Mental Hygiene service delivery for Plan Years 2021 and 2022 has been affected by the COVID-19 pandemic. The State Mental Hygiene agencies (OASAS, OMH, OPWDD) are using this Local Services Planning Form to collect vital information from Local Government Units (LGUs) about the challenges of providing services to the Mental Health, Substance Use Disorder, and Developmental Disability populations during the COVID-19 pandemic.

1. <u>COVID-19 Needs Assessment by Population</u>
Please explain why or how the overall needs have changed due to the COVID-19 pandemic and the results from those changes. The first question asks about cross-system needs and the questions that follow ask about each mental hygiene system individually.

a. Evaluate your local mental hygiene service system's (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations) performance during the COVID-19 pandemic:

The Erie County Department of Mental Health (ECDMH) conducted a survey of provider agencies serving mental health, substance use disorder (SUD), and developmentally disabled (DD) populations in order to complete this form. The survey was distributed to agencies on April 12, 2021 with a due date of April 30, 2021. The ECDMH received 56 responses and they are reflected in our response to the COVID-19 Supplemental Form for 2022.

Many respondents cited the social and psychological impacts of COVID-19. With individuals facing loneliness, unemployment, family deaths from COVID-19, remote schooling challenges and the unknowns regarding this pandemic, there was added stress for most families and a higher number of mental health and SUD appointments.

The shift to video and phone service delivery has been very helpful and has allowed providers to quickly find sustainable alternative ways to service individuals in need of care during the pandemic. The switch to telehealth services helped overcome some of the traditional barriers in accessing care such as transportation and child care. Many provider agencies commented on how quickly Erie County providers were able to transition to remote and/or hybrid services and were pleased with how accessible services became to the community. However, this is not a one size fits all strategy with limitations. The lack of ability to see individuals face-to-face has made it more difficult to assess a person's well-being; especially with substance use disorder (SUD) clients. Other providers reported that virtual services are not adequate for the adolescent population, some clients struggle with access to technology, lack of privacy in the home for remote sessions, and obtaining signatures and completing forms remotely has been very difficult for providers. Many respondents hope that the ability to provide telehealth services will continue as it has shown to be effective with many of their clients.

Many agencies reported that Erie County had an identified crisis response system that continued to operate throughout the pandemic and innovative practices were quickly implemented to ensure clients were reached and had access to services. Overall, providers found the Erie County Mental Hygiene Service system's performance to be great/outstanding, given the novel conditions surrounding the pandemic, and felt the system adopted needed changes relatively quickly. Many mentioned that Erie County actively worked to map resources for ease of access and that communication has been effective, transparent and responsive. They also reported that Erie County was supportive and adequate guidance was continually provided.

The financial impact of COVID-19 on the provider community has been significant. Personal protective equipment (PPE), which is required for any in-person interactions, has been very expensive and remains in short supply. Several respondents cited that Erie County provided agencies with free or affordable PPE

and COVID-19 safety information, which allowed them to distribute to their clients. It was noted that they would not have been able to keep as many clients safe during this time without Erie County's assistance. For the developmentally disabled (DD) population, it has been more difficult as the majority are unable to receive/benefit from services via telehealth and it has been challenging for agencies to ensure that there is enough PPE for all staff for each shift.

Changes across the service delivery system, which has increasingly relied on cross-system cooperation and coordination, have been impacted by COVID-19. This has been seen particularly in services that rely on the court systems, which have remained closed and probation not performing home visits. Referrals from court systems were not occurring and AOT experienced a number of challenges because of court closures or restrictions. A provider also reported a lack of support from hospitals' substance use in-patient programs because they were shut down to make room for COVID-19 patients. Also reported, were concerns that Child Protective Services (CPS) has been so busy and overtaxed that there may be needs not being addressed.

Providers gave positive feedback regarding the hotline established for first responders who could call and receive mental health counseling free of charge. This service reportedly showed providers on the frontline that they were valued and that their stress of working throughout the pandemic was recognized, understood and appreciated by the community. Also, the homeless population lost many of their daytime refuges and many of the shelters reduced their bed capacity. Erie County, with Restoration Society and the City of Buffalo, created an additional 24-hour shelter in the Erie County Community College gym to meet this need. This shelter also provided telehealth access to mental health and SUD services.

Many respondents cited the difficulties they experienced during COVID-19 and most, if not all, described their ability to make it work during these challenging times. Some also noted that the support they received from the ECDMH was extremely helpful, stating that the ECDMH was highly collaborative, flexible, responsive and effective.

Any cross-system issues that affect more than one population:

Most providers noted that technology remains a barrier as many clients still are not able to benefit from telehealth services due to lack of technology including phones, laptop/tablet and stable internet connection. For those clients that do have phones or computers, many still lack the skills or confidence to use the technology to benefit from telehealth or online services. Many people have a difficult time navigating the internet to access resources, and some give up. A more streamlined system of care for clients to access services and a support person(s) to act as an online navigator are possible solutions for those clients struggling with using technology.

A significant number of providers stated that staffing has become a significant issue affecting quality direct care staff, behavior support staff, nursing, management and teachers at a level never seen before. Staffing shortages have led to decreased availability of services, program closures and limited numbers of direct care staff. One of the agencies commented that the ability to find, train and retain qualified staff is a critical issue across all systems at this juncture having no foreseeable end in sight. Living wage disparities for these complex jobs leads to a reliance on charitable persons who are willing to sacrifice personal financial stability in order to provide care for the most vulnerable.

Many respondents noted concern for families who were struggling with parenting pre-COVID-19 to now having children home full-time being home-schooled, and the impact this has on overall family functioning and well-being. One agency reported that Child Protective Services has been over-tasked and unable to address significant concerns where children were in danger and should have been removed from homes, but weren't in a timely manner.

Transportation services for clients was another issue mentioned frequently throughout the provider responses. Lack of reliable transportation has affected clients' ability to: access care, obtain necessary testing, pick up medications, get to the locations where vaccines are offered, and obtain preventative or emergency services.

Any performance issues related to specific racial/ethnic groups:

Several respondents cited a greater impact of COVID-19 on communities of color; particularly those living in poverty. While not restricted to any racial or ethnic group, people living in poverty were repeatedly identified as being disproportionately impacted by COVID-19.

A few of the agencies reported that they found minority groups in general (staff and clients) to be higher in reluctance to testing for COVID-19, seeking medical treatment and apprehensive to get vaccinated, suggesting a need to provide additional support, education and access to these communities.

Some agencies also stated the need for bilingual Spanish speaking services and translation services to provide education and service delivery to immigrants, refugees and those who do not speak English as their first language.

Any differences between adult services and children's services:

For providers that serve children, they reported a greater need for adolescent resources and counseling due to the increased stress and isolation from being removed from their regular school environment, adjusting to remote learning and decreased extracurricular activities. It has been difficult to engage children and teens in virtual services. Caretakers have reported concerns that their children appeared less engaged in the therapeutic process delivered via telehealth. Some also reported that children's online services are difficult to access, and that the Children's Mental Health system is confusing and complicated. In response, one provider added that their agency is developing a "cheat sheet" to assist families in navigating the complex Children's Mental Health system.

For providers that serve adults, individuals without family involved in their care and living on their own with limited resources, were prioritized as they didn't have anyone else to support them.

An agency that mainly provides adult services commented that their organization continues to be a safety net for children in crisis situations even though other providers are identified to specialize in that. They went on to mention that when it comes to crisis work, the divided approach (with one crisis agency focusing on adult and the other on those under 18) doesn't always work for the "family" in crisis.

Actions being taken to develop best practices in the future:

Several agencies reported that the collaboration with other providers has been key in developing best practices and resolving issues that COVID-19 has surfaced. Many noted that the use of video platforms has worked out very well for providers to meet with one another. Virtual meetings have eliminated travel time and as a result, have increased the likelihood of more providers able to participate. Providers are working together to streamline services for the ease of their clients, improve medication management, and refine their current policies and procedures to better prepare for future emergent situations. This collaborative effort has brought about further ties to one another's pandemic success and they intend to build upon this model seeking ways to conquer other challenges their agencies face as a whole.

Nearly all providers aim to continue providing telehealth and online services for clients who have access to technology and would like to continue doing so. One provider mentioned that they are looking into requesting a telehealth waiver to use in the future. Another agency reported that they are working with participants to find affordable WIFI services. Some providers continue to include a mix of remote and on-site work and established clear protocols for remote work and remote client visits. Many providers cited that they have invested in training to make their staff more adept at delivering programs online and revamping online programs to make them more effective for telehealth services. One agency mentioned they will be utilizing surveys and focus groups to determine virtual programming impact and overall satisfaction from clients.

Many providers reported that they have implemented new staff training requirements, expanded on current training methods and are utilizing training in evidence-based practices with the focus being to fully equip staff to ensure the quality of services provided. A few agencies have hired outside help to assist with the increased demands from the pandemic such as: Intake Teams to increase their ability to provide same day access and Crisis Management Teams to address the everchanging conditions and requirements while ensuring health and safety of clients and staff. Other agencies have created new positions such as: Chief of Organizational Equity to ensure historically underserved populations receive services, Equity Officers to support best practices related to inclusion and diversity and Content Experts to inform on cultural humility training and trauma informed care training.

For residential providers, some have had to increase their clinical support for residents as there was a significant decrease in care delivered by outpatient providers. One agency is now looking to add outpatient services to its continuum of care so that it can be self-reliant, flexible and ensure their residents are well cared for.

All agencies have and will continue to integrate local, state and federal COVID-19 protocol guidelines into their agency policies and procedures, as well as their Disaster Plan. Nearly all say they have a more solid preparedness plan in place should any future pandemics/environmental crisis occur. Agencies also reported upgrading filtration and air handling quality and increased infection control maintenance at their facilities for the well-being of their staff and clients. Some agencies reported that they assisted clients and staff in scheduling vaccinations or opened their site as a distribution center for vaccinations.

b. Indicate how your mental health service providers, have performed during the pandemic: Due to pandemic restrictions, the greatest challenge reported was the inability to accommodate face-to-face services and group therapy for those who lacked the technology or skills to participate virtually.

Many agencies reported that there has been a significant increase in mental health cases with clients having more needs. As a result, clinicians have had to work harder to provide the same level of therapy provided pre-pandemic. Providers reported their staff performed at optimum levels even while experiencing the trauma of the pandemic themselves. Agencies praised their staff as heroes who stayed the course in spite of the challenges created by the pandemic. Some agencies shared concerns about employee burn-out and their inability to hire staff to meet the influx of referrals for new services. Demand is up more than 20% for services and overwhelming the system, with demand being more than providers can accommodate at the given time.

Virtual programming allowed providers to collaborate using best practices and overcome similar challenges they faced due to COVID-19. This allowed them to provide effective services and treatment via telehealth and then face-to-face once they were able to do so safely. One of the agencies made the following statement, "Mental health providers did the very best job they could as we were simultaneously 'building the airplane as we were flying it.'" Overall, respondents felt that mental health service providers did very well during the pandemic or at worst, the very best they could with the given circumstances.

Throughout the pandemic there was a concern that there would be an increase in suicides. Erie County closely tracked these deaths and in 2020 there was a decrease of 9% from 2019. Erie County did not experience the increase in suicides that was feared.

Several agencies reported that ECDMH and ECDSS were instrumental in their facilitating of services and ability to respond promptly to those in need.

c. Indicate how your addiction needs and services, overall, have been affected by the COVID-19 pandemic:

Since the onset of the pandemic, nearly all providers reported seeing a significant increase in alcohol and substance use with a directly related increase in demand for substance use disorder (SUD) treatment. While telehealth services have made getting help more accessible, the inability and/or decrease in face-to-face treatment has posed a challenge to both SUD clients and treatment providers. Many individuals with SUD, particularly those in Supported Housing, lack the technology required to participate in telehealth services or virtual support groups. Providers also feel that telehealth treatment is less effective for SUD clients because it is more difficult for providers to pick up on subtle cues that they would look for during face-to-face interactions. Many reported that SUD clients seem less engaged and connected for treatment to be successful. Some providers also noted that they were seeing a lot of missed telehealth appointments and due to the increase in cases, it was challenging to get people seen in a timely manner. One agency also reported that virtual services provided for adolescents have proven to be inadequate for the adolescent SUD population. It was also not optimal to meet with families virtually to assist the adolescent SUD population.

Because of the pandemic, agencies suspended in person groups and toxicology screens were less frequent, if done at all. The tox screens are known to be an effective component of treatment, keeping people accountable.

One of the agencies was especially affected due to the system being more interdependent on the role of the courts, probation, parole, and hospitals. When those services were shut down or diverted because of COVID-

19 patients, outpatient services were left to address escalating needs without the usual system level support. They went on to state that reduced staffing & community outreach services combined with increased usage and stressors due to the pandemic all contributed to the rise in overdoses.

Many providers noted that SUD patients seeking inpatient treatment have been greatly impacted from the pandemic and to some extent still are with limits on the number of beds allowed (40% capacity). It was very difficult to find placement for individuals requiring inpatient substance use treatment.

While there was a reported increase in demand for SUD services, there was also a decrease in individuals served as a result of the pandemic. The conditions described above along with greater isolation and increased stress contributed to an approximately 31% increase in opioid related deaths in Erie County in 2020 as compared with 2019. This was also the first increase after 3 consecutive years of decreases in such deaths in Erie County.

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic:

Nearly all providers reported that the Developmentally Disabled (DD) population has been greatly affected by the pandemic and depending on the level of disability, many are left feeling confused and isolated. The way they were used to living was completely disrupted and their rights were curtailed more than the general population throughout the pandemic. With schools being closed, clients were unable to receive in-person, specialized therapies and families were no longer receiving the support they needed from school systems. Additionally, many parents are school teachers, healthcare workers or another type of essential worker who needed to find alternate care for their loved one. Individuals with DD in certified residences have also struggled with isolation due to quarantine rules and visitation restrictions.

Individuals with developmental disabilities may not be able to understand or comprehend safety precautions or properly wear PPE as easily as someone without disabilities and they may not be able to communicate effectively with others when they have symptoms possibly related to COVID-19. Attending medical appointments has been difficult if the client's disability prohibits them from keeping a mask on. Consequently, many DD clients have missed out on preventative medical care, habilitation services and some also have serious underlying medical conditions; which make them high risk. In-person services have been halted several times and reopening regulations have made it very difficult to work with the DD within the recommended guidelines.

Many are still not able to participate in day services due to social distancing requirements and lack of staffing. The residential, day and respite programs are continually moving on and off quarantine due to positive exposures. This has interrupted the ability for DD individuals to visit friends and loved ones, participate in the community and engage in work and day programs that are available. In addition, the rates of illness for direct care staff remain high due to lack of vaccination at the time this survey was taken.

Providers have reported seeing an increase in behavioral issues, regression and need for mental health services with the individuals they serve. Telehealth has been a great addition to access services within their homes, removing the transportation barrier; however, lack of internet service and technology remain a barrier for some. Additionally, most providers have found virtual services to not be as effective for the DD population.

Many have reported that staffing issues have increased due to COVID-19 and this poses a significant challenge to providers, as the DD population relies on direct care services. Due to staffing shortages,

providers have had to limit the number of programs being offered for DD and staff have had to focus more attention on safety and maintenance of clients rather than habilitative services. Providers also reported that financial losses from both federal and state have threatened the sustainability of some of their programs. As staffing was a major problem before COVID, the severity of the problem continues to grow and this has risen to critical status.

OMH Questions:

1. OMH Service Access during COVID

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

i. INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

ii. OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

iii. RESIDENTIAL (Support, Treatment, Unlicensed Housing)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

iv. EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

v. SUPPORT (care Coordination, Education, Forensic, General, Self-Help, Vocational)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

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

Thirty-two of the 56 respondents to the survey indicated that their agency provides mental health services. The responses entered above represent the community feedback we received most frequently. The program categories that had the greatest consensus are the increased demand for Outpatient, Emergency and Support services. Respondents that marked "Don't Know" were not included in the analysis. Our evaluation only included those that did have an opinion about each of the categories.

Several respondents provided additional insights to this question. While a majority of respondents with an opinion regarding the demand for emergency services believed that the demand had increased (76% believed there was an increase) the comments offered (including conversations with CPEP during the height of the pandemic) indicate there may have actually been a decrease in use of emergency services, with more people seeking outpatient services rather than emergency services, and those that did seek emergency services had a higher degree of acuity. During 2020 many people accessed outpatient services via telehealth and one respondent reported a 20% increase in demand for outpatient services. While an effective mode for many, telehealth is not a good fit for everyone. For those that did use telehealth to access clinical and support services, of those who did not find this a helpful method of receiving services, many of them dropped out of care.

One provider reported that they saw a decrease in referrals for services for children and families were reluctant to have children placed without in-person visitation available. Tele-visitation was offered to these families as an alternative.

Court programs were significantly impacted.

Some respondents identified increased rates of depression, anxiety, substance use, isolation, fear, and stress because of the pandemic, which was compounded because of how long this has been going on. Staff observed higher states of acuity (severity of patient's illness and level of attention/service needed from professional staff.) Despite available staff supports, there was a noted increase in the need for both clinical support and emergency services. Another pointed out that the transition to the new "normal" may create additional difficulties as people move back out into their communities and start to access more face-to-face services. Reacclimating to previous activities might present challenges to some. As face to face site-based services come back online, some are finding it difficult to reengage after being housebound for the past year.

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

i. INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)
☐ Increased ☐ No Change ☒ **Decreased** ☐ Don't Know

ii. OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

iii. RESIDENTIAL (Support, Treatment, Unlicensed Housing)
☐ Increased ☒ **No Change** ☐ Decreased ☐ Don't Know

iv. EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

v. SUPPORT (care Coordination, Education, Forensic, General, Self-Help, Vocational)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

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

The responses entered above represent the community feedback we received most frequently. The program category that had the greatest consensus is the increase in access for Outpatient services. Respondents that marked "Don't Know" were not included in the analysis. Our evaluation only included those that did have an opinion about each of the categories.

Access primarily increased because of the use of telehealth. Telehealth opened up access to counseling services for many and alleviated many of the barriers to face to face services including transportation and childcare. Providers continued to accept new patients, expanding mental health services to meet the increased demand. Doctors, counselors and support providers were able to meet with more people using telehealth. In some cases, increased demand was greater than the availability of services. However, as telehealth was not a good fit for all, some clients likely stopped counseling because they did not want to

meet with their provider by phone or video conference. Also, telehealth may not have been the best mode for delivering services for some of the most vulnerable, although it was the best option available given the restrictions that were in place. That said, while not necessarily true across all populations several providers during the course of the pandemic reported an increase in engagement and attendance via telehealth. Telehealth also helped to address access issues for those with transportation issues, geographic isolation, and childcare issues to name a few. Others reported an increased likelihood to attend due to the opportunity for increased privacy in many circumstances.

Some providers were effective overall in increasing capacity to respond to the increase in need and demand. While telehealth can increase access and capacity to outpatient services, staffing is a barrier to increasing capacity. One provider noted that many clinical staff left their agency to work for national telehealth companies, while another said staff burnout and challenges with recruitment were major issues. For some agencies, there was a decreased availability of services, sometimes due to COVID restrictions and shortages of staff to deliver the services.

2. **<u>Capacity Changes during COVID</u>**
Since March 1, 2020, please describe capacity changes within each of the following program categories:

i. INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)
☐ Increased ☐ No Change ☒ **Decreased** ☐ Don't Know

ii. OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

iii. RESIDENTIAL (Support, Treatment, Unlicensed Housing)
☐ Increased ☒ **No Change** ☐ Decreased ☐ Don't Know

iv. EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

v. SUPPORT (care Coordination, Education, Forensic, General, Self-Help, Vocational)
☒ **Increased** ☐ No Change ☐ Decreased ☐ Don't Know

3. <u>County Adaptations/Efficiencies/Post-COVID Reorganizations</u>

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

○ No

◉ **Yes (please describe)**

From the LGU perspective what was witnessed and observed was nothing short of an amazingly swift, innovative and committed adaption to a heretofore unexperienced and literally life-threatening event. The adeptness with which the provider community responded to meet the needs of the citizens of our community was remarkable.

More than half of the respondents reported that they have developed innovative services or methods of program delivery that may be continued post-COVID.

Examples of innovative services or methods of program delivery that were offered by respondents that may be continued beyond the pandemic include:

- Youth Empowerment & Leadership (YEL) found unique ways to keep the youth in the program engaged on a virtual basis and plan to keep some of those initiatives in place.
- Offered Other Licensed Practitioners (OLP) to provide counseling in the home to children and looking into providing in-home counseling to adults who have mobility issues/fear.
- Built upon co-response teams, increased breadth and variety of Clubhouse offerings, streamlined telehealth and coordination.
- Continued flexibility within various job roles to work both remotely and on-site. Provide flexible ways for staff to attend meetings both virtually and in person based on staff availability.
- Changes to how inpatient clinical interventions are delivered.
- Created Digital Divide program for older adults to teach them how to access services remotely.
- Expanded warmline/virtual line/text line to 24/7 access and that will continue.
- Created virtual groups which have had better attendance than in person groups.
- Implemented electronic program delivery which may allow providers to serve more students in the future.
- Provided more services outdoors and drive by events to increase engagement and reinforce that the providers are available to those they serve.
- Offered Zoom activities, people who could never attend in-person activities (transportation issues, etc.) are now able to participate.
- Offered mental health first aid training virtually and will continue to offer.
- Provided iPads to highest need clients who would not be able to otherwise access telehealth services and outreach clinic teams.
- Increased health screening.
- Mobile integration team.
- Implemented the work to launch the 911 call diversion pilot.
- NYS Domestic and Sexual Violence Hotline launched text and chat services.
- Virtual support groups to older adults, immigrant and refugee clients.
- Virtual apartment searches.
- Offered brief therapeutic intervention to essential workers.
- ECDMH's collaboration in the COVID Response Homeless Shelter – operated 24/7 bringing counseling and telehealth access into the shelter for 100 individuals each night. While this was only

in place for a relatively brief period of time, the partnerships and learnings can be transferable to other emergencies and projects.
- Remote support groups for individuals with anxiety.
- More mobile services, 24/7 virtual care.

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

○ No

◉ **Yes. (please describe)**

Forty percent of the respondents reported that they have formed partnerships with other providers that would be continued post-COVID.

Many respondents reported that they formed partnerships with other mental health treatment providers, substance use disorder providers, developmental disability providers and peer services.

Many of the respondents also reported that they had formed partnerships with sectors beyond traditional mental health providers including FeedMore of WNY to address food insecurities, Neighborhood Legal Services, police departments, OPWDD agencies, homeless shelters, organizations serving rural and Native populations, and social services providers. The 911 Call Diversion effort is an example of cross-sector collaboration that will continue post COVID.

4. <u>Disaster and Continuity of Operations Planning</u>

a. How many mental health providers within your county implemented existing disaster plans?

71%

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

Of the 31 agencies that responded to this question, 71% (22) reported that they implemented existing disaster plans. We also asked if the agency had a documented disaster plan prior to COVID-19 and 90% reported that they did.

Respondents reported that they implemented guidance provided from the Governor's executive orders, DOH, OMH, and OPWDD, some amended their plans with guidance provided by OMH and DOH. Some agencies created teams of leaders to work on and continually update a disaster plan, meeting weekly to review, revise and stay abreast of any major changes. One respondent reported that their existing plan did not address a pandemic such as COVID and they had to add a pandemic response section to their Disaster Continuity of Operations Plan (DCOOP).

A couple of respondents reported that the PPE they received from Erie County, including face masks and hand sanitizer, was very helpful to staff and the people they serve.

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

29%

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

Of the 31 agencies that responded to this question, 29% (9) reported that they did not implement existing disaster plans. Ten percent of respondents (3) reported that they did not have a documented disaster plan prior to COVID-19.

c. Did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of disaster plans?

○ LGU ○ OEM ◉ **Both** ○ None

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

Thirteen percent of respondents (4) reported that they received assistance solely from the Erie County Department of Mental Health in the development or revision of their disaster plan. None reported having received assistance solely from the Office of Emergency Management. Ten percent (3) reported that they received assistance from both the ECDMH and OEM. Seventy-seven percent (24) reported that they did not receive assistance for either the ECDMH or OEM in the development or revision of their disaster plan.

d. Does your county LGU have a plan for ensuring that provider continuity of operations plans are developed and maintained?

○ No ◉ **Yes**

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

The Erie County Department of Mental Health has been providing guidance and assistance to providers in the development of disaster continuity of operations plans (DCOOP) for several years. Each year the County designee worked with a handful of agencies to develop agency DCOOPs. Up until 2019, this function was performed by an individual under contract through the Erie County Office of Emergency Services. In 2019, when this person retired from the role, the ECDMH entered into an arrangement with a community provider to support this role for the department, as well as act as our representative on the County emergency planning committees and on-site at the Emergency Operations Center when needed. This contracted staff person was not available after February 2020, so was not able to support this work since then. The ECDMH is currently considering how to proceed with this work going forward. State funding to support this role would be extremely helpful if this is a role that the State agencies would like to see the ECDMH lead in our County in support of local but also State funding/licensed programs.

e. Does your county LGU have a responsibility for directly providing mental health services as part of the county's comprehensive emergency management plan?

◉ **No** ○ Yes

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

The ECDMH does not have responsibility for directly providing mental health services as part of the county's comprehensive emergency management plan.

f. Is your county LGU engaged with the Regional Health Preparedness Coalition?

◉ **No** ○ Yes

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

The ECDMH is not involved with the Western Region Health Emergency Preparedness Coalition. Historically the ECDMH representative participates on the Comprehensive Emergency Management Plan Section 6 and 8 Committees and co-chairs the Behavioral/Mental Health Planning Subcommittee. As noted above, this position is currently vacant and ECDMH has not decided how to proceed. Funds to support this function, if required by the State agencies would be very helpful in continuing this work.

OASAS Questions:

1. OASAS Service Access during COVID

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

◉ **Increased** ○ No Change ○ Decreased ○ Don't Know

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

Twenty-one of the 56 respondents to the survey indicated that their agency provides substance use disorder and/or problem gambling services. The responses entered above represent the community feedback we received most frequently. Sixty percent of those who had an opinion on this question reported an increase in demand for prevention services, however, because of the pandemic and the challenges of delivering this service virtually, if that was even an option, providers had difficulty actually delivering this service. Respondents that marked "Don't Know" were not included in the analysis. Our evaluation only included those that did have an opinion about each of the categories.

Schools and community partners wanted prevention services. Only some were able to provide an online delivery format for the prevention providers. The technology challenges were a barrier and many did not have the time to support the transition to online services. Many partner locations were not able to make the virtual platforms work.

b. How has COVID-19 affected the delivery of and demand for addiction treatment services in your county?

(•) **Increased** ( ) No Change ( ) Decreased ( ) Don't Know

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

Seventy-two percent of respondents who had an opinion on this question reported an increase. There was an increase in demand for addiction treatment services in the county but there was a decrease in access to in-person services, a decrease in group-based addiction treatment services, residential treatment and inpatient. There was also an increased need for OTP programs.

Erie County has seen a significant increase in opiate overdose deaths over the course of the pandemic. This is not unique to Erie County. For those needing treatment isolation and limited interactions with natural supports could have been a factor in the increased overdoses. Erie County has also seen an increase in overdose deaths related to fentanyl laced cocaine. Treatment programs that have been exclusively virtual are not able to implement regular tox screens, which for many clients is an important component of their treatment, providing accountability and assists providers in identifying those who have relapsed and may need additional supports.

c. How has COVID-19 affected the delivery of and demand for addiction recovery services in your county?

(•) **Increased** ( ) No Change ( ) Decreased ( ) Don't Know

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

Of those respondents with an opinion on this question 80% report that the delivery of and demand for addiction recovery services in the county increased.

There were barriers to delivering recovery services. Inpatient rehabilitation was temporarily closed in order for the hospitals to repurpose those spaces for COVID or other medical beds. Some programs shifted some services to online or telehealth but many people that receive these services prefer and respond better to in person services. With vaccination rates increasing these locations are starting to see increased utilization of in person services.

Greater isolation, increased stressed and difficulty access other avenues of coping, in many cases, negatively impacted abstinence.

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

○ Increased ◉ **No Change** ○ Decreased ○ Don't Know

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

Only 4 of the respondents to this question had an opinion and 75% of them reported there was no change. No further information was provided by respondents.

2. <u>County Adaptations/Efficiencies/Post-COVID Reorganizations</u>

a. **During COVID-19, apart from telehealth, did your county or addiction service providers within your county develop any innovative services or methods of program delivery that may be continued? If yes, please describe.**

○ No

◉ **Yes (please describe)**

Forty-five percent (9) of the respondents reported that they have developed innovative services or methods of program delivery that may be continued post-COVID.

Examples of innovative services or methods of program delivery that were offered by respondents that may be continued beyond the pandemic include:

- One agency created a support platform called, "Community of Caring." It provides a variety of online sessions for people in the community seeking support, skills building and recreational activities.
- Programs adapted to be offered electronically.
- Offered after hours and emergency MAT services using telehealth for these services.
- Provided iPads to highest need clients and those more comfortable with telehealth Services.
- Utilized fun approaches to engage youth virtually through online games, groups, and meal time sharing.
- Promoted mindfulness programming for professionals and families.
- Implemented Parent Pause: opportunities for staff to zoom into homes and do activities with the children to give parents a break from assisting their child while online.
- Use of telehealth, rapid access to MAT, provided more mobile services.

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

○ No

◉ **Yes (please describe)**

Five respondents reported partnerships with other providers that may be continued post-COVID. Noted partnerships include a Human Services Collaborative, several coalitions and collaborative groups that existed prior to COVID, addiction medicine and primary care. One noted that the value and importance of the existing partnerships and coalitions was even greater during the pandemic.

OPWDD Questions:

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

   ○ No

   ◉ **Yes (please describe)**

The ECDMH analysis of the impact of COVID on IDD services and the OPWDD service system was incorporated in this exercise. The ECDMH included targeted questions to IDD providers in the survey used to respond to the LSP COVID-19 survey. In addition, our analysis also included discussions with the Developmental Disabilities Subcommittee of the Community Services Board and ECDMH staff input related to their communications with providers. We asked about the impact of COVID related to IDD services/OPWDD service system on the following categories of services: housing/residential; day services including day programs and work programs; respite services; crisis services; care coordination; transportation; and personal care assistance.

Over 50 people representing agencies serving Erie County responded to the 2022 Local Services Plan COVID-19 Survey. Of these, 10 respondents reported that their agency provides developmental disability services. The following summaries reflect the responses to survey questions in the Developmental Disability section of the survey.

We asked providers in what ways COVID-19 has impacted the needs of the developmentally disabled population served by their agency. Responses to this question included several themes:

- Social isolation, anxiety and mental health concerns have increased for this population as a result of COVID-19. There are greater needs for mental health services.
- Many have lost services, have had a delay in accessing services, or are unable to access services.
- Telehealth services have been helpful, particularly for those who face barriers because of transportation, but for many people telehealth is not an adequate method for delivering the services that many people need.
- Many are not receiving the services they need because of the lack of availability of in person services. It is too challenging for agencies to provide in person services because of the public health regulations and restrictions.
- Staffing shortages have prevented many services from fully reopening (school, day and respite, preventive healthcare, rehab, day hab, vocational, etc.). Recruiting and retaining staff is more difficult because of the needs of the population. Some staff or potential applicants are not comfortable working with people who may not wear a mask or are unable to social distance. Staff illness, lack of competitive wages, competing demands on the workforce (such as availability of childcare and need to supervise children who are doing virtual schooling) compound staffing challenges. Staffing is not a new problem but the pandemic has made it even more difficult.
- There are also fiscal impacts of COVID-19.

Impact of COVID-19 on housing/residential services:

- There were significant restrictions placed in residential settings with the goal of keeping the residents safe. Visitation was suspended and residents were not allowed to go out into the community. People living in congregate settings were removed from day programs due to potential exposure to the virus and the risk of bringing the illness back to the site. When quarantine restrictions are implemented all visitation, work, day program and community engagement are suspended for 10 days minimum. Quarantine restrictions are implemented when there is suspected or positive COVID case. When staff are symptomatic, quarantine restrictions are implemented, but staff are not required to be tested.
- Many residents have died of COVID-19. Filling vacant beds has been incredibly difficult because of the COVID restrictions including not allowing people to do tours, overnight visits, etc. Also, many people are reluctant to move into an IRA during COVID.
- The extended restrictions around visitation, community access, and quarantine requirements have resulted in increased isolation, loneliness and frustration. The restrictions have also had a negative impact on family members. Families have not understood why the rules are different for their loved ones compared to the general population.
- Staffing is a huge issue and is the greatest threat to the sustainability of services. With the closure of day programs, increasing the staffing of the residences was difficult. Ensuring adequate staffing in community programs and residences keeps people out of nursing homes and institutions. Dangerously high levels of staff vacancy and the inability to find home care and community habilitation staff.
- There were also financial impacts to housing/residential service providers. Some offered hazard pay to ensure retention of staff. Staffing the homes 24/7 while day programs were closed without any additional funding compounded the issues services were already facing including low rates and staffing shortages.
- The moratorium on evictions has been helpful for some people but there is concern about what will happen when the moratorium expires.
- COVID-19 forces homes to look at internet access policies and the "digital divide" that has existed for this population for a long time.
- Residential services had to create safe places to care for COVID positive people served. Moving people from their homes to respite locations to minimize the potential exposure to others in the home.

Impacts of COVID-19 on Day Programs and Work Programs:

COVID regulations make it difficult to offer services. Providers need more space to socially distance. People can't return because they cannot wear a mask/social distance. Many services closed and still not operating at full capacity. There has been loss of clinic supports for many people because people are simply not in programs. It is very difficult to deliver these services remotely because people or their families do not have the necessary equipment, internet, or effective mode to engage the person in therapies or program activities. Many programs were closed much of the time to prioritize the safety of participants.

The loss of staffing over the course of the pandemic has reduced the agencies' ability to meet the needs of people in Day Services. They do not have sufficient staffing to have people return to programs once

increased capacities are allowed. Direct service providers (DSPs) don't want to work because they can get unemployment.

Transportation restrictions make it difficult to get people to day programs. Need more drivers because they can only transport at 50% capacity.

Individuals need regular services and their routines. The changes in routine for the population was difficult, not knowing when they would be able to return, some who have still not returned over a year later due to staffing issues. For those who worked there was increased anxiety about when they would be able to return to work, if at all. Day services closures created social isolation for many of the people served.

For one provider only have 50% of their day program participants attended and only 28% attend on a daily basis. The rest attend only part time because they do not have the staff to support everyone at once. Another provider reported that most of their programs are operating at 33% capacity due to social distancing requirements and staffing issues.

COVID forces a lot of people to learn how to use technology, which was a positive outcome.

Significant financial losses to day services and they were forced to close for several months over the previous year due to high levels of COVID in the community and programs being a potential vector.

Impacts of COVID-19 on Respite Services:

Respite was closed during much of the pandemic. Site based respite was suspended until recently because of safety concerns. Staffing shortages result in a lack of personnel to provide respite services.

Many DSPs are still on furlough because families do not want staff in their homes. After school programs were often nearly empty because children were not in school. Recreation programs also have minimal attendance.

The lack of respite service availability increases the burden on families. Families were not provided with the much-needed respite from caring for their family members. This created increased stress and burnout and had the potential for emotional impacts to families.

During the pandemic one respite provider closed overnight respite sites because they were unable to staff them. Some in home supports were maintained but this was more likely if a relative or family member was providing support.

One provider reported their respite services are open but operating at 33% capacity due to social distancing requirements and staffing issues. The freestanding respite was closed for most of the year because the space was being used to care for COVID positive people.

Impacts of COVID-19 on Crisis Services:

Some providers utilized and accessed crisis services as they had previously and saw no change in these services during the pandemic. One provider reported they did not use START services. Some people were able to access crisis supports via telehealth.

One respondent expects that there was an increase in emergency room utilization and other crisis services based on anecdotal information they received from people going through crises during COVID.

There was limited ability to take in non-COVID related emergency placements. It was also reported that it was difficult to provide services to people who were not under an agency's care due to limited information on their exposure risk.

Impacts of COVID-19 on Care Coordination:

Care Coordination implemented an assessment and monitoring tool at the onset of the pandemic to ensure people's basic needs were met as well as identifying people who were at high risk. Reach out occurred more frequently than typical care coordination, and the focus was on meeting basic needs. The ability to hold meetings and conferences via telehealth was a huge benefit and showed great success in continuing the work of care coordination services and remaining connected.

There were more virtual meetings with care coordinators. There were significant challenges to serve people who need in person and those who cannot access remote services.

However, not all respondents shared the sentiment that the transition was seamless. Some respondents shared that some care coordinators working from home were not particularly responsive to providers and during the virtual Life Plan meetings some care coordinators were distracted by things happening in their homes. Some respondents reported that they did not provide providers with necessary documentation (Life Plans, etc.).

There was a great deal of uncertainty because enrollment in new services was curtailed for quite some time by OPWDD, rules were changed for life plans to extend due dates, and other changes made it challenging to keep it all sorted. Life plan meetings were postponed/disrupted throughout the pandemic.

Impacts of COVID-19 on Transportation:

Transportation has historically been a huge challenge and COVID had made it nearly impossible. At 50% capacity agencies don't have enough vans or drivers to get people to and from programs. If someone cannot wear a mask they have to be on a single person transport which is non-existent so they remain at home. The capacity restrictions significantly reduce the number of people that can be served.

Transportation has been severely limited due to the COVID capacity restrictions. In addition, transportation vendors are experiencing turmoil as the pandemic has curtailed their businesses and forced them to lay off significant portions of their drivers and sell off their fleet. It has taken time to gradually ramp transportation back up and, in some cases, agencies lost their provider and are struggling to find transportation supports.

Other factors affecting transportation during the pandemic include staff illness/staffing shortages impacted transportation available through the group homes, reduced capacity on medical transportation vehicles made obtaining outside support for transportation more challenging, wait times for pick up rides have been delayed significantly. People are missing meals and medications waiting for transportation.

Transportation was limited to a 50% capacity by the state. This is still the case which is a huge issue. This impacts the amount of people that can be served.

Impacts of COVID-19 on Personal Care Assistance:

There is an extremely dangerous situation in personal care services that existed before but is highly escalated by COVID; people cannot find PCAs. PCA providers are saying they cannot take on new clients because there are no staff. The crisis is leading to accepting low quality workers and an increase in abusive situations as workers get burned out and people cannot discipline or fire aides because they need the help. The requirement that people who need both personal care and community habilitation must get these services from two different systems and the discrepancy in pay for home health aides vs DD system workers is non-sensical and makes it difficult for people to hire and keep workers.

Employee recruitment and retention was significantly impacted by the pandemic. People were afraid to participate in personal care in the presence of the virus. This led to even greater staffing shortages. Staff illness compounded the staffing shortage.

Other comments received include:

Staffing – Without proper staffing levels agencies cannot continue to meet the needs and interests of the people we support. The staffing shortage is at a critical juncture. Without a concerted effort to address the staffing crisis including providing staff with a reasonable, fair wage, the consequences will be dire.

Due to a lack of day programming for much of the year, many of the skills that people were building and maintaining are likely to be affected, and we are going to see regression in different areas for many people.

Community access and employment – agencies made a great stride getting people jobs and promoting employment. Many of them were the first to be let go as soon as the pandemic hit. They still haven't been brought back to work. OPWDD also placed some limits on employment as well. There is concern that it will take a while for the population to recover from the job losses.

The increase in use of technology and participation of people in regular Zoom meetings has been a positive outcome of COVID. People who have autism and or have transportation barriers have been able to participate more than in pre-pandemic times. However, there was no way to communicate with a number of people, especially those living in large congregate settings or in family homes who are unable to speak on the phone or who do not have personal phones.

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

Loss of revenue is crippling. Residential rates are scheduled to be cut May 1st which will have a significant negative impact on agencies. Despite all of the challenges, OPWDD has decided to still carry out budget cuts on top of everything else agencies have to fund. **It is not sustainable.**

STAFFING STAFFING STAFFING! Lack of staff makes operation of a program impossible. Without proper staffing levels agencies cannot continue to meet the needs and interests of the people they support. It is a staffing crisis. It is affecting our leaders (people with IDD). Large swaths of families and people living in the community have been unable to receive supports throughout the duration of the pandemic due to staffing shortages. It will be extremely challenging to restore these services even after additional restrictions are lifted simply because of a lack of staffing. They are eager to return, but the staffing is simply not available. This has shown no sign of abating.

We will be working with individuals to build them back up to their previous level of functioning after being out of program for so long. Reintegrating back into daily life – schedules and routines changing will result in increased crises. Grief-losing caregivers, family members, friends, housemates, etc. will be challenging for people.

OPWDD guidelines for masking and distancing in residences, day programs and transportation are not congruent with CDC guidelines for fully vaccinated people. Aligning the masking and distancing guidelines with CDC guidelines would allow faster reopening of day programs. Adjusting the OPWDD guidelines to conform to CDC guidelines for visitation in certifies sites would also be very positive for residents and their families.

Overcoming vaccine hesitancy in direct support staff remains a challenge.

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.

To date the ECDMH has accessed the following data points: number in Day Training (including sheltered workshops), number in Respite (including free standing respite, hourly and day/evening), number in Prevocational services, and number in Supported Employment.

While these data points are informative it would be very helpful for the LGU to have a better understanding about the kind and types of data that OPWDD currently tracks. More frequent and regular meetings with our regional OPWDD staff would also be helpful to increase our understanding of the data that is available. We currently have meetings with our OMH and OASAS field offices and it would be beneficial to Erie County to have similar meetings with our OPWDD partners.

As staffing is a high priority issue for OPWDD providers, it would be helpful for OPWDD to share workforce related data with the LGU. This could include number of vacancies, number of individuals refused services due to staffing shortages, wage differences between State and local workers for the same position, and turnover.
Underfunding for OPWDD services is also a concern and data related to funding to agencies would also be helpful. State funding via the State Aid Letter is typically flat. When there are modest increases in funding for cost of living, it costs agencies match dollars to sustain the workforce at minimum wages. Funding data and quantitative match requirements over time would be helpful in the community's advocacy for greater support for these services.

ECDMH is interested in knowing how many individuals served by OPWDD have co-occurring conditions broken down by mental health, substance use, chronic medical conditions. It would be helpful to have this data for entire state and for each county.

Final Question:

1. 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:

Respondents expressed their gratitude to OMH for providing directives and guidelines.

Respondents thanked the ECDMH staff for their assistance and support. More specifically respondents expressed their thanks for support for specific programs, the monthly leadership meetings throughout the

pandemic and opportunities to share some of their experiences, and also the timely distribution of quarterly advances.

Regarding vaccinations there will need to be a concerted effort for vaccines for children once approved, also continue to think about homebound individuals overall and some different approaches (telehealth, going to them, etc.).

A respondent stated that for deaf clients being served in the community, there has been a notable increase in need for mental health services. Isolation from other community members who are a primary source of information and news, is problematic since most updates and information on COVID-19 were not accessible to the deaf. Further, the deaf community is reluctant to get vaccinations and are often misinformed due to the lack of access to accurate information in their first language. Virtual presentations to the deaf community have been offered, but often the most vulnerable lack the resources and technology to be able to participate in these virtual sessions.

The system needs to continue to pursue parity and funding for virtual services.

While the pandemic has affected staff health and wellness, we have a resilient workforce. Staff have been personally affected and/or traumatized by the disease. Providers have worked to address this organizationally with assistance from the State agencies. Staff have done well to separate their needs from those that they serve, focusing their energy on the latter.

This experience shined a light on providers and their leaders that were positioned to respond, do more to help our community and move collaboration to better coordination. These partnerships that will move our community forward as we recover and heal. Greater collaboration and support between systems are good and necessary.

Lastly, in order to be fully responsive to the needs of recipients and their families there must be adequate funding to support direct care workers and clinical staff salaries in each disability. This is paramount in order to fill existing vacancies and retain existing staff, which providers have spent notable time and fiscal resources to train, only to see them frequently leave for better paying positions elsewhere.