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Q1

Contact Information

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Q2

Wayne 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.

Overall at times there has been some reduction and/or challenges in accessing some in-patient services. On the other hand, out-patient services have been able to be maintained with full access to service. Delivery method of services has been modified to a great extent (i.e. reduced in-person and increased telephonic & video tele-mental health services). In addition, there has been a decrease in group work and an increase in individual treatment services. There has been a steady flow of referrals for new patients in need of treatment, however they volume has been less than pre-COVID times. Since schools were impacted by COVID we have seen a drastic reduction in child/adoloescent referrals from school sources (however other child related referral sources have continued, i.e. PCP offices, self-referral). There was significant & noticable spike in anxiety & depressive related symptoms within the community & client populations. Our community also saw a dramatic increase in overdose and overdose related deaths during the COVID period as compared to pre-COVID period. Lover SES & Elderly populations struggled to move to techology based telehealth services and telephonic services played a critical role in being able to maintain treatment and contact with these populations, particulary when they were unable to be seen in-person.

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 above notes in the previous section. In addition, we saw that the comorbid SUD/MH and teh SPMI populations had some increased difficulty coping during the COVID period and in part this was attributed to group treatments not being available in-person as it was prior to COVID.   There was also an increased need for emergency and crisis services. In-patient psych services were difficult to obtain.

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.

as noted previously. OASAS had restricted in-person and group treatment services for an extended period and this was difficult for some clients to cope with. Dratmatic increases in OD and OD related deaths occurred. Our number double over prior year same period numbers.   Rehab treatment services & residential treatment services were extremely difficult to obtain in the early phases of COVID. This improved over time but it was a significant barrior for our Open Access Center & COTI Programs as well as our clinic to make referrals for those services and link clients to the appropriate level of care at the time.

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.

Program services were not open for an extended period and this was difficult for families and clients to cope with. Group homes also had restrictions on travel and visitors for clients and this contributed to social isolation.

Q7   **Respondent skipped this question**

a. Mental Health providers

Q8   **Respondent skipped this question**

b.   SUD and problem gambling service providers:

Q9   **Respondent skipped this question**

c.   Developmental disability service providers:

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Q10

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

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	**Increased**
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	**Increased**
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	**No Change**
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	**Increased**
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	**Decreased**

Q11   **Respondent skipped this question**

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

Q12

b.   Since March 1, 2020, how would you describe ACCESS to mental health services in each of the following program categories?

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

Q13   **Respondent skipped this question**

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

Q14

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

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   **Respondent skipped this question**

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

Q18   **Yes**

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

Q19   **Respondent skipped this question**

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

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   **Respondent skipped this question**

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

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

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):
We developed a mobile clinic for patients needing medication injection and who were unable to travel to the main clinic or who may have had compliance problems. Our mobile team tracked down non-compliant patients and attempted to link with them in the community. Likewise for those unable to travel to the main clinic we used the mobile clinic to go to them. We also increased our mobile crisis services again utilizing our mobile clinic to bring the services into the community as needed.

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):
We partnered and continue to partner with Foodlink and our local DSS to hold food distributions at varying locations throughout the county on a weekly basis and assisting those who are struggling with food insecurity.

Q26

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

1

Q27

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

Respondent skipped this question

Q28

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

0

Q29

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

Respondent skipped this question

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?

None

Q31

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

Note: We (Wayne County) are also the LGU in addition to being a community based organization.

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:

We were able to obtain sufficient supply as needed.

Q34

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

School based SUD prevention programs were reduced/stopped.

Q35

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

There was a reduction in services in some residential/rehab & outpatient programs. An 820 program was required to stop accepting referrals due to a positive COVID case.   In-person and group services were not allowed by state authority. We saw decrease in ability to refer and obtain admission to SUD programs early in the COVID period.

Q36

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

no change was observed.

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	**Decreased**
CRISIS	**Increased**

Q38   **Respondent skipped this question**

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

Q39

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

INPATIENT	**Decreased**
OUTPATIENT	**Increased**
OTP	**No Change**
RESIDENTIAL	**Decreased**
CRISIS	**Decreased**

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):
Our mobile clinic services, MAT & crisis services will continue via our Open Access Center and COTI programs will continue.

Q42   **No**

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.

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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.

No

Q44

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

Resuming & maintaining the full array of program services and at all existing sites particularly as we enter a potential new phase of
COVID risk as flu season, fall/winter arrive, and with the reopening of schools. Will a resurgence of COVID happen in conjunction with
these events.

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.

Respondent skipped this question

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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