2021 Mental Hygiene Executive Summary

Onondaga Co Dept of Adult & LTC

Certified: Roshana Daniel (9/17/20)

Five Key Findings

CNYDPG COVID19 Survey Summary

The typical annual local planning process includes the development of Local Services Plans (LSPs) in each County based upon local and state data sources and information from providers and other stake holders that is gathered by Counties to define priority goals and strategies to achieve those goals. Of course, the current planning environment is anything but typical. And so, in lieu of the usual process, NY State "O Agencies" (OASAS, OMH, and OPWDD) have requested that Counties respond to a Supplemental COVID Survey in order to enhance understanding regarding the impact of COVID19 on local behavioral health service systems.

Data gathering/surveying of the larger community was not a requirement of this State survey, and many Counties will likely respond with impressions gleaned from County staff. Neither was a regional orientation required by the State survey. CNYDPG has decided to both survey stake holders, and to consider the impact of COVID19 from both a local and a regional perspective.

The summary that follows includes key findings that resulted from a six county CNYDPG survey that gathered feedback from 272 service providers. This survey was an adapted version of the Supplemental COVID Survey given to Counties by New York State. The individuals who completed the survey included providers of direct service, supervisors mid and senior managers, and executive directors. They work for organizations ranging in size from less than twenty staff to more than five hundred staff, providing a full array of behavioral health services.

- attached PDF Survey Response Synthesis (SRS) provides a range of finding and detailed lists of some key survey responses. This executive summary includes five key findings from the survey. Please refer to the SRS for response details. The raw survey data is also available upon request.

Five Key Findings

KEY FINDING #1: A Troubling Demand/Access Dynamic creates current and future risk.

The attached Demand/Access Table (DAT) includes summaries of respondents' feedback regarding demand for and access to both mental health and substance use services across an array of service types. Also included are the comments provided by respondents regarding these issues. The DAT represents the data from the tables in the SRS, and graphically represents the distribution of the answers to the nearest 5% marker for each category.

A review of the DAT yields a finding that, while not surprising, is certainly concerning. The large sections of blue and red reveal an important story. Both Mental Health and Substance Use providers consistently indicated both an increase in service demand and a decrease in service access since March of 2020. Increased stressors related to COVID19 have exacerbated existing conditions, and resulted in new symptoms and conditions needing care. Reductions in capacity in some service sectors, and COVID19 related staffing and service delivery challenges have left providers scrambling to meet needs.

A review of the responses regarding service needs resulting from COVID19 further underscores this dynamic. Both Mental Health and substance use service providers reported that COVID19 has resulted in increased symptoms and service needs, limits to access due to technology and other factors, and struggles with program capacity.

This Demand/Access dynamic is worthy of close attention, given the current funding cuts that are being experienced by providers. When considering both the wellness of the community and the economic impact of COVID19, the data from the DAT begs the question: *What will be the long-term costs associated with reducing resources to the community of safety net providers in this time of greater need?*

KEY FINDING #2: Children have experienced a disproportionate Demand/Access challenge due to COVID19.

The demand/access dynamic described above in Key finding #1 has been amplified for children. Child serving providers who responded to the survey indicated increases in symptoms, including behavioral problems, reduced coping skills, self-harm, and suicidality. While children were acknowledged as often more resilient than adults, they have experienced a loss of control, challenging social media influences, and disconnection from a wide array of supports.

Telehealth has been widely effective. But it is not an effective vehicle for delivering treatment to children with developmental disabilities and those under the age of five.

Most children are identified for mental health services through other systems, namely schools and day cares. As such, many youth have not been in contact with the professionals who would usually identify their service needs. This has resulted in a decrease in referrals for both outpatient services and child protective cases, and corresponding safety concerns. The longer wait times reflected above in Finding #1 serve to exacerbate this risk to children.

KEY FINDING #3: Providers are greatly challenged in their effort to find resources to implement the new practices necessary to engage and retain clients in care.

Respondents were asked to describe the three greatest challenges that they would face in the next twelve months. The responses surfaced a number of themes regarding how the burdens of the current environment could hinder their service efforts going forward.

An effort was made to sort the responses to this question by size of organizations (small organizations with 1-50 employees vs. larger organizations with more than 100 employees) and by role of respondents (direct care workers and supervisors vs executive and senior leaders). These efforts revealed the following key themes.

- Leaders of both small and large organizations are concerned about their ability to hire and retain staff.
- Both large and small organizations are struggling to implement technology and safety protocols to engage clients. These challenges include a range of technology hurdles (e.g. internet and device access for poor clients) and the difficulties of maintaining client engagement without face to face contact.
- Large organizations reported a challenge of high demand for services in a time when numerous variables are reducing access to care (see key finding number one above).
- Direct care staff and supervisors reported being challenged by trying to maintain safety through physical distance while also effectively engaging and retaining clients.

KEY FINDING #4: The disproportionate impact of COVID19 on communities of color is primarily an issue of poverty.

Multiple sources have reflected on the extreme poverty rates of communities of color in Central New York, with Syracuse having a nationally recognized level of racial and income segregation. The survey respondents underscored this overlap of income and race as they responded regarding the disproportionate impact of COVID19 on diverse populations. Responses focused on concerns regarding basic needs such as food, housing, transportation, childcare, and healthcare. The transition to virtual service delivery has left those on the lowest rungs of the economic ladder without access to care, as they lack devices, internet access, and the experience/training needed to use virtual resources. These lowest ladder rungs, in our community, are disproportionately filled with people of color.

Beyond these concerns regarding disproportionate poverty, it must also be noted that the racial strife that is being experienced in our communities results in a significant level of additional stress to people of color. This current stress, in conjunction with the chronic impact of racial discrimination, exacerbates all of the other stressors that individuals may already be experiencing due to COVID19.

KEY FINDING #5: Providers have responded to crisis with the timely implementation of an array of effective innovations

Previous survey efforts during the early stages of COVID`19 revealed a high level of creativity and commitment among providers, as they sought to rapidly restructure their services to maintain care. This more

recent survey comes at a time when providers have completed the implementation of a number of new models and procedures and are more able to reflect on these innovations.

A review of the innovations described in the SRS reveals three core areas creative crisis response:

- Innovations to ensure safety and care access.
    - A range of remote and distancing strategies for service delivery.
    - Enhanced tools for communications with clients and for staff to staff communications.
- Innovations with staffing resources.
    - Creative flexible use of staff resources.
    - Reassignment and changes in duties.
- Innovations in mission/ vision.
    - Shifting toward activities not found in the previous scope of services.
    - Expansion of the mission to include basic needs, PPEs etc.

Conclusion: preserving a fragile safety net through flexible innovation:

Demand for care has grown as a result of the stressors of COVID19. Access to care has been diminished by this demand and by the economic devastation of COVID19. While providers are showing great resilience and ingenuity in their efforts to do better, and more, with less, there are limits to their capacity to stretch the safety net of resources. The emerging holes in that safety net will leave those members of our community who are struggling with poverty and serious conditions, most at risk of falling through.

Many have been advocating for an increase in behavioral health funding in this time of great need, rather than the reductions in funding that are being implemented currently. The responses to this survey serve to draw a clear portrait of the need for additional resources. The responses also reflect the strong mission driven effort on the part of the provider community to meet emergent needs with limited resources. Given a lack of current available funding, the stretched and damaged safety net might also be preserved through the creation of a higher level of funding flexibility at the county and provider level. Such flexibility would enable local systems to reinforce the net where it is most damaged, and where more people are at risk. The responses to this survey show that despite the best efforts of providers, the knots in the net are worn, and some have begun to give way. We are left with the question: *How can we empower our provider community to preserve this safety net in these challenging times?*

Attached source documents in CPS:

- Summary PDF
- Demand/Access table

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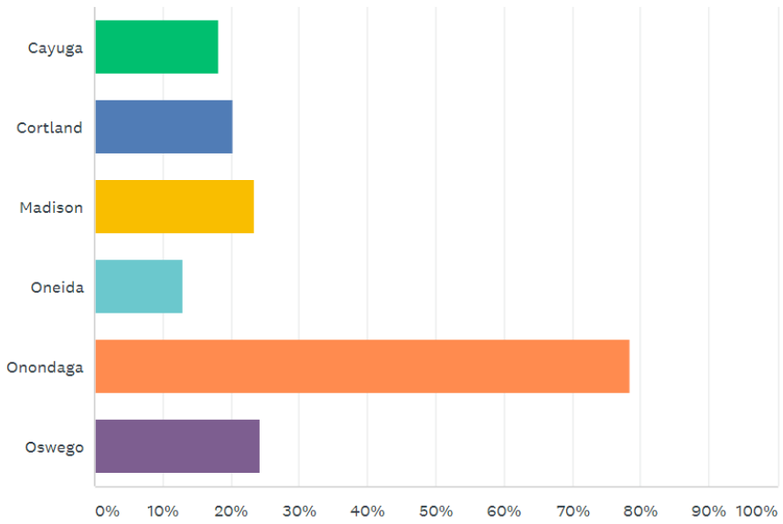
The Survey Response Synthesis (SRS)

Responses by county (most responses indicated multiple counties):

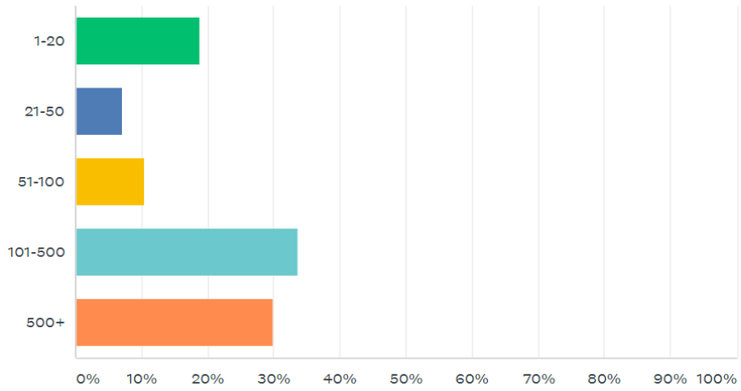
Answered: 153 Skipped: 6



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
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- 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: Access to Services/Providers – lack of providers, employment counseling hard when employers are also struggling. Access to Technology – Supports to help navigate tech piece, ability to have access to equipment. Increased Symptoms – 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?

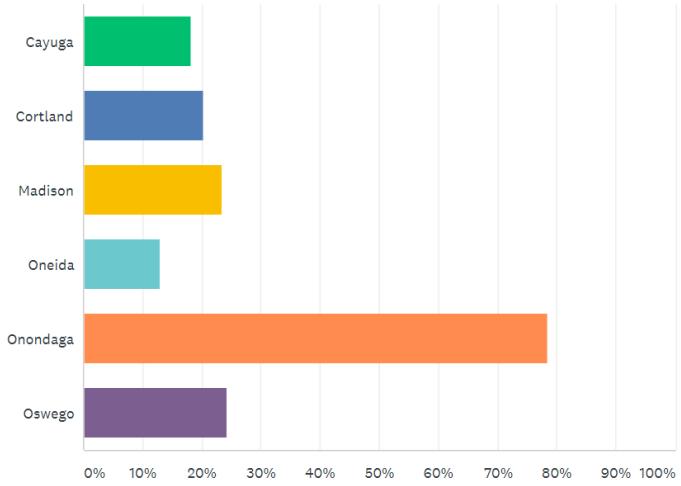
- Continue to support telehealth models for those families who feel that is the only safe support. Any PPE assistance from OPWDD or the local community DOH's, securing that in March was difficult. Understanding all of the robust cleaning efforts and PPE come at a price that we can't pass down to our 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.

The Demand/Access Table (DAT)

Service:	DEMAND for Mental Health Services			
Inpatient	D	No Change	Increase	No Answer
Residential				
Outpatient				
Emergency				
Support				
	ACCESS to Mental Health Serevices			
Inpatient	Decrease	No Change	Increase	No Answer
Residential				
Outpatient				
Emergency				
Support				
	DEMAND for Substance Use Services			
Prevention	Decrease	No Change	Increase	No Answer
Recovery				
Treatment				
Inpatient				
Outpatient				
Opioid Treatment				
Residential				
Crisis				
	ACCESS to Substance Use services			
Inpatient	Decrease	NC	Increase	No Answer
Outpatient				
Opioid Treatment				
Residential				
Crisis				

Responses by county (most responses indicated multiple counties):

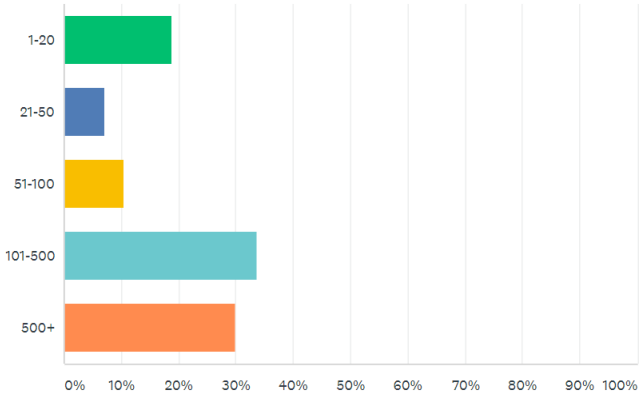
Answered: 153 Skipped: 6



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
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- 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?

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- 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	

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- 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.

Results of Onondaga County COVID19 Lessons Learned Survey

This survey was conducted at the end of April 2020, and was designed to gather lessons learned and innovations from providers during the period of most urgent need COVID19 crisis. Given the tendency to forget the details of efforts implemented during a crisis, the timing of the study ensured a higher volume of detailed responses.

Crisis-Innovation-Knowledge

COVID19 has created an urgent need for innovation among our provider community. And our providers have been blazing the trail by making changes, and finding new ways to manage challenging circumstances. These changes have provided us the opportunity to understand our work in new ways.

Below is a summary of the feedback that was generated by the survey. Some questions and organizing structure and language have been included to enhance the utility of the raw responses. We are hopeful that this summary will aid local providers in their ongoing efforts to refine and focus their work in these challenging times.

Staff Needs

- This crisis has pushed providers to use technology and internal team resources to train staff.
- Staff need frequent check-ins.
- Staff members are stressed, Self-care is critical.
- Risk of burn-out is heightened.
- Tele creates a higher risk if vicarious trauma (staff is in the client's environment).
- Staff are financially stressed.
- Isolation is stressful for many.
- Work-life balance is critical.
- More intentional staff engagement efforts are useful and warranted.
- A strength-based orientation is helpful: ***We are adaptable, Our strong teams have created rapid and effective responses to this crisis. We can do this.***

Peers

Our peer staff are a unique and critical part of the workforce, and they have support needs that may be unique/ different in this stressful crisis environment.

What are we doing to ensure that our peer workers are adequately supported?

Finance

This event is very financially stressful to our organizations. We have learned that there are costs related to travel and other activities that can be reduced in the future to create more efficiencies, but the fiscal challenges presented by this pandemic are large.

Technology

We have all been called to implement technology solutions in a hurry. Below is a list of tech-related insights reflected in our survey responses:

Speed matters when seeking to maintain continuity of care: Get the tech to people quickly (Wi-Fi, hot spots, phone, phone minutes, etc.)

We can learn new tricks: Our work force can learn tech quickly. So can our clients. Many have been surprised by the speed of learning and adoption. There are plenty of resources out there to help us. However, it is critical to monitor for those staff or clients who "go silent" and are not participating using tech.

Time for an upgrade: many of us have aging IT systems and equipment that create challenges when seeking to work remotely.

Maintain connections: Connections when working remotely must be intentionally cultivated. In order to guard against a loss of collaboration, it is helpful to listen to concerns, and to note those members who are less active/ silent.

Who is missing out? Some clients do not respond well to tele-health. *How do we meet their needs?*

Collaborative Opportunity: An enhanced use of technology has created a higher volume and quality of cross-system and cross-discipline coordination.

Forget the paper, tech is our future: Many are learning that they do not need some of the paper processes that they used previously, and they are motivated to maintain the new use of tech.

Payment Matters: Ongoing insurance coverage for telehealth is critical to access.

Tele health changes the way we work with clients

- Frequent check-ins are key.
- Tele is challenging with child clients.
- It is challenging to provide less structured informal supports in a new more formal/ structured tech environment.
- Some people share less in the new environment.
- Some interventions using tele-health are shorter than when they are live.
- Use of tele can reduce contact with some cohorts of clients.
- We need to attend to safety and privacy of clients in their own environments.
- Using tele for one-on-one is easier. Using tele for groups can be a challenge.
- We need to learn when to use what: E.g. deciding when to use video (vs. audio/phone only).
- We need to learn how to complete informed verbal consents.
- Some clients have a higher show rate with tele health.

Vulnerable populations

Q: Which populations are most vulnerable during COVID19?

A: The same populations who are always most vulnerable

(The populations mentioned most often are at the top of the list.) ***Are there ways that you can work to focus resources toward those most vulnerable?***

- Poor/ people needing basic supports (safety, food, shelter)
- Seniors
- Homeless/ transient/housing vulnerable
- Residential service clients
- Limited tech experience/ access
- Those living alone/ isolated /limited supports
- Children/Youth with IEPs
- Parents
- Substance users
- Refugees/
- English as 2nd language
- People of color
- Co-occurring Mental Health and substance use
- Marginally employed

- Those not yet connected to care
- Those needing peer/ group support
- Incarcerated
- Psychosis
- Low literacy
- Intellectual/Developmental Dis.
- Those at risk of Domestic Violence
- Those at risk of Child abuse

Other themes: What we have learned from COVID19

- Our team work has been enhanced by the challenges of this pandemic.
- We had many of the tools in place to respond. We are now using those tools.
- COVID19 has pushed us. We are now positioned to be more effective as providers.
- Clear communication/ information is critical for both staff and clients.
- Centralization of management activities (purchasing, programing, staffing) has been enhanced.
- In the future we will be more intentional about our meetings. (We will meet with purpose, to achieve our goals and complete tasks, not just because we are scheduled to meet.
- In some circumstances, virtual meetings can reduce collaboration. Structures need to be created to ensure team participation
- We need to use a person-centered response to stress/ anxiety: everybody has a unique response to this challenge.
- The expansion of options for how we work (from home, with tech, etc.) can lead to higher levels of worker satisfaction and effectiveness, as we create opportunities for more worker choice.
- We have learned how to be more flexible. This will help us in the future.
- Clients and staff are sharing many of the same experiences.
- Even in a rapidly changing crisis, need to create a plan and use it, to avoid reactive decision making, and maintain forward progress.
- ***Our Team is committed & dedicated to service!***

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

COMPLETE

Friday, September 11, 2020 2:26:49 PM

Page 1

Q1

Contact Information

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Q2 **Onondaga Co Dept of Adult & LTC**

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.

Five Key Findings
CNYDPG COVID19 Survey Summary

The typical annual local planning process includes the development of Local Services Plans (LSPs) in each County based upon local and state data sources and information from providers and other stake holders that is gathered by Counties to define priority goals and strategies to achieve those goals. Of course, the current planning environment is anything but typical. And so, in lieu of the usual process, NY State “O Agencies” (OASAS, OMH, and OPWDD) have requested that Counties respond to a Supplemental COVID Survey in order to enhance understanding regarding the impact of COVID19 on local behavioral health service systems.

Data gathering/surveying of the larger community was not a requirement of this State survey, and many Counties will likely respond with impressions gleaned from County staff. Neither was a regional orientation required by the State survey. CNYDPG has decided to both survey stake holders, and to consider the impact of COVID19 from both a local and a regional perspective.

The summary that follows includes key findings that resulted from a six county CNYDPG survey that gathered feedback from 272 service providers. This survey was an adapted version of the Supplemental COVID Survey given to Counties by New York State. The individuals who completed the survey included providers of direct service, supervisors mid and senior managers, and executive directors. They work for organizations ranging in size from less than twenty staff to more than five hundred staff, providing a full array of behavioral health services.

The attached PDF Survey Response Synthesis (SRS) provides a range of finding and detailed lists of some key survey responses. This executive summary includes five key findings from the survey. Please refer to the SRS for response details. The raw survey data is also available upon request.

Five Key Findings

KEY FINDING #1: A Troubling Demand/Access Dynamic creates current and future risk.

The attached Demand/Access Table (DAT) includes summaries of respondents’ feedback regarding demand for and access to both mental health and substance use services across an array of service types. Also included are the comments provided by respondents regarding these issues. The DAT represents the data from the tables in the SRS, and graphically represents the distribution of the answers to the nearest 5% marker for each category.

A review of the DAT yields a finding that, while not surprising, is certainly concerning. The large sections of blue and red reveal an important story. Both Mental Health and Substance Use providers consistently indicated both an increase in service demand and a decrease in service access since March of 2020. Increased stressors related to COVID19 have exacerbated existing conditions, and resulted in new symptoms and conditions needing care. Reductions in capacity in some service sectors, and COVID19 related staffing and service delivery challenges have left providers scrambling to meet needs.

A review of the responses regarding service needs resulting from COVID19 further underscores this dynamic. Both Mental Health and substance use service providers reported that COVID19 has resulted in increased symptoms and service needs, limits to access due to technology and other factors, and struggles with program capacity.

This Demand/Access dynamic is worthy of close attention, given the current funding cuts that are being experienced by providers. When considering both the wellness of the community and the economic impact of COVID19, the data from the DAT begs the

When considering both the wellness of the community and the economic impact of COVID19, the data from the DAT begs the question: What will be the long-term costs associated with reducing resources to the community of safety net providers in this time of greater need?

KEY FINDING #2: Children have experienced a disproportionate Demand/Access challenge due to COVID19.
The demand/access dynamic described above in Key finding #1 has been amplified for children. Child serving providers who responded to the survey indicated increases in symptoms, including behavioral problems, reduced coping skills, self-harm, and suicidality. While children were acknowledged as often more resilient than adults, they have experienced a loss of control, challenging social media influences, and disconnection from a wide array of supports.

Telehealth has been widely effective. But it is not an effective vehicle for delivering treatment to children with developmental disabilities and those under the age of five.

Most children are identified for mental health services through other systems, namely schools and day cares. As such, many youth have not been in contact with the professionals who would usually identify their service needs. This has resulted in a decrease in referrals for both outpatient services and child protective cases, and corresponding safety concerns. The longer wait times reflected above in Finding #1 serve to exacerbate this risk to children.

KEY FINDING #3: Providers are greatly challenged in their effort to find resources to implement the new practices necessary to engage and retain clients in care.

Respondents were asked to describe the three greatest challenges that they would face in the next twelve months. The responses surfaced a number of themes regarding how the burdens of the current environment could hinder their service efforts going forward.

An effort was made to sort the responses to this question by size of organizations (small organizations with 1-50 employees vs. larger organizations with more than 100 employees) and by role of respondents (direct care workers and supervisors vs executive and senior leaders). These efforts revealed the following key themes.

1. Leaders of both small and large organizations are concerned about their ability to hire and retain staff.

2. Both large and small organizations are struggling to implement technology and safety protocols to engage clients. These challenges include a range of technology hurdles (e.g. internet and device access for poor clients) and the difficulties of maintaining client engagement without face to face contact.

3. Large organizations reported a challenge of high demand for services in a time when numerous variables are reducing access to care (see key finding number one above).

4. Direct care staff and supervisors reported being challenged by trying to maintain safety through physical distance while also effectively engaging and retaining clients.

KEY FINDING #4: The disproportionate impact of COVID19 on communities of color is primarily an issue of poverty.

Multiple sources have reflected on the extreme poverty rates of communities of color in Central New York, with Syracuse having a nationally recognized level of racial and income segregation. The survey respondents underscored this overlap of income and race as they responded regarding the disproportionate impact of COVID19 on diverse populations. Responses focused on concerns regarding basic needs such as food, housing, transportation, childcare, and healthcare. The transition to virtual service delivery has left those on the lowest rungs of the economic ladder without access to care, as they lack devices, internet access, and the experience/training needed to use virtual resources. These lowest ladder rungs, in our community, are disproportionately filled with people of color.

Beyond these concerns regarding disproportionate poverty, it must also be noted that the racial strife that is being experienced in our

communities results in a significant level of additional stress to people of color. This current stress, in conjunction with the chronic impact of racial discrimination, exacerbates all of the other stressors that individuals may already be experiencing due to COVID19.

KEY FINDING #5: Providers have responded to crisis with the timely implementation of an array of effective innovations

Previous survey efforts during the early stages of COVID`19 revealed a high level of creativity and commitment among providers, as they sought to rapidly restructure their services to maintain care. This more recent survey comes at a time when providers have completed the implementation of a number of new models and procedures and are more able to reflect on these innovations.

A review of the innovations described in the SRS reveals three core areas creative crisis response:

1. Innovations to ensure safety and care access.
o A range of remote and distancing strategies for service delivery.
o Enhanced tools for communications with clients and for staff to staff communications.

2. Innovations with staffing resources.
o Creative flexible use of staff resources.
o Reassignment and changes in duties.

3. Innovations in mission/ vision.
o Shifting toward activities not found in the previous scope of services.
o Expansion of the mission to include basic needs, PPEs etc.

Conclusion: preserving a fragile safety net through flexible innovation:

Demand for care has grown as a result of the stressors of COVID19. Access to care has been diminished by this demand and by the economic devastation of COVID19. While providers are showing great resilience and ingenuity in their efforts to do better, and more, with less, there are limits to their capacity to stretch the safety net of resources. The emerging holes in that safety net will leave those members of our community who are struggling with poverty and serious conditions, most at risk of falling through.

Many have been advocating for an increase in behavioral health funding in this time of great need, rather than the reductions in funding that are being implemented currently. The responses to this survey serve to draw a clear portrait of the need for additional resources. The responses also reflect the strong mission driven effort on the part of the provider community to meet emergent needs with limited resources. Given a lack of current available funding, the stretched and damaged safety net might also be preserved through the creation of a higher level of funding flexibility at the county and provider level. Such flexibility would enable local systems to reinforce the net where it is most damaged, and where more people are at risk. The responses to this survey show that despite the best efforts of providers, the knots in the net are worn, and some have begun to give way. We are left with the question: How can we empower our provider community to preserve this safety net in these challenging times?

Attached source documents in CPS:
- Summary PDF
- Demand/Access table

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.

See four documents attached in CPS: Summary PDF, Five Key Findings, Demand Access Table, and Onondaga County COVID19 Lessons Learned Survey Summary

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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.

See four documents attached in CPS: Summary PDF, Five Key Findings, Demand Access Table, and Onondaga County COVID19 Lessons Learned Survey Summary

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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.

See four documents attached in CPS: Summary PDF, Five Key Findings, Demand Access Table, and Onondaga County COVID19 Lessons Learned Survey Summary

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Q7

a. Mental Health providers

There is a large volume of information related to COVID19 that is readily available to providers. It is critical that systems of support for providers, including state agencies, recognize the distinction between availability of such resources, and the capacity to implement these resources. The provision of volumes of materials to systems that have leadership systems that are under high levels of stress, and are stretched to capacity, does not result in effective implementation. Current informational resources need to be paired with implementation supports in order to insure adoption and sustainment.

See four documents attached in CPS: Summary PDF, Five Key Findings, Demand Access Table, and Onondaga County COVID19 Lessons Learned Survey Summary

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Q8

b. SUD and problem gambling service providers:

There is a large volume of information related to COVID19 that is readily available to providers. It is critical that systems of support for providers, including state agencies, recognize the distinction between availability of such resources, and the capacity to implement these resources. The provision of volumes of materials to systems that have leadership systems that are under high levels of stress, and are stretched to capacity, does not result in effective implementation. Current informational resources need to be paired with implementation supports in order to insure adoption and sustainment.

See four documents attached in CPS: Summary PDF, Five Key Findings, Demand Access Table, and Onondaga County COVID19 Lessons Learned Survey Summary

Q9

c. Developmental disability service providers:

There is a large volume of information related to COVID19 that is readily available to providers. It is critical that systems of support for providers, including state agencies, recognize the distinction between availability of such resources, and the capacity to implement these resources. The provision of volumes of materials to systems that have leadership systems that are under high levels of stress, and are stretched to capacity, does not result in effective implementation. Current informational resources need to be paired with implementation supports in order to insure adoption and sustainment.

See four documents attached in CPS: Summary PDF, Five Key Findings, Demand Access Table, and Onondaga County COVID19 Lessons Learned Survey Summary

Page 2

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:

This increased demand/ decreased access dynamic, in light of current funding cuts, it particularly concerning.

See four documents: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

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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)	**Decreased**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**No Change**
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:

This increased demand/ decreased access dynamic, in light of current funding cuts, it particularly concerning.

See four documents: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

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Q14

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

0

Q15 **Respondent skipped this question**

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

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

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

Respondent skipped this question

Q18

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

No

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.

Yes (please describe):
In response to COVID19, the provider system worked effectively to create new ways to provide services. Face to face service delivery was replaced by the use of technology and an array of mobile service models. The Lessons Learned Survey was conducted in Onondaga County (4/28/20 through 5/6/20). The innovative strategies that providers reported are included below. Please see the Survey Summary for additional information. Staff Needs • This crisis has pushed providers to use technology and internal team resources to train staff. • Staffs need frequent check-ins. • Staff members are stressed, Self-care is critical. • Risk of burn-out is heightened. • Tele creates a higher risk if vicarious trauma (staff is in the client's environment). • Staffs are financially stressed. • Isolation is stressful for many. • Work-life balance is critical. • More intentional staff engagement efforts are useful and warranted. • A strength-based orientation is helpful: • Our peer staff members are a unique and critical part of the workforce, and they have support needs that may be unique/ different in this stressful crisis environment. • There are costs related to travel and other activities that can be reduced in the future to create more efficiency, but the fiscal challenges presented by this pandemic are large. Technology • Speed matters when seeking to maintain continuity of care: Get the tech to people quickly (Wi-Fi, hot spots, phone, phone minutes, etc.) • We can learn new tricks: Our work force can learn tech quickly. So can our clients. Many have been surprised by the speed of learning and adoption. There are plenty of resources out there to help us. However, it is critical to monitor for those staff or clients who "go silent" and are not participating using tech. • Time for an upgrade: many of us have aging IT systems and equipment that create challenges when seeking to work remotely. • Maintain connections: Connections when working remotely must be intentionally cultivated. In order to guard against a loss of collaboration, it is helpful to listen to concerns, and to note those members who are less active/ silent. • Who is missing out? Some clients do not respond well to tele-health. How do we meet their needs? • Collaborative Opportunity: An enhanced use of technology has created a higher volume and quality of cross-system and cross-discipline coordination. • Forget the paper, tech is our future: Many are learning that they do not need some of the paper processes that they used previously, and they are motivated to maintain the new use of tech. • Payment Matters: Ongoing insurance coverage for telehealth is critical to access. Tele health changes the way we work with clients • Frequent check-ins are key. • Tele is challenging with child clients. • It is challenging to provide less structured informal supports in a new more formal/

structured tech environment. • Some people share less in the new environment. • Some interventions using tele-health are shorter than when they are live. • Use of tele can reduce contact with some cohorts of clients. • We need to attend to safety and privacy of clients in their own environments. • Using tele for one-on-one is easier. Using tele for groups can be a challenge. • We need to learn when to use what: E.g. deciding when to use video (vs. audio/phone only). • We need to learn how to complete informed verbal consents. • Some clients have a higher show rate with tele health. Vulnerable populations (The populations mentioned most often are at the top of the list.) • Poor/ people needing basic supports (safety, food, shelter) • Seniors • Homeless/ transient/housing vulnerable • Residential service clients • Limited tech experience/ access • Those living alone/ isolated /limited supports • Children/Youth with IEPs • Parents • Substance users • Refugees/ • English as 2nd language • People of color • Co-occurring Mental Health and substance use • Marginally employed • Those not yet connected to care • Those needing peer/ group support • Incarcerated • Psychosis • Low literacy • Intellectual/Developmental Dis. • Those at risk of Domestic Violence • Those at risk of Child abuse Other themes: What we have learned from COVID19? • Our team work has been enhanced by the challenges of this pandemic. • We had many of the tools in place to respond. We are now using those tools. • COVID19 has pushed us. We are now positioned to be more effective as providers. • Clear communication and information are critical for both staff and clients. • Centralization of management activities (purchasing, programing, staffing) has been enhanced. • In the future we will be more intentional about our meetings. (We will meet with purpose, to achieve our goals and complete tasks, not just because we are scheduled to meet. • In some circumstances, virtual meetings can reduce collaboration. Structures need to be created to ensure team participation • We need to use a person-centered response to stress/ anxiety: everybody has a unique response to this challenge. • The expansion of options for how we work (from home, with tech, etc.) can lead to higher levels of worker satisfaction and effectiveness, as we create opportunities for more worker choice. • We have learned how to be more flexible. This will help us in the future. • Clients and staff are sharing many of the same experiences. • Even in a rapidly changing crisis, need to create a plan and use it, to avoid reactive decision making, and maintain forward progress. • Our Team is committed & dedicated to service!

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.

Yes (please describe):
The urgency and fiscal distress created by COVID19 has increased provider awareness regarding the need to seek structures that create enhanced programmatic and organizational sustainability. This has led to additional activity related to affiliations, and will likely accelerate the process of mergers and acquisition, resulting in fewer larger provider organizations

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:

See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

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:

See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

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:

Our county work with all providers to give immediate assistance and needed resources.

See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

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,

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

See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

Page 3

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:

While access to PPE and other supplies has generally improved after the initial extreme demand and shortage, specific challenges have arisen. We would therefore recommend a continuous real time monitoring of provider needs. It is also important to consider the additional resources required on the part of the providers. Acquiring cleaning supplies may be a far lesser concern than the staff costs and personal required to engage in the heightened cleaning efforts that are now required.

Q34

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

-Inability to connect with the youth and provide prevention education
-Restarting programs, outreach, marketing
-Adapting to changing guidelines for our services and educational plans

Q35

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

In addition to the information shared in the attached documents, three key themes have emerged regarding the impact of COVID19

Technology:
Many participants have limited/no access to Wi-Fi to be able to engage in virtual services. Others lack adequate hardware. Staff members in some setting do not have adequate technology in place to provide optimal virtual services.

Staffing:
The workforce is struggling as a result of secondary trauma, burnout, anxiety regarding personal and familial COVID19 risk, and related concerns. This has resulted in turnover, challenges in hiring, and staff productivity, in spite of heroic efforts on the part of so many workers. There is also a clear lack of housekeeping staff to properly clean facilities.

Health and Wellness:
Engaging in the range of efforts to maintain a safe environment, including use of PPEs, cleaning, physical distancing, etc. has been very taxing for staff and clients alike. Residential services have been particularly burdened by this effort.

Q36

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

Gambling providers have reported challenges related to funding, access to adequate technology, and retaining staff. It is worth noting that the first of these drivers, funding, has a significant impact on the latter two drivers.

See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

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

Q38

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

See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

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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	**Decreased**
RESIDENTIAL	**No Change**
CRISIS	**Decreased**

Q40

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

See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, Onondaga County COVID19 Lessons Learned Survey Summary

Q41

a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):
In response to COVID19, the provider system worked effectively to create new ways to provide services. Face to face service delivery was replaced by the use of technology and an array of mobile service models. The Lessons Learned Survey was conducted in Onondaga County (4/28/20 through 5/6/20). The innovative strategies that providers reported are included below. Please see the Survey Summary for additional information. Staff Needs • This crisis has pushed providers to use technology and internal team resources to train staff. • Staffs need frequent check-ins. • Staff members are stressed, Self-care is critical. • Risk of burn-out is heightened. • Tele creates a higher risk if vicarious trauma (staff is in the client's environment). • Staffs are financially stressed. • Isolation is stressful for many. • Work-life balance is critical. • More intentional staff engagement efforts are useful and warranted. • A strength-based orientation is helpful: • Our peer staff members are a unique and critical part of the workforce, and they have support needs that may be unique/ different in this stressful crisis environment. • There are costs related to travel and other activities that can be reduced in the future to create more efficiency, but the fiscal challenges presented by this pandemic are large. Technology • Speed matters when seeking to maintain continuity of care: Get the tech to people quickly (Wi-Fi, hot spots, phone, phone minutes, etc.) • We can learn new tricks: Our work force can learn tech quickly. So can our clients. Many have been surprised by the speed of learning and adoption. There are plenty of resources out there to help us. However, it is critical to monitor for those staff or clients who "go silent" and are not participating using tech. • Time for an upgrade: many of us have aging IT systems and equipment that create challenges when seeking to work remotely. • Maintain connections: Connections when working remotely must be intentionally cultivated. In order to guard against a loss of collaboration, it is helpful to listen to concerns, and to note those members who are less active/ silent. • Who is missing out? Some clients do not respond well to tele-health. How do we meet their needs? • Collaborative Opportunity: An enhanced use of technology has created a higher volume and quality of cross-system and cross-discipline coordination. • Forget the paper, tech is our future: Many are learning that they do not need some of the paper processes that they used previously, and they are motivated to maintain the new use of tech. • Payment Matters: Ongoing insurance coverage for telehealth is critical to access. Tele health changes the way we work with clients • Frequent check-ins are key. • Tele is challenging with child clients. • It is challenging to provide less structured informal supports in a new more formal/

structured tech environment. • Some people share less in the new environment. • Some interventions using tele-health are shorter than when they are live. • Use of tele can reduce contact with some cohorts of clients. • We need to attend to safety and privacy of clients in their own environments. • Using tele for one-on-one is easier. Using tele for groups can be a challenge. • We need to learn when to use what: E.g. deciding when to use video (vs. audio/phone only). • We need to learn how to complete informed verbal consents. • Some clients have a higher show rate with tele health. Vulnerable populations (The populations mentioned most often are at the top of the list.) • Poor/ people needing basic supports (safety, food, shelter) • Seniors • Homeless/ transient/housing vulnerable • Residential service clients • Limited tech experience/ access • Those living alone/ isolated /limited supports • Children/Youth with IEPs • Parents • Substance users • Refugees/ • English as 2nd language • People of color • Co-occurring Mental Health and substance use • Marginally employed • Those not yet connected to care • Those needing peer/ group support • Incarcerated • Psychosis • Low literacy • Intellectual/Developmental Dis. • Those at risk of Domestic Violence • Those at risk of Child abuse Other themes: What we have learned from COVID19? • Our team work has been enhanced by the challenges of this pandemic. • We had many of the tools in place to respond. We are now using those tools. • COVID19 has pushed us. We are now positioned to be more effective as providers. • Clear communication and information are critical for both staff and clients. • Centralization of management activities (purchasing, programing, staffing) has been enhanced. • In the future we will be more intentional about our meetings. (We will meet with purpose, to achieve our goals and complete tasks, not just because we are scheduled to meet. • In some circumstances, virtual meetings can reduce collaboration. Structures need to be created to ensure team participation • We need to use a person-centered response to stress/ anxiety: everybody has a unique response to this challenge. • The expansion of options for how we work (from home, with tech, etc.) can lead to higher levels of worker satisfaction and effectiveness, as we create opportunities for more worker choice. • We have learned how to be more flexible. This will help us in the future. • Clients and staff are sharing many of the same experiences. • Even in a rapidly changing crisis, need to create a plan and use it, to avoid reactive decision making, and maintain forward progress. • Our Team is committed & dedicated to service!

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 urgency and fiscal distress created by COVID19 has increased provider awareness regarding the need to seek structures that create enhanced programmatic and organizational sustainability. This has led to additional activity related to affiliations, and will likely accelerate the process of mergers and acquisition, resulting in fewer larger provider organizations

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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):
See four documents in CPS: Summary PDF, Five Key Findings, Demand Access Table, and Onondaga County COVID19 Lessons Learned Survey Summary

Q44

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

Providers have reported critical concerns in the areas of funding, technology and staffing.
Specific challenges are listed below:

- Maintaining agency and programmatic solvency.
- Maintaining safe and healthy environments for residents.
- Providing supports to address financial instabilities and isolation.
- Workforce turnover due to low wages.
- Limited resources to support transition out of nursing homes and into the community.
- Compliance challenges given changing expectations, poor communications regarding these changes, and limited resources.
- Challenges regarding linking individuals to needed benefits.

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 is recommended that OPWDD work directly with the Directors of Community Services of Counties to define a minimum data set that would support more effective local planning for I/DD services. However, given the nature of funds flow within the OPWDD system (i.e. a direct contracting process between OPWDD and providers that does not actively involve the LGU) OPWDD would need to build infrastructures for partnership that do not currently exist in order to yield any meaningful benefit from the sharing of additional planning 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