

COMPLETE

Monday, August 17, 2020 12:47:42 PM

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Q1

Contact Information

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Q2

Chenango County Community Srvs Board

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.

Due to the abrupt shutdown service providers were unprepared to quickly move to providing services remotely. One of the biggest challenges was the lack of strong internet access throughout the county. This was especially true for children previously receiving services in the school setting. Many families lacked the equipment and internet access to support remote continuity of care.

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.

We were most concerned about our more seriously mentally ill but with daily support and check in they actually did quite well. But it did require close monitoring. The isolation was the most challenging and we tried to establish televideo connections but again, access to the internet created the biggest challenges.

For children and families previously served in school-based mental health satellites, or in the main clinic, engaging young children remotely required creative attempts and were at times not as effective as in person. In these instances greater focus was on working with the adults in the home so they were better able to meet the social, emotional and mental health needs of their children.

In general, individuals and families who had limited resources and who were effected by poverty prior to COVID-19 have been challenged the most. Overall, the ongoing anxiety, fear, depression and uncertainty related to COVID-19 will likely contribute to the trauma many individuals have already experienced.

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 isolation and loss of support from the recovery community was the greatest loss initially. Once providers were able to establish remote connections this did improve. Again, access to equipment and internet connectivity was and still remains a barrier for many. The abrupt end of community mutual support groups was difficult and was a challenge for individuals in recovery.

In general, the anxiety, fear and continued uncertainty of COVID-19 placed many individuals at risk. Law enforcement remained focused on emergency response and community safety and the courts were closed for several weeks. Unfortunately we know there was an increased risk of overdose during the shutdown and we were not able to mobilize the usual resources in the community.

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.

Service providers in OPWDD certified settings were required to consider program changes since many of the day programs were no operating in-person. Like many others, it took a few weeks to obtain the equipment needed to provide services remotely.

Children requiring special services were greatly impacted and parents / caregivers were not prepared to take on the added responsibilities.

Q7

a. Mental Health providers

More training in the area of delivering effective remote services. Providing examples of creative and successful mental health interventions that have occurred during the COVID-19 pandemic.

Q8

b. SUD and problem gambling service providers:

More training in the area of delivering effective remote services. Providing examples of creative and successful interventions that have occurred during the COVID-19 pandemic.

Q9

c. Developmental disability service providers:

More training in the area of delivering effective remote services. Providing examples of creative and successful interventions that have occurred during the COVID-19 pandemic.

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Q10

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

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	Decreased
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	No Change
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	Decreased
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	Increased
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:

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

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)	Decreased
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	Increased
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:

The decrease in access is mostly related to the additional screenings and cautions providers have been required to take due to concern about COVID-19.

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:

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

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:

We continued to provide in person crisis and medication services, mainly injectable medications.

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

Respondent skipped this question

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

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):

Many individuals accessing remote treatment services found it more convenient than coming into the clinic. It increased accessibility, eliminated transportation issues and for many was less threatening and comfortable. Post-COVID, I hope to be able to continue to offer in-person and remote services and anticipate that many will benefit from a hybrid.

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

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

3

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

Respondent skipped this question

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

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**

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:

PPE and cleaning / disinfectant supplies are always welcomed.

Q34

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

Prevention services were provided in the schools. When the schools shutdown prevention services were difficult to deliver. Some work did occur when partnering with teachers who were providing remote services.

Internet Connectivity in our small rural county remained the biggest challenge.

Q35

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

Recovery supports have increased in demand now that the county is reopening.

Q36

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

Now that the courts including Drug Treatment Court is back in session there is an increase in demand for treatment services.

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	No Change
OTP	No Change
RESIDENTIAL	Decreased
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	Decreased
OUTPATIENT	No Change
OTP	No Change
RESIDENTIAL	Decreased
CRISIS	Increased

Q40

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

Access to Inpatient and Residential was decreased due to efforts to avoid the spread of COVID-19.

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):

Many individuals accessing remote treatment services found it more convenient than coming into the clinic. It increased accessibility, eliminated transportation issues and for many was less threatening and comfortable. Post-COVID, I hope to be able to continue to offer in-person and remote services and anticipate that many will benefit from a hybrid.

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):

We continue to partner with Addiction Center of Broome County (ACBC) and Friends of Recovery, Inc (FOR-DO)

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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?

Unknown. Budget constraints will likely impact service delivery.

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.

- 1) Real time data that shows how many individuals have presented to the Front Door
 - 2) How many individuals completed the eligibility process and what was the determination?
 - 3) What services have been approved?
 - 4) What services compared to #3 are being delivered?
 - 5) How long did the complete process (Front Door - Service Delivery) take?
 - 6) What is the reason a service was approved but did not get offered or delivered to the consumer?
 - 7) In #6, what alternative services were offered and/or provided?
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Q46

Respondent skipped this question

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:
