

COMPLETE

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Q1

Contact Information

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Q2

St. Lawrence County Community Srvs Bd

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.

The overall need for services increased across all the mental hygiene system. Providers were learning new technologies to connect with clients which brought challenges and successes to all service systems. No-show rates improved using these technologies, but also limited the supports and access to care for lower socio-economic status populations and our Amish community who did not have the capabilities to use the technology. There were no face to face Mobile Crisis services being offered in the County during the pandemic. Crisis services were available telephonically. Residential and Housing supports slowed their admissions and delayed discharges which in turn delayed discharges from inpatient units. Service recipients of all systems were reporting increased feelings of isolation, depression and anxiety as in-person services were limited or shut down. Children seemed to have struggled more during the pandemic as they lost the structure and routine they were accustomed to in school. Telehealth as also proved to be more challenging for children as they aren't as easily as to engage virtually. They don't have as long of an attention span for more traditional talk therapy.

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 overall need for Mental Health services has increased over the course of the COVID-19 pandemic. Referrals for outpatient mental health services have increased. This could be attributed to symptoms of depression and anxiety related to fear of the virus and isolation as in-person services were limited such as drop in centers and psychosocial clubs. Across the County access to services has improved for those individuals with access to technology as Telehealth services were implemented. The no-show rates across the County were significantly reduced with the introduction of Telehealth services. One clinic reports their no-show rates reduced by 50%. While the use of Telehealth improved no-show rates it has left some individuals who do not have access to technology with limited supports.

Adult Residential services reduced their admissions rates and subsequently revised policies aimed at keeping their residents and staff safe. For example, one residential program required 14 days between each admission and rooms that were designated for quarantine further reduced residential availability. The need for adult residential services and housing has increased. Often individuals were left waiting in inpatient mental health units for a safe place to live. These extended stays in the inpatient mental health units further decreased available bed space for incoming patients. Landlords within the County are not renting to new tenants due to the non-eviction COVID regulations put in place by Executive Order.

The need for Peer Support, Health Home Care Coordination and Crisis Intervention services for both Adults and Children have all increased since the pandemic began. A majority of these supports are providing services telephonically or video conferencing. Telephonic and Video conferencing services are not able to meet the needs for some higher risk individuals. Clinics developed innovative practices to engage children such as playing games over Zoom and reading therapeutic books together which strengthened rapport and engagement with their clients. Children's respite services were closed which left some families in crisis leaving the ER as their only available resource. The number of Residential Treatment referrals for children has significantly increased since the pandemic began. Also, children that were already placed in residential settings were returning home early due to fears about the virus by the family. Some of these children have been able to remain in the community while others have been re-hospitalized.

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 need for Substance Use Disorder services increased overall, but the number of people accessing services decreased due to Bail Reform, lack of Court and Probation intervention and COVID related stress. Referrals and admissions to Substance Use Disorder Rehab services and Detox services has increased, but concurrently Inpatient SUD programs needed to reduce beds to meet safety needs which reduced the number of individuals able to receive services each month. Detox services was able to increase bed availability during the pandemic. Aftercare planning has been more challenging during the pandemic as beds have been reduced at halfway houses, residential programs and other outpatient supports. Also the loss of most in person, self-help support meetings has been a noted loss to the SUD patient population. Telepractice has been beneficial for some and also reduced the no-show rate for appointments. One clinic has reported a 50% reduction in no-show rates.

There has been a concern that overdoses are increasing in the North Country region. There were 6 overdoses and 2 deaths in the first 3 quarters of 2019 and 33 overdoses and 5 deaths in the first 3 quarters of 2020. Providers in the County began holding Narcan trainings, group and peer support services virtually. Additionally, the cost related to acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic has stressed some provider's budgets.

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 most prevalent issue caused by COVID-19 for OPWDD recipients was the lack of accessibility for services that were not supported residentially by a provider. Those residing at home with their families were very limited in the supports that could be provided as a result of Executive Orders and directives by OPWDD. Access to the community and services were significantly restricted by the closing of Day Habilitation services and restrictions on community outings. For those who resided with a provider, the lack of face to face contact with their families proved challenging and caused significant feelings isolation and distress. Providers used social media and the phone, but families and those supported missed the face to face time with their families. Supported employment was provided virtually with some face to face support on a limited basis. One provider decertified a Day Habilitation program resulting in a 16 person census decrease in the Day Habilitation program.

Q7

a. Mental Health providers

Training and educational materials continue to be available to providers virtually. The Regional Planning Consortium and the Conference of Local Mental Hygiene Directors have been providing daily guidance on the updated COVID-19 Executive orders and guidance to local mental health providers.

Q8

b. SUD and problem gambling service providers:

Training and educational materials continue to be available to providers virtually. The Regional Planning Consortium and the Conference of Local Mental Hygiene Directors have been providing daily guidance on the updated COVID-19 Executive orders and additional guidance to local SUD providers.

Q9

c. Developmental disability service providers:

OPWDD providers received adequate information from provider associations, State regulatory bodies and the ARC NY. They had many webinars, sharing of materials, and guidance that assisted them as they struggled through the pandemic.

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

Q11

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

Residential beds decreased due to the need to social distance while demand increased, disrupting access.

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)	Increased
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

Respondent skipped this question

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

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?

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

Q15

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

Seaway House closed their Making a House a Home program and the Club House to members, but services were being offered virtually. Step by Step closed their drop in center during the pandemic, but were continuing to provide face to face support to their members on an as needed basis. A Jefferson County Therapeutic Crisis Respite program available to St. Lawrence County children closed, reportedly due to 3rd Quarter State Aid withholds. Additionally, St. Lawrence Psychiatric Center Children's Crisis Respite closed for a period of time during the first few months of the COVID pandemic.

All Community Based supports (ACT, Care Coordination, HCBS, Peer Support, CFTSS) went to virtual operations unless the individual was receiving an injection (ACT) or were in immediate need. Some providers, but not all, have slowly starting meeting people again practicing social distancing, meeting them outside and wearing masks.

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:

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:

Individuals needing IM medications and those presenting at the County Clinic without an appointment (walk-ins/crisis).

Q20

Yes (please list program name(s) and type(s)):
Seaway House closed their program, Making a House a Home, which was a peer run housing support program.

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

No

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.

Q25

Yes (please describe):

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.

Existing providers came together to meet the needs of County residents.

Q26

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

11

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

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

Many did not have the necessary electronic devices to provide telehealth services, but rather relied on telephonic services made permissible through Executive Orders.

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:

The LGU forwarded guidance received to local providers and did check-ins at CSB meetings. The OEM provided PPE, when requested, to these providers.

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 were essential 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 cost related to acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic has stressed some provider's budgets.

Q34

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

Seaway Valley Prevention Council's Horizon's Club House closed during the height of the pandemic. Providers in the County began conducting Narcan trainings, group and peer support services virtually.

Q35

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

The Valley Peer and Recovery Center began hosting virtual groups, coffee hours and services for those that are in recovery. Also, the loss of most in person self-help support meetings has been a noted loss to the SUD patient population.

Q36

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

COVID-19 has not affected the delivery or demand of problem gambling treatment in the county.

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	N/A
RESIDENTIAL	Increased
CRISIS	Increased

Q38

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

Referrals and admissions to Substance Use Disorder Rehab services and Detox services has increased, but concurrently Inpatient SUD programs needed to reduce beds to meet safety needs which reduced the number of individuals able to receive services each month.

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	Increased
OTP	No Change
RESIDENTIAL	Decreased
CRISIS	No Change

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

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):

St. Joseph's Addiction Treatment and Recovery Centers became the active parent company of North Country Freedom Homes due to financial and COVID related concerns. Rochester Regional Health is in the process of becoming the parent company of St. Lawrence Health Systems which operates an Inpatient Rehab, Detox Unit, and Article 32 Clinics. The pandemic also strengthened existing partnerships amongst local providers.

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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?

The biggest challenge will be trying to provide supports and services based on the needs of those supported by OPWDD services in this environment of many unknowns and with threats of reduced funding. Reacting to a changed program model with restrictions on capacity, increased sanitary requirements, difficulties with transportation and anxiety caused by COVID-19 that may impact participation will be challenging.

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.

It would be helpful for OPWDD to share any information related to how COVID-19 impacted this population from their data so we can be better prepared in the event of another outbreak.

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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:

OASAS mandated Certified Recovery Peer Advocates, billable units of service have greatly increased during the pandemic due to providing virtual supports. This decreased the amount of non-billable travel time significantly. However, even with increased billable units the reimbursement rate only covers about half of salary and fringe benefits.
