

**COMPLETE**

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**Q1**

Contact Information

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**Q2**

**Cayuga County Community Services Board**

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.

Beginning mid-March, COVID-19 dramatically reduced access to in-person services available to individuals seeking assistance through the mental health, substance use disorder, problem gambling and development disability service systems. While in-person services were compromised, organizations quickly adapted to providing care via phone and video and also came together in conjunction with county and city government to provide necessities (food, PPE, etc.) to individuals and families—especially to those at high risk due to underlying health conditions and those who lack transportation. Organizations have been working to resume in-person services albeit scaled back from typical capacity. Operational guidelines regarding COVID-19 screenings, PPE requirements, and social distance requirements were developed and continue to be altered and evolve in order to keep both staff members and individuals accessing services safe and healthy.

#### 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.

Service providers in the community report an increase in anxiety and depression for a myriad of reasons including increased isolation, disruption in routines, job loss and changes in the school schedule. While organizations quickly shifted services to telemental health, for some community members, access to the internet and data was a roadblock in accessing the service. Authorization to provide services via phone was essential in maintaining connection to recipients of service. Access to transportation was compromised and lack of Medicaid cabs prevented some individuals from accessing in-person care when it was necessary. The suspension of in-person visits to PROS, in-person care management and Home and Community Based Service meetings, and behavioral health court left individuals without their typical support system. In addition, there was a period of time when the mobile crisis unit was unable to complete in-person visits which left a void in preventing avoidable visits to the emergency department. Suspension of some in-person medical support programs made managing chronic conditions like diabetes more challenging and left individuals more dependent on the emergency department for care.

Those who were disproportionately impacted by COVID-19 include individuals and families who are unable to afford devices and access to the internet for telemental health services and those who have preexisting health conditions which can be connected to socio economic class and race and ethnicity. In addition, with the closure of faith-based institutions, populations that access those communities for support and healing experienced a gap. For children, the closure of school facilities and suspension of extracurricular activities left a big gap and led to social isolation and challenges in accessing academic, social, mental health support that is more easily provided in-person. There is now a need to support children and youth who are learning primarily with a distance learning platform. As increased anxiety and depression persisted, children and families who had no previous need for mental health services were unsure of where to access support. The county's FAST (Families Access to Services Team) saw increased visits to the Emergency Department, especially for those not previously linked to services.

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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.

Similar to the mental health field, providers report an increase in anxiety and stress due to social isolation and the change from in-person treatment to telehealth. As a result, it is more difficult to remain in recovery and providers see an increase in substance use. One respondent to the LGU's survey inquiring about needs and COVID-19 said, "I have seen an increase in the number of patients reporting substance use prior to hospital admission. Individuals are frequently reporting relapse or increase substance use due to unemployment, financial strain, and increased mental health symptoms."

The rate of overdose incidents has increased. In 2019, Cayuga County experienced 15 overdoses per month on average. Since COVID-19, the rate has jumped up to 19 overdoses on average per month. The number of fatal overdoses has increased dramatically since March of this year with 16 reported. Last year, the total number of fatalities due to overdose was nine.

One need that came about due to COVID-19 was the necessity of providing up to date information on changes to services. In an environment that changed rapidly due to frequent directives from state governing bodies, there was and still exists a need to inform community members of changes to service provision in a timely way.

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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.

The needs of individuals with development disabilities and their families have shifted due to COVID-19 mainly due to the lack of in-person services. With the closures of day habilitation facilities and restrictions on other services such as care management, routines have been disrupted, individuals are more isolated, and the support offered prior to COVID-19 is now primarily via video or phone. In addition, the disruption in vocational supports has impacted individuals' ability to live independently. Moreover, individuals living in IRAs are more isolated due to restrictions on visitors and outings. For those living in state IRAs who were temporarily re-located, their "community" changed drastically. This all has led to increased stress and anxiety for both individuals and their families.

Provider agencies report that the OPWDD approval process seems to be more cumbersome now, with increased service denials. Specifically in regard to children, it has been more difficult to gain approval for respite when needed. The youngest children (under 5 years old) were significantly impacted because telehealth versus in-person services was difficult to participate in. School-aged children were also impacted due to the closing of schools which led to a lack of support that is relied on. No disproportionate impact to a specific racial/ethnic group was reported however, county residents living in more rural settings have even more difficulty accessing transportation than prior to COVID-19. Even as services start to re-open, attendance will be compromised due to agencies' suspension of transportation.

A new need that surfaced was the requirement to educate service recipients and their families about the importance of protecting against the virus—the importance of wearing masks, maintaining six feet of space, etc. One agency reported developing activities and games designed to teach this. For one activity, pool noodles were used to demonstrate six feet of separation.

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**Q7**

a. Mental Health providers

1. Optimizing the telemental health experience
2. Coping skills to assist with changes in the new "normal" way of life
3. Education for clients regarding COVID-19 and staying healthy, especially the elderly
4. Support for parents and youth in handling the impact of changes at school and partial school closures

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**Q8**

b. SUD and problem gambling service providers:

1. Advocating for recovery support services like AA/NA to be considered essential services and thereby allowed to operate during shutdown periods
2. Training around buprenorphine prescribing via telehealth vs in-person

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**Q9**

**Respondent skipped this question**

c. Developmental disability service providers:

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

**Q10**

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

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>Increased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Increased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>Increased</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Increased</b>

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**Q11**

Respondent skipped this question

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

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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)	<b>No Change</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Decreased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>No Change</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Decreased</b>

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**Q13**

Respondent skipped this question

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

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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

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

**Q15**

Respondent skipped this question

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

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**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

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**Q17**

Respondent skipped this question

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

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**Q18**

Yes

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

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**Q19**

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

The Cayuga County Community Mental Health Center building remained opened with a limited number of administrators, nurses, prescribers and therapists on site to be available for consultation and crisis visits. Most visits to the building in March and April were to meet with the nursing staff for medications.

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**Q20**

No

d. As a result of COVID-19, are any mental health programs in your county closing operations permanently? If yes, list program name(s) and type(s).

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**Q21**

Respondent skipped this question

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

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**Q22**

No

e. Did any mental health programs in your county close due to workforce issues (e.g. staff infections, recruitment/retention issues)?

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**Q23**

**Respondent skipped this question**

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

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**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):

While not specifically related to mental health treatment, the needs (i.e. food) of recipients of service were great. Food pantries closed as well as day programs that provide meals. It was a community wide effort with assistance and participation from organizations like CAP, Department of Social Services, Office for the Aging, the Emergency Management Office, Cayuga Community College and faith based organizations to ensure that food was available to those in need. While collaboration on this level may not be required day to day, the community formed new relationships related to collaboration in crisis that will be valuable in having an even more robust crisis response post-COVID.

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**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):

Cayuga County and United Way spearheaded the Cayuga County COVID Task Force which was formed to analyze the community's response to the pandemic and plan for the future with particular emphasis on enhancing communication across organizations to achieve optimal coordination in times of crisis. This task force is made up of county and city government representatives, community and faith based organizations and service providers including mental health. In addition, while already in existence, the Crisis Intervention Team that was formed last year continued to evolve and became even more relevant and cohesive during the pandemic. Also, the Behavioral Health Care Collaboratives coalesced more as providers were sharing practice ideas in the midst of COVID-19 and group leaders facilitated many conversations on best practices and future initiatives that will make for a stronger delivery system. Related to services for youth and children, the systems of care model that was developed in Cayuga County helped because of the strong collaborations already formed. FAST's newly developed website and on-line referral system ended up being a tremendous asset during COVID-19 as it streamlined the requests for support and made for more timely access to services. The Central New York Regional Planning Committee's children's committee has had more meetings since COVID-19 and the group has more deeply examined systematic needs for children services.

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**Q26**

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

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**Q27**

**Respondent skipped this question**

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

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**Q28**

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

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**Q29**

**Respondent skipped this question**

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

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**Q30**

**None**

c. During COVID-19, did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of continuity of operations plans?

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**Q31**

**Respondent skipped this question**

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

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**Q32**

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

**Program-level Guidance,  
Telemental Health Guidance,  
Infection Control Guidance,  
Fiscal and Contract Guidance,  
FAQs**

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**Q33**

1. Please indicate any needs for or issues with SUD and problem gambling prevention, treatment, and recovery providers acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic:

At the start, providers had difficulty in accessing PPE and cleaning supplies. While access increased, programs continue to report that having more PPE would be helpful and that supply chain interruptions and delays continue. One program specifically requested "level 3 clinical masks".

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**Q34**

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

--As part of the HEALing Communities Study, Narcan training continues to take place despite COVID-19. Community members have the opportunity to complete an on-line training available on the Cayuga County website with kits provided by the Cayuga County Drug Free Community Coalition delivered by mail. Law enforcement has reported an increase in bystander Narcan administration since the start of this initiative. Law enforcement and first responders are assisting post-overdose outreach by leaving Narcan cards with URL of online training platform at the scenes of overdoses.

--Community awareness continues with Narcan public awareness campaigns including a radio interview and newspaper publications and a social media ad campaign, signage in the community, and information posted on websites.

--Compliance checks at bars and restaurants have been suspended due to COVID-19.

--With the closure of schools in the spring and remote learning instruction for the 2020-2021 school year, it is more difficult to engage youth in prevention and schools are unable to provide the opportunity for prevention instruction due to other demands.

--The County's Drug Free Community Project Coordinator anticipates a greater need for prevention and funding for prevention due to COVID-19 as programs are seeing an increase in substance use.

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**Q35**

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

The delivery of services dramatically changed due to COVID-19 and the inability for programs to provide in-person treatment as well the suspension of face to face peer services Health Home care management. In addition, screenings provided by probation and drug court were suspended. Nick's Ride, the community's clubhouse that many individuals depend on in recovery was closed temporarily but, in-person services resumed as quickly as possible (with PPE, distance and screening requirements) as concern grew with the rising overdose rate. Service providers quickly adapted to providing telehealth services and organizations like AA adapted by offering outdoor groups. Even with in-person options, providers reported that some individuals were "too scared" to interact face to face. Also, telehealth services were non-optimal at times because it is more difficult to engage in treatment and access to devices and the internet are barriers to treatment. Phones with available data were purchased through the HEALing Community Studies so that individuals who are homeless and accessing recovery services were more apt to be able to. Organizations are concerned with the state withhold to funding and the potential impact on services.

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**Q36**

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

--Service providers report an increase in demand for treatment.

--While in process over the last few years and as part of the HEALing Communities Study, collaborations among the hospital, law enforcement, provider agencies and peers developed even more. Systems were reexamined and changes expedited to meet the increasing treatment demands due to COVID-19.

--Plans are underway to offer more Medication Assisted Treatment options for community members.

--Related to problem gambling, some individuals receive treatment from private therapists so a gap in treatment existed while offices were closed.

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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

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**Q38**

Respondent skipped this question

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

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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	Decreased
CRISIS	Decreased

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**Q40**

Respondent skipped this question

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

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

**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):

--On-line Narcan training --Narcan distribution "pop up" site— locations determined by using overdose hotspot analysis -- AA outdoor meetings --Additional peer supported respite beds

**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):

As part of the HEALing Community Study, efforts continue to enhance collaboration to streamline referrals and access to treatment as well as linkages to community based treatment post-discharge from hospital and in-patient treatment stays. The need for this was even more evident because of COVID-19. New relationships with Upstate Hospital have been developed in order to utilize their expertise in providing Medication Assisted Treatment and apply practice knowledge in Cayuga County. Narcan online training and mail distribution will continue beyond the pandemic as data has shown that more people in outlying towns and villages can be reached with this distribution method.

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**Q43**

**No**

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

**Q44**

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

--Adaptation to the 20% state funding withhold  
--Ensuring access to services for those left without services due to program downsizing or closures  
--Ensuring the continued ability for individuals to live independently in the community (for those that do) in the wake of budget changes and suspension of programming like job coaching  
--Meeting COVID-19 guidelines related to service provision (masks, etc.) while still providing effective and quick access to services  
--Meeting changing mental health needs that may occur due to social isolation, inability to see family, disruption in routine and services  
--Educating individuals and families on the health related aspects of COVID-19 and the importance of following safety precautions and guidelines  
--Providing the same level of service/exceptional service via telehealth vs. in-person  
--Lack of transportation—this existed prior to COVID-19 but is now exasperated with agencies temporarily suspending transportation  
--Staff shortages/furloughs

**Q45**

Respondent skipped this question

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.

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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:

The impact of COVID-19 on our community based organizations will likely have implications for individuals and families served through the mental health, substance use disorder and intellectual and development disability fields. Agencies face funding withholds and contract delays that jeopardize their ability to operate the support services that community members have relied on. All organizations—community wide—are grappling with maintaining staff in programs when most schools offer only partial in-person learning. Parents have had to resign from positions or elect to take leave. As organizations face these challenges, the strong collaborations that have been built in Cayuga County will be critical in keeping the “safety-net” afloat for our residents in need.

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