



Acting Co-Chair:
John Grieco, MS CRC
Acting Commissioner of Mental
Health

Treatment Workgroup

Co-Chair: Julie Gutowski, LMHC

Senior VP of Admin Ops & Business Development Spectrum Health & Human services

Treatment Provider Workgroup

- The work group continues to meet monthly with representation of treatment and prevention providers, family members, peers, hospitals, treatment court representation, managed care representation, Erie County staff as well as representation from NYS OASAS.
- Meetings are generally monthly; face to face and/or conference calls.
- Access to treatment has been priority, specifically to MAT's
- In process of establishing targeted priorities for the next 12-18 months

Medication Assisted Treatment in Erie County Standard of care for OUD

- Methadone
 - Waitlist information:
 - November 2017: 228
 - January 27, 2020: 127
 - April 28, 2020: appx 220
 - Census Growth:

January 2016: 1272

January 2108: 1834

April 28, 2020: 2544

Represents a 100% increase in

4.3 years.

- Buprenorphine slot capacity:
 - 2017-710
 - 2018-3,210
 - 2019- 4,395 [6 fold increase]
 - Sublocade use is gaining greater acceptance and use
- Challenge is available providers to prescribe
- Despite this, larger agencies have 800-950 buprenorphine patients
- Endeavor-MAT for Adolescent/young adults to age 25
- Vivitrol is used on a limited basis in the EC Holding Center

Medication Assisted Treatment in Erie County Standard of care for OUD

Erie County OTP Census



Criminal Justice Collaboratives

- Crisis Intervention Team grant-training for law enforcement that includes substance use disorder education & targets services for veterans. Further enhances existing CIT work done with Crisis Services & local law enforcement.
- Endeavor has a licensed Behavioral Health/SUD professional is partnering with Town of Cheektowaga & Cheektowaga Police CIT & the Response After OD Pilot.
- Recent grants: MISSION CJ grant to enhance and expand care management services to the Opioid Intervention Court; Second Chance Act grant implementation planning is well on its way.
- Jail Substance Use Disorder services-specifically targets sentenced inmates at the Correctional Facility with psych-ed., CBI, & Motivational Interviewing to identify, educate and link to treatment. Provided by BestSelf & ECDMH

Criminal Justice Collaboratives

- BJS Grant: Substance Use Disorder Reentry Initiative. Submitted by BestSelf Behavioral Health.
 - Enroll incarcerated individuals with SUD at high risk to recidivate to enroll in Mission CJ and MAT services. Provide transition to the SLS.
 - Provide transition to the SLS.
- Spectrum Health has applied for a grant opportunity to fund one year of the daily operation costs of the service link stop. The proposal including day to operating expenses along with one full time coordinator position and service dollars for individual's needs such as obtain identification needed for employment etc.
- Service Link Stop-resource center to assist individuals with behavioral health needs leaving custody reintegrate into the community. Embedded in county offices at Forensic MH Service.

Service Link Stop – Update

The Service Link Stop, located at 120 West Eagle St. in downtown Buffalo, will serve as a linkage hub targeted for those individuals returning from the Erie County Holding Center, other criminal justice-related sources, and to any individual coming in that is in need of support. Assist folks in successfully re-entering the community and has a goal to reduce recidivism.

- Open Monday-Friday from 9am-3pm.
- Comprised of a variety of agencies and providers that will be offering services to these men and women including but not limited to: linkage and referral to healthcare, behavioral health providers, housing, employment, education, benefits, and essential needs (food, transportation, interview clothing, etc.).

What's happened recently...

- Operational Workgroup:
 - Policy and Procedure in place allowing for operational guidance at opening
 - Anticipate monthly meetings
- Service Provision Workgroup:
 - Intake, outcome and service plan documents all completed
 - Anticipate monthly meetings
- Promotional and outreach materials largely in place
- MOUs and related documents have been sent to agencies
 who indicated a commitment to be on site. One set for those
 providing client medical/behavioral health type
 services/supports another for those providing a service.

What's happened recently...

- Meeting held with ADA Danielle D'Abate and Legal Aid with Judge Hannah and Judge Hennigan related to potential value and referral process to SLS from the Court(s)
- Access Data base is ready with "training" manual established.
- Security features related to Camera and distress button largely installed, pending some final installs from Erie County that will allow this work to be completed.
- Window Hangings/Curtains Installed
- Mural and Buffalo Center for Arts and Technology wall: BCAT is currently closed as non-essential. They maintain this project on their list

ERIE COUNTY ADDICTION HOTLINE 831-7007

Operated by Crisis Services 24/7

- Provides information, referral, linkage to treatment and support.
- ■Education on MATs & Motivational Interviewing is woven into phone counselor script to facilitate referrals for callers.
- □Integrate into Substance Use Disorder Treatment system
- □Call volume since implementation 8/2016: 7213
- **□** Call volume 2019: 1347
- □Call Volume thru 4/26/20: 389

Treatment Workgroup Priority Selection Process

Treatment Workgroup Priority Selection Process

 Survey of Erie County Opiate Epidemic Task Force conducted February 2020:

Substance Abuse Tx Provider	8	21.6
Government Partner other than Law Enforcement	8	21.6
Law Enforcement	6	16.2
SUD Prevention/Support Service (peer, clubhouse, etc.)	4	10.8
Lived Experience	3	8.1
Academia	3	8.1
Community Based Organization	2	5.4
Family Member	1	2.7
Other Behavioral Health Provider	1	2.7
Other	1	2.7

Treatment Workgroup Priority Selection Process

- Survey finalized by Treatment Work group asked 12 total questions pertaining to Adults and Adolescents:
- In terms of the present Substance Use Disorder services environment, specific to opiate use disorder related treatment and support for adults, (youth and adolescents) on a scale of 1-5 please rate each of the following in terms of need for improvement; with one (1) being very little or no need and five (5) being a very great need for improvement.
- Looking back at the evolving system over the past 12-36 months, what has been the biggest
 improvement in opiate treatment and support services for adults (youth and adolescents)? Please
 rate on a scale of 1-5; with 1 being very little or none and 5 being a great deal.
- In terms of the present Mental Health Services environment for adults (youth and adolescents), on a scale of 1-5 please rate each of the following in terms of need for improvement with one (1) being very little or no need and five (5) being a very great need for improvement.
- Looking back at the evolving system over the past 12-36 months, what has been the **biggest** improvement in the Mental Health Services environment for adults (youth and adolescents),? Please rate on a scale of 1-5 with 1 being very little or none and 5 being a great deal.
- What is the biggest challenge that you would like the Treatment workgroup of the Erie County Opiate Epidemic Task Force to focus on in the coming 12-18 months related to <u>adults</u> (<u>adolescents</u>)?
- What else would you like the Workgroup to know to help guide their efforts?

Treatment Workgroup Priority Selection Process

Summary of Results:

Focused on areas of improvement for Substance Use Disorder and Mental Health for Adults as well as for Youth and Adolescents.

Biggest improvement in opiate TX and support services for adults over the past 12-36 months.	Weighted Score up to 5	Top % as "Great Improvement"	Top % rated a 4 or 5
Having access to MAT within an OASAS certified facility (Methadone, bup, etc.)	3.83	25.7	54.28
Having access to information and referral	3.52		45.71
Timeframe for initial appointment for Bup, Vivitrol, Sublocade	3.48	22.9	45.72
Having access to outpatient clinic services	3.45		
Having access to peer services	3.43		
Time frame for initial appointment for outpatient clinic		20	

Biggest improvement in opiate TX and support services for adolescents over the past 12-36 months.	Weighted Score up to 5	Top % as "Great Improvement"	Top % rated a 4 or 5
Timeframe for initial appointment for outpatient clinic	3.12	9.38	
Access to information and referral	3.11	9.38	
Access to MAT w/n a OASAS certified facility	3.11		25
Access to recovery oriented supports	3.06		21.88
Access to family supports	3.06		
Timeframe for initial appointment for peer support	3.06		
Access to outpatient clinic services			21.88
Access to inpatient services			21.88

Present SUD services environment specific to opiate use disorder related TX and support for adults, on a scale of 1-5 please rate each in terms of need for improvement:	Weighted Score up to 5	Top % as "Very Great Need"	Top % rated a 4 or 5
Having access to MAT within a primary care medical office	4.17		62.17
Having access to housing	4.09	43.24	64.86
Coordination of care and treatment during transition from one TX setting/level to			
another	4.07		64.86
Timeframe for an initial appointment for housing	4.07	33.33	
Having access to meaningful employment services	4.06		62.16
Affordability of clinical care		37.84	
Access to family supports			62.17

Present MH Services environment for adults, on a scale of 1-5 please rate need for improvement	Weighted Score up to 5	Top % as "Very Great Need"	Top % rated a 4 or 5
Access to housing	3.96	32.35	50
Transportation to appointments	3.85	21.21	51.51
Access to Inpt psychiatric services	3.84	26.47	58.82
Access to meaningful employment services	3.68	20.59	50
time frame for an initial appointment for housing	3.67	20.59	
coordination of care and treatment during transition from one TX setting/level to another	3.64	23.53	

Present SUD services environment specific to opiate use disorder related TX and support for adolescents, on a scale of 1-5 please rate each in terms of need for improvement:	Weighted Score up to 5	Top % as "Very Great Need"	Top % rated a 4 or 5
Time frame for initial appointment for family support	3.74	17.14	37.14
Access to housing	3.73	17.14	37.14
Access to family supports	3.67	20	34.29
Access to meaningful educational/employment services	3.64		40
Time frame for initial appointment for Methadone	3.63		
Affordability of clinical care		20	34.29
Affordability of MAT		20	34.29
Transportation to appointments		17.14	
Access to peer services		17.14	
Access to recovery oriented supports		17.14	
Timeframe to initial appointment for peer supports		17.14	
Coordination of care & TX during transition from one TX setting/level to another			34.29

Present MH Services environment for adolescents, on a scale of 1-5 please rate need for improvement	Weighted Score up to 5	Top % as "Very Great Need"	Top % rated a 4 or 5
Coordination of care and TX of the indv among various agencies	3.73	15.63	24.91
Timeframe for an initial appointment for inpatient	3.71		28.13
Transportation to appointments	3.67	15.63	31.26
Access to housing	3.67	12.5	25
Access to Dr. appointment at TX provider for medication	3.67	12.5	28.13
Access to educational/employment services	3.67	15.63	21.88
Access to inpt psychiatric services		12.5	
Access to peer services		12.5	
Timeframe for an initial appointment for housing		12.5	
Timeframe for an initial appointment for educational/employment services		12.5	

Priority Selections

Adults

- Housing-15
- MAT in Community other than SUD provider
 - (10 at pcp; 10 at Jail)
- Employment-9

Youth & Adolescents

- Psychiatric
 Medication/Co-occurring-(12+9)
- Family Supports/Education-10
- Education/Employment-9

Next steps

Next Meeting 5/18 via Zoom

- Flesh out operational goals/objectives
 - What do we wish to accomplish,
 - How will we get there, and
 - How will we know

Thank you for your support & dedication



