding to the challenge of recruitment by agencies already facing severe staff shortages. Agencies already in financial crisis continue to face escalating costs throughout the pandemic without additional revenue to compensate. Financial failure is a real possibility for many of these agencies. Technology costs alone are substantial. The inability of this population to utilize telehealth as a vehicle to address schooling, or participate virtually in day hab type activities impedes learning and advancement.

Q44

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

The greatest challenges the Chautauqua County will be facing in serving the IDD population in the next 12 months are multi-faceted. The financial viability of voluntary agencies is perhaps the greatest challenge. How to provide these services in an environment of escalating costs including the need to increase wages in a time of extreme staff shortages. The need for new placement options within the DD system to meet the needs of children and adolescents who cannot be supported in the community. Never has there been a greater need for collaboration between OPWDD and OMH on services for those who are dually diagnosed. There is a need for everything from the most intensive services including acute care hospital beds to community services and supports. There is a need for cross training across systems and the dollars to pay for these costs.

It is not acceptable for OPWDD staff to come to individual or system discussions without options to put on the table. Routinely, the LGU is told there is a long waiting list for all services especially for residential options and there is nothing that OPWDD can do to assist with the current needs of clients.

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.

As a County through which no OPWDD funds flow, the LGU currently receives no information on the utilization or associated costs for this population. Utilization broken down by service type and costs would be very helpful for planning purposes. In addition, utilization, by the PWDD population, of other systems (DOH, OMH, OASAS) is also important in identifying service gaps. For example, the number of days children/adolescents remain on acute psychiatric units beyond medical necessity is vital data to system functioning. As the OPWDD's partner in planning, the LGU should have access to all service utilization and cost data related to this population.

Page 5

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:

COVID-19 has had a huge negative impact on Chautauqua County's economy as it has had across communities nationally. Given that this county already suffered from a higher unemployment rate, lower median incomes, larger percentage of residents on lower fixed incomes and other indicators, the impact of COVID-19 has only exacerbated the negative impacts of these poorer social determinants of health.

Bringing staff back to perform on-site services, will be a huge challenge. Social distancing in current facilities will be difficult. Given that agencies are operating on razor thin margins, the costs to modify facilities will be a challenge. Costs associated for paying staff when they lack childcare will also negatively impact the viability of agencies.
