

## 2021 Mental Hygiene Executive Summary

### Clinton Co. Community Services Board

Certified: [Richelle Gregory](#) (9/18/20)

This service delivery assists by providing flexible options for service delivery and eliminates the barriers associated with travel (time and expense). In addition, it alleviates some of the stigma related to treatment and services. We have also noticed, that clients are more engaged, sharing their home environment with the person they are working with. Telehealth provides the clients with a more comfortable experience on their terms. This service facilitates a stronger rapport by giving more control and flexibility to the client, provides a comfort level for the client, and is a more natural experience. This option should be permanently embedded into regulation as our state reopens. We are in the process of administering surveys and should have that information available soon.

Clinton County Community Services Board (CSB) approved the local services plan at the annual meeting on May 28th, 2019. Clinton County's Local Government Unit (LGU) distributed a survey tool which included the list of issues/needs identified in the 2020 Local Services Plan. The survey was distributed to CSB members, subcommittee members, and key stakeholders. The local services plan is a reflection of the responses from the surveys, subcommittee discussion and a review of available data sets/identified trends made available to the LGU.

In this services plan, there are some impressive collaborative efforts, such as Substance Abuse Prevention and Recovery of Clinton County (SPARCC), Transforming Trauma in Our Community Collaborative, and the MHAB project. These demonstrate the epitome of sharing resources, skill-sets, and team work toward bettering the community and are making innovative movement. There have been many successful efforts at reducing stigma some of which include NAMI's community outreach, SPARCC's *Live Well. Be Well.* Event and SPARCC's local video "Addicted to Hope".

There are also identified issues that lack movement and are larger issues than one single county. Workforce, transportation and housing continue to be barriers that are priorities for the Regional Planning Consortium and for the entire State. The lack of recruitment and retention of staff, accessible and reliable transportation and secure housing, leave vulnerable populations with challenges to accessing services and resources.

This year the LSP outlines continuing with multi-year housing goals addressing alcohol use, strengthening prevention efforts, continuing work to reduce stigma and community education with Adverse Childhood Experiences. The community services board will continue efforts to address needs in our community to support initiatives that contribute to a healthy community.

**Office of Addiction Services and Supports**

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**COMPLETE**

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**Q1**

Contact Information

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**Q2**

**Clinton Co. Community Services Board**

LGU:

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### 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 waivers for Telehealth have been enormously beneficial in supporting operations to maintain service delivery throughout the pandemic. The waivers allowed agencies to adapt quickly to using their own devices and perform Telehealth through software platforms that were most familiar to the staff and clients served. Agencies are now more comfortable with delivering Telehealth, which transcends to a greater comfort level for clients seeking services. Telehealth services have proven to be effective and helpful as a treatment option. Many have experienced increased engagement and appointment attendance.

Some of the challenges of Telehealth include the initial adjustments due to the rapid transition from on-site services only to Telehealth services via telephonic and/or televisual modalities. Most did not have sufficient technical equipment and software applications to perform televisual services. Agencies experienced challenges at the beginning due to a major training gap, as staff were in the midst of setting up equipment, learning the technical aspects of new software and trying to do this with a full caseload. Often staff did not necessarily have prior training or experience in this new technology. It was both a learning curve and a cultural shift.

Clients in the PATH Program had an increased need for services during COVID. ETC created a team approach to address needs of those in hotels and motels. Since COVID hit the area there has been no public transport until recently and it is now limited in hotels and motel areas. ETC staff have worked to ensure communication is flowing with those in hotels and motels, we have distributed PPE and continue to do so, along with weekly food distribution. As the area has opened up we have assisted clients in staying in the loop with changes to social services, food shelves, service providers, potential landlords, etc. This has required more outreach than what is usually done. In addition, outreaches have increased so that intakes can take place for those in the PATH program.

Financially, all agencies have been impacted with a 20% reduction in State aid. There is a need for OMH, OASAS, and DOH to offer concrete information related to budget holdbacks (cuts) to counties, and subsequently, to programs. Communication needs to be improved and transparent at the provider level.

Securing PPE was extremely difficult (March-May) across all systems.

Accessibility in the community has been challenging and limited accessibility in the community has led to some consumers experiencing more anxiety, depression and isolation. Peer supports have been in higher demand, as traditional services are still only offering Telehealth.

The most vulnerable in the community had an increased need for our services during COVID. Shut down of public transportation created additional barriers to outreach for those that could not utilize Telehealth.

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#### 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 largest impact is due to the inevitable decline in natural support systems, especially impacting economically challenged individuals. Transportation systems closed, eliminating access to clinical services as well as a broad array of other important community connections, such as family/friends, stores, entertainment, employment etc. Additionally, most every support network reduced to Telehealth only, thus creating isolation and limited options for certain individuals. Specific to clinical services, Telehealth was able to fill the void for many people. Telephonic access was especially a value add, both during the start up phase and continuing throughout this period. Most individuals either have a phone or can easily borrow one, but computers and smart phones with video access may not be available.

Limited service opportunities and supports have been offered to the families and individuals living in the community due to restricted community access. "Telehealth" services were limited due to families not necessarily having the equipment, internet service or ability to participate. Serving younger children ages 0 to 6 can be especially challenging due to the limitations of Telehealth. We have seen children and their families needing more support due to virtual learning and missing the structure and safety that school provides. Some families requested a brief pause in treatment, and were able to develop a sustainable plan to care for their children.

For those with mental health issues, COVID has exacerbated the illness. Not being able to socialize and communicate face-to-face with peers or others leads to an increase in isolation and lack of social supports. For those already struggling with mental health or substance abuse, COVID as led to a higher increase in symptoms. The isolation of this pandemic resulted in a dramatic impact on the Behavioral Health Population. Upstate New York, including Clinton County, has seen increased opiate use, increased overdoses, relapses for people in long-term recovery, and a sharp increase in alcohol consumption.

Outpatient clinics remained open throughout the pandemic. Some were able to provide face-to-face contact and offer direct in-person support. All agencies acknowledge that they were able to triage those most in need and there was an increased mental health and substance use needs and an increase in responses to crisis calls.

ICMs have continued to be in the field during the outbreak. Staff home visits had to step up to meet client needs as well as adhere to safety protocols. This was also evident with peer supports, which were in higher demand as most traditional services were only offering Telehealth.

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#### 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.

Upstate New York, including Clinton County, has seen increased opiate use, increased overdoses, relapses in long-term recovery, and a sharp increase in alcohol consumption. The isolation of this pandemic resulted in a dramatic impact on the SUD and MH clients at this clinic. Lack of face-to-face services has been difficult on clients, with increased isolation and psychotic symptoms. Drug tests have been stopped for the most part, which does not allow for early intervention as usual.

**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.

There is a failure in the state system in recognizing OPWDD residential providers as health care providers and thus limited access to PPE. OPWDD was not viewed as a priority like hospitals and nursing homes, even though care is provide 24/7 care to a vulnerable population.

Residential Resources operates primarily as a Fiscal Intermediary. An FI's primary role is to act as a fiscal pass through for self directing individuals. Individuals and their designees have full control of their supports and services. Therefore, as an FI, the agency needs have not changed due to the COVID-19 pandemic.

Self directing individuals and their designees get to decide how and when they need staff and other services, while following the recommended precautions established by national, federal, and state officials. Community Habilitation (staffing) is primarily decided by the individual or their designee. Supports and services (outside of community habilitation) can impact an individual, based on the entities' decision as to who and where services will be delivered (i.e. equine therapy)

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**Q7**

a. Mental Health providers

Parents are overwhelmed with all of the information given during the pandemic. Not all of the information given to families or caregivers was clear and easily understood.

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**Q8**

b. SUD and problem gambling service providers:

No reported needs.

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**Q9**

c. Developmental disability service providers:

No reported needs.

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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)	<b>Increased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Increased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Increased</b>

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**Q11**

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

Services in our county are primarily being offered via Telehealth, and some of these services are not ideal for Telehealth or the population is not served as well as face-to-face interaction and in person services.

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**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)	<b>No Change</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Increased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>No Change</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Decreased</b>

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**Q13**

**Respondent skipped this question**

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

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

**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

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**Q15**

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

Primary Care Satellite Sites and School Satellite Sites have been affected due to COVID. However, most of the population has been served through Telehealth.

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**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

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**Q17**

Respondent skipped this question

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

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**Q18**

Yes

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

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**Q19**

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

Clinton County Mental Health and Addictions remained open during the pandemic, offering crisis and open access availability and maintaining in-person mental health when needed to meet the client need.

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**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:

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

**Q22**

**No**

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

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**Q23**

**Respondent skipped this question**

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

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**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):

Peer support services diversified and community programs took on a team approach to serve clients in the community. Services such as mobile injections were introduced for the behavioral health population and social distancing or outdoor visits were implemented.

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**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):

Agencies participated in educational sessions available through the National Council for Behavioral Health and Zoom meetings.

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**Q26**

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

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**Q27**

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

There was very limited to no disruption in continuity of operations. Most operations plans were expanded to include Telehealth.

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**Q28**

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

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**Q29**

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

There was very limited to no disruption in continuity of operations. Most operations plans were expanded to include Telehealth.

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**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?

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**Q31**

**Respondent skipped this question**

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

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**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**

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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:

Most providers experienced shortages in the beginning of the pandemic. Masks, Clorox wipes, Clorox disinfecting spray and medical grade gloves were extremely hard to come by and some continue to have difficulty obtaining disinfectant spray, Clorox wipes and to some degree surgical masks.

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**Q34**

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

Access to services has been more challenging, especially for those needing rehabilitation stabilization or inpatient services. Connectivity, in the form of telephones, is not always reliable. Agencies have had to expand bandwidth to provide Telehealth services and internet service is not readily available in all areas of the North County.

There has been a significant reduction in direct contact, making it extremely difficult to run groups, assess client status and perform drug screens.

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**Q35**

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

There has been an increase in demand due to increased struggles and barriers brought on by isolation and overall affects of the pandemic.

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**Q36**

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

At this point we do not have any information to support an opinion on problem gambling treatment services.

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**Q37**

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

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

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**Q38**

Respondent skipped this question

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

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**Q39**

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

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

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**Q40**

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

Most inpatients, 820 Stabilization and Rehabilitation, reduced their census due to Covid, and significant wait lists have/are occurring.

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**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.

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**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.

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**Q44**

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

One significant challenge is OPWDD's 20% non-medicaid funding withhold and proposed funding cuts, including cuts in the amount and rate for therapeutic leave days and retainer days, as well as reduction in revenue because not all services have restarted or may restart.

There are also concerns with increased expenses related to obtaining PPE and other supplies as, even if able to obtain it, the prices have at least tripled in the last month.

Providers are experiencing concerns over regulatory relief changes that have been made to assist providers and if they will be permanent or only temporary. Providers are uncertain how easy it will be to sustain if the pandemic continues into the fall and winter months and the concessions that have been put in place are removed.

Services cannot return to pre-pandemic levels, especially in site based programs and if focus is on community support, staffing will be an issue moving forward.

There has been an increase in number of calls and referrals for families that have been isolated during this time having difficulty with conflict resolution in the home. Many of these calls were clients with OPWDD and OMH services.

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**Q45**

**Respondent skipped this question**

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.

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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:

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