# 2021 Mental Hygiene Executive Summary

## Sullivan Co Dept of Community Services

Certified: Heidi Reimer (9/17/20)

Sullivan County is a rural county in New York State, located in the Catskill Mountains, approximately 90 miles northwest of New York City. According to the U.S. Census Bureau, Sullivan County has a total area of 997 square miles, of which 968 square miles is land and 29 square miles (2.9%) is water. Its western border is shared with Pennsylvania and is marked by the Delaware River. Neighboring counties include Delaware County to the north, Ulster County to the east and Orange County to the south. In addition to the Delaware River, notable features include the Catskill Park in the northeast, the Shawangunk Ridge and Bashakill Wetlands in the southeast, and farmland in the western and northwestern portion of the county.

Historically, the two major economic sectors in Sullivan County have been tourism and agriculture. Both of these sectors have struggled in recent times; however, there has been renewed interest in both arenas. The concept of buying locally produced foods has surged in popularity and agriculture-tourism has become a popular recreational option. Bethel Woods Center for the Arts, located at the site of the 1969 Woodstock Music Festival draws many visitors to Sullivan County. In addition, the relatively new construction of Resorts World Catskills Casino, the Kartrite Resort & Indoor Waterpark, and the YO1 Wellness Center has raised the County profile once again as a prime location for vacationers.

Sullivan County has an estimated population of 75,432 residents. This number is estimated to triple during the summer season, when the County experiences an influx of second homeowners and vacationers. The median household income was $56,256 in 2018, and 16.2% of the population was estimated to live below the poverty level for the same period. In 2019 there were a total of 51,270 housing units in the County, with a homeownership rate of 67.7%.

Sullivan County has improved its overall health ranking in the Robert Wood Johnson Foundation's County Health Rankings and Roadmap report for 2020; moving up to #60 (from #61) out of 62. Sullivan County Department of Community Services (Local Government Unit) continues to work with a multitude of community partners to assess our community needs on an ongoing basis and develop a plan to address the identified gaps and needs. Despite the high level of need areas in our community, many not-for-profit providers, community members, local legislature, and government agencies have joined together to develop plans to address these needs and improve our overall health outcomes. Lack of funding; however, continues to be a major barrier for Sullivan County.

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

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**Q1**

Contact Information

| | |
|---|---|
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**Q2**

LGU:

**Sullivan Co Dept of Community 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.

Sullivan County is a rural community with unique challenges and limited resources by comparison to urban/suburban areas throughout the state. Prior to the COVID-19 pandemic, service providers struggled with how to stretch limited resources to meet the complex needs and growing challenges of county residents. The pandemic has brought about many uncertainties and concerns regarding our local, state and national economy and the impacts of such on programs and services. The full impact of the pandemic is yet to be determined. Since the onset of COVID-19 in March 2020, Sullivan County has faced significant budget cuts resulting in layoffs in the field of human services. The unprecedented challenges brought about by the pandemic is placing additional strain on an already overwhelmed system of care.

As of 9/15/2020, Sullivan County has had a total of 1,522 confirmed COVID-19 cases with 50 total deaths. The pandemic has proven to be overwhelming and stressful for county residents. Social isolation, anxiety, fear, loss of employment, financial insecurities, grief and loss due to the loss of loved ones from the virus, lack of access to basic needs, and overall uncertainty continues to take its toll on county residents, including persons with and without pre-existing behavioral health conditions. Since the onset of COVID-19 restrictions and social distancing requirements, the NYS data reflects a 45% increase in mental health crisis/helpline calls. Research shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide. Unemployment rates have skyrocketed in Sullivan County between mid-March through August 2020. There were 9,915 unemployment claims filed compared to 1,121 claims for the same time period last year.

The population of Sullivan County is spread out over a large geographic area. The County is roughly the size of Rhode Island covering 997 square miles. It takes approximately one hour to get from one side of the county to the other, driving straight through. Basic services such as transportation and communication infrastructure, are lacking in rural areas. Rural community members rely on automobiles as a means of transportation and without them, residents tend to be more isolated. With fewer provider options in Sullivan County, residents have to travel farther for services, and without access to transportation or the necessary technology infrastructure, needed care can be inaccessible.

Providers serving all disability populations discovered that many of their clients did not have access to the internet or reliable cellular service which inhibited their ability to maintain regular contact. Many clients did not have the needed technology or resources to support a virtual care model, as well as an inability to understand and utilize the technology even if it is available, and, there were concerns about privacy. There were also issues with poor connectivity, access to internet service, limited or no minutes on their phones, and/or difficulty with understanding technology.

**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 has drastically shifted the delivery of behavioral health services. Mental health service providers in Sullivan County have operated on a limited access protocol, providing mostly tele-services and in-person sessions by appointment only. Prior to the pandemic, the county behavioral health clinic provided less than 20% of their care in a virtual setting. They had only used their telehealth platform for prescribing of medications to the adult mental health clientele two days a week. In a span of just weeks, 80% of their care was transitioned virtually. This was due to the expansion of services that could be delivered via telehealth and the expansion of telehealth services that could be delivered via audio-only communication. Also, the relaxation of federal privacy and confidentiality standards and the removal of regulatory barriers for remote prescribing of controlled substances assisted with this transition. However, the primary mode of conducting ongoing therapy was by telephone for individual therapy, group therapy, and pharmacotherapy. The clinic reduced the number of staff available onsite to 25% and also reduced the number of days and times that they would see in-person, scheduled clients, who were primarily clients that were receiving long acting injectable medications. They encountered difficulty in their mental health and chemical dependency clients with engagement and retention in care. Revenue was significantly impacted as the reimbursement for telephonic services was less than in-person and many clients were unable to maintain regular contact with the facility, leading to a decrease in census in the second and third quarter of the year. Additionally, the clinic provided satellite services in each of the school districts in Sullivan County prior to the pandemic and this came to a sudden halt with the onset of the pandemic. Children were now being outreached telephonically and therapy conducted telephonically with other family members being present in the home and concerns about confidentiality impacted the overall quality of the sessions. The Clinic does not have WiFi access and they are on a county network. The equipment provided is considered a ‘thin client’. The computers, other than the two designated telehealth platforms that are utilized for psychiatric services, do not have cameras or microphones. Some clinicians have been provided laptops which does have the camera and microphone capability; however, they do not connect to the county network onsite so they cannot be utilized in office, and, when used remotely, clinicians need to use a hotspot to be able to conduct video therapy sessions. The entire client population is impacted. The clinic’s clientele includes the poor and economically underserved population and they may not have access to or the ability to obtain broadband WiFi service to be able to meaningfully engage in treatment. In addition, client’s may not have minutes available on their phone.

The Mobile Mental Health Team had suspended outreaches during the pandemic. Although they are back to providing outreach services, due to staffing challenges, the hours of availability continues to be limited to day shift (8am-4:30pm) during the week. No change on the weekends. They have had an increase in calls. Types of calls are for support and guidance on access to needed resources. They have seen an increase in hospitalizations as well as an increase in new clients who are new to the area or who hadn’t previously utilized their service prior to the pandemic. Sullivan County agencies in general have done an excellent job at managing the additional demands on services. Telehealth services were vital in keeping people connected to their treatment team and keeping everyone safe.

**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.

OASAS had issued best practice guidelines at the onset of the pandemic. At that time, providers reduced office hours in outpatient programs and most outpatient services were provided telephonically including assessments, intakes, individual and group counseling (with face-to-face as needed). With the implementation of tele-services, the clinician's inability to observe the demeanor of clients and also perform regular toxicology screens was hindered. Some clients reported that they felt as though tele-services were not as effective as in-person services. There were limited clients on premises - only for injections and limited med/psych visits. OASAS had asked residential programs to reduce census and restrict admissions. Detox services remained open with a limited number of beds, admitting only those with a risk of significant withdrawal. The 16 bed Crisis Unit at Catholic Charities was limited to 5. In May, they began serving Medically Supervised and Medically Monitored clients; however, due to space and social distancing requirements, they had a limited bed availability of 5. Regarding the community residence, they had similar space constraints but since their approval for COVID testing, they have been able to reassess bed availability and have increased availability to 2/3.

Catholic Charities had followed the DPH advisory to use the hospital for COVID testing in the beginning. This proved fruitless so they established partnership with Hudson River Healthcare and then developed their own testing protocol. They continue to work with the new hospital administration regarding this concern. During COVID, they had several people present to the CSU homeless and in need of food. They collaborated with their case management team to keep bags of food in the CSU for distribution as needed. They also noticed an increase of persons with severe mental illness in the parking lot with multiple police interventions for violence. They also noticed that homeless individuals are charging their phones in the facility's outside receptacles. This is a new trend. They are not seeking assistance from them and report with other public places being closed they had no other resources. They were advised to contact the local DSS for assistance.

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**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.

Providers have seen socioeconomic issues effect services related to no or poor technology creating an inability to receive supports. Children designated DD minimally received speech, OT, PT as per their IEP. School counseling was provided via virtual or telephonically. All were not effective as many children require hands on approach. Children have shown regression across all areas. The academic areas where small group instruction or 1:1 would be implemented, students were unable to work independently from home. Also lack of internet /computer in the home was a deterrent. Students with DD rely on teacher's facial expressions, structure to succeed and retain. Time of day scheduled for instruction often was unsuccessful . It has been equally frustrating for teachers and service providers because they know their students needs and cannot provide what was best because virtual learning.

For the most part, children's services we temporarily discontinued. Children were home with no supports for an extended period of time.

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**Q7**

a. Mental Health providers

It would be helpful to have a list of county resources with information about availability and operation information.

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**Q8**

b. SUD and problem gambling service providers:

It would be helpful to have a list of county resources with information about availability and operation information.

**Q9**

c. Developmental disability service providers:

It would be helpful to have a list of county resources with information about availability and operation information.

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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) | **No Change** |
| 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) | **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:

**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) | **Decreased** |
| SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational) | **Decreased** |

**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** **Respondent skipped this question**

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?

**Q15**

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

All school based satellite sites were closed.

**Q16** **Respondent skipped this question**

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

**Q17**

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

All school based satellite sites remain closed and sessions will continue to be conducted telephonically primarily and televideo as available.

**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:

**Respondent skipped this question**

**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?

**Respondent skipped this question**

**Q27**

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

As a means of continued service delivery following the onset of COVID-19, providers throughout the County shifted to telephonic/telehealth services as a continuity plan.

**Q28**

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

**Respondent skipped this question**

**Q29**

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

All providers continued services telephonically or through video.

**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,**

**Infection Control Guidance,**

**Fiscal and Contract Guidance,**

**FAQs,**

Please provide any feedback on OMH's guidance resources::

The expansion of services that could be delivered via telehealth and the expansion of telehealth services that could be delivered via audio-only communication due to the relaxation of federal privacy and confidentiality standards and the removal of regulatory barriers for remote prescribing of controlled substances were beneficial.

**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:

Toxicology screenings were problematic as there was inadequate supply of PPE in order to enhance safety precautions. If PPE resources become available we would be interested and in need.

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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?

COVID has definitely impacted the delivery of prevention due to the concerns with school opening and social distancing requirements. Prevention provider has had conversations with SCBOCES and they feel the need for the services will greatly increase; however, they are unable to commit to how to provide those services until it is clear on how the districts in Sullivan County will move forward. We are hoping to have some school based programs running by the spring either face-to-face or virtually. Catholic Charities began some outreach in Sullivan County (masks and social distancing always adhered to) and have been able to give out information to businesses on Jared's Law (Social Host) which they are putting out for community members. They have also begun sticker shock on take out boxes (ex. A local restaurant in the County took 100 stickers on Jared's Law and will be placing them on their pizza boxes). They also give out hand sanitizers and masks to residents while in the community. Additionally, they are starting online education for the community as well. They have been participating in the regional Narcan virtual trainings and have had 2-10 Sullivan County residents per month in attendance. They will also be hosting a regional marijuana conversation in October online. It has been challenging since most of the prevention work is person centered and not having that contact has resulted in the department restructuring those efforts. The rural nature of the county has only compounded the outreach efforts both face-to-face and virtually (due to WIFI issues or economic issues in obtaining WIFI services or other needed equipment).

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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?

Providers have been operating at limited capacity and services are being administered telephonically primarily. Without face-to-face contact, the isolation factor has increased thereby increasing the risk for relapse with drugs or alcohol or both. There is a definite loss when the visual as well as close interaction within the agency building is sacrificed. Since bed availability has been minimized to comply with COVID-19 guidelines, providers continue to assess people seeking services and making referrals for detox or residential when appropriate. Medication assisted therapies and service delivery in Day Rehabilitation levels of care have been increased. Many people have relapsed reporting the lack of 12 step meetings and isolation from their sponsor and other supports as a contributing factor.

There is a great need for SUD services. Based on the information entered into ODMAP, between March 2020 (the onset of the pandemic here in Sullivan County) – August 2020, Sullivan County has had 118 drug overdoses, 19 of which were fatal.

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**Q36**

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

Providers do not provide gambling treatment exclusively. Casinos, including Resorts World Catskills (which is located in Sullivan County) was closed down from March – September 9th due to COVID-19. Sullivan County does not have Gamblers Anonymous meetings available.

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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 | **Increased** |
| OTP | **N/A** |
| RESIDENTIAL | **Increased** |
| 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 | **Decreased** |
| OTP | **No Change** |
| RESIDENTIAL | **Decreased** |
| CRISIS | **Decreased** |

**Q40**

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

During this pandemic, chemical dependency services were greatly hampered due to the restrictions that were enforced. There was an inability to provide a much needed therapeutic milieu during this crisis, thereby increasing relapses and drug overdoses. Regarding inpatient services, due to social distancing guidelines and the agency's physical plant, they had to decrease bed availability. They are constantly re-evaluating safety and bed space to maximize the services that can be offered.

**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**

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):
The County's Emergency Assistance program assisted many residents with food, pharma, and linkages to available resources.

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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?

The greatest challenges will be regarding funding cuts, financial instability of providers, reduced scope and frequency of services. Some individuals have limited abilities to follow health guidelines. We serve a population with higher risks for health complications. When schools are providing virtual schooling, parents may have a very difficult time, especially if they work and their options for day care are extremely limited.

**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.

Data regarding numbers of individual approved for services. Services authorized and services that are not being used - Numbers of individuals who were actually connected with services and number of individuals awaiting services/length of time for wait.

CRO placements in County: numbers of individuals placed in county who are county residents and number of individuals placed in county who are out of county residents.

County specific NYSTART data.

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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**