2020 Local Services Plan
Erie County Department of Mental Health

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2020 Mental Hygiene Executive Summary
Local Services Plan
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National and Statewide reform efforts in health and behavioral health care continue to shape unprecedented changes in how and where care is delivered, models of accountability, and methods of payment. The changing landscape has created opportunities to establish cross-system, cross-sector partnerships, develop and implement creative strategies to improve outcomes, and has forced the system to make decisions based on data. This can be seen in and across the mental health, substance use, and developmental disability systems of care.

In order to assist in facilitating change that is responsive to the changing landscape of behavioral health and the needs of those whom the provider and support network serve, the Erie County Department of Mental Health (ECDMH) continues to collaborate with its community stakeholders and its partners within the Federal, State, and Erie County government.

In addition to the management and review of existing resources, the Department continues to seek, receive, shape, and procure additional resources. Through the increased utilization of data, various community, regional, and state-wide collaborations, as well as through its existing contractual role, the Department continues to assist in service delivery reform in a manner that supports and facilitates this transformation. A strong example is the collaborative and cross system efforts with the Erie County Opioid Epidemic Task Force which is the core of the ECDMH's response to addressing the opioid epidemic. Through these efforts Erie County has turned the curve and we have seen a 37% decrease in opioid deaths since the peak in 2016.

To this end, several strategies have been established to support and facilitate the state wide and national reforms as well as to address the ongoing opioid epidemic. In each case, these are being implemented and accomplished with the assistance and cooperation of a diverse collaboration of state, regional, and local stakeholders. An abridged listing of which includes:

- Continued analysis of claims and PSYCKES data, the former of which is utilized to predict and mitigate hospitalizations and emergency department presentations; the latter developed as a tool and provided to a collaboration of community stakeholders highlighting selected critical metrics with a goal to improve upon baseline data.
- Involvement in several Erie County Interdepartmental collaborations to address the following: Raise the Age, Opioid Crisis, Children's Medicaid Transformation, Homeless applicants for social services; and implementing a best practice model for Preventive Services.
- Expansion of hospital diversion, community based housing services and supports for those with mental health concerns
- Targeted special allocations to assist provider capacity building to meet the demands of today's environment
- Implementing transitional community care for those recovering from substance use disorder
- Enhanced services for inmates with mental health and substance abuse diagnosis in the County Jail system
- Continued expansion of medication assisted treatment, peer and family support services, drug court and diversionary, and measures to streamline access to substance use disorder treatment

The evolution of the systems of care have also had some unintended consequences. For example, as the population of the Erie County Holding Center and Corrections Facility have declined over the past several years, a greater percentage of individuals held in these facilities are identified as having mental health and substance use disorders. This shift can provide great opportunity to expand our partnership with our jails, law enforcement, and our community providers.

As these and other initiatives progress, a core value across each of these strategies is the importance of sustaining and furthering the development of diverse and multi system community collaborations in a manner that results in positive outcomes for recipients, regardless of payer source, and meeting the desired goals of behavioral health care reform.

Erie County 2020
Response to New York State
Local Services Plan

OMH (Office of Mental Health)
System Needs Assessment

a) Indicate how the level of unmet **Mental Health Service** needs in general have changed over the past year.

[ ] Improved   [x] Stayed the Same   [ ] Worsened

Erie County and the community network continues its remarkable work as it seeks to fill gaps, adopt new and more effective practices, and better address the needs of individuals that utilize mental health services. The trend over the past twenty years to shift from institutional care to home and community based services continues to accelerate with behavioral health reform. This has been driven by recipient preference, maximizing an individual's opportunities as well as the need for the system to deliver care in a more effective and affordable way. As NYS continues to transition individuals to lower levels of care in the community, the local service system has been implementing new initiatives and expanding the capacity and scope of services to try to meet the needs of these individuals.

Mental Health needs are evolving and changing, largely because of the shifting of individuals to lower levels of care, and the system has been adapting to these changes. There have been a number of new initiatives over the past several years to address the needs that were created when more individuals moved into the community and some of these initiatives will soon come to pass. The system has been incredibly adaptive to all of the changes, but this does come with challenges and unintended consequences. A positive outcome of all of the changes and adaptation is the impressive collaborations that have been established among providers who have been historically competitive. This is very positive and will likely create a stronger foundation for the future. Considering the challenges and system improvements, and the system changes over time, the level of unmet needs in general have stayed the same.

A summary of the changes and new initiatives that have occurred over the past year follows.

Over the past five years, there has been a significant shift in how services are being provided. There has been a tremendous push for organizations to work collaboratively and the community providers have risen to the challenge. These efforts have been driven by new funding and payment structures from the state or federal government, but many of the collaborations have been initiated without funding.

An example of a funded collaborative effort is the establishment of Certified Community Behavioral Health Centers (CCBHCs). New York State was awarded a SAMHSA CCBHC Planning Grant in late 2015 and received funds in 2016 for demonstration projects. The selected CCBHCs were expected to provide comprehensive community behavioral health services designed to improve access to quality care, reduce emergency department utilization and hospitalizations, and foster diverse health system partnerships. Erie County had three CCBHC providers selected as part of the two year demonstration program. These projects began in July 2017 and are scheduled to end at the end of June 2019. In addition, in the past year, at least one local provider has received a CCBHC expansion grant and another a SAMHSA grant to implement an additional CCBHC. These demonstration projects have provided an array of services to be reimbursed using a Prospective Payment System for Medicaid reimbursement. Funds to the CCBHCs have supported enhanced services. The funding period for CCBHCs is ending and currently there are efforts underway to secure extension or continued funding from the federal government for these projects. The CCBHCs have been very successful in addressing many needs and the ECDMH and community agencies are hopeful that continued funding can be secured.

Another example is under the umbrella of the NYS Medicaid Redesign efforts. NYS created Behavioral Health Care Collaboratives (BHCC) and awarded funding to organizations throughout the state to transform to a business model of Value-Based Payment, which rewards quality of care and health outcomes, rather than the volume of services they provide. The BHCC selected to serve Erie County is Value Network, with 176 members and affiliates including mental health and behavioral health providers, community based organizations, state agencies, prevention providers, housing providers, hospitals, and shelters. The Value Network has established an advisory board and committees and has started to implement its work plan which includes communications to members and the community, tracking and impacting key metrics, training, and data analytics.

One key component of various system/service level reforms pertains to the Delivery System Reform Incentive Payment Program (DSRIP). DSRIP is shifting from program focused to population level and system level activities. As the DSRIP funds from NYS are expiring in 2020, Millennium Collaborative Care (MCC) has begun to shift its efforts to sustainable strategies focused on: 1) Population Health, 2) Data and Analytics, and 3) Value Based Payments.

Highlights from the work done by MCC over the past year include:

- Integrating Mental Health/Substance Abuse in Primary Care settings. All partners have increased integration along the continuum ranging from establishing agreements between primary care and behavioral health providers to co-locating services. Several behavioral health providers have also changed their policies and procedures to provide physical health services such as behavioral health nurses now drawing bloods for diabetes.
- Support for emergency department and inpatient diversion projects including the Help Center and the Peer Crisis Diversion Program.
- The Metrics Workgroups. Because of the shift from reporting to performance, the Metrics Workgroups have been focusing on using available data to identify high-volume, high impact opportunities for improvement on the performance targets and bringing together the stakeholders in the community who have a role in affecting these targets. The workgroups have made great progress on some key indicators including follow up after a mental health inpatient stay, and will continue to work on other indicators and add new ones over the coming year.

For the coming year MCC will continue to support the integration of behavioral health and primary care. MCC will bring together behavioral health and primary care providers to better understand what information is most valuable for them to receive. Communication is critical, but having the right information in a manageable format, is likely more important than receiving all of the information, which can be overwhelming and unwieldy in a practice setting. MCC will facilitate discussions about what information primary care and behavioral health providers would find most helpful, and will work with them to develop meaningful solutions. MCC is also offering funding to their partners for selected Best Practices and an Innovation Fund to support projects that can address DSRIP metrics. These funds are available through the end of June 2019.

The DSRIP organizations serving Erie County came together to fund the Just Tell One Campaign. The focus of Just Tell One is prevention and early intervention around depression, suicide, alcohol and substance abuse for individuals ages 14-24. This campaign went live in November 2016 and has done some broad scale promotions. Initially this project was funded by both MCC and Community Partners, but funding is now solely provided by Community Partners. With DSRIP funding ending soon, Just Tell One is exploring sustainability options.

The ECDMH has also sought out partnerships and collaborations that could be very powerful to strengthening the system of care. Two notable examples are:

- Urban Oversight Counties Collaborative: Erie County has joined with Monroe and Onondaga Counties to explore how we can work together and plan for service needs in our respective counties. Our three county LGU's have some

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unique similarities and have been discussing our shared strengths and challenges and how we can move forward together in the changing environment. The group meets regularly and has identified a number of projects we hope to work on jointly.

- ECDMH has reached out to a major Managed Care Organization to explore a collaboration that would be mutually beneficial to both the LGU and the Managed Care Organization. Through a series of meetings there have been a number of potential opportunities identified. The projects are still under development and hold great promise. The goal of this collaboration is to strengthen the collaborative relationship and explore possibilities to address gaps in care.

In addition to the broad and sweeping collaborations that are being implemented in our community, it is equally important to look at some of the other efforts being rolled out to address more specific needs or areas of concern. The following sections provide an overview of the needs and initiatives being implemented around readmissions, emergency department diversion services, housing, employment, stigma and telepsychiatry.

Readmission rates are an important indicator and can identify gaps in services for individuals utilizing hospital based services and their transition home. Comparing the readmission rates with other large counties across NYS, the Western Region, and Statewide figures, Erie County compares favorably with the other counties on all of the indicators. Erie County's readmission rates have been below Statewide readmission rates for mental health and behavioral health indicators for both 2017 and 2018. The figures do show an increase in Erie County readmissions from 2017 to 2018 for mental health and behavioral health indicators.

Readmissions at 30 days from any hospital are presented below (PSYCKES as of 1/1/2019 pulled 3/19/2019) in the following table.

Indicator Readmission (30d) from any Hospital:	Erie		Monroe		Onondaga		Albany		Western Region		Statewide	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
MH to MH	9.86%	11.1%	9.62%	11.63%	14.17%	12.35%	15.67%	14.7%	9.6%	10.21%	12.35%	12.1%
MH to All Cause	12.71%	14.34%	12.5%	14.22%	18.33%	16.84%	19.18%	17.87%	12.14%	12.81%	16.15%	15.9%
Medical to Medical	10.32%	9.98%	10.64%	10.67%	10.29%	10.83%	12.93%	12.94%	9.32%	9.3%	9.6%	9.56%
Medical to All Cause	10.82%	10.69%	11.37%	11.44%	11.27%	12.0%	14.46%	14.51%	9.88%	9.95%	10.34%	10.23%
BH to BH	10.22%	11.56%	9.87%	11.76%	13.04%	13.24%	15.58%	15.34%	9.68%	10.67%	14.1%	14.25
BH to All Cause	12.85%	14.79%	13.35%	15.09%	16.85%	17.04%	19.38%	18.42%	12.46%	13.57%	17.88%	17.76%
All Cause to All Cause	11.33%	11.55%	11.82%	12.2%	12.67%	13.35%	15.9%	15.78%	10.49%	10.72%	11.63%	11.45%

While avoiding readmissions is obviously important, diverting individuals from unnecessary or avoidable emergency department visits is also essential. With funding from the New York State Office of Mental Health (NYS OMH) the Erie County Department of Mental Health (ECDMH) contracts for and/or is supportive of several diversion services to prevent avoidable emergency department visits and hospitalizations. These services include, but are not limited to:

- Peer Respite Center: This is a peer run respite, designed to break the cycle of repeated emergency hospitalizations by providing the consumer an alternative before a crisis is out of control, which will create a better experience for the consumer in a home like environment. The respite has capacity for five guests at a time and stays are seven days or less. In 2018 the respite served 208 individuals. For those who were able to be contacted at 90 day follow up (68 of 191, 36%), 100% had no emergency department presentations or psychiatric inpatient admissions between discharge from the respite and the 90 day follow up. For those who were able to be contacted at 180

day follow up (70 of 144, 49%), 100% had no emergency department presentations or psychiatric inpatient admissions between discharge from the respite and the 180 day follow up.

- Warm Line: The warm line provides peer to peer support by phone to consumers. Warm line staff connects callers to community services/supports to help the caller avoid a mental health crisis which could result in an unnecessary hospitalization. This service is targeted to individuals who are not in crisis or threatening harm to self or others. In 2018 the Warm Line received 3,943 calls, which is a 78% increase from 2017. In 2018 99% of the callers were referred to community services.

- The Help Center: Located on the grounds of Erie County Medical Center and adjacent to the CPEP, the Help Center provides outpatient evaluations for individuals who have the desire to link with mental health services, as well as provide short term assistance for those who may be experiencing a crisis or feeling stressed. Services include, but are not limited to, assessment of anxiety, depression, feelings of hopelessness/helplessness, obsessive thoughts and behaviors, and hearing or seeing things that others do not. ECMC's Help Center opened in December 2017 and operates from 8:00am to 8:00pm daily. Since the opening of the Help Center there have been 987 individual visits. Of these 77 needed to be seen in CPEP due to high lethality concerns or severe mental instability. And of the 77 sent to CPEP, 39 were admitted. The Help Center has been a valuable resource for many community providers including Crisis Services, primary care clinics, law enforcement, shelters, peers, and other treatment providers.

- The Peer Crisis Diversion Program: Now named the Renewal Center, is a peer-operated and peer-staffed retreat for those experiencing a mental health pre-crisis or crisis. This program provides a safe, supportive, non-judgmental environment that empowers those who are struggling with the principles of wellness and recovery, which can then inform constructive self-care decisions. Services include diversion activities and therapies, linkages to community resources, peer services, education and tools for continued wellness, and advocacy and community outreach. In 2018 174 people presented to the Renewal Center and of these 82% were screened by the RN. For guests that had provided personal information for follow up and data tracking (25), 100% were successfully diverted without a referral to the emergency department, CPEP, or inpatient upon check out from the Renewal Center, 14% attended a behavioral health treatment service appointment within 72 hours, and 83% attended an alternative support service appointment within 72 hours.

During 2018, 19 supportive housing beds were awarded to Erie County Department of Mental Health through NYS OMH reinvestment dollars. The department decided to dedicate these beds to a population with high utilization rates at ECMC. This was to help divert clients from using CPEP for crisis and help teach them about our other diversion efforts.

Access to housing is another significant area of need. According to data in the NYS OMH Residential Program Indicators Report (https://my.omh.ny.gov/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FAdult%20Housing%2F_portal%2FAdult%20Housing&Page=RPI%20Reports) the reductions in occupancy in the higher levels of care (Apartment/Treatment, Congregate/Support and Congregate/Treatment) and the increases in the lower levels of care in SROs and Supported Housing are evidence that movement through the system is happening. Percent of occupancy by housing program types is shown in the following table.

Program Type	2017	2018
Apartment Treatment	96.6%	89.5%
Congregate/Support	140.5%	85.2%
Congregate/Treatment	96.3%	95.0%
SRO Community Residence	92.6%	94.4%
Supported Housing Community Services	91.5%	92.2%

In 2018, ECDMH received 20 new treatment apartment beds and 19 supported housing beds to support the reduction of medical spending for the area by targeting high utilizers of local hospitals and Emergency Departments. Utilization of these beds includes regular meetings and discussion about appropriate referral with ECMC and CPEP.

One particular area of concern is providing continued and effective services to those transitioning to the community from State Psychiatric and long-stay residential care centers for adults (RCCA). The NYS 2019 fiscal year budget continues to reflect a reduction in State Operated Services, impacting some of the most vulnerable recipients of mental health services in the county and region, and an increase in funds going to less costly community based services with an emphasis on integration to the community. The RCCA of the Buffalo Psychiatric Center (BPC) is currently licensed for 25 beds and has been steadily decreasing occupancy to reflect goals set by the state budget. For individuals transitioning out of a state operated facility, additional services, possibly clinical, will still be needed to make a successful transition into the community.

To supplement the decrease in state operated psychiatric inpatient services and address concerns of reduced supports, the state has provided an additional 31 Supported Housing units within the community and increased community-based services to create availability and support within the local licensed and supported housing network. As of January 2019 these supported housing slots are now almost full and creating greater access for mental health clients that need a higher level of care.

Examples of some initiatives implemented in Erie County to help individuals transition from higher level services to lower levels of care include:

- Buffalo Psychiatric Center Reintegration Program: This program provides targeted in-reach to long stay individuals at the Buffalo Psychiatric Center (BPC) to support them in their transition and eventual reintegration into the community. This population includes long stay individuals who may have significant medical comorbidities, limited independent living and social skills, complex cognitive impairments, criminal justice histories and significant substance abuse disorders. This program provides multidisciplinary interventions by a nurse, occupational therapist, occupational therapy assistant, and peers. The BPC Reintegration Program also collaborates with housing providers, medical, community services, and other organizations to help the individual successfully transition to independent living in the community. In 2018 this program served 67 individuals, up from 53 individuals served in 2017. For individuals served in 2018, at 6 months or more post discharge from BPC: 79% have maintained community reintegration; 79% have had no psychiatric emergency room presentations or psychiatric inpatient admissions; 47% have completed at least one employment, vocational or volunteerism goal; 82% have had at least one primary care visit; and 88% report improvement in independent living skills.
- Mobile Transitional Support Teams are a Reinvestment initiative providing a professional and peer team to consumers discharged from psychiatric inpatient care. These teams work with the facility and consumer prior to discharge to identify consumer wishes and needs and continues during the period of transition to ensure that engagement in community services has occurred. The team provides clinical services and peer supports during non-traditional hours including weekends when gaps in care are otherwise more likely.
- Collaboration between hospitals and community providers: We are seeing considerable improvements in the collaboration between hospital and emergency department discharge staff and community providers to facilitate follow up appointments in order to meet the 7-day follow up metric. As the system evolves, new collaborations have been created and are coming up with meaningful and creative strategies to help support individuals through transitions.

ECDMH is also presently collaborating with NYS OMH and a community provider to provide a program that will support individuals who are transitioning to the community from Community Residences or Treatment Apartments. Not only is it anticipated that these enhanced supports will lead to more successful transitions, but also supports the transition of individuals from licensed Single Room Occupancy facilities to more community based care, in turn providing greater access

to others in need of SRO or higher level of care. The team has a CASAC, Occupational Therapist, peer and a nurse to help put together personal support plans to aid in the client's transition process.

Another critical community transition occurs as individuals are discharged from CPEP. The ECDMH had identified gaps in this process and as a result is facilitating a workgroup to improve communication to and from health home care management for individuals discharged from CPEP. In collaboration with the Erie County Medical Center Corporation (ECMCC) and the three lead health homes in Erie County, the goal, is to ensure notification to and timely follow up from the individual's health home care manager. To date, significant and tangible improvements in communication protocols and practice have occurred.

As a contracted provider of Homeless Housing from the United States Department of Housing and Urban Development (HUD), the ECDMH, along with the collaborative efforts of the network of providers offering homeless housing, the Homeless Alliance of Western New York and other stakeholders, significant strides have been made towards ending chronic homelessness in Western New York. ECDMH works collaboratively with the area's homeless services providers to try to ensure homelessness is brief, rare, and non-recurring in Erie County. This involves attendance at bi-weekly outreach meetings and taking referrals for homeless housing through the coordinated entry system.

Because of strong partnerships with community agencies, contracted HUD Continuum of Care (CoC) programs now have the opportunity to partner with local Housing Authorities for access to 'set aside' vouchers available to those enrolled through the Continuum of Care. This partnership with the local CoC also provides facilitated linkages to Erie County Head Start Programs and the Community Action Organization of Buffalo and Erie County to ensure homeless children and families receive priority when applying for services for childcare and education through Head Start.

Compounding the housing access and homelessness problems in Erie County, we continue to see rising rents and increasing costs for housing. Buffalo is experiencing a revival including the renovation of many older buildings being converted to market rate and upscale apartment rentals. These conversions, along with an increased demand for housing in many parts of the city, are leading to rent increases that exceed those that would normally be expected by inflation alone. While this is good for the property owners, it poses significant challenges for our Supported Housing providers in Erie County. Provider agencies consistently report to us the impact of rising rents and the resulting difficulty they encounter while searching for appropriate and affordable housing for individuals. The Supported Housing per bed rate remained flat for several years with some modest increases more recently. In the 2018-2019 NYS Budget there was a $300 increase in the per bed rate. This was very welcomed and appreciated, however based on our analysis, it still falls short of what is needed to provide this service. The ECDMH will continue to advocate for further increases to the per bed rate that is commensurate with costs for appropriate and affordable housing.

The housing resources available in Erie County are limited and as individuals transition from higher levels of care into the community, and step down to lower levels of care within community placements, more attention is placed on length of stay and gaining full independence. Overall, including all housing resources, 60% of individuals served had lengths of stay (LOS) greater than 2 years in 2018. Program types that had increases in the percentage of individuals with lengths of stay greater than 2 years included Congregate/Support, SRO Community Housing and Supported Housing Community Services. Some of this increase could be contributed to the reduction in RCCA beds. The following table shows the number of beds available, LOS greater than 2 years, median LOS and discharges during the timeframe by program type for 2017 and 2018. (NYS OMH Residential Program Indicators Report (https://my.omh.ny.gov/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FAdult%20Housing%2F_portal%2FAdult%20Housing&Page=RPI%20Reports)

Program Type		# of Beds	% LOS > 2 years	Median LOS (days)	Discharges during timeframe
Apartment/Treatment	2017	305	52.9%	795	89
	2018	325	42.9%	636	130
Congregate/Support	2017	60	50%	788	104
	2018	60	63.9%	1,063	91
Congregate/Treatment	2017	261	44.4%	581	146
	2018	261	42.0%	540	141
SRO Community Residence	2017	305	54.5%	1,038	23
	2018	305	73.4%	973	50
Supported Housing Community Services	2017	980	61.3%	1,118	200
	2018	1,000	66.6%	1,195	204

Ultimately, to facilitate movement through the levels of care there is a need for more affordable housing in the community to receive individuals transitioning from the Supported Housing program and a greater emphasis on empowerment. One example of the work being done to help transition individuals to independence relates to employment. Employment for participants in OMH and HUD housing services is something that the ECDMH has been working with agencies to improve. Employment, as a critical social determinant of health, can be very empowering and can increase feelings of wellbeing as well as be an important element in treatment. In late summer 2017 the ECDMH established the Good Work! ECDMH Employment Taskforce to improve employment outcomes for housing programs contracted through ECDMH. The Taskforce seeks to change the mindset that people with serious mental illness (SMI) cannot work and promote a culture of workforce development that 1) identifies employment goals/interests, 2) provides community resources, 3) guides clients towards meaningful employment, and 4) promotes community independence; all while meeting the 20% HUD benchmark of connecting clients towards employment. The Taskforce developed and implemented a Workforce Development Tool which is now being used with HUD and OMH Supported Housing clients. The tool includes locally available resources to help a client to attain employment goals. Over the past year over 900 assessments have been completed with approximately 20% of clients expressing an interest in employment and education goals. In addition, the Good Work! Taskforce hosted a peer speaker summit to promote employment in Fall of 2018 and collaborated with various mental health community agencies that host an annual Mental Health Awareness Day and Flash Mob in May 2019 to offer another peer employment speaker panel to inspire individuals to pursue educational and employment goals. Moving forward the Good Work! Taskforce will be working to gather follow up data from the tool to assess changes in interest over time, use of the resources, and education and employment outcomes.

In addition, the ECDMH has recently begun a collaborative planning phase to explore additional means of improving low employment rates for those recipients of services with serious mental illness and/or co-occurring substance use related disorders. While it is too soon to provide any meaningful information, it is envisioned that the efforts of the workgroup will lead to initiatives to help address this issue.

Another challenge faced by individuals with mental illness is stigma. Stigma can affect access to housing, employment, access to medical and mental health services, and well-being as well as many other areas of a person's life. Often not discussed but very real, is the impact stigma has on recruitment of a qualified workforce to the field.

Stigma around mental illness continues to be a challenge for those effected. New York State took a bold step to increase awareness when they implemented a voluntary tax check-off program in 2016. In 2017 they awarded $75,000 to organizations throughout NYS to combat stigma. NYS OMH has not yet announced awardees for 2018. Locally, the ECDMH, in partnership with sixteen (16) other organizations, founded the Erie County Anti-Stigma Coalition to stop the stigma

surrounding mental illness. The Erie County Anti-Stigma Coalition has created a highly interactive website https://letstalkstigma.org/ and is creating a community conversation about mental illness and stigma. A broad media campaign is also underway. As of April 3, 2019, 1,577 people have signed up and taken the Pledge to End Stigma. The Coalition did a baseline and follow up survey and found that while the majority of attitudes towards mental health and illness have not changed significantly, the level of comfort people have in discussing their own mental health issues has improved. ECDMH will continue to be an active member and funder of the Anti-Stigma Coalition in the coming year.

While stigma can limit access to care, we also know that staffing shortages and transportation are also frequently cited barriers to care. In the ECDMH Provider Survey conducted in January and February 2019 staffing and transportation were identified as areas of the most significant needs and gaps related to the mental health system of care. A recipient survey conducted by the ECDMH in the Fall of 2018 included questions about barriers to accessing care. Transportation was identified as a barrier by 31.5% of respondents. The recipient survey also asked about the primary means of transportation to their behavioral health appointments. Bus/subway was the most common response (43.9%). Other responses were: drives self (28%); Medicaid cab/van (19.6%); get a ride (7.5%); and ride sharing (0.9%). Ride sharing has frequently been discussed as a potential solution to the transportation issue, but this was not reflected in the recipient survey. Uber medical is starting to be used by agencies in the county and this will be something we will monitor and assess going forward.

Some staffing issues of significant concern have been identified by providers and recipients. For instance, greater access to a psychiatrist and greater access to mental health outpatient services were identified as the most important services needed in our community by those that completed the ECDMH recipient survey. According to input from our providers throughout the year, access to psychiatrists and other providers continues to be very challenging. Telehealth, telemedicine, and telepsychiatry are strategies that can be used to overcome this barrier and other related barriers. Telepsychiatry can also be beneficial to a mental health care delivery system, when on-site services are not available or would be delayed because of distance, location, time of day, or availability of resources. In the Provider Survey conducted by the ECDMH in early 2019, 37% of clinical service providers reported that they have implemented telemedicine/telepsychiatry and 10% expect to implement telemedicine/telepsychiatry by the end of 2019. Seventeen percent of respondents to this question stated that they are waiting for more information from NYS regarding reimbursement before planning to implement telemedicine/ telespsychiatry. New regulations from the NYS OMH are expected to greatly facilitate this evolving resource. This is a significant shift over the past year and promising as a strategy to increase access to care.

Telemedicine/telepsychiatry is one strategy to address the critical shortage of mental health professionals, but it's not the only one. Increasing the number of students being trained is another. The Lee Foundation currently offers psychiatry and psychiatric nurse practitioner scholarships through the University at Buffalo and D'Youville College. Last year these efforts were expanded and the Lee Foundation awarded the University at Buffalo with a grant to create a doctoral psychology internship program. Since there is a lack of accredited internships in western New York, the Lee Foundation believes this new program will provide psychology students the opportunity to remain in Buffalo to complete their degree. Also, the Lee Foundation is partnering with Bring Change 2 Mind, Glenn Close's foundation, to launch a national campaign targeted at college age students. A PSA will run from May 2019 to January 2020 to encourage students to consider a career in mental health. A website (www.mentalhealthjobs.org) will provide resources on mental health professions, scholarship opportunities, loan forgiveness and stories from the field. The ECDMH also funds a Forensic Fellowship Program in partnership with University Psychiatric Practice (UPP) to train psychiatrists to work in correctional settings.

Workforce recruitment and retention was identified most frequently as the most significant need and greatest gap in the mental health system of care. Incidentally, it was also identified as the most significant need and greatest gap in the

developmental disability system of care and the second highest in the substance use disorder system of care. There are discussions and initiatives happening at the agency, county, regional and state levels to address workforce. Locally, in late 2017 a group from the Intellectual and Developmental Disabilities (IDD) sector launched what is now known as the Building Careers in Human Services Committee. The committee now includes representation from the developmental disability, mental health and substance use provider communities as well as area colleges. They have been meeting regularly with a mission of promoting new ideas about the Human Services industry to attract a motivated, career driven workforce. In April 2019 the Committee held a symposium that approximately 40 local OMH, OASAS, and OPWDD providers attended to collaborate on ideas for recruitment and retention of employees. Area providers were very interested in working collaboratively on these topics. Analysis of the information discussed at the symposium will focus on opportunities to promote careers in human services, determining barriers to be overcome, and resources/pathways to achieve the vision of a shared message.

Recognizing the impact of workforce retention issues on the field and recipients of services, the ECDMH offered the four (4) lead agencies of the local BHCC an opportunity for a workforce retention grant. As of this writing, the components of this effort are being finalized.

Creating opportunities where individuals can access care, where they may interact with other parts of the system, can be an effective strategy for engagement. One example includes the work done by the ECDMH Forensic Unit in the Erie County Holding Center and Erie County Correctional Facility. It should be noted that there are some newly identified trends in the jail population in Erie County. The average daily census in the county jails (holding center and correctional facilities) dropped 17% from 2016 to 2018. In 2016 the Forensic Unit was seeing 44% of the jailed population. In 2018 the Forensic Unit served 57% of the individuals who are in the custody of the Erie County Holding Center and Correctional Facility. Simply put, while the number of people in the county jail system has decreased, the number and percentage of individuals needing mental health and/or substance use services has increased. To meet the growing needs the Forensic Unit was instrumental in establishing specialty housing units within the facilities to best meet the needs of individuals with mental health disorders and also conduct groups to discuss the unique needs of veterans, those with substance abuse disorders, and individuals with co-occurring disorders, to name a few. The Forensic Unit also provides discharge planning to assist these individuals in transitioning back to the community and linking them to needed services. The ECDMH Forensic Unit continues to work to increase access to services within the Holding Center and Correctional Facility as well as strengthen the discharge planning to assist with transitions back to the community. A Re-Entry Resource Center is currently being developed to support the transition of individuals who are being released from the county jail system back into the community.

An upstream point of access, prior to an individual with mental illness being held in the Holding Center or Correctional Facility, is with law enforcement. Crisis Services has implemented Critical Intervention Training with 13 law enforcement agencies to help divert these individuals from the emergency department and/or jail and link them to treatment. The ECDMH sought and was awarded a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the number of local jurisdictions that can be trained and also provide a more intense case management intervention for individuals in the community, entitled the Erie County Early Diversion Enhancement Program for Adults with Co-Occurring Disorders. The project will utilize the MISSION-Vet (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Veterans) model as an integrated set of evidence based practice that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. The grant funding period is 9/30/18-9/29/2023. This grant has a primary focus on expanding Crisis Intervention Training (CIT) to law enforcement as well as provide community based care management to high risk individuals who come into contact with the criminal justice/ law enforcement systems to facilitate a reduction in unnecessary hospitalizations and arrests.

In addition to the initiatives in place to address the needs of the adult population affected with mental illness, there are a number of initiatives that more specifically target children, youth, and families. Behavioral Health and cross system services and supports targeted to children and youth continue to demonstrate positive results with at risk Erie County youth. In collaboration with the NYS Offices of Health, Mental Health and Children and Family Services, Erie County has developed service and fiscal models which effectively and efficiently serve those youth who are identified as high risk for out of home placement, hospitalization or juvenile justice system involvement. Involved youth and families receive high intensity case management and care coordination by service providers who have small caseloads to allow for their increased frequency of involvement and coordination of care with families.

As a recipient of Federal funding that started in 2004, Erie County has long established its system of care and High Fidelity Wraparound (HFW) service, which is a nationally recognized best practice. Erie County has expanded and maintained these services well beyond the cycle of the initial grant. Spawning from the success of High Fidelity Wraparound, an interdepartmental collaboration with Erie County Department of Social Services includes an initiative to expand HFW to include Preventive Services. Through the Erie County Department of Social Services, this expansion will add an additional 576 slots providing an overall HFW capacity to serve over 900 families. The purposes of these services are: 1) averting a disruption of a family which will, or could, result in placement of a child in foster care, 2) enabling a child who has been placed in foster care to return to his/her family at an earlier time than would otherwise be possible, or 3) reducing the likelihood that a child who has been discharged from foster care would return to such care. The primary goals of the Erie County Children's System of Care include maintaining children in the community with their families, reducing out-of-home placements, facilitating the early return of children and youth already placed out-of-home by increasing access to community based services, utilizing an individualized care model with an evidence and strength-based approach and assuring active parent involvement at all levels of a multi-departmental collaboration (Social Services, Mental Health, Juvenile Justice). In 2020, the Children's System of care High Fidelity Wraparound contracts will shift to the Erie County Department of Social Services. Referrals to High Fidelity Wraparound will continue to flow though the Erie County Children's Single Point of Access (SPOA).

Erie County participation in other System Transformation Efforts and Initiatives Include:

Health Homes Serving Children (HHSC): Was implemented in December, 2016. While the integrated coordination of physical and behavioral health care and communication with the various children's health homes serving Erie County continues to unfold, local partners work efficiently to coordinate an appropriate level of identified/needed services for children and families. The Children's SPOA triages referrals and, when appropriate, refers families to Health Homes through the Medicaid Analytics Provider Portal (MAPP). The Children's SPOA also prepares Health Home referrals on behalf of Erie County Department of Social Services. Starting April 1, 2019 the Children's SPOA will no longer make eligibility decisions regarding HCBS Waiver referrals, instead that function has transitioned to the Health Homes or the Independent Entity called C-Yes. The Children's SPOA will continue to collaborate with all partners serving the highest risk/highest need youth and their families in their home, school and community.

Multi Systemic Therapy (MST): Is an intensive family and community based best practice treatment program that focuses on the environment of chronic juvenile offenders – their homes, families, schools, teachers, neighborhoods and friends. In 2018, MST reported to ECDMH that of 77 participants, 69.7% completed the program without a negative event (new or further juvenile justice activity) and 89.4% of the youth served remained in their home/community. These generally positive outcomes are very similar to what was reported in 2017.

Child Protective Services (CPS) Collaborative: Endeavor Health Services (a contract agency of Erie County Department of Mental Health) and Erie County Child Protective Services (CPS) established a collaborative project designed to enhance

treatment to adult caregivers and parents experiencing mental illness and/or chemical dependency, and whose children are identified as being at greater risk of harm or out of home placement. Included are families with a history of multiple CPS referrals, families with known or suspected history of mental illness and/or chemical dependency, families with children under the age of 5 who also may have special needs, parents with a lack of understanding of the children's needs, parent history of child maltreatment in their family of origin, young or new parent, history or current transient lifestyle, etc. Endeavor Health Services provides support to Erie County CPS staff and interventions to families including screening adults and youth for mental health or chemical dependency issues, conducting drug testing, making recommendations for further assessment and treatment, making referrals to appropriate and needed community treatment services, and short term follow up on referrals made.

Since the inception of the program in 2015 the following demonstrates the growth and success of the assessments completed and referral for services:

Data Collected	2015	2016	2017	2018
# of referrals received YTD	Not collected	706	1793	2570
# of home visits made YTD	203	312	741	723
# of screenings completed YTD	217	370	1005	1187
# of children and adults with a positive screen YTD	29	233	660	816
# of referrals made by the clinician YTD	28	182	440	512
# of training sessions provided to child welfare staff YTD	1	9	10	9

Homeless Services Collaborative: Since the expansion for the CPS Collaborative to Homeless Services in 2018 Endeavor Health Services has expanded services to individuals who not only exhibit mental health concerns but to all individuals who become part of the Homeless Services continuum. The expanded goal of the program is meant to proactively screen and provide linkages for individuals who are in need of housing, who tend to be an underserved population, as opposed to reactive assessment.   Individuals with mental health and substance abuse issues have a higher rate of homelessness, with those who are homeless struggling to receive the treatment they need Assessments for all individuals will allow for timely needed referrals where indicated.

The following are the objectives of this program:

- Increase access to professionals with expertise in the field of mental health and co-occurring behavioral health
- Provide screening for adults and who may experience mental illness or co-occurring behavioral health issues
- Start the assessment process in order to help engage the client in services
- Provide appropriate recommendations and referrals for treatment

Data Collected as of Q1	2018 Q1	2018 Q2	2018 Q3	2018 Q4
# of referrals received YTD	27	53	112	214
# of screenings completed YTD	27	53	112	214
# of adults who received a formal assessment YTD	27	53	122	214
# of referrals made by the clinician YTD	21	39	75	123
# training sessions provided to Emergency Homeless Team staff YTD	0	0	0	1
# of follow up contacts made with families YTD	0	0	0	15

Child Mental Health Satellite Clinics in the Buffalo Public Schools: Working with community-based mental health providers and the Buffalo Public Schools, the Erie County Department of Mental Health supported Say Yes Buffalo to establish mental health services directly into school buildings in an effort to increase access for students. These clinics are operated by licensed clinicians on behalf of NYS OMH licensed mental health agencies. The types of services available at each can address issues like family conflict, anger or aggression, depression and anxiety, suicidal thoughts, and self-harming behaviors. As of January 2019, 59 clinics have been established within 55 designated Say Yes schools.
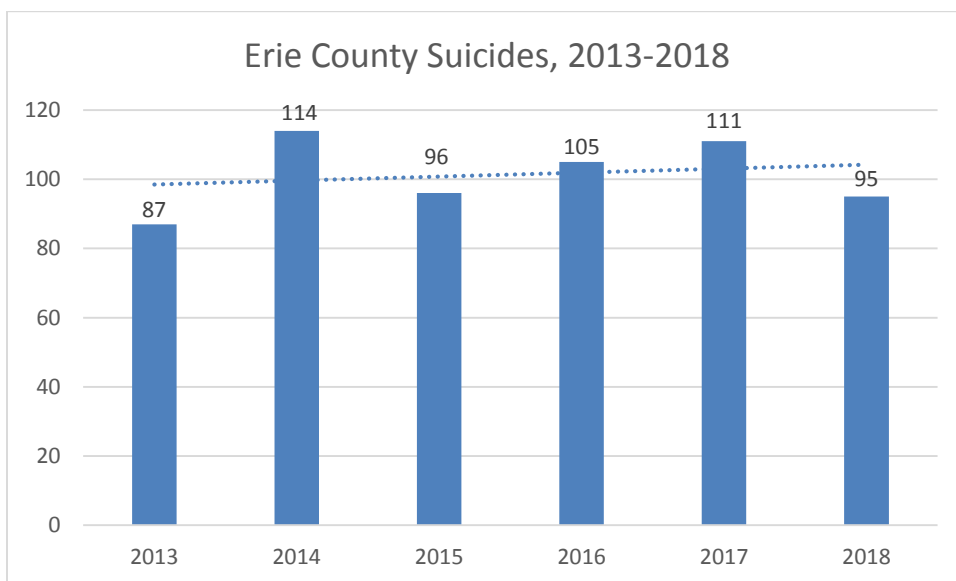
While presenting at the Say Yes Operating Committee meeting in November 2018, collegiate members expressed an interest in expanding the satellite mental health clinic model to post-secondary academic settings resulting in the establishment of clinics at possibly four colleges to include Erie Community College, Villa Maria, Medaille College, and Buffalo State College by Fall of 2019.

An issue that affects both young people and adults is suicide. The increase in the suicide mortality rate is another area of need that warrants further attention. Erie County has seen a 49% increase in the crude suicide mortality rate per 100,000 from 2006 to 2016. The crude suicide mortality rate in Erie County exceeds the NYS, excluding NYC, rates. (https://www.health.ny.gov/statistics/chac/indicators/inj.htm retrieved 4/3/19).

Indicator	Erie County	NYS exc NYC
Suicide Mortality Rate per 100,000 (Crude Rate, single year) 2006	7.6	7.9
Suicide Mortality Rate per 100,000 (Crude Rate, single year) 2015	10.6	9.6
Suicide Mortality Rate per 100,000 (Crude Rate, single year) 2016	11.3	10.3
Self-inflicted injury hospitalization rate per 10,000 (Crude Rate, single year) 2016	4.1	4.1
Self-inflicted injury hospitalization rate per 10,000 aged 15-19 years (Crude Rate, single year) 2016	7.4	8.7

Note that the self-inflicted injury hospitalization rates are not compared to prior years because of the transition from ICD-9 to ICD 10.

The following table shows the numbers of suicides per year in Erie County from 2013 to 2018. Table provided by the Erie County Department of Health Medical Examiner's Office. Note that data for 2018 includes only closed cases for 2018 as of February 2019.

In an effort to address suicide, New York State announced the formation of the NYS Suicide Prevention Task Force in late 2017. In 2018 the Task Force examined and evaluated current suicide prevention program services and policies, and made

recommendations to increase access, awareness and support for children adolescents and adults in need of assistance. The focus was on suicide prevention targeting high-risk demographic groups and special populations including members of the LGBT community, veterans, individuals with mental illness and individuals struggling with alcohol and drug use. Middle-aged men and Latina adolescents were other high risk populations of focus. For 2019, building on the work of the Task Force, the Governor is charging New York State agencies with partnering with communities in five critical areas: innovative public health approaches, healthcare systems, cultural competence in prevention programming, comprehensive crisis care, and surveillance data. Communities that demonstrably strengthen suicide prevention infrastructure will receive a New York State designation.

Locally, the Suicide Prevention Coalition of Erie County was established in 2012. The ECDMH partially funds and is an active member of the Coalition. Aligned with the mission of the NYS Task Force, the Suicide Prevention Coalition of Erie County fosters a community of hopefulness, safety and shared responsibility to prevent suicide and suicide attempts by increasing awareness, promoting resiliency and facilitating access to resources. Data provided through 2018 by the Erie County Medical Examiner shows a slightly increasing trend from 2013 to 2018. In Erie County in 2018 men accounted for 78% of the deaths by suicide, which is similar to data in previous years. Twenty one percent of suicide deaths were by people age 21-30 and 49% were individuals in the middle years of 31-60. The method used was also considered. In Erie County in 2018 26% of suicide deaths were with a firearm and 47% were by hanging. Suicide by hanging, while the most common in Erie County, is not in line with national statistics. Nationally, death by a firearm is the most common mode for completed suicides.

For calendar year 2019 the Coalition will focus on two main target groups: 1) Adolescents aged 10-19; and 2) Men in the Middle Years (30-59 years of age). The Coalition has trained approximately 3,000 school staff throughout the county and will be continuing these efforts in 2019. A public service announcement targeting men in the middle years will be developed and disseminated using local TV stations and social media. In addition, resources and strategies will be developed promoting means reduction, including firearms and asphyxiation. With funding from the NYS OMH, members of the Erie County Suicide Prevention Coalition will be participating in a Means Reduction Academy.

Efforts to better serve adults, children, youth and families has been very strong in Erie County. The County and provider community has effectively implemented new programs that have been launched at the Federal and State Level, and have developed initiatives to address gaps in care and population specific needs.

However, there are some initiatives that have been slower to take hold. The Health and Recovery Plan (HARP) and Health and Community Based Services (HCBS) programs were intended to fill service gaps and provide a mechanism for community based organizations to be reimbursed for services. The implementation of this program has been challenging and utilization of HCBS services for adults has fallen short of expectations thus far statewide.

To access Home and Community Based Services (HCBS), an individual must be HARP enrolled, must be enrolled in a Health Home, and must have an HCBS assessment completed. In Erie County there are 9,005 individuals HARP eligible and 6,614 are HARP enrolled as of January 2019. The number of HARP eligible has increased 11% since 2018 and the number of HARP enrolled has jumped 33% in the past year. Health Home enrollment has increased 13% since 2018. Sixty-one percent of individuals who are Health Home enrolled have been assessed for HCBS services and 98% have been determined as eligible. The greatest challenge has been the actual utilization of HCBS services. Only 18% of HCBS eligible individuals have received these services as of January 2019, however this is a significant improvement compared to the prior year (10%) and is ahead of the statewide figures. A portion of the HARP/Health Home/HCBS data is displayed below. March 2018 data was presented at the May 9, 2018 Regional Planning Consortium meeting by the NYS Office of Mental Health. Link to the full meeting documents including the HARP/HH/HCBS presentation available at

		HARP Eligible	HARP Enrolled	% HARP Enrolled	Health Home Enrolled	% HH Enrolled	HCBS Assessed	% HCBS Assessed	HCBS Eligible	% HCBS Eligible	HCBS Claimed	% HCBS Recipients
Erie County	March 2018	8,144	4,960	61%	2,265	46%	1,050	46%	985	94%	98	10%
	Jan 2019	9,005	6,614	73%	2,552	39%	1,549	61%	1,521	98%	280	18%
Western Region	March 2018	13,800	8,159	59%	3,573	44%	1,758	49%	1,657	94%	213	13%
	Jan 2019	15,476	11,232	73%	4,131	37%	2,674	65%	2,629	98%	513	20%
Statewide	March 2018	153,815	106,975	70%	35,474	33%	16,387	46%	14,763	90%	1,714	12%
	Jan 2019	171,280	137,048	80%	39,667	29%	26,447	67%	25,392	96%	3,641	14%

Enrollment in Health Homes is a key element of accessing HCBS services. Based on a recipient survey conducted by ECDMH in the Fall of 2018, and comparison to an ECDMH recipient survey conducted in winter 2017 there appears to be have been clear progress made on recipients' knowledge and awareness of Health Homes. Over 62% of the respondents agreed with the statement, "I am clear about what a Health Home is", versus only 50.7% in the 2017 survey. Similarly, 63.9% knew whether or not they were enrolled in a Health Home versus only 29.2% of respondents in the first survey.

Another area of growth within the Erie County Department of Mental Health is the Erie County Assisted Outpatient Treatment Program. In addition to the expansion of care coordination services and supports meant largely to serve those individuals with the highest risk and highest need, the number of individuals receiving services under a court order for Assisted Outpatient Treatment (AOT) in Erie County continues to rise. We have gone from 36 cases in 2012 to 211 as of the end of 2017 and now 226 as of the end of 2018. A review of the data indicates that this may be a statewide trend, but local factors also appear to be in play. We believe that a sizable portion of these increases are at least in part due to the significant transformations that are occurring with behavioral health reform. New York State's efforts to move individuals from hospitals and other high level settings into the community has posed a number of challenges and one of the consequences has been that many of the people coming out of these settings have higher levels of need and are appropriate for AOT.

In Erie County the responsibility for managing the referrals, requesting records, expediting evaluations, writing treatment plans, facilitating court appearances, and monitoring clients receiving AOT and AOT-Diversion services falls to the SPOA. This process requires substantial time and effort by the SPOA staff as well as Erie County legal resources. According to the OMH website Erie County has the second highest number of clients receiving AOT services in the Western region. In 2018 a need for additional staffing was identified to support the provision of AOT services. This request was approved and additional County funding was secured to acquire another full-time SPOA staff member. In 2019 there will be a program focus on both useful data collection and improved program function in an effort to ensure delivery of appropriate and effective mental health services.

A service that is available to individuals on Court Ordered AOT is Health Home Plus, which provides intensive case management with significantly smaller caseloads than regular Health Homes. In 2017, Health Home Plus was expanded to serve other populations of individuals with Serious Mental Illness including those being discharged from OMH State Psychiatric Center and Central New York Psychiatric Center and its Corrections-Based Mental Health Units. In 2018 the population was again expanded to include the following high need populations:

- Assertive Community Treatment (ACT) step-down.
- Enhanced Service Package / Voluntary (Diversion) Agreement: Identified by the Local Government Unit (LGU). An agreement signed by individuals otherwise considered for AOT by the LGU but agreeing that he/she will adhere to a prescribed community treatment plan rather than be subject to an AOT court order.
- History of an expired AOT court order within the past year.
- Homeless: Meeting the Housing Urban Development's (HUD) Category One (1) Literally Homeless definition.
- High utilization of inpatient/emergency department (ED) services. This population is typically known to staff in emergency departments, inpatient units, as well as to providers of other acute and crisis services.
- Ineffectively engaged in care: No outpatient mental health services within the last year and two (2) or more psychiatric hospitalizations; or No outpatient mental health services within the last year and three (3) or more psychiatric ED visits.
- Clinical Discretion: SMI individuals who do not fall within at least one of the above high need categories could still be eligible for HH+ services based on the clinical discretion of the local Single Point of Access (SPOA) and/or Managed Care Organization (MCO).

Health Home Plus providers must assure that they will comply with the requirements of caseload ratios, reporting, and minimum levels of staff experience and education. This higher level of service will greatly benefit individuals who are transitioning into a more independent living situation and could use a high level of wrap around services.

The LGU/SPOA has oversight and responsibility for the high-need SMI population and ensuring their access to services best able to meet their needs. SPOA is uniquely qualified to make a recommendation for HH+ eligibility based on their current work triaging referrals for ACT and AOT, as well as the non-Medicaid behavioral health population.

Another unmet need that deems mentioning is related to the increased need for provider agencies to have the information technology infrastructure that is becoming more important for survival in the evolution of the behavioral health environment. Organizations need to be able to collect and use data in ways they never had to before. Agencies are using electronic health records more widely and need to have staff who are able to implement and manage these data systems. The shift to value based payment systems is requiring agencies to develop and operate within new fiscal models, change work flows, provide extensive training to staff to ensure quality data collection, have staff available who can create reports and mine the data to implement quality improvement and reporting activities, and invest in the infrastructure and equipment to support these activities.

In the first quarter of 2017, the ECDMH surveyed County certified, licensed and/or funded providers of the New York State Offices of Mental Health (OMH). Their responses showed that an important role of the ECDMH could be to provide funding to assist with information systems or other measures related to behavioral health reform. To facilitate these efforts, starting in 2017 the Erie County Department of Mental Health has allocated a portion of its NYS OMH aid to agencies who have existing contracts with the County to provide OMH services. In 2017 and 2018, the ECDMH allocated a total of over $550,000 to support agencies in their behavioral health reform capacity building efforts. For 2019, the ECDMH has expanded this offering beyond mental health contracted agencies and plans to allocate up to $1,275,000 to mental health, substance use disorder, intellectual and developmental disability, and prevention and support service providers to support agency preparations and capacity building in response to the rapidly changing behavioral health environment. These allocations will support efforts to develop interagency collaborations/affiliations, improve infrastructure, technological updates including management information systems, science based programming, related staff training and/or improving the availability or access to services.

In an effort to look more globally at the data needs of our partner agencies, Erie County launched an initiative to leverage PSYCKES data to help facilitate system wide benchmarking and quality improvement. Erie County funded the creation of

a PSYCKES tool that gave providers agency and program level data around state identified metrics. This was shared with agencies in May 2017, followed by a series of large group meetings with agencies to discuss the data and how we as a community could use this information to improve outcomes. Starting in March 2018 the ECDMH and four providers formed the Erie PSYCKES Collaborative, a learning collaborative in which the participating agencies dig deeper into the data and develop processes within their agencies for quality improvement. The participating agencies have used this as a forum to share and discuss their strategies and learn from each other. Upon comparison of PSYCKES data for participants in the Collaborative and agencies not involved in the Collaborative, Collaborative participating agencies are seeing improvements and better outcomes on most of the PSYCKES metrics. This work and the Collaborative will continue in the coming year.

In our oversight role, the ECDMH has been able to identify cross system issues and implement targeted quality improvement initiatives. Examples, both of which have come from our housing program, include:

- Creation of a co-occurring disorder housing task force: Currently in Erie County, a person experiencing 2 or more co-occurring disabilities finds it difficult if not impossible to receive a licensed level of housing care. Studies show that 70% of clients with a mental health disability are also facing a substance use problem, and 30% of clients with a developmental disability are also experiencing a mental health concern. December of 2018, ECDMH created a co-occurring disorder housing task force in order to strategically plan around this issue. The county has invited OASAS, OMH and OPWDD field offices and nonprofit agencies to the table to identify the main obstacles and develop possible solutions. The task force plans to further collect data and have a strategic plan created by the end of 2019 to move forward in progress of this issue.
- Quality Improvement and Technical Assistance: In order to improve services for our clients and overall program performance, the housing team at ECDMH has implemented a number of new ways to provide training and technical assistance. In 2018, the team held their second annual training that consisted of quality assurance trainings surrounding client charts and interactions, as well as information panels and speakers to help educate providers. In addition to this in 2018, the team had created a new site audit tool that generates a score and recommendations for agencies to follow up on each year. With the new tool in place, the team is able to tell whether the agency is improving their quality standards each year and what trainings need to be explored to help further support the agency to do so. Overall the supported housing agencies averaged an 87% compliance rate and are targeted a 90% rate for the 2019 year.

To ensure that the preparation of the Local Services Plan was comprehensive and included input from a variety of stakeholders, the ECDMH asked the community and provider networks for their thoughts about unmet needs. In addition to those with lived experience, this year the ECDMH reached out to the Community Services Board, Mental Health Subcommittee, Adult Leadership Committee and the Children's Leadership Committee for their input. Some of the areas of need identified by the participants in these groups include: a lack of services for individuals with co-occurring conditions, concern that CCBHC's may not continue as they have filled a number of gaps in care, need for expanded re-entry services for individuals returning to the community from jails and other correctional facilities, the need for better cooperation and communication between NYS agencies, low salaries for the workforce and insufficient reimbursement rates. We also heard concern that there are no residential services for individuals with acute/sub-acute co-occurring mental health and substance use disorders in the region and currently people needing this type of service have to go to Pennsylvania to receive them.

The ECDMH continues to work with Federal, State and Local agencies, providers, insurers and consumers to improve the system of care for the Mental Health population in Erie County. Despite the inherent challenges of operating in an ever changing system that includes new initiatives coming and ending or potentially ending (DSRIP and CCBHC's), new initiatives

being implemented that are taking longer than anticipated to ramp up (HARP and HCBS), and the ECDMH's changing role in the mental health service system landscape, defining and designing a system of care that meets the diverse needs of the County's mental health population continues to be a priority. Our network of providers has been incredibly nimble and responsive to these changes. The overriding concern is coordinating these programs, communicating with them to create an integrated system of care, and finding a reasonable means to measure the impact. The success of these initiatives depends on the effective integration, collaboration and meaningful evaluation of service system reform efforts.

In an effort to evaluate some of these newer services, the ECDMH is also involved in claims analysis to determine the extent to which the services is positively altering the utilization curve in the desired direction.

Over the past year there has been significant progress including the implementation of new services, additional resources to expand availability of services, and a tremendous amount of collaboration. We have also been challenged to meet the more significant needs of those returning to the community, limited resources, and the changing demands of a system working towards Medicaid Reform and Value Based Payment models. In general, and balancing the progress and challenges, the level of unmet needs have stayed the same, although we continue to strive and be progressing.

Erie County 2020
Response to New York State
Local Services Plan

OASAS (Office of Alcohol and Substance Abuse Services)
System Needs Assessment

b) Indicate how the level of **unmet Substance Use Disorder (SUD) needs** in general have changed over the past year.

[x] Improved   [ ] Stayed the Same   [ ] Worsened

Please explain:

The Erie County Department of Mental Health, in partnership with the County Executive, Department of Health, treatment providers, and community continue to be very aggressive in our response to the opiate crisis that has impacted so many of our residents. Greater availability of treatment, new initiatives, new resources, and notable collaboration demonstrate the commitment of Erie County to address the opioid crisis. What follows provides an overview of changes in the last 12-18 months. Based on the information that follows including enhancements to services, increased access to treatment, and the decrease in deaths from opioid overdose the level of unmet substance use disorder needs in general are considered to have improved over the past year.

The Centers for Disease Control and Prevention reported that in 2017 there were 3,921 deaths from drug overdoses in NYS, up from 3,638 in 2016. This reflects a 7.8% increase from 2016 to 2017, but a significantly lower degree of change than the 32.9% increase in drug overdoses from 2015 to 2016. (https://www.cdc.gov/drugoverdose/data/statedeaths.html).

Erie County seems to be ahead of NYS in turning the curve for opioid overdose deaths as we started seeing a decrease in 2017. According to information provided by the Erie County Medical Examiner's Office through 5/1/19, there is continued indication that the number of opioid overdose deaths continued to fall in 2018.

Year	2012	2013	2014	2015	2016	2017	2018
Number of Opioid Related Deaths	103	101	127	256	301	251	173 (with 17 cases pending)

If all of the pending cases are included as attributed to opioid deaths, this represents a 23% decrease from 2017 and a 36% decrease since the peak in 2016.

In 2016, the most recent data available, there were 1,288 emergency department visits (including outpatient and admitted patients) involving any opioid overdose in Erie County. The crude rate per 100,000 population was 139.8, which exceeded all other counties in New York State. The crude rate per 100,000 population for all emergency department visits involving any opioid overdose for New York State was 56.9. https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2018.pdf

In Erie County hospitalizations for all Opiate overdoses totaled 203 in 2015 (from 2018 LSP), 191 in 2016 (from https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2017.pdf, Pg. 34-35) and 172 for 2017 (from https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan19.pdf). In the first 6 months of 2018 there were 74

opioid overdose hospitalizations according to the January 2019 report. Starting in 2016 the hospitalizations seem to be tracking with the overdose death numbers. There were 898 Outpatient Emergency Department visits for opioid overdoses in 2015 (from 2018 LSP), 1,105 Outpatient Emergency Department visits for opioid overdoses in 2016 (https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2017.pdf, Pg. 34-35), 757 in 2017 and 314 for the first 6 months of 2018 (https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan19.pdf). Again, these figures seem to be tracking with overdose death numbers.

The Erie County Opiate Epidemic Task Force was established by County Executive Order in January 2016. This cross sector group includes representatives from local government, medical, mental health, treatment providers, law enforcement and first responders, community based organizations, and parents and loved ones of those affected by the opioid epidemic. The Task Force was charged with oversight and coordination of multiple initiatives with the goal of curtailing the opioid epidemic.

Through the leadership of Erie County Executive Mark Poloncarz and with the support of the Erie County Legislature, one critical addition implemented in August 2016 and funded by Erie County is the 24/7 Addiction Hot Line. The Addiction Hot Line receives calls from family members, concerned loved ones, as well as those with an addiction that are seeking further information and/or assistance with accessing care. This is a unique resource to have in our community. Since inception in August 2016 through April 14, 2019 the Hot Line has received 6,024 calls.

The Addiction Hot Line has evolved over time. At the beginning, callers in need of inpatient (higher level of care) treatment were directly linked for an assessment. Starting in July 2018 the Addiction Hot Line partnered with the Western New York Open Access Center. The Western New York Open Access Center was designed as a virtual hub and spoke model for linking individuals needing treatment to providers. The Open Access Center funding from New York State ended in April 2019 and the County is currently in conversations with the operator of the Addiction Hot Line to reconfigure how to leverage the Hot Line as a vehicle to provide information to friends and families and to connect those needing treatment to care.

A sample of other key initiatives that have evolved from the Opiate Epidemic Task Force include:

- Buffalo MATTERS: The Buffalo MATTERS network began with an aggressive effort to train emergency physicians and advanced practice providers (APPs) in responsible opioid prescribing, medication assisted treatment (buprenorphine primarily), and rapid referrals. Community treatment providers joined Buffalo MATTERS to accept referrals and provide timely appointments for individuals referred by Emergency Departments. The network now includes 13 hospitals and 27 substance abuse treatment clinics.   .
- Response after Overdose: This initiative is a partnership between local police departments and the Erie County Department of Health. Police Departments connect a peer from the Health Department to provide support and linkage to treatment. This project involves ODMAP, a mapping application that plots overdoses and Narcan administrations with the data shared between the police department and Health Department in real time. To date there are three municipalities participating in this initiative.   .

Both of these initiatives have garnered state and national attention and represent some of the success of Erie County Department of Health's leadership and partnership in addressing the opioid crisis.

Treatment availability is also very important to the overall effort. Over the past year, there have been tremendous strides in increasing the availability of treatment services and timely access to these services. There have been additional resources available for these activities from local, State, and Federal sources.

Accessing residential services continues to be a challenge. The ongoing conversion to Part 820 may offer some relief by addressing the need for transitional services which can be more flexible and better support recovery as the recovering

individual transitions between levels of recovery and ultimately back to community living. However, the conversion to Part 820 has been slow. Modest progress has been made during 2018. There are now 274 beds that have converted to Part 820, up from 183 in 2017. The greatest challenge is the cost of staffing and related expenses required for Stabilization (Information provided by OASAS Field Office). NYS OASAS and the community has responded to this need and an additional 25 OASAS funded beds have been opened by a provider in Niagara County and another 15 in Erie County. These additions should improve access to this necessary treatment option.

Based on feedback from some providers, there are challenges reported related to the conversion to Part 820 including increased requirements for staff (ex. need to have a medical director and nurses), which creates greater financial burden for the providers. As agencies that historically provided halfway houses have, or are converting to Part 820 Rehabilitation element, there is decreased availability of halfway house beds and no place to transition people who require step down. There are reports that the low reimbursement rates for 820 services are insufficient to cover costs. Fee for service Medicaid does not pay for 820 services and it takes time to transition clients to a managed Medicaid plan. In addition, some agencies have reported delays in payment from the MCOs for the Part 820 services, specifically for the community reintegration element.

In previous LSPs the ECDMH has presented information regarding capacity and utilization from the OASAS Census Capacity History Report. This report is no longer available so in the coming year the department will be identifying other reports to quantify capacity and utilization to document need.

Use of Residential Rehabilitation Services for Youth seems to be unchanged from 2017 to 2018. Based on the OASAS Monthly Service Delivery Program History Report by Provider, Region and County for Residential Rehabilitation Services for Youth the end of month census, averaged for the year for 2017 and 2018 are virtually the same (32 for 2017 and 32.4 for 2018).

The number of individuals admitted to Inpatient Rehabilitation has decreased from 2017 to 2018, down 8.5%. (OASAS Program History Report, Monthly Service Delivery). In 2017 there were 1,420 admissions to inpatient rehabilitation and in 2018 there were 1,299.

Medically Managed Detoxification also remains a highly utilized service. NYS OASAS data for the period January 2017-January 2018 had a utilization rate of 88%. (OASAS Census Capacity History Report data from 2019 LSP). Availability of Medically Managed Detoxification services was expanded at Erie County Medical Center (ECMC) from 18 to 32 beds, increasing capacity at this location by 78%. This expansion allowed for a 40% increase in the number of admissions for this service from 1,544 in 2017 to 2,158 in 2018. (OASAS Program History Report, Monthly Service Delivery).

Accessing hospital detoxification (Medically Managed Detox) is an important service, but barriers to accessing care beyond the hospitalization, which is critical to sustained recovery, was identified as an unmet need in previous County Plans. There were barriers for people to be effectively linked to outpatient treatment and challenges in navigating the system. In response to this need, through collaboration with ECMC, Peer Supports and Family Navigators are now in place in the hospital and in the community to offer supportive and educational services to recipients, family members and concerned loved ones. While it took some time to implement Peer Support in the emergency department, which occurred in late 2017/early 2018, the engagement of individuals and their families and linkages to community services is very encouraging. The number of individuals accessing Peer Engagement Specialist services increased almost 5 fold from September 2017 to early 2018. In 2018 Peer Engagement Specialists served 1,350 individuals with 1,248 (92.4%) of them having their first interaction with a Peer Engagement Specialist in the emergency department. In the first quarter of 2019 361 of 363 (99.4%) individuals served by a Peer Engagement Specialist had their first interaction with the peer specialist in the emergency department. (Data from County Planning System, Recovery Forms, Monthly Reports)

An important treatment option includes Opioid Treatment Programs (OTP), which are highly effective and provide medication assisted treatment. One type of OTP is Methadone treatment. Methadone capacity has steadily increased since 2016. With the addition of new slots in 2018 Methadone treatment providers have greatly reduced the wait lists and are now able to serve individuals needing treatment in a much timelier manner. In addition to the expected organic capacity increases at existing locations, there are an additional 199 new slots that came online in 2018 with service delivery sites in both the northern and southern suburbs. This increases capacity and also improves access by making these services available in the new locations. Another new OTP site in the City of Buffalo was approved by OASAS in December 2018 and is expected to come online in 2019. Erie County Methadone providers have done well to meet community need by increasing their capacity.

Methadone is only one of several medication assisted treatment options available. Buprenorphine is viewed as a best practice for many of those attempting recovery from opioid addiction. Erie County has seen tremendous gains in this regard. In early 2017 the Erie County Department of Mental Health (ECDMH) in collaboration with Erie County Department of Health (DOH) surveyed community providers regarding the use of Medication-Assisted Treatment, specifically the use of Buprenorphine. At that time 50% of respondents stated they would begin Buprenorphine within seven days of the initial appointment and all of the providers surveyed stated they had available slots in their Buprenorphine program. In addition, providers responded to the Federal Waiver allowing Buprenorphine providers to increase their panels. In early 2017, providers projected an increase of over 1400 additional Buprenorphine slots.

In January 2018 The ECDMH developed and distributed a follow up survey to 12 providers of NYS Office of Alcoholism and Substance Abuse Services Part 822 Chemical Dependency Outpatient Clinic Treatment services. This survey asked about the availability and utilization of walk in and same day appointments, medication assisted treatments and rapid induction to Buprenorphine on an outpatient basis (provide Buprenorphine in same day or within 24 hours of the first appointment.) Of the 9 providers that responded, 67% offered walk in appointments and 100% offered same day appointments. For providers that offered these options, 62% had expanded the availability of walk in appointments in the past 12 months and 100% expanded the availability of same day appointments in the past 12 months.

More recently, in December 2018-January 2019, the ECDMH conducted another survey and this time expanded the target group to include inpatient providers as well. Twelve agencies participated in the Outpatient provider survey and four participated in the Inpatient provider survey.

The 2019 survey asked providers about the availability of Medication Assisted Treatments in their programs. Of Outpatient providers 83% indicated they offer Buprenorphine, 75% offer Vivitrol, 33% offer Methadone, and 50% are offering Sublocade, which is a buprenorphine extended release, once monthly injectable. Of the Inpatient providers 50% offer Methadone, 100% offer Buprenorphine and Vivitrol/Naltrexone and 25% offer Sublocade. None of the Inpatient respondents offer all four of these MAT options.

Capacity to provide Buprenorphine in outpatient settings was addressed in all three surveys. The capacity reported by year is shown for 2017, 2018 and 2019 in the following table. There has been more than a 6 fold increase in Buprenorphine capacity in the past three years.

Buprenorphine Slot Capacity		
January 2017	**January 2018****	**January 2019*****
710	3,210	4,395
** One provider indicated "no limit" and therefore their capacity is not included in 2018 figure *** Three respondents said "no limit" or "unlimited", their capacity is not included in the 2019 figure		

Outpatient providers were also asked about anticipated capacity by the end of 2019. Of the nine agencies that responded to this question, they anticipate adding 2,400 more slots for a total anticipated 6,800 Buprenorphine slots by the end of the year.

Outpatient providers were asked about the availability of same day and walk in appointments and rapid induction to Buprenorphine. Sixty-six percent of respondents offer same day appointments and 66% offer walk in appointments. Eight of twelve respondents reported that they have expanded the availability of same day and walk in appointments in the past 12 months. When asked about the typical length of time from an individual's first visit to the first administration of Buprenorphine, 56% reported within 48 hours, 33% within 5 business days, and one said within 15 business days. Significant progress has been made. Since the timeliness of access to substance abuse treatment services is very important and recognized as a critical factor in engagement in treatment, this is encouraging.

Regarding the utilization of the Buprenorphine slots, 90% of agencies reported that they have capacity that is not currently being utilized. Based on the survey results and follow up conversations with providers some factors that are limiting the utilization of these slots include limited provider time/availability, not enough referrals, regulations that limit the number of patients that can be managed by a provider, patients who are interested in MAT without counseling, and lack of community awareness of the availability of open slots.

While slot availability and utilization of these slots is important, timeliness of dosing is a critical element providing MAT services. Inpatient and Outpatient treatment providers were asked when in the treatment experience they offer MAT. For Inpatient providers 75% introduce the topic of MATs during the initial assessment and 75% offer MAT during the initial assessment. One Inpatient provider (25%) reported that they introduce the topic of MAT and offer MAT within 5 days after the initial assessment is completed. Half of the Outpatient providers introduce the topic of MAT before the initial assessment and half introduce the topic during the initial assessment. Seventy-five percent of outpatient providers offer MAT at the initial assessment and 25% reported they offer MAT typically within 5 business days after the initial assessment is completed.

It should be noted that the information provided above is only representing the OASAS certified providers that responded to the survey and does not reflect all services currently available in the community from non-OASAS certified providers.

Supporting the survey data around increased access to Buprenorphine, Erie County saw a 15% increase in the number of Buprenorphine prescriptions from 2015 through 2017. There was also a 16% decrease in the number of opioid analgesic prescriptions over that same time period. (https://www.health.ny.gov/statistics/opioid/, Prescription Monitoring Program in New York State by Region and County). The decrease in the number of opioid analgesic prescriptions is important because of its relationship to addiction.

According to the OASAS Program History Report by Provider, Region or County and a review of the Monthly Service Delivery data, there has been a 25% increase in the end of month census for all OASAS certified treatment providers in Erie County from January 2018 to December 2018. At the end of 2018 the end of month census for treatment providers was 5,023 compared to 4,020 in January 2018. This demonstrates the commitment of the treatment provider community in Erie County to fill the growing need for treatment.

Harm reduction is also a component of the effort. Since the launch of the Opiate Task Force the Erie County Department of Health (ECDOH) has trained over 25,000 Erie County first responders and community residents in Naloxone administration (ECDOH provided this data) and trainings continue. In addition, other community stakeholders have also provided training in the use of Naloxone. Use of Naloxone is saving lives. Electronically reported Naloxone administrations increased from 959 in 2016 to 1,275 in 2017 by EMS, law enforcement and registered COOP programs. In the first 9 months of 2018 there were 745 Naloxone administration reports submitted. There is some degree of delay in reporting and as

these only represent administrations that were electronically reported, actual numbers are likely significantly higher. Cited from https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan19.pdf, pg 35.

The ECDOH has been a key partner in the efforts to address the opioid epidemic. In addition to the Naloxone administration training, they have also been the co-lead of the Opioid Epidemic Task Force, provide buprenorphine training to physicians, and provide leadership to the Provider Education and Policy Reform and Naloxone Access Task Force committees.

In the continued effort to create a system of care that includes all of the points where an individual with a substance use disorder may come in contact and there is an opportunity to engage them in treatment, the criminal justice system must also be included. The Erie County Holding Center is often an intercept point for individuals with a substance abuse disorder. A period of incarceration provides a unique and time limited opportunity to offer treatment when an individual is not actively using and may be more receptive to initiating treatment. Currently the Erie County Holding Center offers Vivitrol for medication assisted treatment, however other MAT medications are not offered to individuals incarcerated in Erie County jails. The Forensic Mental Health unit, a subdivision of the Erie County Department of Mental Health, has been expanding available services to individuals with an addiction disorder. They have added a Specialist to work with inmates with co-occurring disorders currently held in the holding center as well as a Discharge Planning position to assist in effective transition to the community. In addition, through a funding allocated by New York State in their 2018-2019 budget, Erie County will be able to provide education sessions about substance use and addiction in the Erie County Correctional Facility. This project will be implemented in 2019.

Prevention programs are also an important strategy in curtailing substance use. The need for services outpaces the available resources and the ECDMH wanted to ensure that prevention services were being deployed judiciously. In an effort to focus Erie County OASAS prevention provider resources in areas with the highest risk, ECDMH funded the development of the Erie County Risk Indicator Database and the Treatment Gaps and Barriers Analysis. These tools are used to assist in planning and geographic targeting of services by OASAS prevention services. The analysis includes maps and data identifying the highest risk zip codes and school districts and the services currently available so providers can target new service sites to the areas with highest risk and limited or no services. This data and the analysis is updated annually and collaboratively provided to the providers of prevention services in Erie County. The Erie County Chemical Dependency Treatment Gaps and Barriers Analysis was updated for 2019 and a sample of findings include:

- Many Zip codes in Erie County do not contain any type of treatment program, particularly in the rural eastern and southwestern portions of the county. However, the City of Buffalo and first ring suburbs have a substantial allocation of programming.
- Crisis and inpatient programs are found primarily within the City of Buffalo while opioid treatment programs are located in the City of Buffalo and two suburban locations (Orchard Park and Amherst).
- Outpatient programs are the most prevalent type of program, but coverage is lacking in the eastern and southwestern portions of the county.
- None of the highest risk Zip Codes in Erie County, excluding the City of Buffalo, have crisis, inpatient, methadone or residential programs.
- Overall accessibility in Erie County based on all treatment programs and types is high and well aligned to areas of highest risk.

The Erie County Risk Indicator Database and the Gaps and Barriers Analysis are available at www.erieridb.org.

The process for developing this needs assessment also required obtaining input from the community. The ECDMH conducted a Provider Survey that ran for 6 weeks in January and February of 2019. A total of 57 responses were received

from mental health, substance use, and developmental disability providers. Thirty-eight percent of the responses were from agencies that provide substance use services. Agencies were asked to rate the level of need and gaps in the substance use disorder system of care. The issues identified most frequently as being a high need in the substance use disorder system of care include: Prevention Services, Opioid Treatment Services, Housing, Transportation, Workforce Recruitment and Retention, Coordinated Discharge Planning, and Coordination and Integration with Other Systems. When asked to identify the most significant needs and gaps, Opioid Treatment Services, Housing, and Workforce Recruitment and Retention were selected most often. Based on discussions with community members, the Community Services Board and the Alcohol and Substance Abuse Subcommittee, there is consensus that access to opioid treatment services has improved significantly over the past couple years. There is also an urgency and desire for action to provide more treatment options at the Erie County Holding Center and Correctional Facility.

Another unmet need that deems mentioning is related to the increased need for provider agencies to have the information technology infrastructure that is becoming more important for survival in the evolution of the behavioral health environment. Organizations need to be able to collect and use data in ways they never had to before. Agencies are using electronic health records more widely and need to have staff who are able to implement and manage these data systems. The shift to value based payment systems is requiring agencies to change work flows, provide extensive training to staff to ensure quality data collection, have staff available who can create reports and mine the data to implement quality improvement and reporting activities, and invest in the infrastructure and equipment to support these activities. For the past few years the ECDMH has offered special allocations to contracted agencies that provide mental health services to support these efforts. In 2019 the ECDMH is expanding these efforts has allocated up to $500,000 to contracted substance use providers and up to $200,000 for Prevention and Support Services contracted providers to support infrastructure and information technology projects to transition to value based payment and support behavioral health reform efforts.

The shift to value based payment and behavioral health reform as well as a concerted effort by the ECDMH and community providers to leverage partnerships and collaboration has resulted in the creation of a number of new collaborations. The ECDMH has sought out new partnerships and collaborations that could be very powerful to strengthening the system of care. Two notable examples are:

- Urban Oversight Counties Collaborative: Erie County has joined with Monroe and Onondaga Counties to explore how we can work together and plan for service needs in our respective counties. Our three county LGU's have some unique similarities and have been discussing our shared strengths and challenges and how we can move forward together in the changing environment. The group meets regularly and has identified a number of projects we hope to work on jointly.
- ECDMH has reached out to a major Managed Care Organization to explore a collaboration that would be mutually beneficial to both the LGU and the Managed Care Organization. Through a series of meetings there have been a number of potential opportunities identified. The projects are still under development and hold great promise. The goal of this collaboration is to strengthen the collaborative relationship and explore possibilities to address gaps in care.

The ECDMH also formed a PSYCKES Collaborative in an effort to look more globally at the data needs of our partner agencies. This project leverages PSYCKES data to help facilitate system wide benchmarking and quality improvement. Erie County funded the creation of a PSYCKES tool that gave providers agency and program level data around state identified metrics. This was shared with agencies in May 2017, followed by a series of large group meetings with agencies to discuss the data and how we as a community could use this information to improve outcomes. Starting in March 2018 the ECDMH and four providers formed the Erie PSYCKES Collaborative, a learning collaborative in which the participating agencies dig deeper into the data and develop processes within their agencies for quality improvement. The participating agencies have used this as a forum to share and discuss their strategies and learn from each other. With the addition of substance

use indicators to the PSYCKES measures, the possibility of adding these indicators to our tool will be discussed with our partners. If there is interest and resources are available, this will add an enhancement to this work to more directly address substance use disorder services.

The efforts to address this epidemic continue in earnest. Additional services, not previously referenced, which have been implemented in 2018 and those which are in the planning stages for 2019 include, but are not limited to:

- The ECDMH applied for and was awarded an Adult Drug Courts grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled the MISSION Criminal Justice project. MISSION-CJ (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Criminal Justice) is an integrated set of evidence based practices that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. This program focuses on high risk opiate users in Erie County. This program blends high intensity case management and therapy, with additional community supports. The grant started in September 2016 and runs through September 2019. This project expands the Drug Court Navigation Program for drug court participants that are currently not eligible for existing navigation services, but are at high risk for overdose, integrating behavioral health treatment with MAT and reducing overdoses among drug court participants. The population to be served are individuals charged with a nonviolent misdemeanor and/or felony offense, which is related to their substance abuse. Since the beginning of the project we have served 328 individuals, 87% being Erie County residents. This project is showing positive outcomes particularly around abstinence (78.7% not using drugs or alcohol at intake compared to 86% at 6-month follow up), employment and education (22.0% employed or attending school at intake compared to 42.0% at 6-month follow up), and stability in housing (88.2% with a permanent place to live in the community compared to 97.9% at 6-month follow up).
- The ECDMH applied for and received a SAMHSA grant that is servicing the Erie County Family Treatment Drug Court. This project has expanded and enhanced the current Family Treatment Drug Court process, provides community based care navigation with a focus on rapid access to MAT and integrates all other healthcare and mental health care into the court room process. This process is showing some positive outcomes particularly around abstinence (77.3% not using drugs or alcohol at intake compared to 90.9% at 6-month follow up), and stability in housing (59.1% with a permanent place to live in the community compared to 63.6% at 6-month follow up). This practice has implemented three separate cohorts of Celebrating Families serving 15 families in this evidence based practice specifically formulated to reunite families with addiction issues by providing improved parenting skills and addressing the effects of addiction on the entire family. The grant funding period is 9/30/2017-9/29/2022. To date there has been 3 successful graduations in this grant process from the FTDC. The total number of families served to date is 39 with a total number of 114 family members assisted overall.
- The ECDMH applied for and was awarded funding for an early diversion grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled the Erie County Early Diversion Enhancement Program for Adults with Co-Occurring Disorders. This grant process uses the MISSION-Vet (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Veterans) as an integrated set of evidence based practice that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. The grant funding period is 9/30/18-9/29/2023. This grant has a primary focus on expanding Crisis Intervention Training (CIT) to law enforcement as well as provide community based care management to high risk individuals who come into contact with the criminal justice/ law enforcement systems to facilitate a reduction in unnecessary hospitalizations and arrests.
- The ECDMH applied for and was awarded funding for an expansion and enhancement process in the Opioid Intervention Court process. The current grant functions under funding from the BJA and is the first of this type of court room intervention in the country. This court room process will be continued with the additional funding through the SAMHSA. This model employs additional resources that support participating individuals with not

only court room related activities but community based care management. This new model employs the MISSION CJ ((Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Criminal Justice) as an integrated set of evidenced based practices that incorporate Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. The grant funding period is 5/31/19-5/30/2024. Full implementation will occur 9/2019.

- Columbia University's School of Social Work has been awarded $86 million from the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, to support research intended to reduce opioid deaths across New York State. Columbia University will be partnering with 15 New York counties, including Erie County, which have been heavily affected by the opioid crisis. Erie County will receive a portion of these funds to expand Opioid Treatment and support services.

- The Erie County Department of Health was awarded a Bureau of Justice Assistance grant (part of the Federal COAP package) to actively connect those who have overdoses to immediate treatment and supports using the first responders on the scene. They also received a Bureau of Justice Assistance grant to create an Opioid Mortality Review Board. This will provide for 3 years of funding for a total of $999,000. The Erie County Department of Health also received a SAMHSA Response After Over Dose grant, which will provide 4 years of funding totaling $1.6 million and also $1.6 million to purchase Narcan for the 7 surrounding counties.

- The Western Regional Addiction Resource Collaborative, which is funded by NYS OASAS, serves five counties – Erie, Niagara, Cattaraugus, Allegany and Chautauqua. The focus of this Collaborative is to address substance abuse issues through a variety of environmental approaches. They have established a website and compiled an online resource directory. The Collaborative has also created a Speakers Bureau and is accepting applications to fund collaborative projects to support high risk outreach projects.

- A grant proposal submitted to NYS OASAS to fund a Family Support Navigator was awarded to a community agency that will expand family navigator services to serve five counties (Erie, Niagara, Cattaraugus, Allegany and Chautauqua). The NYS Budget also included significant funding for further expansion of this service as well as for this agency to provide transportation for individuals to support access to treatment.

- In April 2018, the ECDMH released a Request for Proposals to provide supports for community housing to assist in the successful transition to community living for individuals recovering from Substance Related Disorder. The model utilizes a Critical Time Intervention (CTI) care management model. This approach is designed to create greater access to ongoing community based recovery support, which extends beyond the time frame offered by more traditional modalities and is aligned with a chronic care approach. The award was made in June 2018 and was kicked off with a CTI Training for the awardee, ECDMH and another community provider in August 2018.

- Mobile Addiction Treatment Unit is a particularly unique service operating in Erie and Niagara County. Operated by a local provider, this unit is funded with State Targeted Response funds. In Erie County services are provided in the community and adjacent to the County Holding Center and the Opioid Intervention Court. Medication Assisted Treatment (MAT) is offered (Vivitrol) to those leaving the jail in addition to individual and group treatment. The mobile team also offers buprenorphine to participants of the Opioid Intervention Court. The unit is now operating with two customized RVs, which they acquired in March 2018. The RVs provide space for individual treatment from the nurse practitioner, clinician, and a peer. There is also capacity for telemedicine. In addition, the RV will be able to deliver services in rural areas where clinics are not available. In addition, the ECDMH will be funding another mobile addiction treatment project with another community treatment agency through the department's Special Allocations funds. The vehicle and staffing are expected to be in place by the end of 2019 and will add additional mobile services in Erie County.

NYS OASAS, County Providers, ECDMH, ECDOH, Erie County Government, families, peers, and law enforcement continue to work towards ending the opioid crisis and we are highly invested in this process. The progress that the community has made has been substantial. We continue to move forward with collaborative efforts around education, treatment, advocacy, and new treatment and support initiatives toward community recovery. Community involvement has been

highly encouraging. The network of treatment providers and community agencies that have come together around this crisis and their willingness to collaborate and work together to solve this problem is a testament to their commitment. Although much work remains, and the commitment continues, clearly much progress has also been made.

OPWDD (Office of People with Developmental Disabilities)
System Needs Assessment

b) Indicate how the level of unmet needs of the **Developmentally Disabled** population in general have changed over the past year.

[ ] Improved   [X] Stayed the Same   [ ] Worsened

Please explain:

In preparation for submission of the 2020 Local Services Plan the Erie County Department of Mental Health conducted a Provider survey that ran for 6 weeks in January and February 2019. Agencies were asked to rate the level of need and gaps in the developmental disabilities system of care. Areas rated as a High Need include: Workforce Recruitment and Retention (54%), Transportation (58%), Respite Services (49%), Residential Services (44%), Family Supports (42%), and Employment (41%). They were also asked to prioritize and select the areas with the most significant needs and greatest gaps related to the developmental disability system of care. The areas selected most frequently include: Workforce Recruitment and Retention (35%), Transportation (35%), Family Supports (27%) and Crisis Services (25%).

Comparing the state of the System of Care for those with Developmental Disabilities to last year, which included many of the same challenges and barriers with no marked improvements over the past year, the level of unmet needs of the developmentally disabled population in general has remained the same. Some progress has been made with the addition of new services, but the challenges and barriers primarily around workforce and resources, have mitigated the potential improvements that would have otherwise been possible. For these reasons, the unmet needs of the Developmentally Disabled in general in Erie County have stayed the same.

The following provides an overview and discussion of some of the activities, needs and gaps in the developmental disability system of care.

Workforce Recruitment and Retention

Recruitment and retention continues to be a major challenge for the OPWDD system. This problem is recognized as a major need across the OPWDD, OASAS, and OMH sectors and is widespread, affecting local, regional, state and national organizations and providers.

For OPWDD agencies the workforce recruitment and retention is a critical element in most, if not all of the other needs and system gaps. For example, lack of qualified staff affects the availability of respite, residential services, family supports, and crisis services.

New York State "O" agencies, including OPWDD, allocated additional funds for salaries of direct service staff in New York State funded programs with the first phase of increases implemented in January 2018. While this raises the hourly rate for Direct Care providers, this is a modest increase and does not necessarily increase the financial incentive for individuals to choose to work in a direct service position as opposed to other sectors. While this is a step in the right direction, it falls short of what needs to happen to resolve the workforce issue. The 2019-2020 State budget includes a 2% increase for some direct care staff, but did not include the additional funding requested for direct care staff salary increases.

Low wages make it difficult to recruit and retain staff, and subsequently there is high turnover. Consequences of the workforce crisis have an effect on individuals with intellectual and developmental disabilities. According to the Report to the President 2017, America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy by the President's Committee for People with Intellectual Disabilities (https://nadsp.org/wp-content/uploads/2018/02/PCPID-2017_-Americas-Direct-Support-Workforce-Crisis-low-res.pdf), "The workforce crisis threatens the health, safety, and well-being of people with Intellectual Disabilities/Developmental Disabilities (ID/DD). Direct Service Providers (DSPs) who are tired from working long hours or multiple jobs are much more likely to make mistakes and have lower tolerance for stressful situations. When DSPs do not know the person for whom they are providing support, they may not recognize signs and symptoms of illness. The consequences of the direct support turnover and vacancy rate impact the independence and opportunities experienced by people supported." There are also consequences for the families and can affect the family member's employment/employability, ability to engage in activities outside of the family, and overall well-being.

Providers are struggling to staff the current services they provide and wonder how they can cover the new initiatives and services coming on line, and they report that this is by far the most pressing unmet need they face.

In the 2019 Local Services Plan (LSP) the ECDMH reported that because of the low wages, workers in the OPWDD provider agencies often have second, maybe third jobs, often in other OPWDD provider agencies. The OPWDD subcommittee members noted that these workers, who are currently employed with other OPWDD agencies, must complete the background check and required trainings at each agency where they work. This creates additional burdens on the system and costs to agencies, having multiple background checks, and delays when a worker can assume their duties, because they need to complete required training that they have already completed at another agency. Subcommittee members suggested creating a registry for the workers to expedite the process, remove duplication, and get these workers to where they are needed in a more efficient manner.

Since late 2017, the Building Careers in Human Services Committee has been meeting regularly with a mission of promoting new ideas about the Human Services industry to attract a motivated, career driven workforce. In April 2019 the Committee held a symposium that approximately 40 local OMH, OASAS, and OPWDD providers attended to collaborate on ideas for recruitment and retention of employees. Area providers were very interested in working collaboratively on these topics. Analysis of the information discussed at the symposium will focus on opportunities to promote careers in human services, determining barriers to be overcome, and resources/pathways to achieve the vision of a shared message.

Respite

Respite services provide temporary relief from the demands of caregiving, which reduces overall family and consumer stress. Respite can be provided in the home or out of the home, during the day, evenings or overnight. As family caregivers age, there is likely to be a greater need for respite services. In 2018 there were 1,092 recipients of Respite services, up 11.6% from 978 in 2017. (OPWDD County Data 2019).

OPWDD increased reimbursement rates for respite services in July 2017, but full implementation did not occur until late in 2017 as the system to process the requests took some time to develop. There were increases in utilizations because of the increased ability to serve individuals with more challenging needs, but providers reported that the workforce crisis negatively affected the availability of respite services. They reported that the lack of direct service staff left many without access to respite. The rate increase was helpful, but it did not resolve the workforce shortage, which in-turn limited access.

Transportation

Fifty eight percent of providers serving individuals with Intellectual and Developmental Disabilities reported that transportation is a high need when responding to the ECDMH Provider Survey in early 2019. In addition, 35% selected transportation as one of the most significant needs and greatest gaps in the Developmental Disability System of Care in Erie County. OPWDD Subcommittee participants frequently mentioned transportation as an ongoing unmet need that directly effects consumers and families needing access to services and community integration activities i.e. employment. Among the concerns expressed were scheduled transportation not showing up or being late and their experience that pick up and drop off locations were a distance from where they lived or worked.

Two years ago a transportation committee was convened to try to address the challenges of transportation, which led to a white paper titled "Overcoming Transportation Challenges: Accessing the Finger Lakes and Western New York Region of New York State". The paper was authored by the Developmental Disabilities Alliance of Western New York Transportation Committee in conjunction with The Western New York Developmental Disability Services Office of OPWDD, The Finger Lakes Transportation Alliance, The Self-Advocacy Association of New York State, and the Erie County Office for People with Disabilities**.** The DDAWNY Transportation Committee has had some leadership changes and is currently working to regain its momentum to address the transportation challenges.

Uber and Lyft were hoped to be a solution, or at least a partial solution, to the transportation barrier for people served by OPWDD services. In late 2018 New York State hosted a series of community listening sessions to study accessible ride sharing services for customers with disabilities. Five sessions were held across the state and written comments were also accepted. The sessions and comments were structured to provide information around common concerns with ride sharing services as well as to solicit proposed solutions from NYS constituents. Categories of concerns that were identified from community input, listed in order of most frequently raised to concerns, include: Wheelchair Accessibility, Paratransit Unreliable, Lack of Rural Transportation, Safety Concerns, Accountability and Oversight, App Accessibility, Service Animals, and Affordability. Categories of proposed solutions voiced by NYS constituents, again listed in order of most frequently suggested solutions include: Expand the Ride Sharing Model, Improve Accountability and Oversight to Improve ADA Compliance, Incentivize Accessible Vehicles, Ride Surcharges, Improve Availability of Accessible Vehicles, Driver Training, and improve App Accessibility. The Taskforce that conducted this study also provided a series of recommendations for Ride Sharing companies and NYS Government to support improvements to accessibility and services for people with disabilities. This information is provided from the Taskforce's final report which is available at https://dmv.ny.gov/forms/tnctaskforcefinalreport.pdf.

Residential

OPWDD changed the content and format of the data they provide to counties this year. The data now reflects actual utilization and Medicaid payments for OPWDD services. Data was made available for 2016, 2017, and preliminary data for 2018. The change in content and format makes comparison to previous Local Services Plans not possible, but is more reflective of actual use of services and the associated costs which will be more appropriate for planning purposes.

Residential services are broken down into three categories: Family Care, Supervised and Supportive. From 2016 to 2018 there has been a decrease of 13.7% in the number of individuals receiving Residential Habilitation – Family Care, from 73 in 2016 to 63 in 2018. Residential Habilitation – Supervised Model is the most commonly utilized residential service with 2,270 recipients in 2018. This is a very modest increase since 2016 as the number of recipients only increased by 13 people. Residential Habilitation – Supportive Model increased by 7 recipients from 2016 and this service was utilized by 49 recipients in 2018.

In 2017, $10 million in additional funds were allocated for OPWDD Region 1 to expand certified residential services by 112 slots. The priority populations for these slots included: 1) children, 2) individuals with an aging caretaker, and 3) individuals

with significant medical conditions. Approximately half of the slots were awarded to serve Erie, Niagara, and Monroe Counties. It takes six to nine months to develop these certified residential opportunities and these came online in 2018.

An additional $15 million was allocated for Independent Support Services (ISS) which are non-certified rent-subsidies. These additional resources are currently available. The number of people enrolled in ISS has increased from 395 in 2015 to 517 in 2018, which is an increase of 31% in the past 4 years.

According to input from members of the OPWDD Subcommittee there are two significant challenges for organizations that provide residential services: workforce and OPWDD property caps. The workforce crisis is causing agencies who have been given the go ahead to develop a new home to go back to OPWDD and change the commitment to open the new homes. And when slots are opened up, there is great difficulty staffing them. Regarding the property caps, they have not kept up with current market conditions. The amount the provider can apply is too low for the cost of real estate and renovations or new construction in 2019.

It should be noted that there has been a philosophical shift within OPWDD. While certified residential services were once viewed as a permanent placement, OPWDD is now encouraging the recipients of these services to consider other housing opportunities including ISS. Certified Residential Services are a valuable and limited resource in the community and OPWDD is looking to create some movement in the system to open up certified bed slots for people who need them most.

A new program intended to support transition to a lower level of care for youth opened in Erie County in August 2018. The Intensive Treatment Program is a residential treatment unit for dually diagnosed OMH/OPWDD youth which also serves as a step down program to help these youth transition to a lower level of care. This is a statewide resource, available to anyone in NYS that meets the eligibility criteria. The program provides residential and educational programs that focus on behavioral, emotional and medical stabilization for a period of four to six months. The program has capacity for 12 youth. It currently has 9 youth admitted and 8 of the 9 are from the western New York region.

Stigma

People with developmental and/or intellectual disabilities (ID) are consistently found to be among the most socially excluded population and face substantial health, housing, and employment disparities due to stigma.[1] Stigma is associated with higher levels of psychological distress, worse adherence to treatment and decreased use of health services. (https://www.nationalelfservice.net/learning-disabilities/stigma-increases-psychological-distress-people-intellectual-disabilities/). Despite the Fair Housing regulations, people with disabilities are still excluded from housing. Stigma is also a driver in excluding people with disabilities from employment. Housing exclusion may be partially attributed to concerns over finances and exclusion from employment could be due to lack of knowledge of people's abilities and the reasonable accommodation process under the Americans with Disabilities Act. In Erie County the Erie County Office for People with Disabilities conducts an annual campaign to address stigma and raise awareness as part of a national effort to "Spread the Word to End the Word" (https://www.r-word.org/). The goal is to raise social consciousness about the dehumanizing and stigmatizing effects of the "r-word". The Erie County Office for People with Disabilities Executive Director is a member of the OPWDD Subcommittee and provides leadership on the work to address stigma for individuals with intellectual and developmental disabilities.

The ECDMH would like to express our appreciation to NYS for adding Anti-Stigma as an option of High Level Unmet need in the 2020 Local Services Plan. This was identified as a gap in the 2018 and 2019 Local Services Plan as consumers and agencies expressed great concern that Anti-Stigma was not available as an option for the OPWDD system as it was for other disability groups. The ECDMH appreciates the State's recognition of this issue.

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[1] Ditchman, N., Werner, S., Kosyluk, K., Jones, N., Elg, B., & Corrigan, P. W. (2013). Stigma and intellectual disability: Potential application of mental illness research. *Rehabilitation Psychology, 58*(2), 206-216.

Medicaid Care Coordination Organization/Health Home Care Management Service

Medicaid Care Coordination Organization/Health Home Care Management Service implementation replaced the Medicaid Service Coordination program. This represents a huge shift in how these services are delivered and expanded the scope of care coordination/care management services. The state made great efforts prior to and following the transition to educate consumers and organizations about the new model.

In March 2018, OPWDD announced the selection of the provider organizations who would provide the new Medicaid care coordination organization/health home (CCO/HH) care management service to people with intellectual/developmental disabilities. The new model is part of OPWDD's shift to People First Care Coordination and replaces OPWDD's Medicaid Service Coordination program. The new services expand care coordination beyond home and community based services to also include coordination of other services such as health care, wellness, behavioral and mental health services through a single individualized Life Plan for each member. People who do not want to receive comprehensive care management can choose to receive Basic HCBS Plan Support, which is a limited coordination option. The new service is staffed by care managers, many of whom who were Medicaid service coordinators who received additional training for this new role. The overarching goal of this initiative is to help coordinate services across systems including OPWDD, DOH, OASAS, and OMH. The two organizations selected to serve Erie County residents are Person Centered Services CCO and Prime Care Coordination. The new CCO/HH services went live on July 1, 2018.

Key informants were asked for feedback about the transition to Medicaid Care Coordination Organizations from provider organizations and families. The transition is generally described as challenging for a couple of reasons. First, the transition to the Life Plan from an ISP has been difficult. The electronic Life Plan platform, required by OPWDD for CCOs to use, has some significant issues. The drop down options in the system are not in line with person centered planning and there are questions about whether the goals preset in the system are allowable under Medicaid. It is difficult to make changes in the system and get the required signatures and approvals. The software problems and new tools have made it difficult for families and has fueled a sense of uncertainty. In addition, there was significant turnover in staff with the transition to the CCOs, coupled with the overall workforce crisis in the field, which exacerbated the difficulties of the transition.

However, initial data indicates that this has led to an increase in access. In 2018 there were 66 individuals added to the CCOs beyond those that transitioned from Medicaid Service Coordination (OPWDD County Data 2019).

Other Areas of Need

Members of the OPWDD Subcommittee raised concerns regarding the timing of implementation of Managed Care for this population. The members that provided comment identified the following issues related to implementation of Managed Care:

- They would like to see implementation of Managed Care delayed until the assessment process and Life Plan software is refined.
- The changes to the system are creating additional burdens and stress for families and they reported that families would like to see OASAS be more responsive to their concerns and needs and offer more support to the families before proceeding with additional system changes.
- Implementation of Managed Care, before the system can stabilize after all of the other changes is raising angst and uncertainty for families and providers.

A growing challenge is access to services for individuals who have co-occurring disorders. The ECDMH has created a Co-Occurring Disorder Task Force, bringing together providers from Intellectual and Developmental Disability, mental health, traumatic brain injury and substance use treatment and housing providers to develop strategies to meet the needs of these individuals. This group has been focusing on needs related to housing. Challenges in serving individuals with co-occurring disorders include, but are not limited to, reimbursement, staff training needs, and crisis intervention. The group

will be exploring various models and financing options. The level of enthusiasm by all of the providers participating is extremely encouraging and ECDMH is working to collect data and information to support next steps.

The Forensic Mental Health Unit, which serves the Erie County Holding Center and Correctional Facility, reports an increase in the number of individuals who are held in these county facilities with a cognitive impairment. It is challenging to serve this population in the jail and there are limited, if any, services available to meet their particular needs. The Forensic Mental Health Unit will be exploring this further, working to better quantify the scope of this issue, and to establish partnerships with community agencies to better meet the need within the Holding Center and Correctional Facility.

Continuation of newly implemented needed services in Erie County include:

Crisis prevention services for individuals with developmental disabilities and coexisting mental health or behavioral health concerns:

NY START (Systemic Therapeutic Assessment Resource and Treatment) is a crisis intervention and prevention program for individuals with Intellectual Developmental Disabilities and behavioral or mental health needs. The mission of NY START is to "increase the community capacity to provide an integrated response to people with intellectual/developmental disabilities and behavioral health needs, as well as their families and those who proved support. This will occur through cross systems relationships, training, education, and crisis prevention and response in order to enhance opportunities for healthy, successful and richer lives". (NYSTART Region 1, FY 17 (April 2016-March 2017) Annual Report 2017, Executive Summary).

The START model is person-centered and emphasizes systems engagement. Positive psychology, trauma informed approaches and other evidence-based practices are employed. NY START is expanding across New York State, with the local entity serving 17 counties of the Western New York and the Finger Lakes region. In 2018, NY START provided support to 311 individuals, of which, 177 were requests in Erie County. This represents a 55% increase in individuals served in the region and 103% increase in Erie County residents served compared to 2017.

NY START provides the following services:

START Coordination (ages 6 and above)
·Comprehensive Crisis Prevention and Intervention Plan development
·Cross systems partnerships and interdisciplinary collaboration
·Crisis response, highlighting assessment and preventative intervention
-Clinical evaluation and support
·Consultation, education, training & outreach
·A systems engagement and linkage approach to service provision

Therapeutic Coaching In-Home Supports (ages 6 and above)
·Individualized therapeutic goals and objectives
·Tracking, monitoring and assessment
·Targeted coaching on effective strategies and techniques to caregivers and providers

Therapeutic Resource Center (ages 21 and above)
·Out of home support for planned or emergent needs
·Individualized therapeutic goals and objectives
-Tracking, monitoring and assessment
-Clinical and medical evaluation
·Emphasis on community integration and holistic well being through therapeutic groups and activities

The NY START information was from an ECDMH query and created by Maya Hu-Morabito (NY START) (2/26/19).

Community based diversionary services for individuals with Developmental Disabilities: The local Comprehensive Psychiatric Emergency Program (CPEP), in collaboration with the Erie County Department of Mental Health identified a need for community based care for the developmental disability population. Access to Psychiatry through Intermediate Care (APIC) is a mobile service that provides psychiatric interventions and case management for children, adolescents, and adults with developmental or intellectual disabilities. APIC does not replace current care, but assists, augments, and coordinates treatment to help create a sustainable plan for families, providers, and natural supports. APIC is designed to divert from emergency department or hospital visits because of inadequate intermediate care in the community.

APIC services include:
- Mobile Psychiatry
- Medication review and consolidation
- Case Management and linkages
- Residential placement
- Hospital and ER diversion
- Reduction of risk of incarceration
- Linkage to the Crisis Intervention Team (CIT)

APIC Data and Achievements: Year 3 (1/1/18-12/31/18)

The number of patients receiving services has increased dramatically since 2016. APIC has seen the following number of individuals in the below age groups (the 2017 and 2018 data was retrieved from PCMS and the 2016 data from the 2018 Local Service Plan):

Age Group	Total Caseload 2016	Total Patients/Families Served 2017	Total Patients/Families Served 2018	% Change 2017 to 2018
0-17	156	250	440	76% increase
18-64	143	191	291	52% increase
65 and greater	3	0	2	
Unknown	4	0	0	
Total	306	441	733	66% increase

During 2018 the APIC team completed 526 home visits with participants.

Considering the OPWDD eligibility status of people served, the greatest increase is for people who are not eligible for OPWDD services. APIC does provide services to the individuals who are not OPWDD eligible. The total number of cases seen, as provided by ECMC based on OPWDD eligibility was as follows (the 2017 and 2018 data was retrieved from PCMS and the 2016 data from the 2018 Local Service Plan):

OPWDD Status	Total Caseload 2016	Total Caseload 2017	Total Patients/Families Served 2018	% Change 2017 to 2018
Eligible	211	299	420	40% increase
Not Eligible	65	91	213	134% increase
Pending/Unknown	30	12	100	

The APIC program has seen significant growth since launching in 2016. Community Connections of New York (CCNY), a contractor for the Erie County Department of Health, conducted an analysis of the APIC program in 2018, examining Medicaid claim utilization pre and post APIC engagement. The analysis looked at a sample of individuals served from March – September 2017 (n=297). The comparison of Medicaid claims pre and post APIC engagement show a statistically significant decrease in behavioral health inpatient (155 pre compared to 94 post) and emergency room visits (158 pre

compared to 120 post). There was also a statistically significant increase in behavioral health case management claims post APIC engagement (466 pre compared to 702 post).

Erie County has very strong and committed organizations providing services to the OPWDD population. They have been tireless in their efforts to provide high quality services. The challenges and barriers to providing care continues to be problematic, including workforce shortages, the cost and availability of housing, transportation and limited resources. The ECDMH is committed to working with providers, consumers, families and the community to the degree possible to try and improve the factors affecting this population and the organizations that serve them.

2020 Local Services Plan
Erie County

Housing

Background Information

This goal will focus on the housing needs of both the OPWDD and OMH Consumers. Initially the OMH housing needs will be detailed. This will be followed by the OPWDD consumers housing needs.

OMH

Access to housing continues to be a challenge for the mental health consumers of Erie County. One of these challenges continues to be developing strategies to effectively serve those transitioning to the community from State Psychiatric and long-stay Residential Care Centers for Adults (RCCA). The NYS 2019 fiscal year budget continues to reflect a reduction in State Operated Services, impacting some of the most vulnerable recipients of mental health services in the county and region, and an increase in funds going to less costly community based services with an emphasis on integration to the community. The RCCA of the Buffalo Psychiatric Center (BPC) is currently licensed for 25 beds and has been steadily decreasing occupancy to reflect goals set by the state budget. For individuals transitioning out of a state operated facility, additional services, possibly clinical, will still be needed to make a successful transition into the community.

To supplement the decrease in state operated psychiatric inpatient services and address concerns of reduced supports, the state has provided an additional 31 Supported Housing units within the community and increased community-based services. This has helped to create improved access within the local licensed and supported housing network. As of January 2019 these supported housing slots are almost full and have created more room in the licensed facilities to accept clients from BPC that may still need a higher level of care.

While community integration is a goal supported by the ECDMH and the anticipated increase in supportive apartments and treatment apartments is most welcomed, there is concern that many of the RCCA residents have greater service needs than this level of care provides. Any significant reduction in RCCA beds will require the local system of residential programs to be willing to accept individuals with greater needs, more challenges, and who may present with greater risk that has been traditionally supported. It will be imperative, that the local system continue to utilize newly funded NYS OMH reinvestment resources designed to facilitate successful transitions, and for service providers to accept these individuals and work collaboratively to ensure all needed supports are in place. The Department of Mental Health and all of its housing providers meet with BPC on a bi-weekly basis to review clients, case by case, that are exiting either inpatient or state residences and moving into a community organization. Each plan is both individualized and targeted to help that specific client succeed upon discharge.

Access to housing is another significant area of need. According to data in the NYS OMH Residential Program Indicators Report (https://www.omh.ny.gov/omhweb/statistics/, Adult Housing) the reductions in occupancy in the higher levels of care (Apartment/Treatment, Congregate/Support and Congregate/Treatment) and the increases in the lower levels of care in SROs and Supported Housing are evidence that movement through the system is happening. Percent of occupancy by housing program types is shown in the following table.

Program Type	2017	2018
Apartment Treatment	96.6%	89.5%
Congregate/Support	140.5%	85.2%

Congregate/Treatment	96.3%	95.0%
SRO Community Residence	92.6%	94.4%
Supported Housing Community Services	91.5%	92.2%

Recognizing this need, the Erie County Department of Mental Health has been proactive and has a long history of receiving funding from the United States Department of Housing and Urban Development. Presently, the ECDMH contracts with HUD for 538 beds of Homeless Housing, in partnership with the provider community, to serve the chronically homeless individuals living with a serious mental illness. These beds and additional beds awarded by HUD directly to service providers represent a critical resource to our community.

Despite these valued resources, there continues to be many people who need housing services and support. Creating additional capacity and/or transitioning individuals from higher to lower levels of care along the continuum and eventually to independence in the community creates flow in the system and allows more people to access the services they need. Review of capacity for each level of care and length of stay data is helpful to understanding changes in system capacity and flow within the system. Overall, including all housing resources, 60% of individuals served had lengths of stay (LOS) greater than 2 years in 2018. Program types that had increases in the percentage of individuals with lengths of stay greater than 2 years included Congregate/Support, SRO Community Housing and Supported Housing Community Services. Some of this increase could be contributed to the reduction in RCCA beds. Ultimately, to facilitate movement through the levels of care there is a need for more affordable housing in the community for individuals transitioning from the Supported Housing program to independence. The following table shows the number of beds available, LOS greater than 2 years, median LOS and discharges during the timeframe by program type for 2016, 2017, and 2018. (NYS OMH Residential Program Indicators Report (https://www.omh.ny.gov/omhweb/statistics/, Adult Housing).

Program Type	Year	# of Beds	% LOS > 2 years	Median LOS (days)	Discharges during timeframe
Apartment/Treatment	2017	305	52.9%	795	89
	2018	325	42.9%	636	130
Congregate/Support	2017	60	50%	788	104
	2018	60	63.9%	1,063	91
Congregate/Treatment	2017	261	44.4%	581	146
	2018	261	42.0%	540	141
SRO Community Residence	2017	305	54.5%	1,038	23
	2018	305	73.4%	973	50
Supported Housing Community Services	2017	980	61.3%	1,118	200
	2018	1,000	66.6%	1,195	204

It is the ECDMH's view that an important part of the solution, and one that is very much in line with recovery and empowerment, is to facilitate, where appropriate, movement to lesser levels of care and greater independence. This can be accomplished with the use of best practices, goals, outcomes, and incentive payments that support such successful transitions. This includes, but is not limited to, implementing evidence based programs such as Critical Time Intervention (CTI) and services to help participants gain employment towards independence.

For example, employment for participants in OMH and HUD housing services is something that the ECDMH has been working with agencies to improve. Employment, as a critical Social Determinant of Health, is empowering, can increase feelings of wellbeing, positively impact one's health, as well as be an important element in treatment. In late summer

2017 the ECDMH established the Good Work! Employment Taskforce to improve employment outcomes for housing programs contracted through ECDMH by changing the mindset that people with serious mental illness (SMI) cannot work and promoting a culture of workforce development that 1) identifies employment goals/interests, 2) provides community resources, 3) guides clients towards meaningful employment, and 4) promotes community independence; all while meeting the 20% HUD benchmark of connecting clients towards employment. The Good Work! Employment Taskforce has three goals: 1) Explore and educate providers and clients about existing incentives to work; 2) Promote a culture of employability; and 3) Incorporate employment to a "Moving On" from SHP.

Additionally, the ECDMH continues to directly fund a community agency to provide Critical Time Intervention (CTI) services, which supports 30 scattered site housing beds for individuals living with SMI transitioning to the community from inpatient psychiatric care or incarceration. This model's focus is to identify and help the individuals engage in supports and services that are barriers to successful community living, while quickly identifying sustainable independent housing. In 2018, 93% (53 individuals) successfully completed the program and were living in a community setting of their choice. This is an improvement in this outcome which was 82% in 2017. The model's six month length of stay supports greater access to housing services and more importantly continues to demonstrate that sustained community living is achieved.

Given the above, it will take a coordinated community effort with all housing agencies, ECDMH, Buffalo Psychiatric Center, other supportive services, and OMH to accomplish this goal and ensure positive community tenure and greater levels of independence and empowerment.

Residential services are also seen as a need for those individuals served by provider agencies funded and licensed by the Office for People with Developmental Disabilities (OPWDD). Residential services are broken down into three categories: Family Care, Supervised and Supportive.
- From 2016 to 2018 there has been a decrease of 13.7% in the number of individuals receiving Residential Habilitation – Family Care, from 73 in 2016 to 63 in 2018.
- Residential Habilitation – Supervised Model is the most commonly utilized residential service with 2,270 recipients in 2018. This is a very modest increase since 2016 as the number of recipients only increased by 13 people.
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It should be noted that there has been a philosophical shift within OPWDD. While certified residential services were once viewed as a permanent placement, OPWDD is now encouraging the recipients of these services to consider other housing opportunities including ISS. Certified Residential Services are a valuable and limited resource in the community and OPWDD is looking to create some movement in the system to open up certified bed slots for people who need them most.

Housing Goal Statement:
Maximize access to housing through facilitation and coordination with agencies to effectively utilize existing resources and support timely implementation of any additional housing resources.

Objectives:
1) Coordination of Housing resources to assist in the OMH Housing Transition of Care
   a) ECDMH Housing Single Point of Access will facilitate bi-weekly meetings with housing agencies, Buffalo Psychiatric Center, ECDMH, and Provider Agencies.
   b) This group will develop a transition of care plan for residents dependent on their current level of housing and community needs.
   c) This group will review (Case Conference) and revise these plans as necessary based on residents need.
   d) When necessary ECDMH will facilitate process review to ensure effective utilization of capacity.

2) The ECDMH having implemented a Housing Dashboard for HUD funded housing in April 2018, will work collaboratively with the provider community to improve targeted outcomes.
   a. 97% of clients will be housed within 30 days of contact with the provider
   b. The provider will spend the targeted 96% of their budget
   c. Occupancy will remain higher than 95%
   d. Providers will increase their clients that have earned income by 5%

3) ECDMH and Housing Providers will monitor length of stay.
   a) Based on the OMH Housing transition and length of stay, ECDMH will assist housing providers in identifying 5% of residents that could move to a more independent level of care.
   b) Housing Agencies will present these openings to the above meeting to identify opportunities to facilitate housing movement.
   c) The ECDMH SPOA will collaborate with supported housing providers, community integration services, and health homes to support this transition.
   d) This movement will allow residents of RCCA and other housing to move into the most appropriate level of care available.
   e) ECDMH will facilitate the Good Work! Committee and use of the Good Work! tool to help agencies identify participants interested in employment and support those individuals to gain employment towards independence.

4) ECDMH will work with the OPWDD Subcommittee to review housing system options to increase access.
   a) A standing agenda item for this subcommittee will be reviewing options to increase access and movement through this housing system.
   b) Recommendations will be made to OPWDD from these discussions.
   c) The OPWDD Subcommittee will review new funding initiatives, opportunities for collaboration, and the impact on the Erie County OPWDD housing system.
   d) The OPWDD Subcommittee will identify and work to address obstacles to implementing housing system options including participating in local workforce recruitment and retention efforts.

2020 Local Services Plan
Erie County

Workforce Recruitment and Retention

Background Information

Workforce Recruitment and Retention is a high level unmet need for providers in the OASAS, OMH, and OPWDD systems of care. The challenges affect agencies' abilities to attract and retain staff from all levels including direct care staff and licensed professionals. Workforce has been identified as a need that affects communities and agencies across the country, so it is not unique to Erie County or New York State, however the impact of the workforce crisis has a direct and negative effect on the local provider agencies and the individuals served.

In a survey conducted by the Erie County Department of Mental Health between January 10, 2019 and February 18, 2019 and distributed to providers in the mental health, substance use and developmental disability fields, workforce recruitment and retention was universally identified as a high need in each of the systems of care. Sixty-nine percent of respondents said workforce recruitment and retention is a high need in the mental health system of care, 63% said it's a high need in the substance use system of care, and 54% said it's a high need in the developmental disability system of care.

There are a number of factors affecting workforce recruitment and retention. Most often salaries and benefit packages offered by the not for profit agencies that provide services are cited as a primary factor. The compensation for licensed professionals in the provider agencies is typically significantly less than what is offered by the managed care organizations or other employers. For direct care staff, compensation is often comparatively low; in some settings this is often just above minimum wage. In many instances, providers are limited in their ability to offer more competitive salaries. While new payment methodologies such as Certified Community Behavioral Health Clinics and the move to value based payments provides for some potential opportunities primarily through more flexible reimbursement or the expectation for greater revenue, the outlook for the future continues to paint a challenging picture with respect to compensation for direct care staff.

The 2019-2020 New York State budget includes workforce funding for direct care staff that serves about 80% of the behavioral health workforce. The Enacted Budget includes a 2% increase for direct care staff salaries (title codes 100 and 200 on CFR lines) in OPWDD, OMH and OASAS, effective January 1, 2020. On April 1, 2020, an additional 2% increase will go into effect and include clinical staff on the 300 lines. (NYS Conference of Local Mental Hygiene Directors, SFY 2019-20 Enacted Budget Analysis, April 5, 2019).

The appropriations in the 2018-2019 NYS Budget for wage increases were much more generous with a 3.25% wage increase for OMH, OASAS, and OPWDD Direct Care Staff in January 2018 and a 3.25% wage increase for direct care and clinical care workers which went into effect in April 2018. The allocations in 2019-2020 fell short of expectations of provider agencies. While additional funding for wages are welcomed and appreciated, the increases in the 2019-2020 NYS budget will likely have a minimal effect on improving recruitment and retention. These increases come at the same time as increases to the minimum wage which affects all employment sectors, so the wage increases for direct care staff will provide limited advantage for agencies to attract personnel. In addition, compensation for direct care staff remain slower than many other professions and careers requiring similar levels of education. Therefore, wage increase that match inflation, while a necessary prerequisite, are not likely to have a significant impact to address the workforce recruitment and retention needs of the behavioral health direct care workforce.

For clinical providers, the differences in compensation between the not for profit provider agencies and the managed care companies is substantial. Many new clinical providers enter the field in a provider agency, but are often drawn to the managed care companies where the salary and benefits packages are much more attractive. Anecdotally we've heard of

staff being offered $10,000 to $20,000 more as a starting salary than they are making at a provider agency. This has a significant effect on retention of workers.

The Western Region Planning Consortium (RPC), which includes all eight counties of western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties) has identified workforce as a priority and created a subcommittee to address workforce recruitment and retention. In the first quarter of 2018, the RPC Workforce Committee conducted a survey to better understand the problem. Forty-four agencies responded to the survey including 28 community-based organizations, a health home, 3 managed care agencies, 3 counties that provide behavioral health services, and 2 hospitals. The results of that survey show the following:

- Staff turnover is very high. Seventy-nine percent report that they have more than 10% turnover annually with 36% reporting that more than a quarter of their staff turns over every year.
- Turnover is largely voluntary, meaning staff chooses to leave. Reasons that people give for leaving a position other than termination include (respondents could mark more than one answer):
    - Better pay 80%
    - Burned out 25%
    - Overwhelmed 30%
    - Need less intense workload 27%
    - Go to a bigger agency 16%
    - Demands of the job exceed qualifications 9%
    - Not the right job/field 32%
    - Lack of support from employer 2%
- 18% of turnover is because of a non-voluntary termination
- Not only is the turnover rate high, it often takes a long time to fill open positions. For 65% of respondents it takes six or more weeks to fill an opening. Licensed providers and medical staff (counselors, NPs/PAs, psychiatrists and nurses) and peer specialists were among the most difficult positions to fill.

The 2018 RPC Workforce Survey also asked about strategies the organizations have implemented to retain workers. The responses included salary increases, bonuses, training, education benefits, advancement opportunities, and enhanced benefits. Additional comments included offering CEUs for professional staff, flexible schedule, QHP license reimbursement, generous paid time off, and staff recognition.

In late 2018 the RPC Workforce Workgroup launched another survey, this one collecting input from recent Master's level graduates to better understand what is working and what is not, related to their recent employment in the behavioral health field. In 2019 they will be completing this survey and sharing their results. For this survey, the workgroup has partnered with the five Master's degree conferring programs in the region.

As indicated in the responses from the RPC's first Workforce survey, burnout, feeling overwhelmed, and intense workloads are very common reasons that individuals leave these agencies. This is often very stressful work. The fiscal and regulatory changes from OASAS, OMH, and OPWDD, the changes affecting all of the providers including transition to electronic health records and greater accountability, and the increased strain that comes when staff have to do more to cover for vacancies and meet additional requirements, may exacerbate the problem of workforce recruitment and retention.

This is not unique to community provider agencies. The ECDMH has also struggled with workforce recruitment and retention in our Forensic Mental Health Services unit. State agencies and managed care are able to offer significantly higher salaries and several staff have left positions in the Forensic Mental Health unit for these other opportunities. This is an ongoing problem and the ECDMH is exploring and implementing ways to improve retention including supporting LMSW applications to loan forgiveness programs and staff training. The Director of Forensic Mental Health Services provides supervision to staff who are Licensed Master Social Workers (LMSWs) to earn their Licensed Clinical Social Work (LCSW) licensure. The Forensic Mental Health Services unit pays for and allows staff to attend Continuing Education

trainings in person or through video conferencing. The department was also able to obtain salary increases for three job titles in the Forensic Mental Health Unit.

Workforce and retention issues also have a profound impact on the recipients of services. While these issues are a tremendous challenge to providers, it would be remiss to not recognize that staff vacancies, turnover and burnout affect the delivery of high quality services. Workforce issues can cause delays in accessing services, disruptions to continuity of care, reduced satisfaction, stress for family members, and lower quality care. Ultimately, the effects on the consumers of these services are the most important consideration in this discussion. Minimizing the impact of workforce challenges on the recipients of services, while seeking solutions to resolve the challenges for the providers of services, is the goal.

Rarely discussed is the impact these workforce issues may have on the goals of behavioral health reform. A workforce that is under capacity, with higher levels of turnover, and feeling the stresses of increased productivity is likely to affect the field's ability to fully deliver on the promise of these reforms.

A number of State level initiatives may provide some relief. These initiatives include: Salary enhancements for psychiatrists and nurse practitioners in psychiatry aimed at increasing both recruitment and retention of these essential service providers in NYS; Loan repayment program expansion, including eligibility for psychiatrists in all OMH facilities under The Doctors across New York OMH Psychiatrist Loan Repayment Program; Development of affiliation agreements between OMH and academic programs for nurse practitioners pursuing a track in psychiatry; changes in financing models for clinical services that may provide additional funding for salaries (example Certified Community Behavioral Health Clinics); peer credentialing; Expansion of telepsychiatry through additional reimbursement mechanisms and regulatory expansion to increase access to this service; and Expansion of psychiatric consultation services for primary care practitioners through Project TEACH.

Other potential opportunities to improve staff retention include:

- Staff training often has a positive effect to reduce turnover. This can include leadership training (executive/clinical directors) especially in how to provide constructive feedback, how to establish a positive work environment, and how to provide regular, ongoing support for clinical supervision.
- Work hour flexibility, has also shown to improve staff morale. This often leads to improved staff retention. Cited from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2637454/

In addition to the RPC Workforce Committee, another local initiative which has gained momentum over the past year is the Building Careers in Human Services Committee, formerly known as the Hiring in the Human Services Committee. This group has been meeting for over a year and has representation from mental health, substance use, and intellectual and developmental disability provider organizations. They have also engaged higher education, colleges and universities, to partner in their effort to recruit more potential candidates into the human services workforce. In April 2019 the Building Careers in Human Services Committee convened a symposium, inviting representatives from all disability sectors, to gather their input regarding challenges and opportunities for recruitment. This was also an opportunity for cross sector brainstorming, sharing of what works and what hasn't worked, and acknowledged that workforce recruitment is a challenge across the board. Thirty-eight people attended, representing 28 unique agencies. The Building Careers in Human Services Committee will be compiling all of the information collected at the symposium and mapping next steps.

In addition, over the past year the Erie County Department of Mental Health has been convening a small group of representatives from community agencies to provide updates about what is happening within each of the areas. Representatives from the Building Careers in the Human Services Committee, the chair of the Regional Planning Consortium Workforce Committee, and a local participant on the New York State Association of Substance Abuse Providers Policy Subcommittee have been meeting bi-monthly to discuss initiatives, share best practices, and discuss ideas for addressing the workforce shortage. The group has looked at models in other states and provides an opportunity for exploring cross sector approaches.

Erie County Department of Mental Health is also exploring the possibility of supporting training opportunities for providers through the Value Network Behavioral Health Care Collaborative. The largest member agencies of the Value Network have dedicated training spaces and resources. The ECDMH is currently in discussions with the Value Network to leverage some of these resources to expand training opportunities that they are able to provide and to extend access to these trainings to the broader treatment provider community.

Workforce recruitment and retention is an extremely complicated problem to solve and no single solution will accomplish the desired results of a competent, caring, skilled, and professional workforce that is fairly compensated. The recruitment and retention issues affect agencies which in turn restrict their ability to be creative with salary and benefits. Staffing shortages are exacerbated by an economy offering relatively low unemployment and an environment that through behavioral health reform is expanding the need for a qualified workforce. This is a critical issue for individuals receiving services and for the organizations providing those services. The ECDMH agrees with our stakeholders that Workforce Recruitment and Retention are a high level need and will work over the coming year to provide support to the existing efforts and facilitate collaboration across these efforts, to the degree possible, in order to help support positive change.

Workforce Goal Statement:
The ECDMH will partner with the current community efforts to address workforce, facilitate collaboration among these efforts where possible, and support their goals and objectives to the degree possible.

Objectives:

1) Consult with leaders of existing efforts focused on workforce, attend meetings, and assess the following:
    a. Review purpose and focus of each effort
    b. Identify crossover among efforts
    c. Engage other partners as appropriate
    d. Assess willingness to collaborate with other efforts
2) Continue to convene the Workforce Committee to stay informed about activities focused on workforce and look for opportunities for collaboration.
3) Explore opportunity for supporting retention efforts focused on cross agency and system wide trainings.
4) Continue to explore, and if feasible, implement workforce retention initiative.

Employment/Job Opportunities for Clients

Background Information

Employment and meaningful activity have many positive benefits that include, but are not limited to, financial, social, and self-worth. The National Alliance on Mental Illness (NAMI) published "Road to Recovery: Employment and Mental Illness" in 2014 which says, "Individuals with mental illness are a diverse group of people, with a wide range of talents and abilities. They work in all sectors of the U.S. economy, from the boardroom to the factory floor, from academia to art. Employment not only provides a paycheck, but also a sense of purpose, opportunities to learn and a chance to work with others. Most importantly, work offers hope, which is vital to recovery from mental illness."

Employment rates for individuals living with mental illness are inexcusably low and this trend has gotten worse over the past two decades, not better, despite the billions of dollars spent nationwide to address this need. The U.S. employment rate for people with Serious Mental Illness (SMI) was 23% in 2003 and fell to 17.8% in 2012 (From NAMI Road to Recovery). In 2019 in Erie County employment rates for our residents with SMI in supported housing programs is about 10%. That is simply unacceptable. However, there are multiple factors impacting employment for people with SMI and this has been a long standing problem.

The Erie County Department of Mental Health (ECDMH) surveyed a sample of behavioral health vocational providers and peer agencies during the 4th quarter of 2018 to gain their perspective on the factors affecting employment for people they serve. A sample of the top reasons identified include:

- Access/Transportation – Getting to a work site is difficult because of limited public transportation, particularly in suburban or rural areas, where many of the desired jobs are located. Many jobs also require a valid driver's license, which many of the clients do not have.
- Benefits – Clients are concerned with losing their benefits.
- Culture/Stigma – There is a perception by providers, clients, friends and family, and employers that people with SMI are unable to work or will be unsuccessful. There is also fear of stigma in the workplace.
- Employee Expectations – many individuals have misconceptions regarding the type of job they should qualify for, are inflexible about the days and hours they are willing to work, and they have limited insight of the challenges and barriers involved with employment.
- Employee Supports – in the current economy jobs are more demanding and employers are less able to offer jobs that meet the needs of individuals with SMI. Clients often have difficulty completing applications and the interviewing process. They also lack supports in the workplace to deal with symptoms of anxiety and depression at or before work.
- Employer Supports/Education – Employers lack understanding of supports for the employer and client. Employers would benefit from education about this population. There is also a lack of appropriate, flexible employment opportunities with employers who are understanding of mental health issues.
- Goals/Job Fit – Many clients lack clarity in their employment goals. They often have no work history or limited job history and have not had the opportunity to explore employment or career options. In addition many have difficulty maintaining their motivation through the job search and interviewing process and may give up quickly.

In March 2019 the ECDMH brought together representatives from many of our contracting agencies including those that provide vocational services, supportive housing, peer supports, and clinical care. The purpose of the meeting was to discuss the issues and barriers affecting employment for people with SMI and start to work towards solutions. It was a rich discussion, brought forth many ideas, and was an opportunity to bring forth the urgency of the problem and potential solutions.

As a result, the ECDMH and community partners are currently exploring evidence based models, most notably Supported Employment and Individual Placement and Support (IPS). The ECDMH is pursuing joining the IPS Learning Community, which has demonstrated achievement of 40% employment for people with SMI by their member organizations. The ECDMH is currently preparing an application to SAMHSA for supported employment, but regardless of the outcome, the department is committed to the effort.

Employment/Job Opportunities for Clients Goal Statement:

Erie County Department of Mental Health in partnership with our contracting agencies will work towards increasing employment rates for people living with SMI who wish to work through IPS supported employment and system change activities.

Objectives:

1) Complete the process for becoming an ISP Learning Community member.
2) Establish a Community Steering Committee/Alliance to guide these efforts.
3) Create a plan for addressing culture change for providers, clients and employers.
4) Establish a plan and funding to provide supported employment using the ISP model.
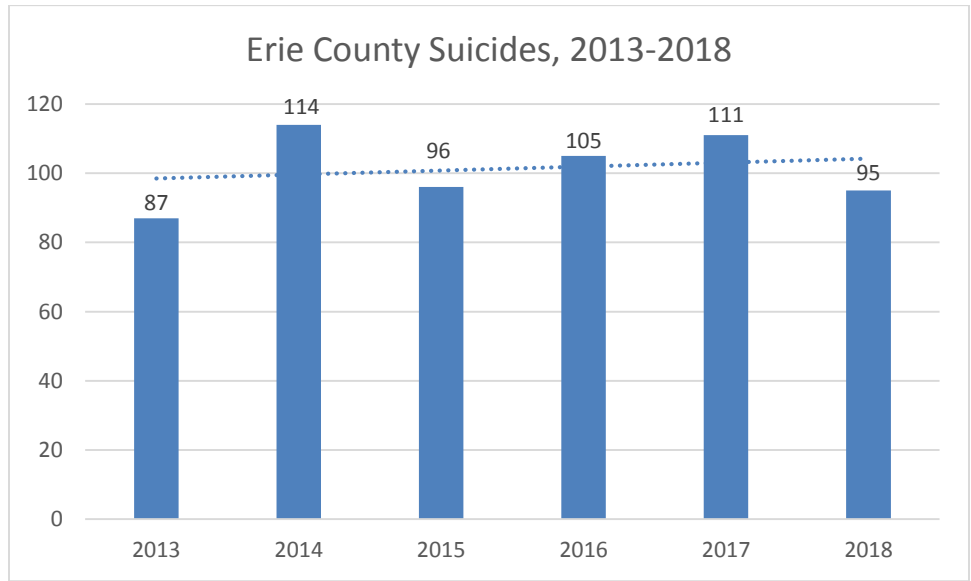
Prevention – Suicide Prevention

Background Information

An issue that affects both young people and adults is suicide. Suicide rates have increased nationally, in New York State, and in Erie County. Erie County has seen a 49% increase in the crude suicide mortality rate per 100,000 from 2006 to 2016. The crude suicide mortality rate in Erie County exceeds the NYS, excluding NYC, rates. (https://www.health.ny.gov/statistics/chac/indicators/inj.htm retrieved 4/3/19).

Indicator	Erie County	NYS exc NYC
Suicide Mortality Rate per 100,000 (Crude Rate, single year) 2006	7.6	7.9
Suicide Mortality Rate per 100,000 (Crude Rate, single year) 2015	10.6	9.6
Suicide Mortality Rate per 100,000 (Crude Rate, single year) 2016	11.3	10.3
Self-inflicted injury hospitalization rate per 10,000 (Crude Rate, single year) 2016	4.1	4.1
Self-inflicted injury hospitalization rate per 10,000 aged 15-19 years (Crude Rate, single year) 2016	7.4	8.7

Note that the self-inflicted injury hospitalization rates are not compared to prior years because of the transition from ICD-9 to ICD 10.

The following table shows the numbers of suicides per year in Erie County from 2013 to 2018. Table provided by the Erie County Department of Health Medical Examiner's Office. Note that data for 2018 includes only closed cases for 2018 as of February 2019.

Erie County Suicides, 2013-2018

In an effort to address suicide, New York State announced the formation of the NYS Suicide Prevention Task Force in late 2017. In 2018, the Task Force examined and evaluated current suicide prevention program services and policies, and made recommendations to increase access, awareness and support for children, adolescents and adults in need of assistance. The focus was on suicide prevention targeting high-risk demographic groups and special populations including members of the LGBT community, veterans, individuals with mental illness and individuals struggling with alcohol and drug use. Middle-aged men and Latina adolescents were other high risk populations of focus. For 2019, building on the work of the Task Force, the Governor is charging New York State agencies with partnering with communities in five critical areas: innovative public health approaches, healthcare systems, cultural competence in prevention programming,

comprehensive crisis care, and surveillance data. Communities that demonstrably strengthen suicide prevention infrastructure will receive a New York State designation.

Locally, the Suicide Prevention Coalition of Erie County was established in 2012. The ECDMH partially funds and is an active member of the Coalition. Aligned with the mission of the NYS Task Force, the Suicide Prevention Coalition of Erie County fosters a community of hopefulness, safety and shared responsibility to prevent suicide and suicide attempts by increasing awareness, promoting resiliency and facilitating access to resources. Data provided through 2018 by the Erie County Medical Examiner shows a slightly increasing trend from 2013 to 2018. In Erie County in 2018 men accounted for 78% of the deaths by suicide, which is similar to data in previous years. Twenty one percent of suicide deaths were by people age 21-30 and 49% were individuals in the middle years of 31-60. The method used was also considered. In Erie County in 2018 26% of suicide deaths were with a firearm and 47% were by hanging. Suicide by hanging, while the most common in Erie County, is not in line with national statistics. Nationally, death by a firearm is the most common mode for completed suicides.

For calendar year 2019 the Coalition will focus on two main target groups: 1) Adolescents aged 10-19; and 2) Men in the Middle Years (30-59 years of age). The Coalition has trained approximately 3,000 school staff throughout the county and will be continuing these efforts in 2019. A public service announcement targeting men in the middle years will be developed and disseminated using local TV stations and social media. In addition, resources and strategies will be developed promoting means reduction, including firearms and asphyxiation. With funding from the NYS OMH, members of the Erie County Suicide Prevention Coalition will be participating in a Means Reduction Academy.

In addition to this great work Erie County is one of five counties that were selected to establish a Suicide Fatality Review committee. This initiative is led by the Suicide Prevention Center of New York with funding from the New York State Office of Mental Health and the New York State Health Foundation. This committee will ensure accurate and complete data collection by the medical examiner's office investigations of suicide deaths as well as conduct in-depth community reviews of suicide deaths looking for systemic patterns. This model has had very promising outcomes in Washington County, Oregon and Erie County is hopeful to see similar decreases in suicide deaths.

Suicide Prevention Goal Statement:

Erie County Department of Mental Health in partnership with our community partners including mental health and substance abuse service providers, schools, community members, and community based organizations will work to prevent suicide and suicide attempts by increasing awareness, promoting resiliency and facilitating access to resources and services in Erie County.

Objectives:

1) The Department of Mental Health will continue to financially support and be an active member of the Suicide Prevention Coalition of Erie County.
2) The Department of Mental Health will support and promote awareness campaigns addressing suicide prevention and the Zero Suicide framework.
3) The Department of Mental Health will distribute information related to suicide prevention resources, education and awareness materials, and coming events to the service provider network in order to engage and inform the provider community.

2020 Local Services Plan
Erie County

Reducing Stigma

Background Information

Stigma affects all of the populations served by the Erie County Department of Mental Health – those with mental illness, developmental disabilities, substance use disorders, and co-occurring conditions. Stigma can make people feel isolated, keep them from accessing services and/or treatment, and can effect employment opportunities, education, and relationships, among other things. Stigma can be felt as a consequence of actions or words by others or internalized, sometimes referred to as self-stigma. Stigma can also exist in rules, regulations, laws and policies of governments, organizations or institutions. While not often discussed, it can also negatively impact workforce and funding or other resources.

Some telling data around stigma includes:

- Mental illness: according to one study in 2011, only 59.6% of individuals with a mental illness — including such conditions as anxiety, depression, schizophrenia, and bipolar disorder — reported receiving treatment. http://www.psychologicalscience.org/publications/mental-illness-stigma.html
- The National Institute of Mental Health (NIMH) data shows that approximately 13.1 percent of children ages 8 to 15 had a diagnosable mental disorder within the previous year. Of these only half (50.6%) access Mental Health Care. https://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-children.shtml
- In a 2017 consumer survey commissioned by ECDMH one third (33.1%) reported they felt they had been discriminated against due to their mental health or substance abuse challenges. Greater than one half (52.5%) felt people treated them differently after they knew about their mental health or substance abuse challenge. Of those that answered the question regarding barriers to care, 25.5% identified community stigma as a barrier to their care. (ECDMH Survey monkey 2017). In late 2018 the ECDMH conducted another consumer survey and asked about barriers that impact the individual's ability to access behavioral health services. Stigma was identified as a barrier by 25% of respondents.
- At a consumer forum at Western New York Independent Living in March 2017 the participants reviewed the questions from the 2017 Consumer Survey. Consumers reported that stigma affected housing most significantly. They reported feeling stigmatized based on their experiences below.
    - Landlords discriminating against them by asking for credit check and criminal background checks prior to renting.
    - Landlords will not allow support animals.
    - Landlords will not always take Medicaid deposit vouchers.
    - Senior Housing will not accept mental health consumer's despite their fixed income.
- A 2014 National Survey on Drug Use and Health found that **21.5 million Americans age 12 and older had a substance use disorder in the previous year,** but **only 2.5 million received the specialized treatment they needed.** https://drugabuse.com/library/addiction-stigma/
- People who experience stigma regarding their drug use are less likely to seek treatment, and this results in economic, social, and medical costs. In the United States, costs associated with untreated addiction (including those related to healthcare, criminal justice, and lost productivity) amounted to a whopping $510 billion (Harwood, 2000). https://drugabuse.com/library/addiction-stigma/
- The problem of access to treatment extends into the criminal justice system. A study conducted by The National Center on Addiction and Substance Abuse (CASA) found that of the 2.3 million people incarcerated in the United

States, more than **65% of them met the criteria for a substance abuse disorder, yet only 11% of those people received treatment** (CASA, 2010). https://drugabuse.com/library/addiction-stigma/

One of the greatest and most harmful effects of stigma is that it keeps individuals from accessing the care they need. As the previous statistics illustrate, this is true for both mental health and substance abuse treatment. The Erie County Department of Mental Health is committed to doing whatever it can to ensure that services are available and address the barriers to accessing needed treatment. With stigma being a barrier to accessing care, the Department will continue its work towards reducing stigma around mental health and substance use disorders.

Because of the destructive impacts of stigma, the Erie County Department of Mental Health (ECDMH) and community partners founded the Erie County Anti-Stigma Coalition which was established in 2016. The Coalition's work focuses on addressing stigma surrounding mental illness and has launched several public education initiatives that have leveraged news media, bill boards, social media and a highly interactive web site, www.letstalkstigma.com. One of their initiatives to raise awareness asks people to visit the web site and take the pledge to end stigma. The Pledge to End Stigma encourages people to be thoughtful about their language and avoid using stigmatizing language, speak out against mental health stigma and discrimination, share their experiences to raise awareness and acceptance of mental illness, and continue to learn about mental health issues to gain greater understanding. As of April 3, 2019, 1,577 people have signed up and taken the Pledge to End Stigma in Erie County.

In order to help measure effectiveness and direct future efforts, the Erie County Anti-Stigma Coalition conducted a baseline survey in 2016 and a follow up survey in 2018 to assess the community's perceptions about mental illness. While the majority of attitudes towards mental health and illness have not changed significantly within the past two years, the level of comfort people have in discussing their own mental health issues has improved. Respondents expressed greater comfort talking to family about their own mental health issue (up 14% from 2016 to 2018) and greater comfort talking to friends about their own mental health issue. (up 10% from 2016 to 2018). There was also an increase in comfort in having a friend or family member talk to them about a mental health issue, up 5% in comfort with listening to a family member and 6% with a friend.

ECDMH, as an active member of the Anti-Stigma Coalition as well as a funder of this initiative, plans to continue its involvement on the Coalition and funding of this work. The Coalition is just finishing their second year and is planning for their third year. The Coalition's goals for the coming year include doubling the number of pledge takers to 4,000, getting the message out to more in the community via presentations and translating the materials into Spanish and other languages, and exploring development of a train the trainer model. The Coalition will also be looking for additional funding to continue the campaign for at least another 3 years. The Coalition is hoping to see even greater results from their efforts as shown by their yearly research and evaluation.

Work around ending stigma is also happening for individuals struggling with addictions. Stigma is a factor keeping people who use/abuse drugs from accessing treatment. The stigma around addiction also isolates the family of the person who is addicted. The Erie County Opiate Epidemic Task Force was established in 2016 by County Executive Order. The Task Force is co-led by the Erie County Department of Mental Health and the Department of Health. The Task Force created seven committees, several of which have incorporated addressing stigma around addiction. The Task force has engaged representation from social service agencies, law enforcement and the judicial system, physicians, mental health and addictions providers, health insurance, those with lived experience, and members of victims' families. Billboards and social media have been used to reduce the stigma around medication assisted treatment. Because of the tremendous response of the above referenced invested stakeholder groups to address the staggering death toll of the opiate epidemic and the increased public awareness around addiction, the county has seen increases in the numbers of people seeking treatment. The anti-stigma messaging in the Task Force's campaign emphasizes recovery, medication assisted treatment, understanding the disease of addiction, and hope.

Stigma also affects individuals with developmental and intellectual disabilities. The ECDMH supports the Erie County Office for People with Disabilities in their work to address stigma towards individuals with developmental and intellectual disabilities. The Erie County Office for People with Disabilities conducts an annual campaign to address stigma and raise awareness as part of a national effort to "Spread the Word to End the Word" (https://www.r-word.org/). ECDMH will support these efforts to the degree possible.

Anti-Stigma Goal Statement:

ECDMH will continue to participate in efforts to address stigma as a barrier to accessing treatment for mental illness and substance use disorders as well as for people with intellectual or developmental disabilities.

Objectives:
Anti-stigma OBJECTIVE: (OMH)

1. The Erie County Anti-Stigma Coalition will increase the number of pledge takers to 4,000.
2. The Erie County Anti-Stigma Coalition will expand its communication strategies via presentations in the community and translating materials into Spanish and other languages.
3. The Erie County Department of Mental Health will continue to participate on the Erie County Anti-Stigma Coalition and will help to secure funding to support the Coalition.

Anti-stigma OBJECTIVE: (OASAS)

1. The Erie County Opiate Epidemic Task Force will continue to work to reduce stigma and encourage individuals struggling with addiction to engage in treatment.
2. The Erie County Department of Mental Health will continue to work to reduce stigma through support of education and awareness campaigns around the disease of addiction.

Anti-Stigma OBJECTIVE (OPWDD):

1. The Erie County Department of Mental Health will support and participate in anti-stigma efforts of the Erie County Office for People with Disabilities, whenever possible.
2. The Erie County Department of Mental Health will support and participate in anti-stigma efforts conducted by community agencies and OPWDD Subcommittee members whenever possible.

Heroin and Opioid Programs and Services

Background Information

The County continues to build and strengthen the OASAS continuum of services in Erie County. As recovery cannot be viewed through one aspect of treatment, the system of care and the Opioid Epidemic cannot be viewed through one level of care.

In addition, to the information contained in the unmet needs assessment section, some of which is repeated here, the data that follows provides a more comprehensive view of the impact of substance use on Erie County.

Erie County seems to be ahead of NYS in turning the curve for opioid overdose deaths as we started seeing a decrease in 2017. According to information provided by the Erie County Medical Examiner's Office through 5/1/19, there is continued indication that the number of opioid overdose deaths continued to fall in 2018.

Year	2012	2013	2014	2015	2016	2017	2018
Number of Opioid Related Deaths	103	101	127	256	301	251	173 (with 17 cases pending)

If all of the pending cases are included as attributed to opioid deaths, this represents a 24% decrease from 2017 and a 37% decrease since the peak in 2016.

In 2016, the most recent data available, there were 1,288 emergency department visits (including outpatient and admitted patients) involving any opioid overdose in Erie County. The crude rate per 100,000 population was 139.8, which exceeded all other counties in New York State. The crude rate per 100,000 population for all emergency department visits involving any opioid overdose for New York State was 56.9. https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2018.pdf

Hospitalizations for all Opiate overdoses totaled 203 in 2015 (from 2018 Local Services Plan (LSP), 191 in 2016 (from https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2017.pdf, Pg. 34-35) and 172 for 2017 (from https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan19.pdf). In the first 6 months of 2018 there were 74 opioid overdose hospitalizations according to the January 2019 report. Starting in 2016 the hospitalizations seem to be tracking with the overdose death numbers. There were 898 Outpatient Emergency Department visits for opioid overdoses in 2015 (from 2018 LSP), 1,105 Outpatient Emergency Department visits for opioid overdoses in 2016 (https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2017.pdf, Pg. 34-35), 757 in 2017 and 314 for the first 6 months of 2018 (https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan19.pdf). Again. These figures seem to be tracking with overdose death numbers. The rates for opioid overdose hospitalizations and outpatient emergency department visits continue to exceed NYS excluding NYC rates.

In the last few years, Erie County and the service and treatment providers have been aggressively expanding and enhancing the services available to address this crisis. This includes further refinement of the 24/7 Addiction Hot Line; further expansion of Family Navigators and Peer Enhancement Specialists; marketing of the Youth Clubhouse and Recovery Services; the Mobile Addiction Services; increased capacity and immediacy for medication assisted treatment;

expansion of services linked to the criminal justice system including drug courts and forensic services; and continued training of first responders and community residents in Naloxone administration.

The Erie County Department of Mental Health (ECDMH) is now funding services to provide supports for community housing to assist in the successful transition to community living for recovering individuals transitioning back to the community from longer term residential facilities. The model utilizes a Critical Time Intervention (CTI) care management model. This approach is designed to create greater access to ongoing community based recovery support, which extends beyond the time frame offered by more traditional modalities. This model is aligned with a chronic care approach. The project was launched in August 2018.

Due to the Opiate Epidemic, NYS OASAS has responded to the need for additional substance abuse residential beds. OASAS funded an expansion of residential services by 25 beds to a provider in Niagara County, which also serves Erie County residents. These beds were opened in 2018. The current environment is rapidly changing; there is promise of additional resources for Western New York in response to the epidemic with the release of the state and federal budgets.
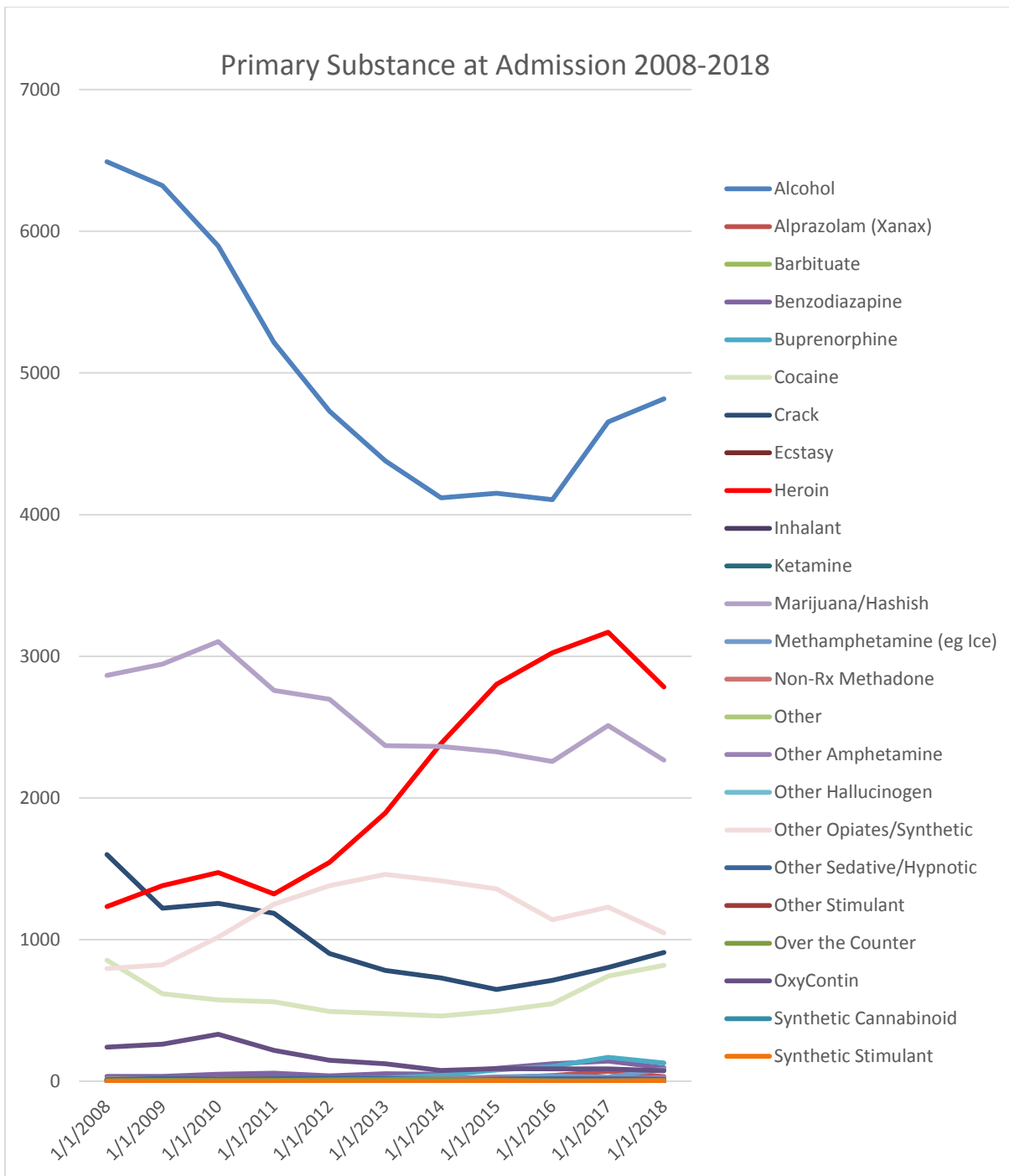
The Erie County Department of Mental Health has also sought out additional resources to support the effort to reduce opioid use. The ECDMH has received the following grants:

- The ECDMH applied for and was awarded an Adult Drug Courts grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled the MISSION Criminal Justice project. MISSION-CJ (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Criminal Justice) is an integrated set of evidence based practices that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. This program focuses on high risk opiate users in Erie County and blends high intensity case management and therapy with additional community supports. The grant started in September 2016 and runs through September 2019. This project expands the Drug Court Navigation Program for drug court participants that are currently not eligible for existing navigation services, but are at high risk for overdose, integrating behavioral health treatment with MAT and reducing overdoses among drug court participants. The population to be served are individuals charged with a nonviolent misdemeanor and/or felony offense, which is related to their substance abuse.
- The ECDMH applied for and received a SAMHSA grant that is servicing the Erie County Family Treatment Drug Court. This project has expanded and enhanced the current Family Treatment Drug Court process, provides community based care navigation with a focus on rapid access to MAT and integrates all other healthcare and mental health care into the court room process.
- The ECDMH applied for and was awarded funding for an early diversion grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled the Erie County Early Diversion Enhancement Program for Adults with Co-Occurring Disorders. This grant process uses the MISSION-Vet (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Veterans) as an integrated set of evidence based practice that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. The grant funding period is 9/30/18-9/29/2023. This grant has a primary focus on expanding Crisis Intervention Training (CIT) to law enforcement as well as provide community based care management to high risk individuals who come into contact with the criminal justice/ law enforcement systems to facilitate a reduction in unnecessary hospitalizations and arrests.
- The ECDMH applied for and was awarded funding for an expansion and enhancement process in the Opioid Intervention Court process. The current grant functions under funding from the BJA and is the first of this type of court room intervention in the country. This court room process will be continued with the additional funding through the SAMHSA. This model employs additional resources that support participating individuals with not

only court room related activities but community based care management. This new model employs the MISSION CJ model. The grant funding period is 5/31/19-5/30/2024. Full implementation will occur 9/2019.

- Columbia University's School of Social Work has been awarded $86 million from the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, to support research intended to reduce opioid deaths across New York State. Columbia University will be partnering with 15 New York counties, including Erie County, which have been heavily affected by the opioid crisis. Erie County will receive a portion of these funds to expand Opioid Treatment and support services.

In order to better understand the extent of the opioid and substance use problem in Erie County, it is helpful to review the data we have available, specifically the admissions to treatment by primary substance. The following chart shows the number of admissions to OASAS licensed facilities in Erie County by primary substance. This data represents the number of admissions by primary substance of Erie County residents in OASAS certified treatment as of December 31st of each respective year (includes individuals admitted multiple times and all insurers). From 2008 to 2017 the number of admissions for Heroin in OASAS facilities has increased more than two and a half times in Erie County from 1,233 in 2008 to 3,170 in 2017. Alcohol as the primary substance at admission has fallen since 2008 levels (6,490) and was at its lowest point in 2016 (4,105). From 2017 to 2018 there is a decrease in admissions with Heroin as the primary substance and 2016-2018 are showing an increase in admissions with alcohol as the primary substance. Note that not all substances are included in the following table. Substances that have less than 10 incidences of being reported as the primary substance over the past 3 years are not included in the chart. Data from (NYS OASAS Applications Inquiry Report).

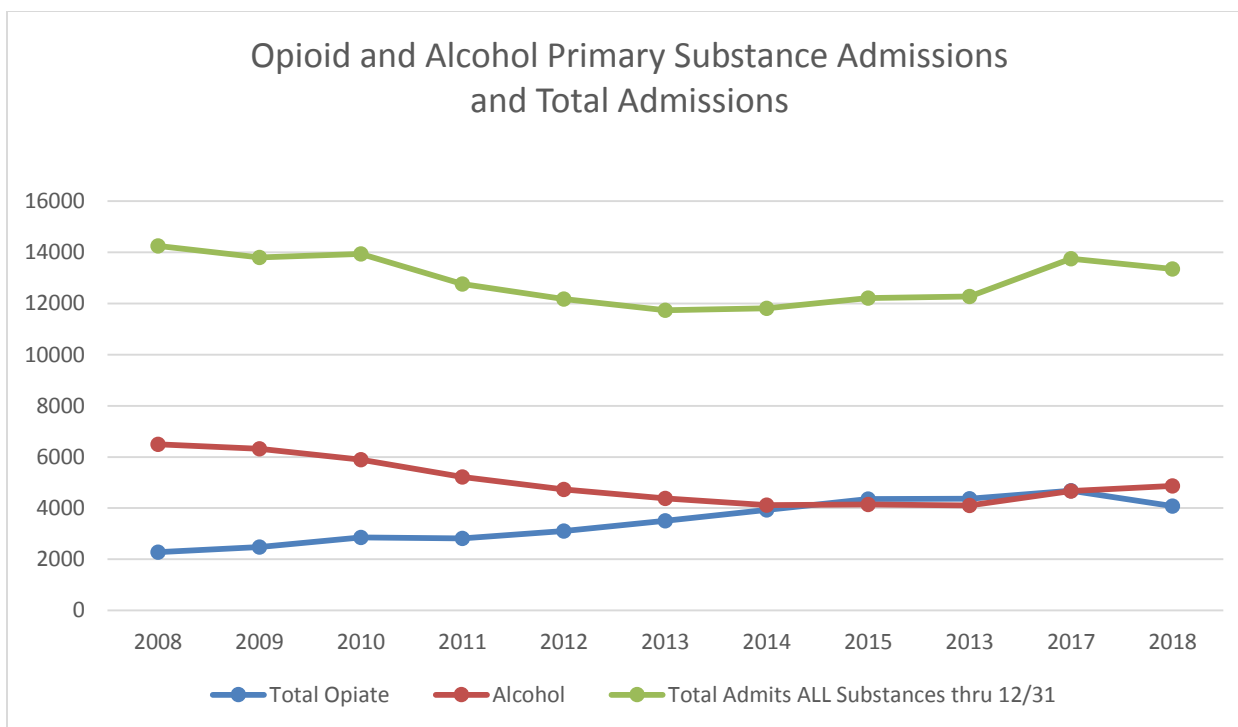Primary Substance at Admission 2008-2018

Opioids as a class of substance includes Buprenorphine, Heroin, Non-prescription Methadone, Other Opiates/Synthetic and OxyContin. When these are combined to show the full opioid picture, the understanding of the opioid crisis changes. The following table and chart shows the number of admissions for Erie County residents with an opioid substance as the primary substance to OASAS outpatient programs during the period 2008-2018. This data represents the number of admissions by primary substance of Erie County residents in OASAS certified treatment as of December 31st of each respective year (includes individuals admitted multiple times and all insurers). Alcohol admissions are displayed for comparison purposes (NYS OASAS Applications inquiry report). From 2008 until 2017 the number of people reporting any opioid as their primary substance more than doubled from 2,280 (2008) admissions to 4,676 admissions in 2017. The 2018 data is showing a 13% decrease in the number of people accessing treatment who report an opioid as their primary

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substance. In 2018 alcohol is now the most commonly reported primary substance at admission. It should be noted that these figures only include individuals accessing care at OASAS certified providers, and does not include individuals not yet accessing treatment or who access treatment through private physicians or other non-certified providers. Therefore, the number of people seeking treatment for a substance use disorder is probably significantly higher than what is shown here.
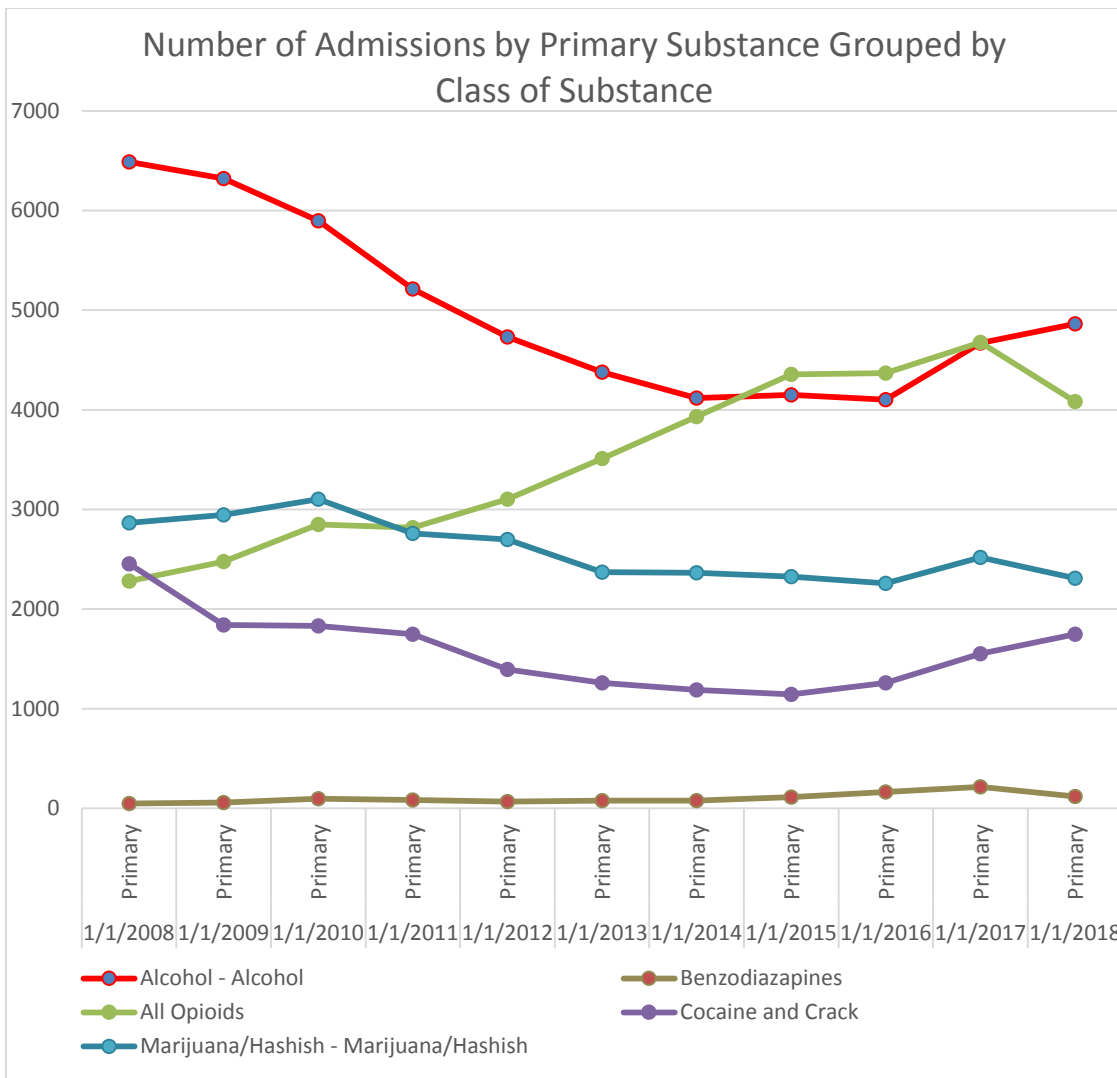
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017*	2018
Heroin	1233	1381	1474	1323	1546	1894	2385	2801	3025	3171	2796
Other Opiate/ Synthetic	795	822	1017	1250	1381	1460	1415	1358	1139	1237	1054
OxyContin	241	261	332	218	148	124	77	90	88	89	76
Buprenorphine	3	5	13	15	18	23	42	80	104	171	145
Non-Rx Methadone	8	9	13	11	10	10	13	28	13	8	12
Total Opiate	2280	2478	2849	2817	3103	3511	3932	4357	4369	4676	4083
Alcohol	6490	6322	5897	5214	4731	4379	4118	4149	4102	4672	4864
Total Admits ALL Substances thru 12/31	14251	13794	13935	12760	12174	11736	11812	12209	12270	13753	13350

*2017 data includes some inconsistencies caused by merging of agencies and clients being entered into new programs. This affects approximately 5% of the total data set for 2017.

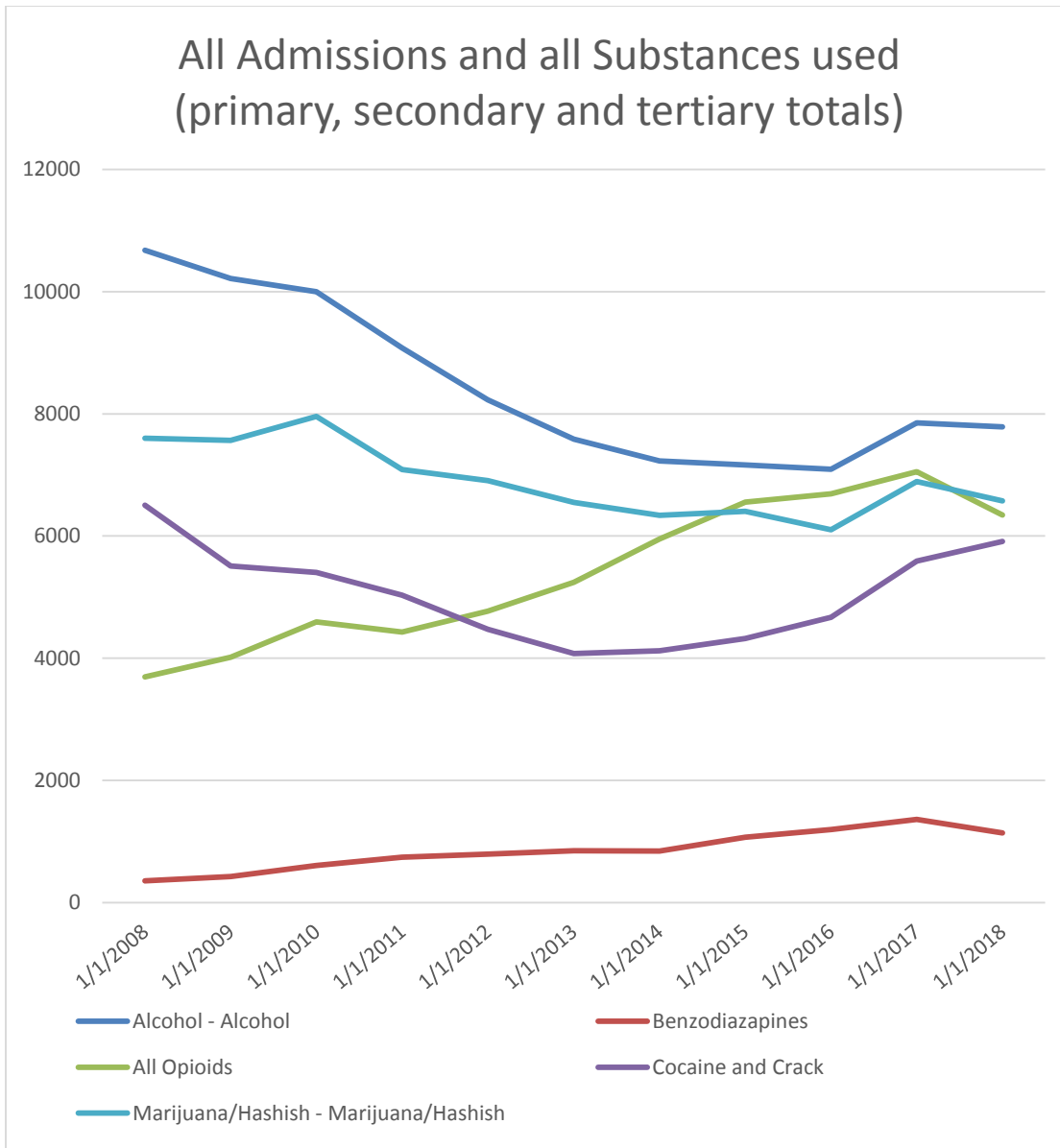Opioid and Alcohol Primary Substance Admissions and Total Admissions

*2017 data includes some inconsistencies caused by merging of agencies and clients being entered into new programs. This affects approximately 5% of the total data set for 2017.

Looking at the admissions by primary substance grouped by class of substance provides greater perspective regarding the primary substances reported at admission. The follow chart includes Alcohol, Benzodiazepines (Alprazolam/Xanax and Benzodiazepine), Cocaine and Crack, All Opioids (Buprenorphine, Heroin, Non-prescription Methadone, Other Opiates/Synthetic and OxyContin), and Marijuana/Hashish.

Number of Admissions by Primary Substance Grouped by Class of Substance

*2017 data includes some inconsistencies caused by merging of agencies and clients being entered into new programs. This affects approximately 5% of the total data set for 2017.

In order to get a broader understanding of which substances are being used by those entering OASAS treatment, we also are looking at substances that are being reported as secondary and tertiary substances at intake. Understanding poly-substance use can provide some insight into emerging trends. The following graph represents the number of all admissions and all substances reported as either primary, secondary or tertiary substances. Alcohol and Marijuana/Hashish are most commonly reported. (Data from NYS OASAS Applications Inquiry Report). Cocaine and Crack have been steadily increasing since 2013 and are nearly at the levels of all opioids and marijuana.

All Admissions and all Substances used (primary, secondary and tertiary totals)

*2017 data includes some inconsistencies caused by merging of agencies and clients being entered into new programs. This affects approximately 5% of the total data set for 2017.

The key to the improvements seen in Erie County in response to the Opioid Epidemic has been the development and strengthening of meaningful collaboration, across sectors, and among providers. This effort has brought together local government, treatment providers, prevention agencies, the medical community and hospitals, law enforcement, the judicial system, family members and loved ones, peers, corrections, emergency responders, and the community at large. Going forward, the ECDMH will continue to grow and develop these relationships with the goal of continually strengthening the system of care.

Heroin and Opioid Programs and Services Goal Statement

To increase residents participation in treatment, treatment options and to reduce deaths due to Opiates and other substances.

Objectives:

1) Increase coordination across the system, increase access to services and treatment, and leverage the services currently available in Erie County and the Region to support individuals needing opioid treatment and support as well as their families and loved ones.
2) ECDMH will continue to work with the Erie County Opiate Task Force and ECDOH to:
   a. Explore use of Medication-Assisted Treatment in the Erie County Correctional Facilities
   b. Expand availability and scope of educational groups related to substance use disorders and recovery readiness in the Erie County Correctional Facilities.
   c. Support direct access to Clinic Treatment and Medication Assisted Treatment including rapid induction to Buprenorphine in the community
   d. Continue to collaborate with service and support providers to ensure that new and existing services are known to recipients and family members and are an effective collaboration.
3) Monitor treatment availability and access, work with providers to improve service delivery and use of best practices. Also continue to monitor substances reported at admission to treatment to stay ahead of emerging trends.

Other Mental Health Outpatient Services (non-clinic) – Raise the Age (RTA)

Background Information

October 2018 launched the implementation for Raise the Age for 16 year olds across New York State. Full implementation is still on track to occur in October 2019 and will include 17 year olds. Erie County Department of Mental Health has been collaborating with the Erie County Departments of Probation and Social Services as well as Office of Court Administration to preparing for full implementation.

The number of sixteen year olds served in the first two quarters was lower than projections. The projection was 600 sixteen year olds would be served in the first year. For the first 2 quarters, the actual number of RTA Youth has been 91 versus the projected 241. There continues to be a projected significant increase of seventeen year olds in 2020. The Juvenile System partnership continues exploring staffing needs and demand for increased availability of community based services for the older age group of juveniles active in the Adolescent and the Juvenile Courts. As of this writing, State fiscal support to meet these needs still has not been allocated to the Counties. Erie County Department of Mental Health is a contractor for Juvenile Justice community services. The Department of Mental Health in partnership with Probation and Social Services/Youth Services is continuing to explore community-based service needs, gaps and possible opportunities to redesign existing services to meet the unique needs of the older age group. ECDMH has also dedicated 0.3FTE of a clinical supervisor for RTA cases to support the right services at the rights time for the community interventions to reduce recidivism and deeper system involvement. Full Implementation may necessitate consideration of additional staffing resources dedicated to support the projected increase of youth entering the Juvenile System.

Raise the Age Goal Statement:
Erie County Department of Mental Health in partnership with our Juvenile Justice Stakeholders will align and where feasible, expand community based services to meet the targeted needs of the older juvenile population.

Objectives:

1) Department of Mental Health will continue working with system partners to explore best and promising practices for targeted risk of older age group of juveniles.

2) Department of Mental Health, in collaboration with other Erie County Departments and Juvenile Justice Stakeholders, will continue to examine the present service continuum; identifying utilization and successful diversion with 16 year olds in 2018 and planning for 17 year olds for 2019.

3) Evaluate and, where appropriate, collaborate with other Erie County Departments and Juvenile Justice stakeholders to advocate for additional State resources to meet the service demand and staffing resource needs, where indicated.