COMPLETE

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Q1

Contact Information

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Q2

LGU:

Madison Co. Mental Health Department

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.

Across all the systems, the lack of in-person support has been something the community has had to struggle with. Some providers quickly made a plan to provide telehealth, while other providers were slower to develop remote services for individuals. There has been an increase in call to the county crisis hotline; our mobile crisis provider suspended all in-person crisis visits until about mid-May so this might account for some of the calls.
Agencies that provide services to children have an additional problems of trying to create engaging telehealth services that children will be willing to participate in. Also, children's mental health respite services were closed for periods of time, and that was a resource that the community really wanted to be able to access, especially with children being home 24/7 with their families in a high stress setting.
Transportation and Housing continue to be the most identified need in this county. With telehealth, we did find that the more rural parts of the county were better served via that system vs traditional in person appts, as they did not have to worry about transportation. The lack of affordable housing continues to be a need across all populations.
Please see regional survey results uploaded to CPS; the CNY Director's Planning group obtained feedback from residents in 5 CNY counties (Onondaga, Madison, Cortland, Cayuga, and Oneida).

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 Madison County, the survey respondents were equally split between the need worsening, improving, or staying the same. It is important to note that a local agency closed an OMH/OASAS clinic permanently at the start of clinic, and some respondents cited this as evidence that the needs/access to services are worsening. Having said that, the clinic is providing telehealth services to all county residents (as are several other clinics) so county residents do at least have the ability to access services in that manor.
Several clinics suspended all group therapy, so that was problematic for clients. Currently, at least 2 clinics are running groups via telehealth.
Please see regional survey results uploaded to CPS; the CNY Director's Planning group obtained feedback from residents in 5 CNY counties (Onondaga, Madison, Cortland, Cayuga, and Oneida).

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.

Again, respondents in Madison County were split equally between the needs worsening, improving or staying the same. As stated above, the OMH/OASAS clinic closing in the southern part of the county had a negative impact. COTI services were newly implemented by Family Counseling Services and that has had a positive impact on the community, and folks have been able to access services that may have not done so otherwise. Housing was also negatively impacted by COVID in that the OASAS housing programs had to limit their admissions, creating waitlists.
Please see regional survey results uploaded to CPS; the CNY Director's Planning group obtained feedback from residents in 5 CNY counties (Onondaga, Madison, Cortland, Cayuga, and Oneida).

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.

Most respondents stated that the needs have remained the same during covid but cited difficulty accessing services, or lack of in person services as having a negative impact.
Please see regional survey results uploaded to CPS; the CNY Director's Planning group obtained feedback from residents in 5 CNY counties (Onondaga, Madison, Cortland, Cayuga, and Oneida).

Q7 **Respondent skipped this question**

a. Mental Health providers

Q8 **Respondent skipped this question**

b. SUD and problem gambling service providers:

Q9 **Respondent skipped this question**

c. Developmental disability service providers:

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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)	**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)	**No Change**
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:

N/A

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)	**No Change**
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:

N/A

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?

5

Q15

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

Program sites limited in person visits, and transitioned to telehealth. Sites did see high risk or clients with injections throughout.

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

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

Yes

Q19

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

Throughout the early days of the pandemic, we provided in person appts to high risk clients or those with injections. Beginning in June, we started offering in person appts on a limited basis to whomever was deemed clinically in need of one by their therapist. It has been going quite well, and we are also limiting the number of clinical staff on site to about half at a time to try and manage the appts.

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).

Yes (please list program name(s) and type(s)):
1 Family Counseling Services, Morrisville site

Q21

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

N/A

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:

N/A

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:

N/A

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:

N/A

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?

Both

Q31

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

County OEM spearheaded commitees of local businesses to assist in re-opening plan development. LGU chaired a committe of human services agencies and assisted those agencies in developing plans. County posted all plans publicly on website as a resource.

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::

N/A

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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:

LGU has not heard of any issues obtaining PPE since June.

Q34

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

Services transitioned to telehealth but remain available. Agencies are doing in person as needed.

Q35

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

Services continue to be via telehealth or scheduled in person appts. All agencies report that there have been an increase in requests for services. OASAS housing admissions were limited so that has been detrimental.

Q36

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

Unknown.

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	**No Change**
RESIDENTIAL	**Increased**
CRISIS	**No Change**

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	**No Change**
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

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.

No

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.

Yes (please explain):
We have surveyed providers and this information is included. Also, please see regional survey results uploaded to CPS; the CNY Director's Planning group obtained feedback from residents in 5 CNY counties (Onondaga, Madison, Cortland, Cayuga, and Oneida).

Q44

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

Funding withholds or potential cuts, extra costs associated with PPE and workforce challenges.

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 useful to know how many local residents have been referred through the Front Door and have not been able to access services.

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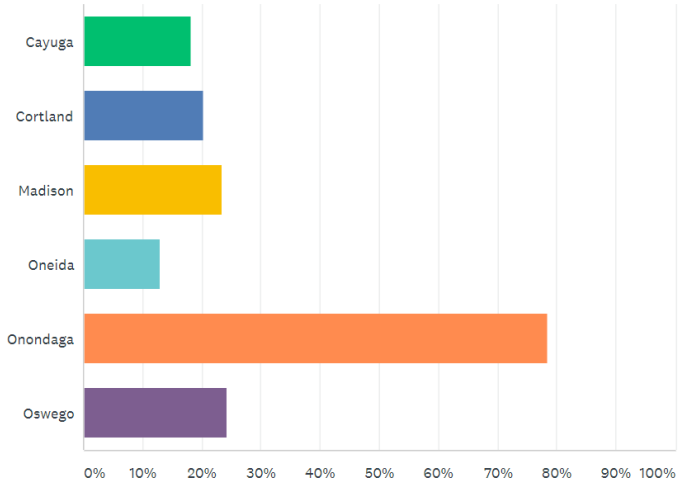
Q46

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:

Please see regional survey results uploaded to CPS; the CNY Director's Planning group obtained feedback from residents in 5 CNY counties (Onondaga, Madison, Cortland, Cayuga, and Oneida).

Responses by county (most responses indicated multiple counties):

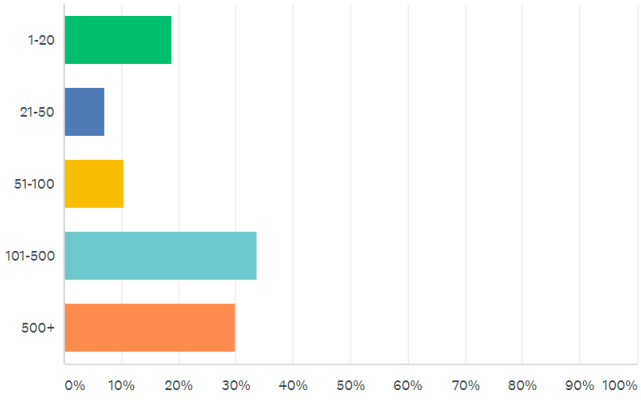
Answered: 153 Skipped: 6



ANSWER CHOICES	RESPONSES	
Cayuga	18.30%	28
Cortland	20.26%	31
Madison	23.53%	36
Oneida	13.07%	20
Onondaga	78.43%	120
Oswego	24.18%	37

Organization size:

Answered: 154 Skipped: 5



ANSWER CHOICES	RESPONSES	
1-20	18.83%	29
21-50	7.14%	11
51-100	10.39%	16
101-500	33.77%	52
500+	29.87%	46
TOTAL		154

Mental Health Providers

Do the people you serve in Mental Health services have different service needs as a result of COVID-19?
 	
64 respondents submitted 168 responses
46 Service Providers Adult + Children
12 Adult Service Providers
6 Children Service Providers
 	
Respondents were asked to input the top three needs.
	• Specific Service Needs (49)
	  ○ Supportive Counselling (8)
	  ○ Basic Needs – Food and Housing (5)
	  ○ Transportation (5)
	  ○ Crisis services – in person and respite (5)
	  ○ Medication/Medication Management (4)
	  ○ Shifts in traditional MH counseling to meet new stressors (decreased session length, increased frequency, in home services, telehealth)
	  ○ Care management, community-based services, day care, information about COVID
	  ○ Health/Specialty Care
	  ○ Skill Development (Parent Education, Anger Management, Coping skills)
	• Increased Symptoms (29)
	• Access to Services/Providers (28)
	• Program Capacity (22)
	• Socialization/Loneliness (21)
	• Client Technology Needs (19)
	• Client Financial Resources (2)

Notes about content analysis:

Access to Services/Providers - includes lack of face to face services, virtual connections not being enough, consistent interaction with providers, cancelled programs/loss of supportive routine, lack of groups

Client Technology – challenges from client perspective accessing technology, including smartphone, data, minutes, lack of skill, lack of satisfaction with telehealth services, connectivity issues

Increased Symptoms – anxiety, depression, trauma triggers, self-harm, fear around COVID, financial stress

Program Capacity – Challenges with programs adopting telehealth, technology/connection issues, longer length of stay needed, workforce safety needs, increased number of clients, referrals to outside agencies

Mental Health Providers

How have diverse populations receiving Mental Health services been disproportionately impacted by COVID-19? **47 respondents submitted 99 responses** 36 Service Providers Adult + Children 6 Adult Service Providers 5 Children Service Providers Many responses did not discuss specific population, rather needs addressed in previous question.	Low income population (20) • Lack of access to technology • Lack of access to basic needs • Difficulties obtaining safe and affordable housing • Increased stress due to limited childcare supports • Increased stress related to low wage and income variability • Lack of resources for self-care, stress relief Children (8) • Access to activities and supports outside of the home • Struggle with engagement in telehealth • Family violence BIPOC (5) • Increased challenges to accessing care & COVID tests • Increased threats of eviction Elderly (4) • Access to care/technology • Social isolation Homeless population (3) • Access to basic needs • Access to technology Parents (3) • Increased stress, limited support around children education and care Rural (2) • Lack of strong access to technology/internet Other: Individuals with language/literacy needs, runaway youth, individuals without transportation.

Mental Health Providers

If you provide Mental Health services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed. **37 respondents** Many responses did not answer question specifically.	**Adults** • More psychosomatic symptoms • Increased loneliness and paranoia • Increased self-harm and suicide attempt • Increased dysregulation with service changes • Increased stress related to caregiving	**Children** • Increased behavior problems • More symptomatic due to lack of coping mechanisms • Increased social media influence, sense of loss of control, self-harm and suicidal ideation • More resilient and adaptable than adults • Loss of connection to schools, friend groups, community supports

Mental Health Providers

What are the 3 greatest challenges that your organization faces over the next 12 months? **59 respondents submitted 148 responses**	• Funding/Budget Cuts (29) • Health and safety (25) • Workforce (24) • Transitioning to remote service delivery system (23) • Returning to in person services (17) • Client re-engagement (10) • Meeting increased client needs (9) • Client access to technology (4) • Meeting shifting service & community reopening guidelines (4) • Program flexibility to meet needs (4) • Access to services, service reductions

Notes about content analysis:

Health and Safety – Includes staff and clients, maintaining physical plant

Workforce – concerns about burnout, turnover, hiring freezes, staff morale, recruitment challenges, remote work, managing supervisor stress, work/life balance, staff cuts and ability to meet client needs

Transitioning to remote service delivery – includes program access to technology, remote coordination, documentation/signatures, virtual team meetings, managing telemedicine, client engagement via telehealth

Mental Health Providers

Since March 1, 2020, how would you describe DEMAND for the following services in your community?

	DECREASED	NO CHANGE	INCREASE	N/A	TOTAL
Inpatient Services (State PC, A28/31 Inpatient)	4.69% 3	15.63% 10	54.69% 35	25.00% 16	64
Residential Treatment	6.67% 4	31.67% 19	40.00% 24	21.67% 13	60
Outpatient (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	8.06% 5	20.97% 13	58.06% 36	12.90% 8	62
Emergency (CPEP, Crisis programs)	4.76% 3	19.05% 12	57.14% 36	19.05% 12	63
Support (Care Coordination, Education, Forensic, General, Self-help, Vocational)	7.94% 5	15.87% 10	68.25% 43	7.94% 5	63

Comments:

- Need more essential outreach staff members
- Overall we have experienced an increased need in services and programs needed for our clients.
- Pandemic exacerbated MH symptoms and needs while simultaneously decreasing services available AND I think there will be a great number of new referrals on the horizon due to results of ongoing pandemic and its impact on people's mental emotional and physical health
- The families that needed us the most were not able to get the in person services that were necessary.
- We are an Early Childhood Education program. We serve children with Early Intervention needs and have struggled to support them in care during the pandemic as resources were placed on hold or no in person services could be provided.
- We have seen a decrease in school related requests, but have seen an increase in request for services with youth who are at more high risk, or high need.
- We have seen an increase in need of services due to many families having increased needs due to the NY Pause. Being quarantined has increased feelings of isolation and depression/anxiety in many individuals.

Mental Health Providers

Since March 1, 2020, how would you describe ACCESS to the following services in your community?

	DECREASED	NO CHANGE	INCREASE	N/A	TOTAL
Inpatient Services (State PC, A28/31 Inpatient)	35.48% 22	35.48% 22	8.06% 5	20.97% 13	62
Residential Treatment	34.43% 21	44.26% 27	4.92% 3	16.39% 10	61
Outpatient (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	57.14% 36	20.63% 13	11.11% 7	11.11% 7	63
Emergency (CPEP, Crisis programs)	21.31% 13	45.90% 28	14.75% 9	18.03% 11	61
Support (Care Coordination, Education, Forensic, General, Self-help, Vocational)	56.45% 35	19.35% 12	16.13% 10	8.06% 5	62

Comments:

- Again, inpatient increased due to Covid.
- Answers as applied to care coordination. Education, vocational, self-help all basically were stalled by the lockdown
- Because a lot of people are stressed out they need more of mental health services and the lack of such services cause an increase in hospitalization and other in patient care.
- Care coordination has been inconsistent with providing adequate support
- Fear of pursuing these resources due to potential Covid exposure of clients
- Folks want to serve individuals the resources are just limited. Telehealth has helped a lot and advocacy is needed to keep that to assist increased need and ongoing safety
- I believe that the decrease in "support" services is because of clients lack to communication that allowed for them to adjust to telehealth services.
- It is hard for participants that I have worked with on intake to connect with their care coordinators (especially CirCare and the ACT team) and for them to provide the support they need (helping apply for benefits, help getting connected to services).
- Our agency's respite house had to close due to the pandemic. Multiple care managers that I collaborate with at other agencies have left their positions, leaving the programs understaffed.
- Restrictions on in-person visits, low income communities impacted by requirements set forth by technology used to circumvent lack of in-person
- Several families has had difficulties connecting with Arise in Onondaga County/Syracuse. Lack of services for CFTSS and HCBS.
- Some clients have had difficulties with getting into services due to COVID and regulations/requirements that have limited providers' ability to assist clients.
- State DOCCS seem to be more willing to hospitalize clients
- The clinic closed due to the covid19 virus leaving many clients without care until they were contacted by a provider. Many who did not have a resource that a provider could contact them on have gone without care throughout the pandemic unless they sought emergency care and were hospitalized.
- When the NY Pause began all services moved to being provided remotely which limited some individuals access due to technology limitations.

Mental Health Programs

Did your organization develop any innovative services or methods of program delivery (apart from telehealth) to meet community need?

- A client provided the group meal each night and staff passed out the meals or had clients come to the office to get them
- Community outreach and in home services
- conducting meetings outdoors and distant
- continuing to deliver some classroom EBP's remotely through various platforms, providing ongoing support to students, staff and families through remote platforms, including zoom, google hangouts, email
- different communication with support staff they took over duties to keep the rest of the staff out of the office
- each program was person centered in their approach to supporting the folks
- Food pantry info, new Facebook page.
- Food/basic need drop offs being socially distant
- Many staff did food deliveries to clients in need.
- meeting with people face to face if necessary in an outdoor setting when confidentiality is able to be maintained
- monthly phone calls -not all clients have computer access
- No contact drop offs to clients of basic need items
- only the addition of video chatting
- PPE kits delivered to clients
- Program staff have been delivering basic needs (food and supplies) to clients home; our programs typically carry a small wait list, during COVID all wait list referrals were contacted and provided with at least case management services to help prevent risk factors from increasing due to capacity issues and wait times. d
- Program staff have been delivering basic needs (food and supplies) to clients home; our programs typically carry a small wait list, during COVID all wait list referrals were contacted and provided with at least case management services to help prevent risk factors from increasing due to capacity issues and wait times. d
- Programs did home visits from the hallway, we increased distribution of non-clinical materials, we delivered telehealth for congregate population within same building but keeping people out of the same room....
- Provided Covid-19 PPE to clients.
- Social media outreach
- Staff may do grocery shopping for residents
- supplies, food, and any other services that they needed help with
- The Peer program developed a robust social media presence and offered groups and one-to-one support through the social media accounts and the Warm Line. The CSS program converted their group activities to a virtual environment and continued to offer them. There was an increase in attendance at the Peer support groups.
- Virtual check-ins; google questionnaires, online resources.
- We began online classes for parents
- We have worked to develop social distancing walks with youth
- We were able to have our secretary at the main office send out letters. We are also now able to fax by email.
- Working Remotely.

Substance Use Service Providers

Do the people you serve in Substance Use services have different service needs as a result of COVID-19?
 	
15 respondents submitted 39 responses
11 Service Providers Adult + Children
2 Adult Service Providers
2 Children Service Providers
 	
Respondents were asked to input the top three needs.
	• Access to Services/Providers (14)
	• Specific Service Needs (10)
	  ○ Basic needs
	  ○ Community support
	  ○ Overdose prevention
	  ○ Skill development
	• Socialization/Loneliness (5)
	• Increased symptoms (5)
	• Client Technology Needs (3)

Notes about content analysis: Access to Services/Providers - includes lack of face to face services, virtual connections not being enough, cancelled programs/loss of supportive routine, lack of groups, access to MAT services. Client Technology Needs – challenges from client perspective accessing technology, including smartphone, data, minutes Increased Symptoms – anxiety, depression, fear around COVID	

Substance Use Service Providers

How have diverse populations receiving Substance Use services been disproportionately impacted by COVID-19? **12 respondents submitted 26 responses** 7 Service Providers Adult + Children 3 Adult Service Providers 2 Children Service Providers	Low Income • Lack of access to care • Increased isolation • Lack of resources for technology BIPOC • Access to care Homeless population • Housing instability and access to technology People in recovery • Lack of connection to meaningful supports Individuals on Methadone • Increased incidents of relapse

Substance Use Service Providers

If you provide Substance Use services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed. **11 respondents** Responses did not answer question specifically.	No valid responses

Substance Use Service Providers

What are the 3 greatest challenges that your organization faces over the next 12 months? **13 respondents submitted 33 responses**	• Funding/Cuts (10) • Health and Safety (6) • Client re-engagement (4) • Organizational flexibility to meet financial realities (3) • Program flexibility to meet client needs (3) • Workforce shortages (3) • Transitioning to remote service delivery (3)

Notes about content analysis:

Health and Safety – Includes staff and clients, maintaining physical plant

Workforce – staff shortages due to COVID, adequate staffing for intakes.

Transitioning to remote service delivery – adopting technology for clinic and school-based services.

Organization flexibility to meet financial realities - includes merger, closing program, and long term planning.

Substance Use Services

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

	DECREASED	NO CHANGE	INCREASED	N/A	TOTAL
Prevention	11.76% 2	29.41% 5	47.06% 8	11.76% 2	17
Recovery	0.00% 0	11.76% 2	64.71% 11	23.53% 4	17
Treatment	5.88% 1	11.76% 2	58.82% 10	23.53% 4	17
Inpatient	0.00% 0	11.76% 2	47.06% 8	41.18% 7	17
Outpatient	5.88% 1	11.76% 2	52.94% 9	29.41% 5	17
OTP	6.67% 1	6.67% 1	46.67% 7	40.00% 6	15
Residential	0.00% 0	11.76% 2	52.94% 9	35.29% 6	17
Crisis	0.00% 0	12.50% 2	56.25% 9	31.25% 5	16

Comments:

- Cannot comment on some of above since ours is a prevention program only. Less demand for prevention from staff because they had their hands full trying to provide remote instruction to all students and to provide basic services such as food to families in need.

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

	DECREASED	NO CHANGE	INCREASED	N/A	TOTAL
Inpatient	41.18% 7	5.88% 1	17.65% 3	35.29% 6	17
Outpatient	29.41% 5	29.41% 5	17.65% 3	23.53% 4	17
OTP	21.43% 3	21.43% 3	14.29% 2	42.86% 6	14
Residential	41.18% 7	5.88% 1	11.76% 2	41.18% 7	17
Crisis	25.00% 4	12.50% 2	18.75% 3	43.75% 7	16

Substance Use Services

Did your organization develop any innovative services or methods of program delivery (apart from telehealth) to meet community need?

- Enhanced social media for engagement
- telephoning clients and doing services and having them participate from their apartments
- We provided Narcan training, recovery meetings, and family services virtually.
- virtual Naloxone training and mailed distribution of kits, online prevention programming including parenting groups and virtual support groups
- Scheduled activities outdoors whenever possible
- remote delivery of EBP's where possible and remove support for students, staff, and families through many platforms, including phone, zoom, google handouts, email
- Community outreach and in home service
- Program went virtual. We conduct groups/activities virtual through social media. We also do one on one contacts through the internet/social media. We also delivered emergency food to people with food insecurities. We also delivered safer sex supplies and hygiene kits.

Intellectual/Developmental Disability Service Providers

Do the people you serve in I/DD services have different service needs as a result of COVID-19?
 	
9 respondents submitted 25 responses
8 Service Providers Adult + Children
1 Adult Service Providers
0 Children Service Providers
 	
Respondents were asked to input the top three needs.
	• Socialization/Loneliness (6)
	• Service Specific Needs (5)
	  ○ Education/Educational Advocacy during virtual learning.
	  ○ Crisis Respite
	  ○ Health and safety education
	• Access to providers (2)
	• Access to technology (3)
	• OPWDD Restrictions
	• Health and safety,

Notes about content analysis: <u>Access to Services/Providers</u> – lack of providers, employment counseling hard when employers are also struggling. <u>Access to Technology</u> – Supports to help navigate tech piece, ability to have access to equipment. <u>Increased Symptoms</u> – anxiety, depression, fear around COVID	

Intellectual/Developmental Disability Service Providers

How have diverse populations receiving I/DD services been disproportionately impacted by COVID-19? **9 respondents submitted 18 responses** 8 Service Providers Adult + Children 0 Adult Service Providers 1 Children Service Providers	• I/DD population - social impact • I/DD population - hospital advocacy • I/DD population enjoy routines, significant lack of routine. • I/DD population limited understanding of virus context • I/DD population limited understanding of virus context • Individuals receiving in home services - reduction in availability

Intellectual/Developmental Disability Service Providers

If you provide I/DD services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed. **8 respondents**	**Adults** • Families struggling to meet needs of young people • Disconnection from family, independent • Adults successfully engaged in telehealth	**Children** • Regression in development and social emotional learning • Lack of respite providers

What are the 3 greatest challenges that your organization faces over the next 12 months? **10 respondents submitted 23 responses**	• Funding/Cuts (9) • Workforce (5) • Returning to in person services (3) • Health and Safety (2) • Service level transitions, technology, meeting agency and community guidance on reopening, Assessing education/learning loss
Notes about content analysis: Funding/Cuts – Includes lower volume of services/less revenue, extra costs associated with PPE, program capacity/meeting needs in face of significant cuts, fewer referrals Workforce – competitive wages, concern about unemployment benefits exceeding pay rate, ensuring that programs have staff capacity to meet need	

What data from OPWDD would be helpful to inform program planning?

- Continue to support telehealth models for those families who feel that is the only safe support. Any PPE assistance from OPWDD or the local community DOH's, securing that in March was difficult. Understanding all of the robust cleaning efforts and PPE come at a price that we can't pass down to our customers. We are assigned a specific rate for a specific service, we don't set the prices. If OPWDD could place things like additional transportation costs, PPE and cleaning costs into their rate rationalizations, it might be helpful.
- Information on additional resources would be helpful.
- Information on what they expect the funding to look like for 2021. Will FSS, ISS contracts be cut? Will Medicaid rates be cut? We can't plan effectively until we know that information
- Number of people receiving mental health services during COVID and increase communications around mental health services available for people with disabilities at increased risk during Covid.
- Sharing information on what services are needed in the community and supporting organizations in developing those services.