

COMPLETE

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Q1

Contact Information

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Q2 **Schenectady Co Office of Comm Services**

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.

Overall the Covid-19 pandemic has dramatically impacted the mental hygiene system in a variety of ways. Clinical Services have shifted from in-person to virtual service delivery and some services such as day programming in PROS and the developmental disabilities system were shut down altogether. Across the board opportunities for socialization and recreation were severely curtailed with the same happening with other activities normally thought of as 'protective' factors such as connections to community activities. As human beings we are designed to have physical and close proximity contact and suffer negative effects when these opportunities are limited. Clinical and other staff have worked hard to link clients with the necessary technology for individuals during this pandemic. The Office of Community Services in collaboration with Public Health have been providing weekly and bi-weekly conference calls keeping providers up-to-date with changes in the Covid-19 policies as well as assisting providers with trouble shooting various problems and situations.

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.

In the mental health system it has been a challenge at times due to clients not having access to computer or internet services, cell phones or computers. Visits with family members and friends became limited while providers worked to develop creative ways including holding virtual groups. The impact of not having face-to-face and typical therapeutic and 'normal' activities has been demonstrated by increasing rates of depression and anxiety which has been recently reported by the CDC. Our black and brown communities have been disproportionately impacted by more frequent visits rates of Covid-19 hospitalizations and difficulty accessing testing. Domestic violence due to unemployment, poverty and additional stress has created a less stable environment for people of color. There has also been an increase in hospitalizations for youth who are at risk in the community. Like the adult system children's services have experienced the same transition to telehealth. Currently there is a gradual re-introduction of face-to-face visits following the proper safety and guidelines. The children's system has been impacted by school closures and the need for more frequent contact with youth during Covid-19, as usual activities such as sports, after school programs and other opportunities. were shut down and are now being considered for re-opening. Both the adult and children's systems have faced an on-going need for face-to-face for persons on an 'as needed' basis, especially persons of high need or in crisis situations who otherwise cannot benefit from virtual contact. The need for groups, socialization, recreation and other supports strongly exists within both the adult and children's systems

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.

Persons of color have been more susceptible to drug and alcohol use, particularly in our inner city neighborhoods. Our SA providers have been directly impacted by the consequences of Covid-19 with the greater risk of exposure and transmission. This is true for all group homes in the county who have also had to deal with quarantining persons in the homes. All providers have seen an increase of individuals presenting with problems related to alcohol use including inpatient, outpatient and emergency settings. Due to the high number of individuals who are dually diagnosed with substance use disorders providers have been on the alert for increased substance use in particular for persons with mental health conditions. We have seen an increase in alcohol use among youth with a mental health diagnosis as well as with trends within and across systems. Our local prevention program has been providing targeted messaging for youth, families and providers. The Capital District as a whole has seen an increase in fentanyl related overdoses, and while Schenectady County has not experience the dramatic increase that other counties have, still the majority of overdose related to opioid deaths are fentanyl related. Again, the need for socialization, recreation, and other activities exists in both the adults and youth, particularly in this population. Many youth services, particularly those related to prevention services stopped meeting when schools closed. The local casino was shut down during Covid-19 and anecdotally there has been an increase in on-line gambling. This data will become more apparent the longer Covid-19 health regulations continue.

Q6

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 IDD community has been directly impacted by Covid-19 with several group homes having individuals test positive for both clients and staff in residential settings. Individuals who had been receiving vocational, recreation and day services were curtailed due to Covid-19. Additionally, due to safety concerns, visits with family members with residential clients were also curtailed. Outpatient services became telehealth. This created more stress for clients and their families while agencies sought to ameliorate through the use of virtual visits etc. to help individuals stay connected with friends.

Q7

a. Mental Health providers

Fact sheets were provided to agencies and clients on how to obtain technology access for clients during this pandemic. Educational material on how to create activities for clients to structure time and use technology to meet social and emotional mental health needs. In-depth self-care guidance for staff related to coping with job stress was distributed. Guidance from the field office on creative use of technology and other ideas that various providers are using to engage clients. Our Department of Public Health responded consistently to providers and community members related to Covid-19. OCS also provided in person and on-call support to community members. All agencies also have access to state and county websites for guidance and materials.

Q8

b. SUD and problem gambling service providers:

Similarly guidance from agencies, local government, state and national websites is available for agencies and individuals electronically. Guidance on structuring time and creating virtual space for support and other activities that help with harm reduction and social/emotional well-being and stress were made available.

Q9

c. Developmental disability service providers:

Through OPWDD and other websites modified material was developed for intellectual and developmental persons keeping learning needs in mind.

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)	No Change
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	Increased
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	Increased
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:

In general the impact of Covid-19 on the community in many ways has increased the need for people to go to the ED due to anxiety and depression. The inpatient unit remains full. Residential programs are always in demand.

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:

Inpatient beds have been cut from 36 to 18 thus limiting access or creating a need to transfer elsewhere. Crisis services are overwhelmed. Residential services are essentially not doing intakes at this time.²

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?

2

Q15

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

Our 2 residential agencies have put new intakes on hold except for those who are Covid-19 negative being discharged from the hospital to a CR

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?

2

Q17

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

See above

Q18

N/A

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:

Our office does not provide direct services. All services are contracted out

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:

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)?

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

Yes (please describe):

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.

Some tele-medicine may continue for those who cannot consistently attend appointments due to transportation or are unable to comply with a traditional clinic setting

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?

7

Q27

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

All providers established appropriate protocols for continuing services and operations

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

None

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:

With guidance from Public Health, OMH, OASAS and OPWDD agencies were able to adjust accordingly to continue operations

Q32

During COVID-19, what OMH guidance documents were beneficial to your disaster management process?

**Program-level Guidance,
Telemental Health Guidance,
Infection Control Guidance,
FAQs,**

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

Information was on-going, updated regularly and helpful

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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:

The County Office of Emergency Management was able to procure and distribute all of the above in a timely manner. Supplies are continually provided as needed

Q34

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

Primarily all preventative services were on-line and/or virtual individual and group services

Q35

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

Providers tracked individuals who were having particular issues and maintained contact and support through phone calls or virtual means

Q36

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

Treatment services were curtailed or limited by virtual meetings. The local casino was closed and it is noted that there has been an increase in on-line gambling

Q37

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

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

Q40

Respondent skipped this question

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

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

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

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):

Informally it is known that residential programs in particular have seen a number of Covid-19 positive cases in residents and staff.

Q44

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

The reduction in services across the board will especially impact our most vulnerable populations. Families struggle with coping with their loved ones in the home and as such have experienced more violence. The lack of consistent structure has in many cases deterred clients from progressing or even contributing to more regression

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.

Consistent data is not forthcoming about the number of individuals in our county who are being served. No identification or particular locations of these persons is known.

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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:

Due to the mandated 20% cuts in funding the year that follows will contribute to fewer services, less staffing, and consequently more community unrest.
