

COMPLETE

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Page 1

Q1

Contact Information

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Q2

Suffolk Co. Dept of Health Services

LGU:

Q3

a. Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Suffolk County's mental hygiene service system has been impacted in several ways because of the COVID-19 pandemic. This has included:

- decreased services
- decreased ability to conduct toxicology screenings
- decreased number of individuals seeking services
- increased stress and anxiety in clients
- loss of jobs
- decreased candidate pool
- loss of revenue and funding holdbacks
- there have been increased financial pressures to recipients related to employment limitations (i.e., schools being closed/remote; lack of daycare; lack of summer programs)
- for children and youth, there have been a lack of respite opportunities; respite beds temporarily closed for use as hospital beds by the state and other respite beds being unavailable/at capacity
- prevention and early intervention services have reported an increase in missed opportunities to link students to services as they were no longer in classroom settings
- increase in school anxiety among children/youth has also been noted
- overall, reduced capacity across disciplines due to social distancing and safety concerns
- lack of technology and virtual access impacting access to care for many groups
- insufficient amount of PPEs during initial phases of pandemic
- housing programs experienced challenges in capacity to manage COVID-19 positive residents (i.e., ability to isolate and quarantine)
- disparities resulting in increased negative impact in underserved communities of color.

The stressors of the overall economic impact of COVID-19 remain to be seen.

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.

Mental health service needs have been affected by the COVID-19 pandemic. Examples of this includes:

- quick transition to telehealth services in order to maintain operations
 - concerns regarding safety and social distancing in cases where in person services were necessary (i.e., cleaning and disinfecting protocols, PPE supplies)
 - reduction in new admissions
 - staff concerns regarding safety required increased trainings/in-service opportunities
 - reduced staffing levels due to illness or exposure to illness; also, instances of staff leaving due to fear, discomfort, and high risk pre-existing conditions.
 - there was an overall decrease in children service referrals since April 2020; however, there was an increase in percentage of out of home placement requests during 2nd quarter.
 - increase in isolation resulted in a reduction in socialization and interaction with natural supports in children and youth populations. Concern includes impact on meeting developmentally appropriate milestones.
 - due to rapid transition to remote learning, concerns regarding impact to educational milestones.
 - during initial months of the pandemic, decrease in mobile crisis, hotline and in person visits at the Diagnostic and Assessment Stabilization Hub (DASH); there was also reduction in school referrals to DASH.
 - there was a reduction in face to face/wrap around services conducted by care coordination staff
 - increase in use of technology/screen time in school, prevention, and treatment services for children and youth resulting in reports of 'burn out'
 - increased difficulties in obtaining signed consents for SPOA services impacting ability to link individuals to services and causing delays; one respite was closed impacting number of beds available
 - SPA system as a whole experienced concerns regarding distancing/safety guidelines also causing delays
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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.

Substance use disorder (SUD) and program gambling needs have been affected by the COVID-19 pandemic. Example of this includes:

- decrease in clinical services
 - decreased toxicology and other health screenings
 - increased unemployment and loss of revenue
 - increase in relapse and reported overdoses
 - reduced capacity for admissions in certain programs
 - the transition to increased take home methadone doses allowed for more access/continuity of care however also increased amount of methadone in the community (potential for diversion)
 - specific to methadone treatment, significant increase in request for services resulting in overextended census of program and staffing challenges and safe delivery of services
 - hospital based detox/inpatient beds closed (changed over to medical beds)
 - precipitous discharge of clients during initial phases of pandemic.
 - concerns regarding safety and social distancing in cases where in person services were necessary (i.e., cleaning and disinfecting protocols, PPE supplies)
 - staff concerns regarding safety required increased trainings/in-service opportunities
 - reduced staffing levels due to illness or exposure to illness; also, instances of staff leaving due to fear, discomfort, and high risk pre-existing conditions.
 - interruption to the flow of referrals from traditional sources, both for adults and adolescents, and the corresponding decrease in revenue.
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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 the developmentally disabled population have been affected by the COVID-19 pandemic. Examples of this include;

- Slow down in opening of new housing opportunities
 - staffing decrease
 - reduction in in-home services
 - decreased funding
 - strong restrictions on contact between family and recipients during hospitalizations and poor communication with family members which was particularly detrimental to nonverbal clients
 - insufficient PPEs in the home for use by staff assisting clients
 - difficulties establishing and maintaining social distancing in group home settings
 - delay in opening of resource center in Shoreham (NY START)
 - many day programs closed, impacting family members' ability to work
 - discontinuation of full reimbursement for retainer individuals (bed hold) negatively impacting system
 - impact of withholds
 - in an already challenged shelter system, the impact of the pandemic is further exacerbated by the lack of unique supports for individuals with physical, mental, and developmental disabilities when they need to shelter outside of their home during catastrophes.
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Q7

a. Mental Health providers

Information dissemination and guidance was rapidly evolving and at times conflicting particularly during initial phases of the pandemic outbreak. Pathways to communication were unclear. Education lapses among all community resources and general population. This was noted across all disciplines.

Q8

b. SUD and problem gambling service providers:

Information dissemination and guidance was rapidly evolving and at times conflicting particularly during initial phases of the pandemic outbreak. Pathways to communication were unclear. Education lapses among all community resources and general population. This was noted across all disciplines.

Q9

c. Developmental disability service providers:

Information dissemination and guidance was rapidly evolving and at times conflicting particularly during initial phases of the pandemic outbreak. Pathways to communication were unclear. Education lapses among all community resources and general population. The needs of the most vulnerable have yet to be met in the areas of programming, socialization, and supports.

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)	Decreased
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	Decreased
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	Decreased
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	Decreased
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	Decreased

Q11

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

Decrease in demand for services was noted consequent to individuals sheltering in place and fearful of leaving their homes. A notable exception being community referrals for residential services for children.

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

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)	Decreased
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	No Change
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	No Change

Q13

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

In regards to residential access, we noted a significant decrease in bed availability for youth. While vacancies existed, fear prevented some adult beds from being filled.

Q14

Respondent skipped this question

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?

Q15

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

100% - All agencies have reported impact, in varying degrees, due to the COVID-19 pandemic. This includes: reduced hours of operation, types of services offered, staff availability, and limited face to face.

Q16

Respondent skipped this question

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

Q17

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

100% - No known closures, however limited services continue as noted above. Of note, most agencies have initiated a hybrid model of services that includes telehealth and in person visits.

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

Q18

Yes

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

Q19

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

The county mental health clinics have maintained in-person mental health services as needed. This has included: clients requiring IM medications; high risk clients; crisis visits.

Q20

No

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

Q21

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

Not at this time, however fiscal sustainability continues to be evaluated.

Q22

No

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

Q23

Respondent skipped this question

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

Q24

Yes (please describe):

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

While not billable services, agencies have implemented virtual wellness campaigns, self- help programs, peer networking, information dissemination, and other prevention services.

Q25

Yes (please describe):

b. During COVID-19, did any mental health providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Several agency providers s are developing county-wide environmental strategies for crisis and prevention services. A number of agencies are collaborating to provide trainings and continuing education virtually.

Q26

Respondent skipped this question

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

Q27

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

Unknown -Although the number of providers with existing continuity of operations plans that covered a pandemic are unknown, the overall system adapted rapidly to the restrictions necessitated by the COVID-19 pandemic.

Q28

Respondent skipped this question

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

Q29

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

Unknown -An impressive number of agencies county wide implemented effective and efficient continuity of operations plans, including implementation of telehealth services.

Q30

Both

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

Q31

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

LGU and OEM were partners in the successful deployment of PPEs and other resources to providers supporting continuity of operations, including assistance in crisis management plans.

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**

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:

There were challenges in acquiring PPEs and cleaning supplies across the board.

Q34

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

In-person services were reduced; virtual services and collaborative initiatives were expanded.

Q35

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

Recovery services developed innovative virtual platforms and activities in lieu of in person gatherings. Currently, in alignment with current guidance, recovery providers are developing responsible, physically distant in-person social events.

Q36

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

No data available at this time.

Q37

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

INPATIENT	Decreased
OUTPATIENT	Decreased
OTP	Increased
RESIDENTIAL	Decreased
CRISIS	Decreased

Q38

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

It is difficult to ascertain the demand for services in light of people's fear and program challenges.

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	No Change
OTP	Increased
RESIDENTIAL	Decreased
CRISIS	No Change

Q40

Respondent skipped this question

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

Q41

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

Yes (please describe):
While not billable services, agencies have implemented virtual wellness campaigns, self-help programs, peer networking, information dissemination, and other prevention services.

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):
Several agency providers are developing county-wide environmental strategies for crisis and prevention services. A number of agencies are collaborating to provide virtual trainings and continuing education opportunities.

Page 4

Q43

No

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

Q44

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

The greatest challenges Suffolk County will be facing over the next 12 months related to IDD services are ongoing concerns related to the transformation of the OPWDD system and funding withholds of local aid payments.

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.

Summary reports from OPWDD would be beneficial to the LGU.

Page 5

Q46

Respondent skipped this question

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:
