COMPLETE

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Q1

Contact Information

Name	**Bonnie Post, LCSW-R**
Title	**Director, Office Of Community Services**
Email	**bonnie.post@co.schoharie.ny.us**

Q2

Schoharie Co. Community Services 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.

It has been very disjointed overall. Agency/staff have not been consistent in attending system-wide meetings that in the past they would have been in attendance for on a regular basis. Agency/staff have become more siloed; they are more focused on their own programmatic needs. It is harder to meet and hash out concerns within the systems. Overall, there has been a lack of communication throughout the mental hygiene system of care. We definitely have seen an increase for more addiction and mental health services. Local police have reported an increase in calls regarding domestic violence, addiction and mental health needs. Child welfare has reported a significant decrease in the number of CPS calls. Family Support programs are reporting a decrease in the number of individuals accessing their services overall. Even as of today, there are still some agencies who are only providing telephonic/video services in both the children and adult systems.

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.

Schoharie County Mental Health Clinic:
- Seen an increase in individuals seeking services with a mix around some wanting to be seen in person and some wanting to be seen using telehealth services.
Schoharie County Case Management (including advocacy, Non-Medicaid and Health Home Care Management):
- Has been providing face to face visits meeting in the community and using appropriate social distancing, masks and other mitigation efforts to remain connected with our clients.
Other Adult Care Management Agency's:
- Have not gone back to face to face visits and primarily seem to be relying on telephonic and video sessions.

Children's Services:
Schoharie County Mental Health Clinic:
- There was a decrease in children's mental health services from the beginning of the closures and through summer time.
- Since school has started back up, there have been increases in requests for services and attendance at clinical sessions has also increased.
Schoharie County CCSI system's case manager:
- Referrals primarily come through the probation department. Probation has seen a significant decrease in youth's being referred for PINS and JDs.
RSS children's Non-Medicaid and Health Home case management:
- Non-Medicaid slots are not being filled.
- Providing telephonic and video sessions primarily for the health home care management.
Northern Rivers:
- Continues to provide in person services for health home case management and the CFTSS using appropriate social distancing, masks, and other mitigation factors.

State ICM/CHUNNY:
- Initially, health home cases had to be covered in house as ICM was pulled to cover other services for the State. Case load has remained static but she is back now and is providing in person services using appropriate social distancing, masks, and other mitigation factors.

C-SPOA continues to see a decrease of participants at its monthly meeting. There is less communication as agencies/staff seem to be more siloed and focused on their needs/cases verse a broader view. There are less referrals overall.

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.

Schoharie County Chemical Dependency Clinic:
When the SOE initially occurred, there was a slight challenge to meeting all of the client's needs due to rotating staff and lack of tele-practice services in place.
- We are able to offer the telephonic and video services which does work for a small subset of this population.
- For the majority of our client's we are offering in person services that include individual and group sessions.
- We are concerned that we are missing individuals who are in need of services as referrals are down across the board (ie. DSS, DTC, hospitals) especially as we become aware of more overdoes in the community.
- Gambling services seem to be about the same. No change in our numbers.

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.

The local provider is in the process of merging with another ARC program. Staffing has been a major challenge during this time.

Q7

a. Mental Health providers

OMH provided a lot of educational materials related to COVID-19. OMH offered significant policy guidance.

Q8

b.   SUD and problem gambling service providers:

OASAS provided time a lot of educational materials related to COVID-19. OASAS provided substantial assistance with policy guidance.

Q9

c.   Developmental disability service providers:

OPWDD provided educational resources around COVID-19.

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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)	**Increased**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**Decreased**
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	**Decreased**
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	**Decreased**

Q11

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

Our local CR, even though they had slots open, did not move forward with referrals. CMA's were not taking referrals. There was an increase in crisis calls but no face to face calls and this continues at present.

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)	**Decreased**
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	**No Change**
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	**Decreased**

Q13

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

Most service providers continued to provide minimal, remote services even as it became possible to do more in person services. County operated services provided in person once it became possible.

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:

There have been limited services across all aspects of the mental hygiene system. Agencies have begun to offer limited, in person services at this time.

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?

5

Q17

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

N/a

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:

Schoharie County Mental Health Clinic provided psychiatric assessments, medication management, hospital discharges and crisis assessments. By mid-July, SCMHC began to see on-going clients in person as needed.

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

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

Yes (please list program name(s) and type(s)):
ARC

Q23

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

Some of the certified OPWDD housing is closing due to lack of staff.

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?

2

Q27

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

N/a

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   **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:

OEM did assist in passing out masks to the community at large and they also provided all PPE gear to RSS. LGU coordinated this
effort and ensured that mental hygiene families received supplies.

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::

All of the correspondence was helpful and kept us on track
for keeping mental hygiene services in place.

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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:

OASAS did not provide any supplies specifically to the CD clinic. PPE was obtained through the County OEM and face masks
through OMH. Cleaning and disinfectant supplies are provided via the county.

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 had a significant impact on the substance use and gambling prevention services in the county. Initially, there was
some confusion about services to our clients as we quickly transitioned over to telephonic sessions in the beginning. Clients found it
confusing and missed the in person services. Clients who were able to do video sessions, once this was set up, found this better but
still wanted in person sessions. As of today, more of our clients are seen in person because this is what they want and need. It helps
decrease their overall isolation. The demand has waned somewhat due to a lack of traditional referral sources, like DTC, DSS and
probation. We know the need is still there, based on agency reports, but given their limited operations, referrals did not occur.

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 significantly impacted initially by COVID-19. Prevention Educators have not been able to be in the school's
since COVID-19. Peer and family support services were strictly telephonic and video and this took some time to set up.   They are
now moving to in person where appropriate. The self help community went virtual primarily. Connecting individuals to self help was a
barrier. The self help community has slowly started to open up again and are now doing some in person meetings where current social
distance, mask, and other mitigation guidance can be followed.

Q36

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

Problem gambling services remain the same as pre-COVID-19

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

Q38

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

We have seen an increase in the need for higher level of services from intensive, inpatient to residential. Clients continue to decline
residential services. Intensive outpatient programs are not operating in the same fashion, there is a mix of online and in person and
this is not always helpful to the individual.

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	**Decreased**
RESIDENTIAL	**Decreased**
CRISIS	**Increased**

Q40

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

Respondent skipped this question

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):
We are developing a follow up policy and procedure for all discharged clients around checking in with them at one month, six month and twelve months out. This is being developed in response to increased relapses and overdoes in the county. As a CDC staff, we wanted to see if there was a way to connect with clients even after they are discharged to assist with long term needs.

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.

No

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Q43

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

No

Q44

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

A new provider coming into the county and taking over the existing agency/provider.

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.

Yes. The number of people who are in need of the services in the county. A third of the individuals in residential services in this county were out of county residents.

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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:

There is a concern about the overall financial impact of the state and the trickle down effect on county resources and the delivery of
mental hygiene services.