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Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office for People With Developmental Disabilities

2019
Local Services Plan
For Mental Hygiene Services

Erie County Dept. of Mental Health
July 16, 2018

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2017 Mental Hygiene Executive Summary
Erie County Dept. of Mental Health
Certified: Amy Rockwood (5/29/18)

Please see attached Executive Summary 2019 FINAL..

Attachments

- Executive Summary 2019 FINAL.pdf - Executive Summary 2019

Mental Hygiene Goals and Objectives Form
Erie County Dept. of Mental Health (70290)
Certified: Amy Rockwood (6/20/18)

1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year: ○ Improved ◉ Stayed the Same ○ Worsened

Please Explain:

Please see the attached document labeled 2019 OMH System Needs Assessment FINAL.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, in general, has changed over the past year: ◉ Improved ○ Stayed the Same ○ Worsened

Please Explain:
Please see the attached document labeled 2019 OASAS System Needs Assessment FINAL.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year: ○ Improved ○ Stayed the Same ◉ Worsened

Please Explain:
Please see the attached document labeled OPWDD System Needs Assessment FINAL

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	☑	☑	☑
b) Transportation	☑	☑	☑
c) Crisis Services	☐	☐	☐
d) Workforce Recruitment and Retention (service system)	☑	☑	☑
e) Employment/ Job Opportunities (clients)	☐	☐	☐
f) Prevention	☑	☑	
g) Inpatient Treatment Services	☐	☐	
h) Recovery and Support Services	☐	☐	
i) Reducing Stigma	☑	☑	
j) SUD Outpatient Services	☑		
k) SUD Residential Treatment Services	☑		
l) Heroin and Opioid Programs and Services	☑		
m) Coordination/Integration with Other Systems for SUD clients	☑		
n) Mental Health Clinic		☐	
o) Other Mental Health Outpatient Services (non-clinic)		☑	
p) Mental Health Care Coordination		☐	☐
q) Developmental Disability Clinical Services			☐
r) Developmental Disability Children Services			☐
s) Developmental Disability Adult Services			☐
t) Developmental Disability Student/Transition Services			☐
u) Developmental Disability Respite Services			☐
v) Developmental Disability Family Supports			☐
w) Developmental Disability Self-Directed Services			☐
x) Autism Services			☐

y) Developmental Disability Person Centered Planning	[redacted]	[redacted]	☐
z) Developmental Disability Residential Services	[redacted]	[redacted]	☐
aa) Developmental Disability Front Door	[redacted]	[redacted]	☐
ab) Developmental Disability Service Coordination	[redacted]	[redacted]	☐
ac) Other Need (Specify in Background Information)	☑	☐	☐

2a. Housing - Background Information

Please see the attached document labled 2019 Housing FINAL

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

Maximize access to housing through facilitation and coordination with agencies to effectively utilize existing resources and support timely inplementation of any additional housing resources.

Objective Statement

Objective 1: Coordination of Housing resources to assist in the OMH Housing Transition of Care a) ECDMH Housing Single Point of Access will facilitate a monthly meeting 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) The ECDMH SPOA will monitor housing agencies current length of stays, access and alternative housing options. e) When necessary ECDMH will facilitate process review to ensure effective utilization of capacity.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 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.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 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.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 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.

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Please see the attached document labeled 2019 Transportation FINAL

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Assess community's efforts around transportation, engage transportation providers in the conversation, and create plan for future action.

Transportation is not indicated as a priority goal because the direct impact of the ECDMH on this issue is limited.

Objective Statement

Objective 1: Consult with leaders of existing efforts focused on transportation and assess the following: a. Review purpose and focus of each effort b. Identify crossover among efforts c. Engage MAS, NFTA, and other providers as possible d. Assess willingness to collaborate with other efforts

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: If there is willingness to collaborate among efforts, convene workgroup with willing participants to identify opportunities for collaboration, share progress and activities, identify specific barriers and challenges to be addressed, and develop an action plan for coming year.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: Review of current UBER and LYFT pilot programs to determine: a) Their effectiveness, challenges, and progress towards goals. b) Contact and consult with hospitals and other agencies currently using this service to determine their satisfaction.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

2d. Workforce Recruitment and Retention (service system) - Background Information

Please see the attached document labeled 2019 Workforce FINAL.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

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.

Workforce Recruitment and Retention is not indicated as a priority goal because the direct impact of the ECDMH on this issue is limited.

Objective Statement

Objective 1: Consult with leaders of existing efforts focused on workforce, attend meetings, and assess the following: Review purpose and focus of each effort; Identify crossover among efforts; Engage other partners as appropriate; and Assess willingness to collaborate with other efforts

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: If there is willingness and it makes sense for collaboration among the efforts, convene meetings with willing participants to identify opportunities for collaboration, share progress and activities, identify specific barriers and challenges to be addressed, and develop an action plan for the coming year.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: The ECDMH will provide support to each of these individual efforts as well as the collective efforts to the degree possible.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Please see attached document labeled 2019 Suicide Prevention FINAL.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

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.

Objective Statement

Objective 1: The Department of Mental Health will continue to financially support and be an active member of the Suicide Prevention Coalition of Erie County.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: The Department of Mental Health will support and promote awareness campaigns addressing suicide prevention.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 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.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Please see the attached document labled 2019 Anti Stigma FINAL.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

ECDMH will continue to participate in efforts to address stigma as a barrier to accessing treatment for mental illness and substance use disorders.

Objective Statement

Objective 1: Anti-stigma OBJECTIVE (OMH) – 1) The Erie County Anti-Stigma Coalition will engage additional organizations as members of the Coalition. 2) The Erie County Anti-Stigma Coalition will expand its communication strategies related to digital or electronic communication as well as partnering with organizations to distribute the messaging materials and raise awareness. 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.

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: 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.

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Please see the attached document labeled 2019 OASAS Erie County System of Care FINAL. All elements related to this item are addressed under the Heroin and Opioid Programs and Services Category.

Do you have a Goal related to addressing this need? ○ Yes ○ No

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Please see the attached document labeled 2019 OASAS Erie County System of Care FINAL. All elements related to this item are addressed under the Heroin and Opioid Programs and Services Category.

Do you have a Goal related to addressing this need? ○ Yes ○ No

Change Over Past 12 Months (Optional)

2l. Heroin and Opioid Programs and Services - Background Information

Please see the attached document labeled 2019 OASAS Erie County System of Care FINAL.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

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

Objective Statement

Objective 1: Support implementation of the Open Access Center to 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 treatment and support as well as their families and loved ones. This objective includes, but is not limited to, utilization of the Youth Clubhouse, Addiction Hotline, Family Navigators, Peer Engagement Specialists, State Targeted Response, Mobile Addiction Services, and local treatment providers.

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 2: ECDMH will implement Critical Time Intervention Transitional Program that will incorporate the chronic care model to assist residents moving from acute levels of care to the community. Through an RFP process, select a contractor to implement the CTI Transition Program. Provide oversight and monitor progress towards outcomes. ECDMH will continue to research new funding opportunities and where appropriate apply for additional funding to fund needed services.

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 3: 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 and baseline these participants. 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.

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 4: Through the Opioid Task Force and other avenues 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.

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 5: Support implementation of Opioid Treatment Programs (OTP) in the Northern/ Southern suburban areas with the anticipated opening in 2018 for 199 additional Methadone slots.

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Please see the attached document labeled 2019 OASAS Erie County System of Care FINAL. All elements related to this item are addressed under the Heroin and Opioid Programs and Services Category.

Do you have a Goal related to addressing this need? ○ Yes ○ No

Change Over Past 12 Months (Optional)

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Please see the attached document labled Raise the Age Goals and Objectives FINAL

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

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.

Objective Statement

Objective 1: Department of Mental Health will work with system partners to explore best and promising practices for targeted risk of older age group of juveniles.

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

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

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: If needed, and where feasible, Department of Mental health will RFP for additional services identified to best address risk/needs of the older juvenile population.

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 4: 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.

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

2ac. Other Need (Specify in Background Information) - Background Information

Please see the attached document labeled 2019 OASAS Erie County System of Care FINAL. All elements related to this item are addressed under the Heroin and Opioid Programs and Services Category.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

Please see the attached document labeled 2019 OASAS Erie County System of Care FINAL. All elements related to this item are addressed under the Heroin and Opioid Programs and Services Category.

Objective Statement

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	**Applicable State Agenc(ies)**		
	OASAS	**OMH**	**OPWDD**
a) Medicaid Redesign	☑	☑	☑
b) Delivery System Reform Incentive Payment (DSRIP) Program	☑	☑	☑
c) Regional Planning Consortiums (RPCs)	☑	☑	☑
d) NYS Department of Health Prevention Agenda	☐	☐	☐

3a. Medicaid Redesign - Background Information

The Erie County Department of Mental Health (ECDMH) believes that the goals of Medicaid Redesign are critical to enhancing behavioral health services in Erie County and New York State. In 2013 NYS entered into a fundamental restructuring of the Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure for behavioral health. The Medicaid Redesign Team recommended risk-bearing, full-benefit Special Needs Plans (Health and Recovery Plans - HARPs) and Behavioral Health Organizations (BHOs). Use of the reinvestment savings are targeted to improve services for residents with behavioral health needs. The co-location of behavioral health and primary care services and effective alternatives to hospital and intuitional care in favor of community based care are among the many MRT initiatives. More recently, Regional Planning Consortiums (RPC) have convened and active efforts to initiate Value Based Payments (VBP) have begun.
Please see the attached document labled 2019 Goals Based on State Initiatives FINAL.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal? ◉ Yes ○ No

To collaborate with Erie County behavioral health agencies, Delivery System Reform Incentive Payment (DSRIP) Program, Managed Care Organizations (MCOs), and other stakeholders to positively impact upon statewide and local goals as well as to prepare for the clinical and financial changes to their Medicaid reimbursement that MRT proposes. ECDMH continues to support the use of Medicaid Adjudicated Claims data (Salient/PSYCKES) in program development and service delivery both within our county office and amongst community stakeholders.

Objective Statement

Objective 1: The ECDMH will implement services and support programs that are designed to meet the goals of Medicaid Redesign.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: The ECDMH will review allocations, and where feasible provide targeted funding, to support and facilitate provider readiness and capacity building efforts which align with behavioral health reform.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: ECDMH will utilize Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) data, in partnership with a community stakeholder, to collate, disseminate and review data against key state performance metrics performance in key OMH and OASAS services in Erie County. a) Data will be regularly disseminated to applicable agencies at the regional, county and provider level; b) Community Stakeholder meetings will be convened to review data for trends, quality improvement efforts, and possible service gaps/barriers; c) The Mental Health providers will be encouraged to compare PSYCKES, Healthcare Effectiveness Data and Information Set (HEDIS) and Quality Assurance Reporting Requirements (QARR) data to contrast their own agency against regional and state wide provider outcomes; and d) Agencies will be encouraged to utilize this data to focus on their quality assurance efforts, QI Collaborative and for quality improvement measures to prepare for Value Based Payments.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 4: ECDMH will continue to assess the alignment of program outcomes with the goals of MRT. Data will be transparent and allow agencies to benchmark their performance with peers. In many instances, agencies will be able to compare and contrast their data against local providers and regional and statewide benchmarks. Allowing them to focus their resources, assist with quality improvement and assist in informing negotiations with potential payers including preparation for Value Based Payments (VBP). a) ECDMH will review the data individually with each agency to identify areas of strengths and opportunities to assist in their Quality Improvement Plan. b) Where desired and not already available, the ECDMH will work to facilitate related technical assistance and trainings.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

Delivery System Reform Incentive Program (DSRIP) is a critical component by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP´s purpose is to fundamentally restructure the health care delivery system by reinvesting savings in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.
DSRIP is now shifting from program focused to population level and system level activities. There will be continued support to the community around moving to a value based system and pay for performance models. As the DSRIP funds from NYS are expiring in 2020, Millennium Collaborative Care (MCC) has also shifted its efforts to sustainability, to determine which services are most valuable to the community and the larger value based payment efforts and how to continue this work without the support of NYS funds.

In the past year MCC's work has focused on:
1) Crisis Stabilization Project to provide readily accessible behavioral health crisis services that will allow access to appropriate level of services and providers, supporting a rapid de-escalation of the crisis. This project has included diversion initiatives, training for first responders, and development of a Mental Health Triage Tool, protocol, and related training.
2) 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.
3) Support for emergency department and inpatient diversion projects including the Help Center and the Peer Crisis Diversion Program.
4) 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.
Please see the attached document labeled 2019 Goals Based on State Initiatives FINAL.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal? ◉ Yes ○ No

ECDMH will collaborate to coordinate services with DSRIP's, local and regional behavioral health agencies, and other stakeholders to improve hospital diversion, behavioral health clinical interventions, medical outcomes, and to increase the community tenure of individuals.

Objective Statement

Objective 1: The ECDMH will implement services and support programs that are designed to meet the goals of Medicaid Redesign.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: ECDMH will utilize Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) data, in partnership with a community stakeholder, to collate, disseminate and review data against key state performance metrics in OMH and OASAS services in Erie County. a) Data will be regularly disseminated to applicable agencies at the regional, county and provider level. b) Community Stakeholder meetings will be convened to review data for trends, quality improvement efforts, and possible service gaps/barriers. c) The Mental Health providers will be encouraged to compare PSYCKES, Healthcare Effectiveness Data and Information Set (HEDIS) and Quality Assurance Reporting Requirements (QARR) data to contrast their own agency against regional and state wide provider outcomes. d) Agencies will be encouraged to utilize this data to focus on their quality assurance efforts, QI Collaborative and for quality improvement measures to prepare for Value Based Payments.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: Regular participation in DSRIP meetings to better coordinate county wide Behavioral Health and Medical care. a) Using the DSRIP forum to work with Managed Care Organizations to collaborate more fully in this process. b) Facilitate and encourage mutual data sharing, where allowable, to support goals of DSRIP and the County.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

3c. Regional Planning Consortiums (RPCs) - Background Information

What follows was communicated to the ECDMH by the Western Region RPC Director. The Western Region Planning Consortium along with the other RPCs are presently undertaking a strategic planning process, and are taking a new approach as to how we bring topics to the state's attention. Presently, the Western Region RPC has several active workgroups. These include:

- The Health Home/HCBS work group is working on identifying barriers to getting someone enrolled and receiving services and identifying associated best practices, education/training needed, and recommendations on how to alleviate these barriers. This is complementing a statewide group that is also looking at the different region's issues.
- There is also a workgroup identifying the issues related to OASAS 820 residential redesign. They have worked with Erie County DSS to develop a pilot project to enroll individuals in Medicaid and financial assistance through the use of Skype. If successful it is anticipated that this could be expanded throughout the region (as appropriate). In addition, Erie County DSS is also developing a work group of all 820 providers to meet quarterly to discuss common issues.
- A workgroup to look at work force issues has also been developed. It is anticipated that a baseline survey will be commissioned in April.

Other activities include, but are not limited to:

- The RPC Board has also requested a data work group to be convened. As of this writing this is in exploratory stages of development.
- The Regional Director continues to meet with the Peer/Family/Youth stakeholder group on a quarterly basis and with Managed Care Organizations on a multi-regional level (usually WNY, Finger Lakes, Central, and Southern Tier).
- The Children's sub-committee has had 2 town hall meetings. However, further development has been delayed at least in part due to the state delaying implementation of children's health homes.
- It is anticipated that at the May, 2018 Board meeting another brain-storming session will occur to determine what issues/concerns continue in the Western Region and anything new areas of focus that the board wishes to prioritize.

Please see the attached document labeled 2019 Goals Based on State Objectives FINAL.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal? ◉ Yes ○ No

Support the RPC efforts and goals.

Objective Statement

Objective 1: Attendance at WNY RPC Board meetings and related workgroups

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Provide the LGU lead, as elected, and regularly attend the WNY RPC Children's Subcommittee

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: As appropriate provide requested data to the WNY RPC and conduct a review of data relevant to informing the work of the WNY RPC

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 4: Work collaboratively to implement recommendations for which consensus has been reached

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

Do you have a Goal related to addressing this need? ○ Yes ○ No

Change Over Past 12 Months (Optional)

Attachments

- 2019 OASAS System Needs Assessment FINAL.pdf - 2019 OASAS System Needs Assessment
- 2019 OPWDD System Needs Assessment FINAL.pdf - 2019 OPWDD System Needs Assessment
- 2019 OMH System Needs Assessment FINAL.pdf - 2019 OMH System Needs Assessment FINAL
- 2019 Housing FINAL.pdf - 2019 Housing FINAL
- 2019 Transportation FINAL.pdf - 2019 Transportation FINAL
- 2019 Workforce FINAL.pdf - 2019 Workforce FINAL
- 2019 Anti Stigma FINAL.pdf - 2019 Anti Stigma FINAL
- 2019 OASAS Erie County System of Care FINAL.pdf - 2019 OASAS Erie County System of Care FINAL
- Raise the Age Goals and Objectives FINAL.pdf - Raise the Age Goals and Objectives FINAL
- 2019 Goals Based on State Initiatives FINAL.pdf - 2019 Goals Based on State Initiatives FINAL
- 2019 Suicide Prevention FINAL.pdf - 2019 Suicide Prevention FINAL

Office of Mental Health Agency Planning Survey
Erie County Dept. of Mental Health (70290)
Certified: Amy Rockwood (4/2/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issu
Psychiatrist	5 (all respondents)	4,2,2,1	Lack of availability and competitiveness; Not available, particularly chil psychiatrists; Difficulty getting applicants, shortage in the WNY are, sal in some instances in not as competitive though the State does not participate in some loan forgiveness programs; Few in the area, of those minimal response to contracting; It is not difficult to maintain them once they are working for our agency. The biggest problem we have had is th are a limited number of prescribers in the area. The medical school at UI only graduated one psychiatrist last year, with this individual committed moving out of state. This is leading to a crisis, with many of the doctors the area getting older and nearing retirement age or already over the retirement age.
Physician (non-psychiatrist)	4,5,5,3	421	Difficulty getting applicants, shortage in the WNY area, salary in some instances is not as competitive though the State does participate in some loan forgiveness programs; This has been a relatively new hiring area fo us, with most of the work being done by doctors we have made agreeme with.
Psychologist (PhD/PsyD)	53	22	Never recruit due to cost
Nurse Practitioner	4,5,5,5,4	4,2,2,1	Lack of availability, particularly to see children; Lack of availability and competitiveness; Salary is not competitive as compared to the private sector; Challenges regarding hiring and supervision; It is difficult to find nurse practitioners in the field, as there are a limited number of NPs in th field. We have started taking interns from the school so hopefully this w improve this.
RN/LPN (non-NP)	4,2,5,4,2	3,2,3,2	Salaries, availability of experienced RNs; Eperience, quality; Salary is n competitive as compared to private sector, some non-state agencies offe different scheduling opportunities such as 13 hour days (applicable to inpatient settings); Finding quality people that have some understanding clinic. Finding the candidate pool is very small;
Physician Assistant	4	3	Availability of experienced PAs;
LMSW	3,2,1,2,2	4,2,1,2	Level of quality and experience of newer clinicians;
LCSW	5,4,1,3,4	5,2,1,2	Lack of availability, competitiveness, experience, quality; There are not many LCSWs as needed in the field. Those who do have this credential tend to be in supervisory positions and are not seeing clients. This does make it difficult to be able to find staff who can see clients with Medica or certain other insurances.
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3,3,2,2	422	Availability, competitiveness, experience, quality;
Peer specialist	334	44	Difficulty recruiting applicants with appropriate qualifications; We have been looking for peer specialists as part of our CCBHC clinics. There ha been a high level of difficulty finding individuals who have the credentia The trainings for this do not tend to be in this area, making it difficult fo individuals to attend the trainings. The reimbursement for the services is also low which will keep the salaries for these type of positions lower th other professionals in the field.
Family peer advocate	32	32	

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining
Bilingual Spanish therapists of any kind, child prescribers (psychiatrist, NP)
LSCW-R
Bilingual (Spanish speaking) LMSW, LCSW, LMHC, LMFT, LCSW-R

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

We received responses to this survey from 5 providers including BestSelf Behavioral Health,Child and Family Services of Erie County (Outpatient Mental Health Counseling Family Mental Health), Buffalo Psychiatric Center (Community Services, ACT, Inpatient Services), Gateway-Longview (Article 31 Clinic), and Endeavor Health Services (Walden Mental Health Clinic including adult and children's mental health, Health Mall Clinic (children's clinic), William Satellite (adult and children's mental health), Hope Center (adult and children's mental health), and Broadway Satellite Clinic including adult mental health and PROS)

For entries in the chart above, not all boxes accepted commas between responses. There should be a comma between multiple numbers in any fields above regarding recruitment and retention difficulty..

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
Erie County Dept. of Mental Health (70290)
Certified: Amy Rockwood (4/11/18)

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Co-chairperson	
Name	Dr. Linda Kahn PhD
Physician	No
Psychologist	Yes
Represents	UB Medical School
Term Expires	12/31/2019
eMail	lskahn@buffalo.edu

Co-chairperson	
Name	Dr. John Gillick PhD
Physician	No
Psychologist	Yes
Represents	Public
Term Expires	12/31/2018
eMail	johnjgillick@yahoo.com

Member	
Name	Maya Hu Morabito
Physician	No
Psychologist	No
Represents	public
Term Expires	12/31/2019
eMail	mlhu@buffalo.edu

Member	
Name	Caitlin Neumann
Physician	No
Psychologist	No
Represents	consumer/youth
Term Expires	12/31/2018
eMail	cneumann@eriemha.org

Member	
Name	Dawn Skowronski
Physician	No
Psychologist	No
Represents	Mid -Erie Counseling & Treatment Services
Term Expires	12/31/2019
eMail	dawns@mid-erie.org

Member	
Name	Karl Swallowhorn
Physician	No
Psychologist	No
Represents	MHA/Compeer
Term Expires	12/31/2018
eMail	karlmhacompeer@gmail.com

Member	
Name	Charles D. Syms
Physician	No
Psychologist	No
Represents	Public
Term Expires	12/31/2018
eMail	syms@buffalo.edu

Member	
Name	Helen Trowbridge Hanes
Physician	No
Psychologist	No
Represents	Aspire of WNY
Term Expires	12/31/2019
eMail	helen.hanes@aspirewny.org

Member	
Name	Erica Westphal
Physician	No
Psychologist	No
Represents	Family
Term Expires	12/31/2019
eMail	ewestphal5@gmail.com

Member	
Name	Catherine Wallace
Physician	No
Psychologist	No
Represents	Consumer/Peer
Term Expires	12/31/2019
eMail	cwallace@eriemha.org

Member	
Name	Dr. Daniel Antonius PhD..
Physician	No
Psychologist	Yes
Represents	ECMC Dept. of Psychiatry
Term Expires	12/31/2019

Member	
Name	Gladys J. Diji
Physician	No
Psychologist	No
Represents	Public
Term Expires	12/31/2018

eMail	Daniel.Antonius@erie.gov

Member	
Name	Dr. Victoria Brooks
Physician	Yes
Psychologist	No
Represents	ECMC-CPEP
Term Expires	12/31/2019
eMail	vlbrooks@buffalo.edu

Member	
Name	Michele Queffelec Brooks, MPH
Physician	No
Psychologist	No
Represents	Family
Term Expires	12/31/2019
eMail	mbrooks@namibuffalony.org

eMail	gjdiji@roadrunner.com

Member	
Name	Max Donatelli
Physician	No
Psychologist	No
Represents	public
Term Expires	12/31/2019
eMail	mdonatelli@bakervictoryservices.org

Alcoholism and Substance Abuse Subcommittee Roster
Erie County Dept. of Mental Health (70290)
Certified: Amy Rockwood (4/12/18)

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	John Gillick PhD
Represents	VAMC/Retired
eMail	johnjgillick@yahoo.com
Is CSB Member	Yes

Member	
Name	Thomas McNulty
Represents	Community
eMail	tomsuccess@verizon.net
Is CSB Member	No

Member	
Name	Ken Bossert
Represents	Community Action Organization
eMail	kbossert@caoec.org
Is CSB Member	No

Member	
Name	Molly Clauss
Represents	Save the Michaels
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Is CSB Member	Yes

Member	
Name	Janice Cooke-Feigenbaum
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Is CSB Member	No

Member	
Name	William Wieczorek PhD
Represents	SUNY Buffalo State
eMail	wieczowf@buffalostate.edu
Is CSB Member	No

Member	
Name	Cheryl Moore
Represents	ECDOH
eMail	cheryl.moore@erie.gov
Is CSB Member	No

Member	
Name	Debra Smith
Represents	Community Parent Advocate
eMail	Debra.Smith@erie.gov
Is CSB Member	No

Member	
Name	Charles Syms
Represents	SUNY Buffalo
eMail	syms@buffalo.edu
Is CSB Member	Yes

Member	
Name	Elizabeth Smith
Represents	PROMESA Inc
eMail	esmith@hubwny.org
Is CSB Member	No

Member	
Name	Star Wheeler
Represents	Native American Community Services
eMail	swheeler@nacswny.org
Is CSB Member	No

Mental Health Subcommittee Roster
Erie County Dept. of Mental Health (70290)
Certified: Amy Rockwood (5/29/18)

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	Erica Westphal
Represents	Provider/Family
eMail	ewestphal@dentinstitute.com
Is CSB Member	Yes

Member	
Name	Ann Venuto
Represents	Provider-NAMI
eMail	annvenuto@gmail.com
Is CSB Member	No

Member	
Name	Catherine Wallace
Represents	Provider Best Self/Peer
eMail	cathiekw88@gmail.com
Is CSB Member	Yes

Member	
Name	Shannon Higbee
Represents	Provider Housing Options/Peer
eMail	shannon.higbee@housingoptions.org
Is CSB Member	No

Member	
Name	Robyn Witorski-Reynolds
Represents	Provider-Crisis Services
eMail	RWiktorski-Reynolds@crisisservices.org
Is CSB Member	No

Member	
Name	Dr. Herb Weiss PhD
Represents	Provider-Horizon Human Services
eMail	hweiss@horizon-health.org
Is CSB Member	No

Member	
Name	Jennifer Cawley
Represents	Provider-Mental Health Association
eMail	jcawley@eriemha.org
Is CSB Member	No

Developmental Disabilities Subcommittee Roster
Erie County Dept. of Mental Health (70290)
Certified: Amy Rockwood (4/4/18)

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	Helen Hanes
Represents	Proivder
eMail	helen.hanes@aspirewny.org
Is CSB Member	Yes

Member	
Name	Julie Armitage
Represents	Consumer
eMail	abbasan@netzero.com
Is CSB Member	No

Member	
Name	Mindy Cervoni
Represents	Provider
eMail	MCervoni@csdd.net
Is CSB Member	No

Member	
Name	Max Donatelli
Represents	Family
eMail	maxjoy@roadrunner.com
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Member	
Name	Joyce Drzewiecki
Represents	Family
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Member	
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Is CSB Member	No

Member	
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Is CSB Member	No

Member	
Name	Elizabeth Mauro
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Is CSB Member	No

Member	
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Member	
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Is CSB Member	No

Member	
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Is CSB Member	No

Member	
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Is CSB Member	No

Member	
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Is CSB Member	No

Member	
Name	Ann Marie Petrella
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eMail	rosemarinus4@yahoo.com
Is CSB Member	No

Member	
Name	Frank Cammarata
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eMail	Frank.Cammarata@erie.gov
Is CSB Member	No

2019 Mental Hygiene Local Planning Assurance
Erie County Dept. of Mental Health (70290)
Certified: Amy Rockwood (5/29/18)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.

2019 Mental Hygiene Executive Summary
Local Services Plan
Erie County Department of Mental Health

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. At the same time, although progress is being made to decrease death rates related to the Opioid Epidemic in some communities, including here in Erie County, this is not universally true; the impact continues to be unacceptable. As a result, the opioid epidemic continues to warrant National, State and Local focus.

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. Collaborative and cross system efforts with the Erie County Opioid Epidemic Task Force are also at the core of the ECDMH's response to addressing the opioid epidemic.

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 piloting of claims and more recently PSYCKES data, the former of which is utilized to predict and mitigate hospitalizations and emergency department presentations; the latter developed into 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, Homeless applicants for social services; and implementing a best practice model for Preventive Services.
- Partnering with local providers and other counties to enhance care through the implementation of the Open Access Center targeted to those seeking care for substance use related concerns.
- Expansion of hospital diversion, community based housing services and supports for those with mental health concerns
- Implementing transitional community care for those recovering from substance use disorder
- Regional and local efforts to enhance capacity and readiness for Value Based Contracting
- 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, and measures to streamline access to substance use disorder treatment

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 2019
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. The Centers for Disease Control and Prevention reported that in 2016 there were 3,638 deaths from overdoses in NYS. This reflects a 32.9% increase in drug overdoses from 2015. From 2014-2015, there was a 20.4% increase in the drug overdose death rate. This alarming trend is happening all across the country. (https://www.cdc.gov/drugoverdose/data/statedeaths.html).

Locally, according to information provided by the Erie County Medical Examiner's Office, *Closed Cases Reported Through 5/3/18, there is some indication that the trend may be slowing or shifting downward.

Year	2012	2013	2014	2015	2016	2017
Number of Opioid Related Deaths	103	101	127	256	301	246 (with 14 cases pending)

If all of the pending cases are included as attributed to opioid deaths, this still represents an 13.6% decrease from 2016, which the County is looking at with guarded optimism.

Hospitalizations for all Opiate overdoses totaled 203 in 2015 (from 2018 Local Services Plan (LSP)), 191 in 2016 and 100 for the first 6 months of 2017. These numbers seem to be relatively consistent over time. There were 898 Outpatient Emergency Department visits for opioid overdoses in 2015 (from 2018 LSP), 1,105 in 2016 and 504 from January through June of 2017. These numbers increased in 2016, but if 2017 data annualizes there would be a 8.7% decrease from 2016-2017. The crude rates for the outpatient emergency department visits and hospitalizations are above NYS excluding NYC rates. https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2017.pdf, Pg. 34-35

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 4, 2018 the Hot Line has received 4,216 calls.

For callers with an addiction that are seeking information and/or assistance with accessing care, direct referrals for face to face assessment are offered. This service, provided in collaboration with a local service provider, is offered at no charge to the individual and has proven highly successful at coordinating actual linkage to the appropriate level of care. When desired and appropriate, a warm hand off to providers who offer same day access is also made. Availability and access to the right level of care at the right time, which best aligns with the recipient's readiness, is critical. In 2017, 441 individuals who called the Hot Line were referred for a face to face assessment and 287 (65%) completed that face to face assessment. The following table shows the results of assessments and outcomes for calls from the start of the Hot Line through February 2018.

Results of Assessment	# Referred	# Appointment Date Provided	% Appointment Provided	# Kept Outpatient Appointment; Admitted to detox/ inpatient/ MMT	% Appointment Kept
Referred for Detoxification Service	255	236	93%	225	95%
Referred for Inpatient	54	49	91%	42	86%
Referred for Outpatient	102	96	94%	88	92%
Referred Other Renaissance Addiction Services	9	9	100%	8	89%
Referred Other Methadone	19	17	89%	17	100%
Referred Other Suboxone	15	14	93%	14	100%

The percentage of appointments kept is extremely encouraging and illustrates the value of this service to callers and the high level of engagement the assessment team is able to establish during the initial face to face visit.

Throughout implementation of the Addiction Hot Line, there was a growing awareness that it would be important to integrate the Addiction Hot Line more effectively into the larger system of care. In order to facilitate greater integration of the Addiction Hot Line as well as the broader continuum of care, funding for an Open Access Center project was obtained by a local provider agency from OASAS. The Open Access Center is in the startup planning phase at this writing and will utilize a hub and spoke model with the Addiction Hot Line being a central part of the hub. The Open Access Center will serve five counties (Erie, Niagara, Allegany, Chautauqua and Cattaraugus). The goals are to coordinate care, provide immediate access to treatment services, and engage and link individuals in treatment. The Open Access Center is providing support for a liaison within Erie County Medical Center Emergency Department to facilitate linkage to outpatient care, additional staffing for family support services, an extensive marketing campaign to inform the community of how to access the Open Access Center and Addiction Hot Line, and some transportation support to help individuals get to treatment services. The Open Access Center plans

to track service and outcome data to create a case for ongoing support from managed care and/or New York State to fill gaps, address unmet needs and address system level barriers to accessing and/or providing effective treatment services.

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 there have been additional resources available for these activities from local, State, and Federal sources. For example, the average daily census comparing January 2017 to January 2018 for Outpatient OASAS Certified services increased by 645.25, which represents an increase of 48%. The Opioid Treatment Program (OTP) average daily census increased by 266.58 from January 2017 to January 2018 for OASAS Certified services. (Data compiled from OASAS Census Capacity History Report). Please note that the available data does not include two large outpatient providers that merged as that data was not available for this report.

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. One provider has successfully transferred all of their beds in Erie (58 beds) and Niagara (125 beds) Counties to Part 820, while the other providers conversions are pending approval or needing to hire staff. Utilizing NYS OASAS Census Capacity History Report run on March 16, 2018, these beds have been at or above capacity based on the average daily census every month from February 2017-January 2018. (Cited from OASAS Census Capacity History Report.) The beds in Niagara County are also often accessed by Erie County residents. Here too utilization is typically at or above 90%. (Data provided by OASAS field office). NYS OASAS and the community has responded to this need and it is anticipated that by 2018 an additional 25 OASAS funded beds will be opened by a local 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.

Other levels of adult residential care are near capacity as well. The average daily census in January 2018 for intensive residential and community residence beds not yet converted to 820 in Erie County reflects the following utilization to capacity (data from OASAS Census Capacity History Report):

- Intensive Residential: 89%
- Community Residence: 97%

Utilization of Supportive Living Beds at +/- 50% continues to be the historic trend (data from OASAS Census Capacity History Report). This service is underutilized when measured against total possible capacity. The main reason is reported to be a financial viability of this level of care. According to the provider of this

service, reimbursement for these beds is very limited at about $38.00/day. Costs of overhead and expenses cause this program to create a deficit. If the reimbursement was consummate with the cost of services, then capacity could be opened up by as many as 62 beds. Providers are looking at ways to include Medicaid services and billing to this program. The hope is that with additional revenue, capacity could be increased.

Inpatient Rehabilitation utilization is somewhat dependent on the specific facility. From January 2017 through January 2018, one facility maintained an average daily census at 93% capacity or above for all 13 months with an average of 96.5% capacity for those 13 months. Utilization at the other facility ranged from 72% to 92% utilization to certified capacity, and an average of 84.5% capacity for those 13 months. (OASAS Census Capacity History Report).

Medially Managed Detoxification also remains a highly utilized service. NYS OASAS data for the period January 2017-January 2018 has a utilization rate of 88%. Availability of Medically Managed Detoxification services are being expanded at Erie County Medical Center (ECMC) from 18 to 32 beds, increasing capacity at this location by 78%. This expansion is expected to be completed by Spring 2018. (OASAS Field Office Data)

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. Peer Supports are now embedded in the Erie County Medical Center Emergency Department. 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 has increased almost 5 fold since September 2017 with the vast majority now having their initial contact in the emergency department (93%). Since implementation of the service in the emergency department, involvement of family members in the development of the service plan has increased from zero in September 2017 to 65% of service plans having family member involvement in March 2018. (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. The average daily census of Methadone providers in Erie County increased from 1259 in January 2016 to 1571 in January 2017 and 1822 in January 2018. This represents a 45% increase since 2016 and a 16% increase from 2017 to 2018. In addition to the expected organic capacity increases at existing locations, there are an additional 199 new slots slated to come 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. Erie County Methadone providers have really stepped up, increasing their capacity to better meet the community need.

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% offer walk in appointments and 100% offer same day appointments. For providers that offer these options, 62% have 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. Access to Buprenorphine was a common topic in the past year and the following chart reflects responses related to past, present and future capacity to administer Buprenorphine by these providers.

Buprenorphine Slot Capacity		
January 2017	**January 2018****	**Anticipated January 2019****
710	3,210	4,170
** One provider indicated “no limit” and therefore their capacity is not included in 2018 or 2019 figures		

Based on provider input from 2017 and the projected increase of 1400 slots at that time, the provider community far exceeded their earlier projections.

When asked about the availability of Medication Assisted Treatments from each provider 88% indicated they offer Buprenorphine, 88% offer Vivitrol, 22% offer Methadone, and none are currently offering Sublocade, which is a buprenorphine extended release, once monthly injectable. Additionally, rapid induction, defined here as providing Buprenorphine in the same day or within 24 hours of the first appointment on an outpatient basis, is offered by 55% of respondents and 33% said they plan to offer rapid induction Buprenorphine within the next 6 months. Since the timeliness of access to substance abuse treatment services is very important and recognized as a critical factor in engagement in treatment, it is clear that the Erie County providers have made great progress in how they deliver services over the past year.

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 providers that did not respond and those that are not OASAS certified providers.

Efforts to increase the availability of rapid induction to medication assisted treatment (MAT) are happening at the provider, primary care, and hospital levels. Some local substance use disorder providers have modified workflows so clients can see a prescriber within 1-2 days of their first appointment to initiate MAT. Some providers have expanded MAT in their primary care, including rapid access.

Harm reduction is also a component of the effort. The Erie County Department of Health (ECDOH) has trained over 20,000 first responders and community residents in Naloxone administration (ECDOH

provided this data) and trainings continue. The level of community involvement and participation is encouraging. Use of Naloxone is also saving lives. Electronically reported Naloxone administrations have increased from 619 in 2015, to 701 in 2016, and 330 for the first 9 months of 2017. 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_opioid_annual_report_2017.pdf, Pg. 34-35.

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.

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 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 process for developing this needs assessment also sought out input from the community. Based on discussions with community members, the Community Services Board and the Alcohol and Substance Abuse Subcommittee, there is a desire for increased vigilance to try and identify trends and changes regarding substance use in the community. The Alcohol and Substance Abuse Subcommittee wants real time, or near real time, tracking and reporting regarding changes in substances of abuse in order to more proactively respond. They also would like to see greater efforts around prevention, continued work to address stigma, and more treatment options at the Erie County Holding Center.

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 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. The ECDMH will be exploring ways in which they can support providers in building infrastructure and the transition to value based payment.

The efforts to address this epidemic continue in earnest. Additional services, not previously referenced, which have been implemented in 2017 or early 2018 and those which are in the planning stages for 2018 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 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 160 individuals, 81% being Erie County residents. This project is showing positive outcomes particularly around abstinence (68% not using drugs or alcohol at intake compared to 84% at 6-month follow up), employment and education (27.5% employed or attending school at intake compared to 45.1% at 6-month follow up), and stability in housing (36.5% with a permanent place to live in the community compared to 48.1% at 6-month follow up).
- The ECDMH applied for and received a SAMHSA grant for a Family Treatment Drug Court. This project will expand and enhance the current Family Treatment Drug Court process, provide community based care navigation with a focus on rapid access to MAT and integrate all other healthcare and mental health care into the court room process. This will introduce and implement Celebrating Families as an 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.
- 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. This newly launched project has engaged 6 police departments to date.
- 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. In the first 6 months of funding they have established a website and compiled an online resource directory. By the end of this funding period they will provide financial support to

community action projects, conduct focus groups, create a media message, develop a speakers directory, and offer professional development.

- 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 2018-2019 NYS Budget included significant funding for further expansion of this service.
- 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 will utilize 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. Awards are expected to be made in June 2018 with a services start date 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.
- The Homeless Shelter Collaborative, a project of OASAS, has selected two local homeless shelters to participate. A local treatment provider will be going into these shelters to assess, engage, and treat individuals with substance use disorders. They will also be helping these individuals obtain insurance, if needed.
- Continuing in our efforts to seek additional resources, the ECDMH has recently submitted three applications to SAMHSA seeking funding for the following projects:
    - Offender Reentry Program: This is a 5 year grant program to serve inmates housed in the Erie County Holding Center and Correctional Facility with a substance abuse or co-occurring disorders who will be returning to the community within 4 months. The project will develop new reentry processes to identify and serve those at high risk of opioid overdose and chronic recidivism.
    - Early Diversion (CIT Enhancement) Program: This is a 5 year grant program that will enhance and expand the existing Erie County CIT model for pre-booking diversion adults with co-occurring disorders in partnership with local police departments and area treatment providers. This program will increase the number of police trained in CIT.
    - Homeless Services MISSION Program: This is a 5 year grant program that will target chronically homeless individuals with co-occurring disorders by expanding homeless services case load capacity and implementing enhanced outreach and engagement strategies with this population.

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. Therefore, the level of unmet needs in the community has improved over the last 12 months.

Erie County 2019
Response to New York State
Local Services Plan

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

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

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

Please explain:

In preparation for submission of the 2019 Local Service Plan the Erie County Department of Mental Health met with the OPWDD Subcommittee of the Community Services Board. The OPWDD Subcommittee discussed whether the unmet needs of the Developmentally Disabled in general have stayed the same or had worsened. Despite the progress made over the past year, the new initiatives and added resources, the Subcommittee members were in agreement that the level of unmet need had worsened. The challenges faced with workforce issues have not improved and the new services have compounded the challenges related to staffing, because all of these services require staff. The local housing market has improved for sellers, increasing sale prices because of the high demand and low supply, but this has created greater challenges for securing housing. Transportation has not improved and the improvements that were hoped for with ride sharing services have not been realized. For these reasons, the unmet needs of the Developmentally Disabled in general in Erie County have worsened.

The following were identified as unmet needs for OPWDD Consumers in Erie County:

- Workforce Recruitment & Retention
- Transportation
- Housing
- Needs related to aging caretakers and OPWDD served individuals

<u>Workforce Recruitment and Retention</u>

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.

New York State "O" agencies, including OPWDD, have 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.

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.

We also heard from the subcommittee members that overtime is putting an enormous strain on their budgets. They 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.

Because of the low wages, workers in the OPWDD provider agencies often have second, maybe third jobs, often in other OPWDD provider agencies. The 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.

Committees have been created to develop creative solutions to the workforce issue. While they are relatively new, the ECDMH hopes to bring them together to create greater synergy to address this problem.

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. Enrollment in respite services in 2016 totaled 1,922 for OPWDD Consumers in Erie County (2017 data regional OPWDD office).

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. Utilization data is not available at this time, but it is expected that there will be increases in utilizations because of the increased ability to serve individuals with more challenging needs. It is important to note that there is a gap in the data available to fully understand utilization and unmet need for respite services. With the implementation of the Front Door Process, OPWDD lost the ability to monitor service utilization. OPWDD does track authorizations for services and can monitor enrollment into the services by agencies, but there is currently not a mechanism to directly track the actual use of services.

Transportation

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.

Last year 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 Transportation Committee is planning to pursue the following goals for 2018: 1) Explore creating a website to house all things related to transportation; 2) Explore Lyft as a possible solution; and 3) Hold a transportation summit to bring together vendors, advocates, parents, etc. to strategize how we can improve transportation for this population.

Uber and Lyft were hoped to be a solution, or at least a partial solution, to the transportation barrier for individuals served by OPWDD services. While it does provide transportation when needed, the cost must be paid for by the individual, wheelchair vehicles are extremely limited, and individuals need to be aware of upcharges that can be added because of the time of rides. This is not a coordinated service, but does offer an option for those who can pay and who do not have mobility limitations.

Residential

Currently in Erie County, as reported by OPWDD Regional Office, there are 2,302 enrollments in Certified Residential Settings and 2800 enrollments in Independent Supports and Services. There were 209 individuals on the Certified Residential Opportunities List who were "Actively Seeking Placement" as of 12/31/17.

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 are expected to come 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.

Historically, priority for residential placement into certified housing was tracked using the Residential Request List. In 2015 the Residential Request List was replaced with the Certified Residential Opportunities (CRO) list. The difference, at its core, is that the CRO list only includes individuals who have a more pressing need for housing. Previously, the Residential Request List included individuals with no pressing need who may someday need a residential placement, but not in the foreseeable future. The CRO provides a more accurate and time sensitive listing of individuals who need residential services. Individuals on the CRO list are assessed for level of need (Emergency, Substantial or Current) which indicates the priority for placement. Because of the change in how this information is now being tracked and who is included on the CRO list, it is impossible to document any trends on the residential waiting lists from prior to implementation of this new system.

It should be noted that there has been a philosophical shift within OPWDD. While once certified residential services were 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.

One example is a proposed residential treatment unit for dually diagnosed OMH/OPWDD youth and a residential step down program to help these youth transition to a lower level of care. These initiatives are in the planning stages and some of these services may be located in Erie County. Both of these initiatives in whole or part would be statewide resources.

In Erie County we are seeing rising rents and increasing costs for housing. Buffalo is experiencing a revival including the renovation of many older buildings 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 rental and housing cost increases. Housing stock is also moving quickly. In addition, with changes to the federal tax code and new methodology for claiming deductions for charitable donations, sellers may be less likely to donate part of the sale price to a provider who would be buying a property to be used as a Certified Residential Setting. Starting in 2018 the standard deduction will be doubled and only those who itemize will be eligible to claim a charitable donation on their taxes. While this is good for the property owners, these factors make it more difficult for our OPWDD residential providers to secure properties in Erie County.

Stigma

Individuals with 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/). In Erie County the Erie County Office of the Disabled conducts an annual campaign to address stigma and raise awareness as part of a national effort

[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.

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 of the Disabled 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.

In last year's Local Services Plan, we included a statement that consumers and agencies expressed great concern in regards to the Local Service Plan not providing Anti-Stigma as an option of High Level Unmet Needs for the OPWDD system. The group requested that the State include Anti-Stigma as an option in the 2019 Annual Plan as it is for other disability groups. It was not included again this year, and we respectfully request it be added in future plans.

Medicaid Care Coordination Organization/Health Home Care Management Service

Medicaid Care Coordination Organization/Health Home Care Management Service implementation is replacing the current Medicaid Service Coordination program. This represents a huge shift in how these services will be delivered and expanding the scope of care coordination/care management services. The state has made great efforts over the past year to educate consumers and organizations about the new model and plan for a smooth transition.

On March 5, 2018 the NY OPWDD announced the selection of the provider organizations that will 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 very limited coordination option. The new service will be staffed by care managers, many of whom will be current Medicaid service coordinators who will receive 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 that will serve Erie County residents are Person Centered Services CCO and Prime Care Coordination. The new CCO/HH services are planned to go live on July 1, 2018.

Other Areas of Need

A need that was shared by the NYS OPWDD Field staff was for Assisted Outpatient Treatment (AOT) slots for individuals served by OPWDD. As stated, the numbers of slots that would be needed to address the need would be small, but the impact on the individual and the cost to the system would be high. This would primarily involve services for individuals with Traumatic Brain Injury. As discussed in the Mental Health Service Needs Assessment, ECDMH's capacity to provide AOT is stretched to the limit and we are not currently able to expand our capacity without additional staffing and financial support. The ECDMH would be willing to explore this further with OPWDD with funding to support this activity.

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 who have 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:

Crisis prevention services for individuals with developmental disabilities and coexisting mental health or behavioral health concerns:
The mission of NYSTART (Systemic Therapeutic Assessment Resource and Treatment 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).

NY START is a crisis intervention and prevention program for individuals with Intellectual Developmental Disabilities (IDD) and behavioral or mental health needs. NY START is a program based on a National model that originated 30 years ago and is currently based out of the University of New Hampshire. 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 2017, NY START provided support to 201 individuals, of which, 87 were requests in Erie County. This represents a 23% increase in individuals served in the region and 30% increase in Erie County residents served compared to 2016.

NY START provides the following services:

START Coordination (all ages)
- ·Comprehensive Crisis Prevention and Intervention Plan development
- ·Cross systems partnerships
- ·Crisis Prevention & Intervention Response
- ·Consultation, Family Support, Education, Training & Outreach
- · Interdisciplinary Collaboration
- ·Comprehensive Evaluation of Services & Systems of Care (local and state)
- · A systems linkage approach to service provision
- ·Expert Assessment & Clinical Support
- ·Outcomes-based research & evaluation

Therapeutic in Home Supports (all ages)
- ·Individualized therapeutic goals and objectives
- ·Tracking, monitoring, and assessment
- ·Coaching and assistance to caregivers and providers
- ·Training to caregivers and providers

Therapeutic Resource Center (21 years of age or older)
- ·Out of home assessment and treatment
- ·Individualized therapeutic goals and objectives
- ·Therapeutic groups
- ·Community integration
- ·Promoting holistic well being

Based on the utilization of an initial Resource Center, NY START is currently assessing the need for a second Resource Center, which would be located in Erie County. Last year, NY START had planned to open a second Resource Center in Erie County, but have since reconsidered. NY START is also considering the impact of transportation and how to best support a large child population through Therapeutic In Home Coaching.

The NY START information was from an ECDMH query and created by Maya Hu-Morabito and Gary McIntee (NY START) (3/23/18).

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 2 (1/1/16-12/31/17)

APIC has seen the following number of individuals in the below age groups (2016): The 2017 data below was retrieved from PCMS and the 2016 data from the 2018 Local Services plan.

Age Group	Total Caseload 2016	Total Patients/Families Served 2017	% Change 2016 to 2017
0-17	156	250	60% increase
18-64	143	191	34% increase
65 and greater	3	0	
Unknown	4	0	
Total	306	441	44% increase

During 2017 the APIC team completed 381 home visits with participants.
The total number of cases seen, as provided by ECMC based on OPWDD eligibility in 2016 was as follows:

OPWDD Status	Total Caseload 2016	Total Caseload 2017	% Change 2016 to 2017
Eligible	211	299	42% increase
Not Eligible	65	91	40% increase
Pending	0	12	
Unknown	30	39	

The 2017 data was retrieved from PCMS and the 2016 data from the 2018 Local Service Plan.

Community Connections of New York (CCNY), a contractor for the Erie County Department of Health, conducted an analysis of the APIC program 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 that care have been building however, including workforce shortages, the cost and availability of housing, transportation and limited resources to meet the need. This past year, the providers see the challenges and unmet need increasing at a faster pace and with more force than the availability of more resources to meet those needs. 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.

Erie County 2019
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 responding to these changes. For that reason, we see the level of 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 October of 2015. CCBHCs are 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. Phase 2 of the SAMHSA initiative is demonstration projects, and in late 2016 NYS was awarded a grant to implement this next phase. Erie County is fortunate to have three CCBHC providers which are part of the two year demonstration program. These projects began in July 2017 and are scheduled to end at the end of June 2019. These demonstration projects will provide an array of services and will be reimbursed using a Prospective Payment System for Medicaid reimbursement. The scope of services that are required includes crisis mental health services, outpatient mental health and substance use services, screening, assessment and diagnosis, patient-centered treatment planning that includes risk assessment and crisis planning, physical health screening and health risk monitoring, care management, psychiatric rehabilitation services, peer support and family supports, and community based mental health care for veterans and members of the armed forces. These services will be provided by the CCBHC organization or by a designated collaborating organization. Outcomes of this demonstration are expected to influence further roll out of value based systems and payment models.

Another example is under the umbrella of the NYS Medicaid Redesign efforts. NYS has 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, whose members include behavioral health providers and community based organizations, among others. The BHCCs are currently in the formative stages, establishing the advisory board and committees, and developing the work plans for the Value Based Payment readiness areas of Organization, Data Analytics, Quality Oversight and Clinical Integration.

One key component of various system/service level reforms pertains to the Delivery System Reform Incentive Payment Program (DSRIP). DSRIP is now shifting from program focused to population level and system level activities. There will be continued support to the community around moving to a value based system and pay for performance models. As the DSRIP funds from NYS are expiring in 2020, Millennium Collaborative Care (MCC) has begun to shift its efforts to sustainability, to determine which services are most valuable to the community and the larger value based payment efforts, and how to continue this work without the support of NYS funds.

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

- Crisis Stabilization Project to provide readily accessible behavioral health crisis services that will allow access to appropriate level of services and providers, supporting a rapid de-escalation of the crisis. This project has included diversion initiatives, training for first responders, and development of a Mental Health Triage Tool, protocol, and related training.
- 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.

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. Erie County has improved since last year on 30 day readmissions from any hospital for mental health causes from 10.64% (PSYCKES 2/2/16-2/1/17, data from

2018 LSP) to 9.86% (PSYCKES as of 1/1/2018 pulled 4/17/18). 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 most of the indicators. Erie County's readmission rates are slightly above the rates for the Western Region and below Statewide readmission rates for mental health and behavioral health indicators. There seems to be less variance across mental health, behavioral health, and medical indicators in Erie County, while other counties and Statewide appear to be doing better on medical indicators than on the behavioral health and mental health indicators.

Readmissions at 30 days from any hospital are presented below (PSYCKES as of 1/1/2018 pulled 4/17/2018) in the following table.

Indicator Readmission (30d) from any Hosp:	**Erie**	**Monroe**	**Onondaga**	**Albany**	**Western Region**	**Statewide**
MH to MH	9.86%	9.62%	14.17%	15.67%	9.6%	12.35%
MH to All Cause	12.71%	12.5%	18.33%	19.18%	12.14%	16.15%
Medical to Medical	10.32%	10.64%	10.29%	12.93%	9.32%	9.6%
Medical to All Cause	10.82%	11.37%	11.27%	14.46%	9.88%	10.34%
BH to BH	10.22%	9.87%	13.04%	15.58%	9.68%	14.1%
BH to All Cause	12.85%	13.35%	16.85%	19.38%	12.46%	17.88%
All Cause to All Cause	11.33%	11.82%	12.67%	15.9%	10.49%	11.63%

While avoiding readmissions is obviously important, diverting individuals from unnecessary or avoidable emergency department visits is also essential. Thanks to New York State Office of Mental Health (NYS OMH) funding the Erie County Department of Mental Health (ECDMH) now contracts for and/or is supportive of several diversionary 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 2017 the respite served 193 individuals. For those who were able to be contacted at 90 day follow up (127 of 142, 89%), 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 (82 of 114, 72%), 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 2017 the Warm Line received 2,216 calls resulting in referrals to community services for 1,200 callers.
- 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. The Help Center provides short-term crisis support, linkage with counseling services and other community resources.

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.

Access to housing is another significant area of need. According to data in the NYS OMH Child and Adult Integrated Reporting System (CAIRS) for calendar year 2017, housing access remains a concern. Occupancy rates that are close to or exceed available capacity indicate high utilization. In 2017 occupancy exceeds 96% for all housing program types, as shown in the following table.

Program Type	**2016**	**2017**
Apartment Treatment	94%	96.6%
Congregate/Support	93.5%	140.5%
Congregate/Treatment	96.6%	96.6%
SRO Community Residence	Data not available	96.5%
Supported Housing Community Services	104.2%	96.4%

The EDCMH anticipates implementation of an additional 20 new treatment apartment beds and 19 new supported housing bed in late summer or early fall of this year, which will help with capacity.

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 101 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 March 2018 these supported housing slots are now available for the behavioral health and forensic populations and are presently being filled.

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) in order 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 2017 the program served 53 individuals. The outcomes are promising. At 6 months or more post discharge from BPC: 87% have maintained community reintegration; 80% have had no psychiatric emergency room presentations or psychiatric inpatient admissions; 80% have completed at least one employment, vocational or volunteerism goal; 100% have had at least one primary care visit; and 80% 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.

ECDMH is also presently collaborating with NYS OMH and a community provider to seek funding that will support individuals who are transitioning to the community from long-term State residential facilities or Community Residences. 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 level of care.

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 programs now have the opportunity to partner with 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 are seeing 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 rental 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 resultant 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 in the per bed allocation over the past two years. In the 2018-2019 NYS Budget there will be a $300 increase in the per bed rate. This is very welcomed and appreciated, however based on our analysis, this 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 the community placements, more attention is placed on length of stay and ultimately gaining full independence. Overall, including all of the housing resources, 56% of individuals served have lengths of stay (LOS) greater than 2 years. Individuals in Supported Housing tend to stay in this program longer than in the other programs with 61.1% having LOS greater than 2 years. In order to accommodate transitions and step downs within the continuum, there have been more focused activities around trying to help individuals in supported housing to move to independent living. The following table shows the number of beds available, LOS greater than 2 years and the median LOS by program type. (Child & Adult Integrated Reporting System, Residential Program Indicators Report provided by OMH to ECDMH.)

Program Type	**# of Beds**	**% LOS > 2 years**	**Median LOS (days)**
Apartment/Treatment	305	52.9%	795
Congregate/Support	60	50%	788
Congregate/Treatment	261	44.6%	591
SRO Community Residence	305	52.3%	968
Supported Housing Community Services	953	61.1%	1104

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 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 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. Most recently the Taskforce has drafted a Workforce Development Tool that will be used with clients expressing an interest in employment. The tool includes locally available resources to help a client to attain employment goals.

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. 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. Locally, the ECDMH, in partnership with over a dozen other organizations, founded the Erie County Anti-Stigma Coalition to stop the stigma surrounding mental health. The Erie County Anti-Stigma Coalition has created a highly interactive website and is creating a community conversation about mental illness and stigma. A broad media campaign is also underway. As of May 16, 2018, 935 people have signed up and taken the Pledge to End Stigma. ECDMH will continue to be an active member and funder of the Anti-Stigma Coalition in the coming year. The DSRIP organizations serving Erie County have also stepped up to address stigma with their JustTellOne.org campaign. This campaign went live in October 2016 and has incorporated billboards, digital ads and social media. JustTellOne.org has 24/7 chat capability and serves the eight counties of Western New York.

While stigma can limit access to care, we also know that staffing shortages and transportation are also frequently cited barriers to care. For instance, according to input from our providers, access to psychiatrics and other providers can 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. Benefits include improved access to care, provision of care locally in a timely fashion, improved continuity of care, improved treatment compliance and coordination of care. “Telepsychiatry” is the use of two-way real time-interactive audio and video equipment to provide and support clinical psychiatric care at a distance. While widespread use of telepsychiatry is just now starting to emerge, changes in NYS regulations have begun to support the implementation of telepsychiatry in OMH-licensed services.

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. The Forensic Unit sees approximately 46% of individuals who are in the custody of the Erie County Holding Center and Correctional Facility. They have been 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. In addition, 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 has been working 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.

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. The ECDMH hopes to expand this training and has applied for a SAMHSA grant to provide additional funding to enhance and expand the number of local jurisdictions that can be trained.

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 coordination of care 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. Over the course of the past 14 plus years, Erie County has expanded and maintained these services well beyond the cycle of the initial grant. Spawning from the success of High Fidelity Wraparound, a cross collaboration with Erie County Department of Social Services includes an initiative to expand HFW to include Preventive Services. This expansion will add an additional 576 slots or an overall HFW capacity of serving over 900 families. Services are targeted for the purpose of averting a disruption of a family which will, or could, result in placement of a child in foster care, 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 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).

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 Single Point of Access (SPOA) triages referrals and when appropriate refers families to Health Homes through the Medicaid Analytics Provider Portal (MAPP).

New York State System of Care (NYS SOC): Erie County is most appreciative to have been selected as one of the three Counties within NYS to serve as a pilot community for the possible expansion of High Fidelity Wraparound (HFW) within a Health Home Care Management model across the State. Erie County views this as an opportunity to not only enhance current local practice and related infrastructure, but also to help inform the State regarding the challenges and opportunities presented by the environment of behavioral health transformation to further expand HFW practice within a managed care environment.

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 2017, MST reported to ECDMH that of 95 participants, 71.9% completed the program without a negative event (new or further juvenile justice activity) and 90.6% of the youth served remained in their home/community.

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 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, conduct drug testing, recommendations for further assessment and treatment, 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
# of referrals received YTD	Not collected	706	1793
# of home visits made YTD	203	312	741
# of screenings completed TD	217	370	1005
# of children and adults with a positive screen YTD	29	233	660
# of referrals made by the clinician YTD	28	182	440
# of training sessions provided to child welfare staff YTD	1	9	10
# of follow up contacts made with families YTD	35	261	408

Homeless Services Collaborative: As a result of the effective work of the CPS collaborative, the Erie County Department of Social Services requested Endeavor Health Services to replicate a similar model within the Emergency Homeless Services Division. The goal of this program is to be able to screen and provide linkages for individuals who are in need of housing, who tend to be an underserved population. 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.

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

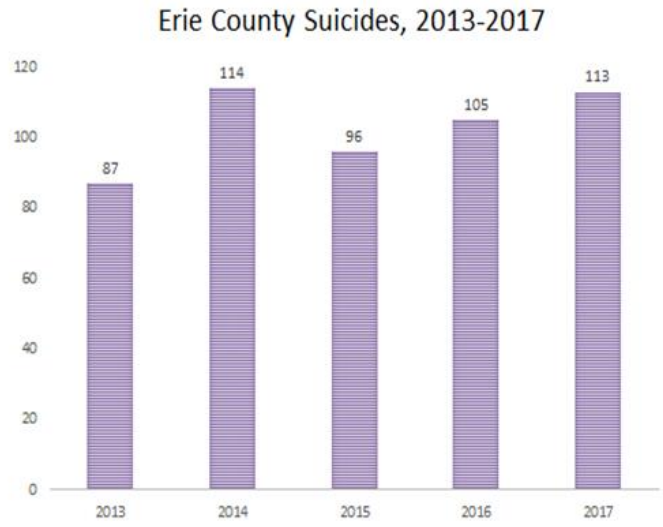
Data Collected as of Q1	2018
# of referrals received YTD	51
# of screenings completed YTD	51
# of adults who received a formal assessment YTD	51
# of referrals made by the clinician YTD	21
# of training sessions provided to Emergency Homeless Team staff YTD	0
# of follow up contacts made with families YTD	0

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 April 2018, 52 clinics have been established within 55 designated Say Yes schools.

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 39% increase in the crude suicide mortality rate per 100,000 from 2006 to 2015 and a 47% increase in the self-inflicted injury hospitalization rate per 10,000 from 2006 to 2014. The increase in the self-inflicted injury hospitalization rate per 10,000 for individuals aged 15-19 has increased 124% from 2006-2014. The increases seen in Erie County exceed those seen in NYS excluding NYC and Erie County's rates are now on par with the rest of NYS. (https://www.health.ny.gov/statistics/chac/indicators/inj.htm retrieved 5/4/18).

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
Self-inflicted injury hospitalization rate per 10,000 (Crude Rate, single year) 2006	4.3	5.9
Self-inflicted injury hospitalization rate per 10,000 (Crude Rate, single year) 2014	6.3	6.3
Self-inflicted injury hospitalization rate per 10,000 aged 15-19 years (Crude Rate, single year) 2006	4.5	10.3
Self-inflicted injury hospitalization rate per 10,000 aged 15-19 years (Crude Rate, single year) 2014	10.1	14.2

The following table shows the numbers of suicides per year in Erie County from 2013 to 2017. Table provided by the Erie County Department of Health Medical Examiner's Office.



In an effort to address suicide, New York State announced the formation of the NYS Suicide Prevention Task Force in late 2017. The Task Force will examine and evaluate current suicide prevention program services and policies, and make recommendations to increase access, awareness and support for children adolescents and adults in need of assistance. The focus will be 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 are other high risk populations that will be a focus. Locally, the Suicide Prevention Coalition of Erie County was established in 2012 and the ECDMH 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.

Efforts to better serve adults, children, youth and families has been very strong in Erie County. However, there are some initiatives that have been slow 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. However, the implementation of this program has been slow and utilization of HCBS services is very low statewide.

In February 2017, according to PSYCKES data, 57% of eligible individuals in Erie County were enrolled in a Health and Recovery Plan (HARP). At that time, Erie County was behind on this metric compared to the Western Region (65%) and New York State (67%). As of March 22, 2018, according to a presentation prepared by the NYS Office of Mental Health and presented at the Western New York Regional Planning Consortium on May 9, 2018, Erie County's HARP eligible population increased to 8,144 and 4,960 were HARP enrolled, which means that 61% of HARP eligible were HARP enrolled. Erie County now is slightly ahead of the region with Western New York having 59% of HARP eligible HARP enrolled and still behind the Statewide figures of 70% HARP eligible HARP enrolled.

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, of individuals HARP enrolled, 2,265 (46%) were enrolled in a Health Home. This is consistent with other counties in the Western Region (44%) and higher than the statewide health home enrollment of these individuals which was 33% as of March 22, 2018. Forty-six percent of HARP and Health Home enrolled individuals in Erie County had an HCBS Assessment completed, slightly lower than the Western Region (49%) and the same as statewide (46%) figures. Ninety four percent (985) of individuals who had completed the HCBS assessment in Erie County were found to be eligible for HCBS services. These figures are promising, but the real challenge is in the actual utilization of HCBS services. This is not just a local challenge, but is seen regionally and statewide. Only 10% of HCBS eligible individuals have received HCBS services, but this number is starting to improve. It should be noted that there was a 216% increase in the number of HCBS claims submitted from October-December 2017, which is encouraging for growth in access to HCBS services. A portion of the HARP/Health Home/HCBS data is displayed below.

	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	8,144	4,960	61%	2,265	46%	1,050	46%	985	94%	98	10%
Western Region	13,800	8,159	59%	3,573	44%	1,758	49%	1,657	94%	213	13%
Statewide	153,815	106,975	70%	35,474	33%	16,387	46%	14,763	90%	1,714	12%

Link to the full meeting documents including the HARP/HH/HCBS presentation available at http://www.clmhd.org/img/uploads/5.9.18%20Presentation.pdf

Another area of concern is related to Erie County Assisted Outpatient Treatment services. Despite additional care coordination services and supports meant largely to serve those individuals with the

highest risk and highest need, the number of individuals who are under a court order for Assisted Outpatient Treatment (AOT) in Erie County has increased significantly over the past five years. We have gone from 36 cases in 2012 to 211 as of the end of 2017. This is a 486% increase in AOT cases. Similarly, the percentage of orders that are renewed has increased from 30% to 67% over this same period. The rate of increase continues to grow, year to year. 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.

We are also seeing increases in the number of AOT-Diversion agreements. As of September 30, 2017 there were 21 clients receiving services via AOT-Diversions and this is a 50% increase from 2014. 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 order to respond to the increased caseload, Erie County has developed data systems to assist with their work, but going from a caseload of 36 to over 200, with the same staffing levels and increased responsibilities to coordinate the various aspects of the process, the County requested funding from OMH to support an additional position for this unit and create more reasonable caseloads. ECDMH is also exploring ways to decrease the need for AOT, means to better assess risk, and put services in place to divert the need for court orders.

A service that is available to individuals on AOT who have Medicaid and qualify is Health Home Plus, which provides intensive case management with significantly smaller caseloads than regular Health Homes. Health Home Plus is now 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. 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. The level of service to be provided will greatly benefit individuals who are transitioning into a more independent living situation and could use a high level of wrap around services.

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, for two consecutive years 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 has allocated a total of over $550,000 to support agencies in their behavioral health reform capacity building efforts.

In an effort to look more globally at the data needs of our partner agencies, Erie County has established the PSYCKES Collaborative to help facilitate system wide benchmarking and quality improvement efforts using PSYCKES data. This data driven, Rapid Cycle Improvement (RCI) approach focuses on reducing unnecessary client utilization of acute services, improving outcomes and performance indicators, identifying challenges and barriers, and creates a learning collaborative where agencies can share lessons learned and best practices.

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. 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. Housing was the most commonly identified unmet need. Workforce issues, the challenge of recruiting and retaining staff, Prevention, and Reducing Stigma were also frequently reported. There were also several unmet needs reported related to Coordination of Services and co-occurring conditions.

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. As part of the Regional Planning Consortium (RPC) this has expanded to include a network of regional stakeholders. Defining and designing a system of care that meets the diverse needs of the County's mental health population continues to be a priority. Initiatives such as CCBHC's, Delivery System Reform Incentive Payment Program (DSRIP's), HARP and HCBS, RPC, and Children's Health Homes lend encouragement for the future health of our residents. We are encouraged by the number and scope of these statewide initiatives. 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.

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.

2019 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 101 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 March 2018 these supported housing slots are now available for the behavioral health and forensic populations and are presently being filled.

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.

Access to housing is another significant area of need. According to data in the NYS OMH Child and Adult Integrated Reporting System (CAIRS) for calendar year 2017, housing access remains a concern. Occupancy rates that are close to or exceed available capacity indicate high utilization. In 2017 occupancy exceeds 96% for all housing program types, as shown in the following table.

Program Type	2016	2017
Apartment Treatment	94%	96.6%
Congregate/Support	93.5%	140.5%
Congregate/Treatment	96.6%	96.6%
SRO Community Residence	Data not available	96.5%
Supported Housing Community Services	104.2%	96.4%

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. These beds are also routinely filled to 90-95% of capacity.

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 the community placements, more attention is placed on length of stay and ultimately gaining full independence. Overall, including all of the housing resources, 56% of individuals served have lengths of stay (LOS) greater than 2 years. Lengths of stay in Single Room Occupancy (SRO) housing often exceed three years. Similarly, Individuals in Supported Housing tend to stay in this program longer than in the other programs with 61.1% having LOS greater than 2 years. Long tenure, while promoting stability, has an adverse impact on providing access to appropriate levels of housing for other high need individuals. The decrease in State residential care has made this an increasingly acute situation.

In order to accommodate transitions and step downs within the continuum, there have been more focused activities around trying to help individuals in supported housing to successfully transition to independent living. The following table shows the number of beds available, LOS greater than 2 years and the median LOS by program type for calendar year 2017 for persons in residence at close of timeframe (12/31/17). (Child & Adult Integrated Reporting System, Residential Program Indicators Report provided by OMH to ECDMH.)

Program Type	# of Beds	% LOS > 2 years Persons in residence	Median LOS (days) Persons in residence
Apartment/Treatment	305	52.9%	795
Congregate/Support	60	50%	788
Congregate/Treatment	261	44.6%	591
SRO Community Residence	305	52.3%	968
Supported Housing Community Services	953	61.1%	1104

In addition to added capacity, it is the ECDMH's view that 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 CTI 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. Recent program data from 2017 indicated that 82% of individuals successfully completed the program and were living in a community setting of their choice. 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). Currently in Erie County, as reported by OPWDD Regional Office, there are 2,302 enrollments in Certified Residential Settings and 2,800 enrollments in Independent Supports and Services. There were 209 individuals on the Certified Residential Opportunities List who were "Actively Seeking Placement" as of 12/31/17.

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 are expected to come 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.

Workforce issues are likely to slow the implementation of these new services. Also, in Erie County we are seeing rising rents and increasing costs for housing. Buffalo is experiencing a revival including the renovation of many older buildings 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 rental and housing cost increases. Housing stock is also moving quickly. In addition, with changes to the federal tax code and new methodology for claiming deductions for charitable donations, sellers may be less likely to donate part of the sale price to a provider who would be buying a property to be used as a Certified Residential Setting.

Historically, priority for residential placement into certified housing was tracked using the Residential Request List. In 2015 the Residential Request List was replaced with the Certified Residential Opportunities (CRO) list. The difference, at its core, is that the CRO list only includes individuals who have a more pressing need for housing. Previously, the Residential Request List included individuals with no pressing need who may someday need a residential placement, but not in the foreseeable future. The CRO provides a more accurate and time sensitive listing of individuals who need residential services. Individuals on the CRO list are assessed for level of need (Emergency, Substantial or Current) which indicates the priority for placement. Because of the change in how this information is now being tracked and who is included on the CRO list, it is impossible to document any trends on the residential waiting lists from prior to implementation of this new system.

It should also be noted that there has been a philosophical shift within OPWDD. While once certified residential services were viewed as a permanent placement, OPWDD is now encouraging the recipients of these services to consider other housing opportunities including Independent Support Services. 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 a monthly meeting 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) The ECDMH SPOA will monitor housing agencies current length of stays, access and alternative housing options.
   e) 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.

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.

2019 Local Services Plan
Erie County

Transportation

Background Information

During the planning process for the 2019 County plan, agencies and consumers consistently communicated that transportation for the recipients of services from the various NYS Offices is a high level unmet need. Travel to medical and treatment appointments, education/training, employment and other daily activities is a huge problem for this population. Consumers have concerns over timeliness and geographic coverage of transportation services. The Erie County Department of Mental Health (ECDMH) has limited influence on this system; however these services greatly impact consumers, their treatment, and providers of services. Not only has transportation been identified during this planning cycle, but it has consistently been cited as a significant barrier to accessing services for many years. For this reason we are listing this as a high level unmet need for the population of Erie County.

Medicaid transportation is a required federally funded program as part of the Medicaid State Plan. Erie County, as all the counties of New York State, have a single oversight agency for Non-Emergency Medicaid Transportation, Medical Answering Services (MAS), LLC. MAS is contracted and reimbursed by New York State. MAS operates 24/7 and coordinates transportation to necessary medical care and services in partnership with local transportation providers. Transportation can be requested by phone, online, or by fax. The appropriate level or mode of transportation will be authorized and these modes include private vehicle, bus, taxi, ambulette, ambulance, train, and air travel. MAS has been providing this service in Erie County since 2014. Medicaid transportation is limited to necessary medical care and services.

Medicaid transportation does cover trips to most medical and/or treatment appointments, but there are restrictions on its use. These restrictions include, but are not limited to, allowable pick up and drop off location (respites are not an allowable pick up location), if individual is living in certain types of residences they are not eligible to receive Medicaid transportation as the residence is responsible for providing non-ambulance transportation, and not all treatment appointments are eligible for Medicaid transportation such as visits with peers.

Individuals served by OMH, OASAS, and OPWDD services require transportation to other activities as well such as education, employment, court and court-mandated appointments, etc. Sometimes individuals can receive bus tokens or transportation assistance from other sources for these activities, but this is not a given. Even when tokens are provided public transportation is not always readily accessible, nor, given an individual's symptomatology, is it always feasible for some to take public transportation. Transportation remains a significant barrier.

Barriers to Transportation:

Affordability: The cost of owning and operating an automobile and the cost of using public transit, can be prohibitive to people living on fixed incomes.

Public transit and Paratransit, although more affordable than owning an automobile, are not necessarily within the financial means of people with disabilities. The Niagara Frontier Transportation Authority (NFTA) is the public transportation provider in Erie County. In addition, the routes available are limited, both geographically and during evenings and weekends. Routes are often indirect creating lengthy commutes to and from appointments. This is more of a problem for individuals living outside the City of Buffalo, but true for many city residents as well. Eligibility for Paratransit services is strictly limited based on disability and is provided only within ¾ mile of an NFTA-Metro bus route or rail station during the same hours and same days as the NFTA-Metro fixed bus service.

Transportation challenges are even greater in rural areas. Access to public transportation is scarce if available at all and private transportation providers often charge higher fares to cover their costs, making it even more difficult for some to afford this service.

In November 2016, a Transportation Summit brought together one hundred fifty people to discuss the barriers and inherent lack of transportation available to individuals with disabilities, and others requiring transportation assistance (i.e., seniors) in the Finger Lakes and WNY Region. The assembled group included human services agencies, State officials, business leaders, caretakers, logistics and transportation experts, seniors, medical providers and individuals with disabilities. The intent was to create awareness of transportation problems; identify shortcomings in current solutions, opportunities for improvement, and potential funding sources; and develop a plan for continued action in addressing the identified problems. Their findings are detailed in a White Paper entitled, "Overcoming Transportation Challenges: Accessing the Finger Lakes and Western New York Region of New York State." http://www.nytransition.org/spotlights/overcoming-transportation-challenges-accessing-the-finger-lakes-and-western-new-york-region-of-new-york-state/

A possible solution was the introduction of UBER and LYFT, which are now available in Erie County. These ride sharing services are available, but primarily at the user's expense, and for individuals with limited resources, this may be a barrier. Local collaborative efforts have begun discussions to explore this as viable option.

Evidence of the impact of Ride Sharing on individuals' ability to keep appointments is mixed. In one study, found in a February 5, 2018 article in Penn Medicine News and published in the JAMA Internal Medicine entitled Ridesharing May Not Reduce Number of Missed Medical Appointments, they reported that offering a free Lyft ride didn't improve missed appointment rates. The article stated,

> "*... that offering a free Lyft ride to Medicaid patients for an upcoming medical appointment did not reduce the rate of missed appointments.*

> *The study, which included nearly 800 West Philadelphians who were patients with Medicaid at one of two Penn Medicine primary care practices, found that the missed appointment rate for those offered a free Lyft ride and those not offered a ride was virtually the same: 36.5 percent vs. 36.7 percent."*

Some studies have suggested that it may be advisable to target population with specific transportation needs. There is some initial anecdotal evidence locally that Ride Sharing has improved the percentage of appointments made. Further exploration and study appears warranted.

Other strategies have been implemented in Erie County to provide transportation including, but not limited to, peer transportation services and ride sharing. Some healthcare facilities and community organizations offer transportation, primarily for their program/agency services. The use of mobile services, telehealth, services provision at community locations, and staff that see participants in their homes are other strategies used in Erie County to overcome transportation barriers.

There are some collaborative efforts underway in Erie County with the purpose of improving transportation for the populations served by ECDMH. One example is the Transportation Committee of the Developmental Disability Alliance of Western New York. The Committee meets every other month and the goals for the coming year include exploring the idea of creating a website that focuses on transportation needs and available services; LYFT as a possible solution, and convening a transportation summit that will bring together vendors, advocates, caregivers, and users of the transportation services.

Many participants in the development of the local services plan and who identified transportation as a high level unmet need expressed that the increase in this need is largely an unintended consequence of the transition of individuals from higher levels of care to the community. Their previous attempts to engage the public transportation provider made little if any headway as the provider expressed that they cannot expand their capacity at this time because of fiscal constraints.

This has been a long standing barrier to care and the need increases as more individuals transition to the community. Erie County Department of Mental Health plans to assess the current initiatives and will look to facilitate collaboration among these efforts and provide support where possible.

Transportation Goal Statement:
Assess community's efforts around transportation, engage transportation providers in the conversation, and create plan for future action.

Objectives:

1) Consult with leaders of existing efforts focused on transportation and assess the following:
    a. Review purpose and focus of each effort
    b. Identify crossover among efforts
    c. Engage MAS, NFTA, and other providers as possible
    d. Assess willingness to collaborate with other efforts

2) If there is willingness to collaborate among efforts, convene workgroup with willing participants to identify opportunities for collaboration, share progress and activities, identify specific barriers and challenges to be addressed, and develop an action plan for coming year.

3) Review of current UBER and LYFT pilot programs to determine:
    a) Their effectiveness, challenges, and progress towards goals.
    b) Contact and consult with hospitals and other agencies currently using this service to determine their satisfaction.

2019 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 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.

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, the outlook for the future continues to paint a challenging picture with respect to compensation for direct care staff.

The 2018 New York State budget included funding to agencies to cover wage increases for OMH, OASAS and OPWDD funded agencies as follows:

January 2018 3.25% wage increase for OMH, OASAS, and OPWDD Direct Care Staff.

April 2018 3.25% wage increase for direct care and clinical care workers

While this is welcomed and appreciated, it will likely have a minimal, if any, 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.

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 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.

As indicated in the responses, 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 ways to improve retention including supporting LMSW applications to loan forgiveness programs, staff training, and advocacy for wage increases.

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.

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, there are two additional collaborative efforts underway in Erie County to address the workforce crisis. These include a Workforce Development Team under the Treatment Provider Workgroup of the Erie County Opiate Task Force and the Hiring in the Human Services Committee, which was established by members of the Erie County Community Services Board. The Workforce Development Team under the Treatment Provider Workgroup is newly established and will be working to identify strategies to attract and retain staff, look at options for improving benefits packages and wages, and other incentives to recruit and retain staff. The Hiring in the Human Services Committee is focusing on raising awareness around the personal and professional benefits of working in the human services sector to generate a diverse workforce of bright, passionate employees with clear career pathways. The Hiring in the Human Services Committee has partnered with local colleges and universities with the goal of increasing the pool of candidates to work in the human services sector.

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) If there is willingness and it makes sense for collaboration among the efforts, convene meetings with willing participants to identify opportunities for collaboration, share progress and activities, identify specific barriers and challenges to be addressed, and develop an action plan for the coming year.

3) The ECDMH will provide support to each of these individual efforts as well as the collective efforts to the degree possible.

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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).
- At a consumer forum at Western New York Independent Living in March 2017 the participants reviewed the questions from the previously cited 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.

The Erie County Department of Mental Health (ECDMH) is a founding member of 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 visitors to the web site to 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 May 16, 2018, 935 people have signed up and taken the Pledge to End Stigma in Erie County.

ECDMH is an active member of the Anti-Stigma Coalition as well as a funder of this initiative. ECDMH leadership plans to continue their involvement on the Coalition and funding to this work. The Coalition is just finishing their first year and is planning for their second year. While the goals and objectives have not been finalized yet, preliminary goals include increasing the number of member organizations and expanding the communications strategies to increase the digital/social media campaign and engaging community organization participation in distributing information.

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, and members of victims' families. Because of the tremendous response of the County leadership, treatment providers, community organizations, and loved ones 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, understanding the disease of addiction, and hope.

Stigma also affects individuals with developmental and intellectual disabilities. While not being included in the local service plan options, the ECDMH will offer support to the Erie County Office of the Disabled in their work to address stigma towards individuals with developmental and intellectual disabilities. The Erie County Office of the Disabled 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.

Objectives:
Anti-stigma OBJECTIVE: (OMH)

1. The Erie County Anti-Stigma Coalition will engage additional organizations as members of the Coalition.

2. The Erie County Anti-Stigma Coalition will expand its communication strategies related to digital or electronic communication as well as partnering with organizations to distribute the messaging materials and raise awareness.

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.

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OASAS System of Care
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.

According to information provided by the Erie County Medical Examiner's Office, *Closed Cases Reported Through 5/3/18, there is some indication that the trend may be slowing or shifting downward.

Year	2012	2013	2014	2015	2016	2017
Number of Opioid Related Deaths	103	101	127	256	301	246 (with 14 cases pending)

If all of the pending cases are included as attributed to opioid deaths, this still represents an 13.6% decrease from 2016, which the County is looking at with guarded optimism.

Hospitalizations for all Opiate overdoses totaled 203 in 2015 (from 2018 Local Services Plan (LSP)), 191 in 2016 and 100 for the first 6 months of 2017. These numbers seem to be relatively consistent over time. There were 898 Outpatient Emergency Department visits for opioid overdoses in 2015 (from 2018 LSP), 1,105 in 2016 and 504 from January through June of 2017. These numbers increased in 2016, but if 2017 data annualizes there would be a 8.7% decrease from 2016-2017. The crude rates for the outpatient emergency department visits and hospitalizations are above NYS excluding NYC rates. https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2017.pdf, Pg. 34-35.

In the last couple of 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 implementation of 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.

In the coming year we will see the implementation of an Open Access Center. This regional resource provides an opportunity to integrate all aspects of treatment and services, maximizing utilization and immediacy of access of available services while also providing an additional level of coordination. The Erie

County Department of Mental Health (ECDMH) will also be implementing services to provide supports for community housing to assist in the successful transition to community living for individuals recovering from Substance Related Disorder. The model will utilize 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 ECDMH has released a Request for Proposals to fund this initiative, awards are expected to be made in June 2018 with a services start date by August 2018.

Due to the Opiate Epidemic, NYS OASAS has responded to the need for additional substance abuse residential beds. OASAS has funded an expansion of residential services by 25 beds to a provider in Niagara County, which also serves Erie County residents. 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.

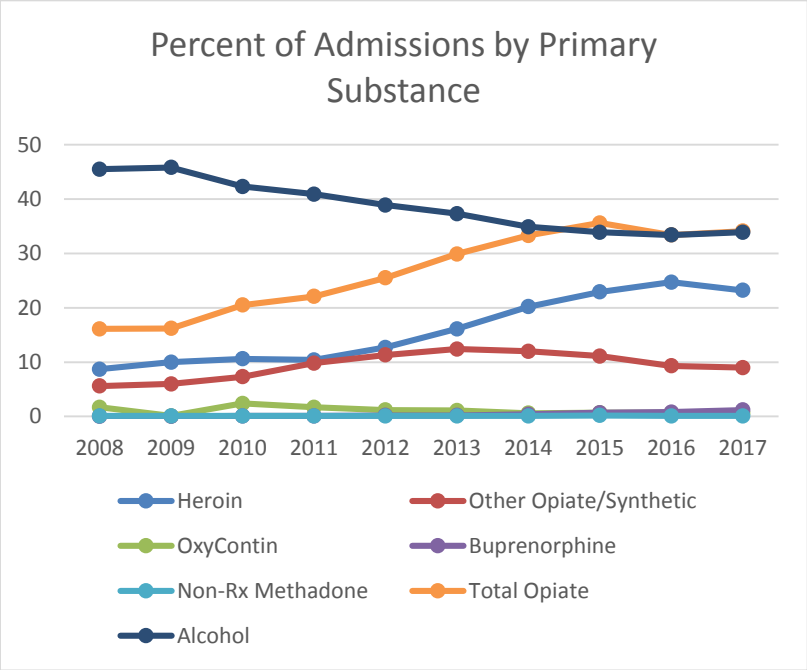
Despite these additional resources and responsive practice changes, a review of the Substance Abuse data from OASAS for Erie County Residents details the significance of the current substance abuse issues in Erie County. This data details the percent of admissions to OASAS licensed facilities in Erie County by primary substance. From 2008 to 2017 the percentage of admissions for Heroin in OASAS facilities has almost tripled in Erie County, from 8.7% to 23.2%. Synthetic Opiate admissions have almost doubled from 5.6% in 2008 to 9.0% in 2017. This increase details the shift in addictive substance use. During this period 2008-2017, Opiate program admissions have gone up from 16.1% to 34.1%. However, during this period, Alcohol admissions have declined from 45.5% to 33.9% of total admissions to treatment. Data from (NYS OASAS Applications Inquiry Report). Table below.

Percent of Admissions by Primary Substance represented Opiate of Erie County Residents of those active as of December 31st of each respective year (includes individuals admitted multiple times). Alcohol admits displayed for comparison purposes.

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017*
Heroin	8.7	10	10.6	10.4	12.7	16.1	20.2	22.9	24.7	23.2
Other Opiate/ Synthetic	5.6	6	7.3	9.8	11.3	12.4	12	11.1	9.3	9.0
OxyContin	1.7	0.1	2.4	1.7	1.2	1.1	0.6	0.7	0.7	0.6
Buprenorphine	0	0	0.1	0.1	0.2	0.2	0.4	0.7	0.8	1.2
Non-Rx Methadone	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
Total Opiate	**16.1**	**16.2**	**20.5**	**22.1**	**25.5**	**29.9**	**33.3**	**35.6**	**33.4**	**34.1**
Alcohol	45.5	45.8	42.3	40.9	38.9	37.3	34.9	33.9	33.4	33.9

*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.

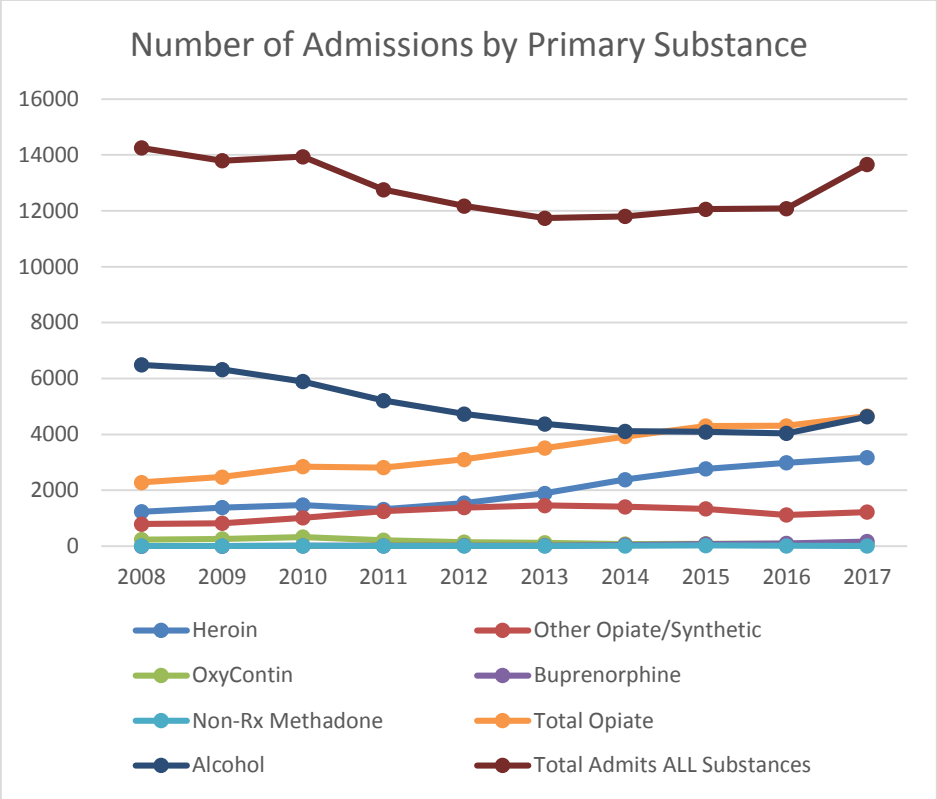
The following graph is a representation of the preceding data set. The Y axis represents the percentage of all admissions. The X axis is year of admission to the program.



The next set of measures highlights the **number** of admissions to OASAS outpatient programs during this period 2008-2017 for Erie County residents 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). Alcohol admits are displayed for comparison purposes (NYS OASAS Applications inquiry report). From 2008 until 2017 there was an increase of 157% from 1233 (2008) admissions to 3169 admissions (2017) for Heroin. 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***
Heroin	1233	1381	1474	1323	1546	1895	2383	2767	2986	3169
Other Opiate/ Synthetic	795	822	1017	1250	1381	1460	1412	1339	1121	1226
OxyContin	241	261	332	218	148	124	76	88	88	87
Buprenorphine	3	5	13	15	19	22	42	79	101	169
Non-Rx Methadone	8	9	13	11	10	10	13	28	13	8
Total Opiate	2280	2478	2849	2817	3104	3511	3926	4301	4309	4659
Alcohol	6490	6322	5897	5214	4731	4378	4115	4093	4040	4636
Total Admits ALL Substances thru 12/31	**14254**	**13794**	**13935**	**12759**	**12175**	**11738**	**11804**	**12060**	**12084**	**13664**

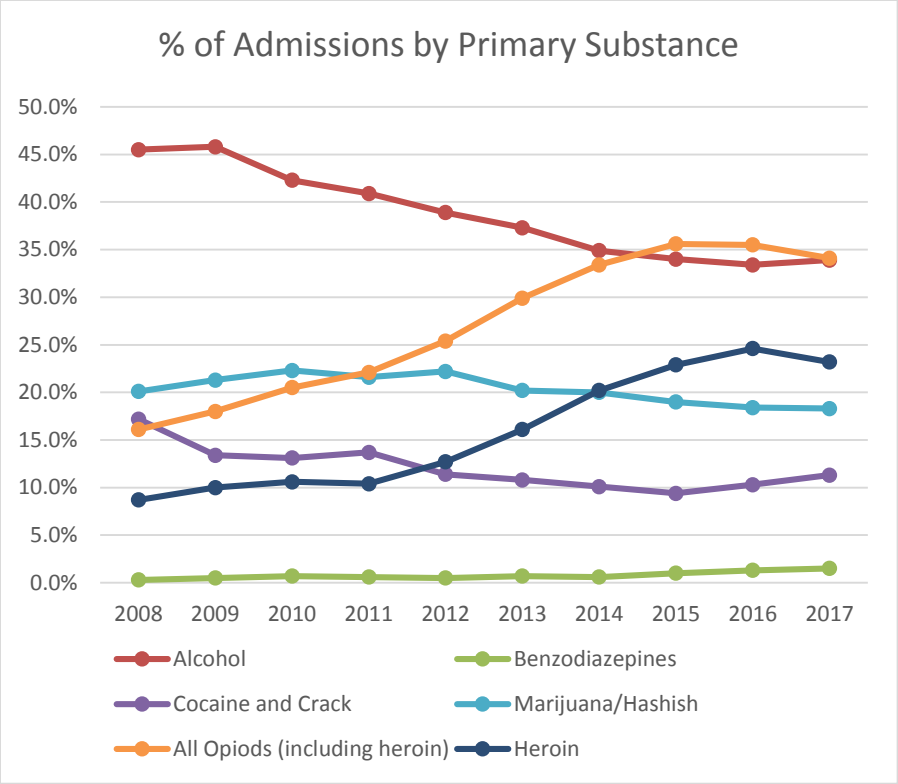
*2017 data includes some inconsistencies caused by merging of agencies and clients being entered into new programs. This affects approximately 5% of the total data set for 2017.



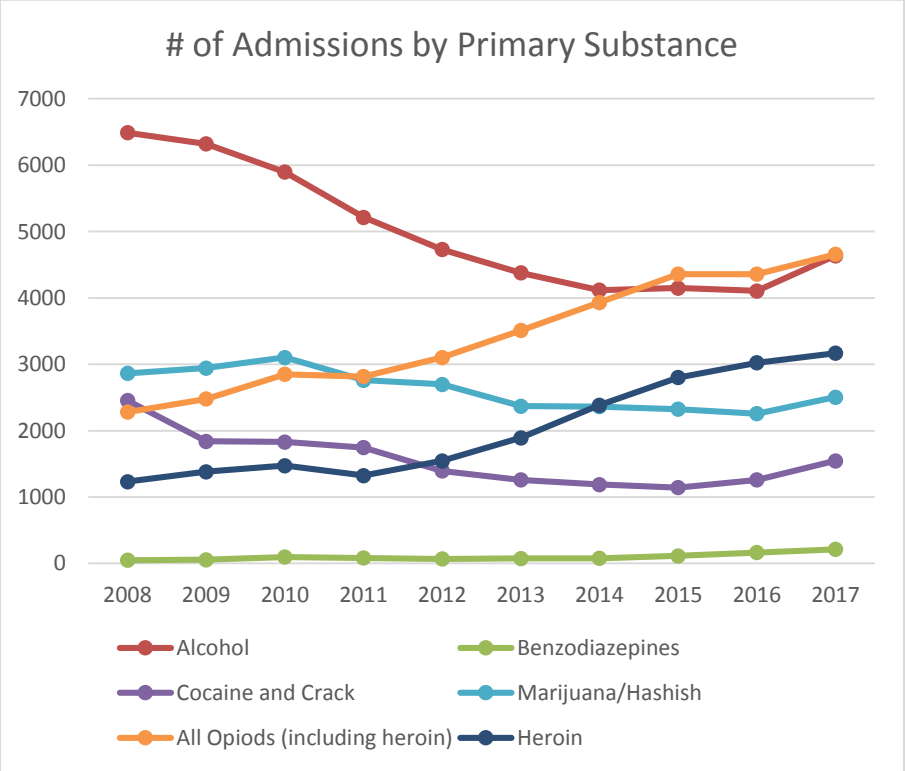
*2017 data includes some inconsistencies caused by merging of agencies and clients being entered into new programs. This affects approximately 5% of the total data set for 2017.

Opioid Treatment Programs (OTP) to provide Methadone capacity has also steadily increased. The average daily census of OTP in Erie County increased from 1259 in January 2016 to 1571 in January 2017 and 1822 in January 2018. This represents a 45% increase since 2016 and a 16% increase from 2017 to 2018. In addition to the expected organic capacity increases at existing locations, there are an additional 199 new slots slated to come 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. Erie County Methadone providers have really stepped up, increasing their capacity and have worked very hard to increase capacity further to better meet the community need.

As part of our ongoing planning efforts, the ECDMH and community partners are also interested in looking at data around other substances of abuse in order to identify trends and emerging issues to more proactively respond to shifts in substance use. In order to begin that process, the ECDMH has expanded their attention to include other substances. The following graphs show the Percent of Admissions by Primary Substance including all of the major substance categories and the Number of Admissions by Primary Substance including all of the major substance categories (Data from NYS OASAS Applications Inquiry Report).

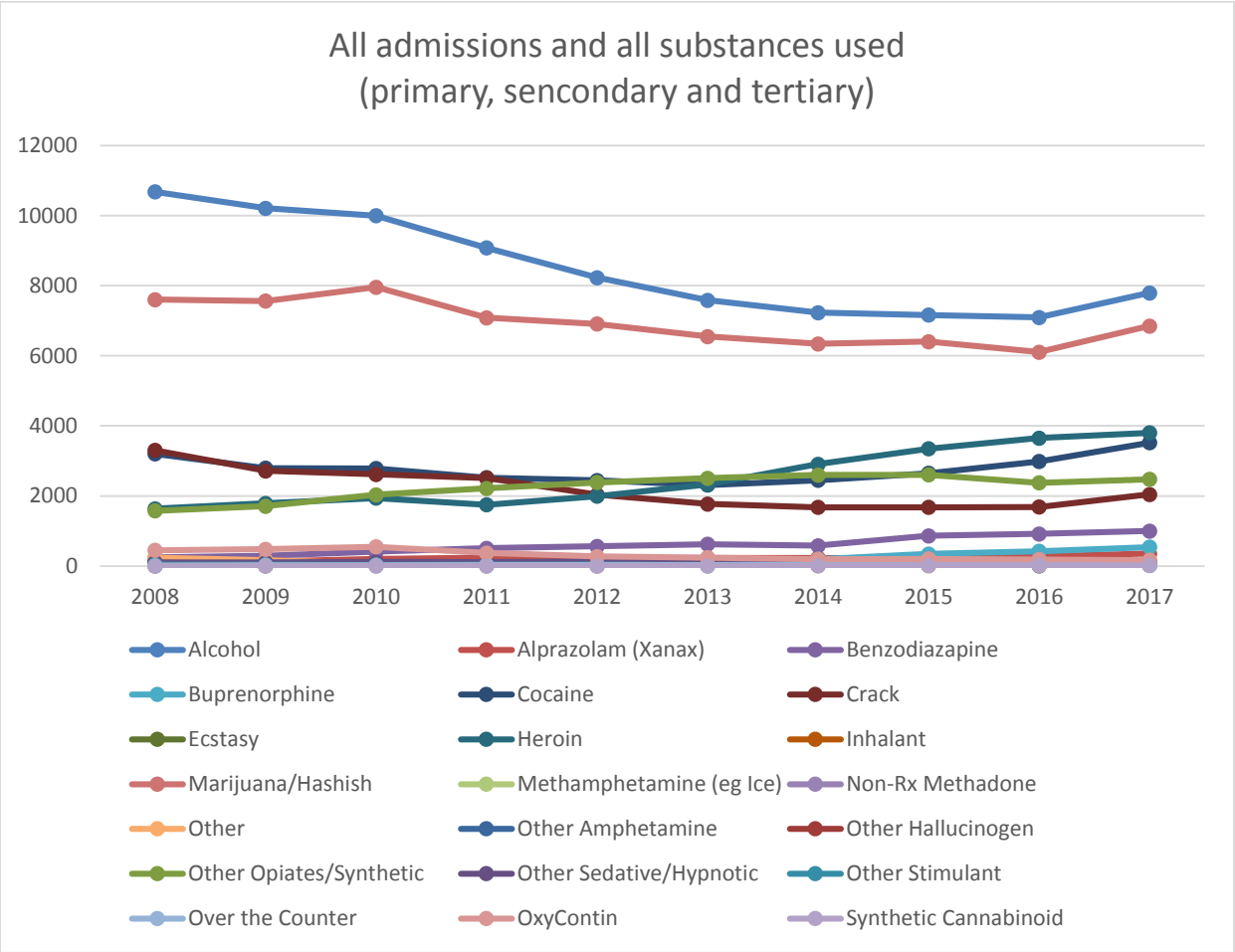


*2017 data includes some inconsistencies caused by merging of agencies and clients being entered into new programs. This affects approximately 5% of the total data set for 2017.



*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.



*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.

OASAS System of Care Goal Statement:
To increase residents participation in treatment, treatment options and to reduce deaths due to Opiates and other substances.

Objectives:

1) Support implementation of the Open Access Center to 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 treatment and support as well as their families and loved ones. This objective includes, but is not limited to, utilization of the Youth Clubhouse, Addiction Hotline, Family Navigators, Peer Engagement Specialists, State Targeted Response, Mobile Addiction Services, and local treatment providers.
2) ECDMH will implement Critical Time Intervention Transitional Program that will incorporate the chronic care model to assist residents moving from acute levels of care to the community.
    a) Through an RFP process, select a contractor to implement the CTI Transition Program.
    b) Provide oversight and monitor progress towards outcomes.
3) Continue to research new funding opportunities and where appropriate apply for additional funding to fund needed services.
4) 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 and baseline these participants.
    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
5) Through the Opioid Task Force and other avenues 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.
6) Support implementation of Opioid Treatment Programs (OTP) in the Northern/ Southern suburban areas with the anticipated opening in 2018 for 199 additional Methadone slots.

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

Background Information

October 2018 is the implementation for Raise the Age for 16 year olds across New York State. Full implementation will occur in October 2019 and will include 17 year olds. Erie County Department of Mental Health is collaborating with the Erie County Departments of Probation and Social Services as well as Office of Court Administration to prepare for this implementation. Present projections from Caseload Explorer are identifying a potential increase of about 600 sixteen olds year olds and 700 seventeen year olds. The Juvenile system partnership is 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. State fiscal support to meet these needs has not been allocated to the Counties. Erie County Mental Health Department is a contractor for Juvenile Justices community services. The Department Of Mental Health in partnership with Probation and Social Services/Youth Services are exploring community-based service needs, gaps and possible opportunities to redesign existing services to meet the unique needs of the older age group.

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 work 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 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) If needed, and where feasible, Department of Mental health will RFP for additional services identified to best address risk/needs of the older juvenile population.

4) 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.

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Goals Based on State Initiatives

The following State Initiatives are addressed in this document:

Medicaid Redesign
Delivery System Reform Incentive Payment (DSRIP) Program
Regional Planning Consortiums (RPCs)

Medicaid Redesign Teams (MRT)

Background Information

The Erie County Department of Mental Health (ECDMH) believes that the goals of Medicaid Redesign are critical to enhancing behavioral health services in Erie County and New York State. In 2013 NYS entered into a fundamental restructuring of the Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure for behavioral health. The Medicaid Redesign Team recommended risk-bearing, full-benefit Special Needs Plans (Health and Recovery Plans - HARPs) and Behavioral Health Organizations (BHOs). Use of the reinvestment savings are targeted to improve services for residents with behavioral health needs. The co-location of behavioral health and primary care services and effective alternatives to hospital and intuitional care in favor of community based care are among the many MRT initiatives. More recently, Regional Planning Consortiums (RPC) have convened and active efforts to initiate Value Based Payments (VBP) have begun.

Medicaid Redesign Team Goal Statement:
To collaborate with Erie County behavioral health agencies, Delivery System Reform Incentive Payment (DSRIP) Program, Managed Care Organizations (MCOs), and other stakeholders to positively impact upon statewide and local goals as well as to prepare for the clinical and financial changes to their Medicaid reimbursement that MRT proposes. ECDMH continues to support the use of Medicaid Adjudicated Claims data (Salient/PSYCKES) in program development and service delivery both within our county office and amongst community stakeholders.

Medicaid Redesign Team Objectives:

1) The ECDMH will implement services and support programs that are designed to meet the goals of Medicaid Redesign.

2) The ECDMH will review allocations, and where feasible provide targeted funding, to support and facilitate provider readiness and capacity building efforts which align with behavioral health reform.

3) ECDMH will utilize Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) data, in partnership with a community stakeholder, to collate, disseminate and review data against key state performance metrics performance in key OMH and OASAS services in Erie County.
    a) Data will be regularly disseminated to applicable agencies at the regional, county and provider level.
    b) Community Stakeholder meetings will be convened to review data for trends, quality improvement efforts, and possible service gaps/barriers.
    c) The Mental Health providers will be encouraged to compare PSYCKES, Healthcare Effectiveness Data and Information Set (HEDIS) and Quality Assurance Reporting Requirements (QARR) data to contrast their own agency against regional and state wide provider outcomes.
    d) Agencies will be encouraged to utilize this data to focus on their quality assurance efforts, QI Collaborative and for quality improvement measures to prepare for Value Based Payments.

4) ECDMH will continue to assess the alignment of program outcomes with the goals of MRT. Data will be transparent and allow agencies to benchmark their performance with peers. In many instances, agencies will be able to compare and contrast their data against local providers and regional and statewide benchmarks. Allowing them to focus their resources, assist with quality improvement and assist in informing negotiations with potential payers including preparation for Value Based Payments (VBP).
    a) ECDMH will review the data individually with each agency to identify areas of strengths and opportunities to assist in their Quality Improvement Plan.
    b) Where desired and not already available, the ECDMH will work to facilitate related technical assistance and trainings.

Delivery System Reform Incentive Program (DSRIP)

Background

Delivery System Reform Incentive Program (DSRIP) is a critical component by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP´s purpose is to fundamentally restructure the health care delivery system by reinvesting savings in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.

DSRIP is now shifting from program focused to population level and system level activities. There will be continued support to the community around moving to a value based system and pay for performance models. As the DSRIP funds from NYS are expiring in 2020, Millennium Collaborative Care (MCC) has also shifted its efforts to sustainability, to determine which services are most valuable to the community and the larger value based payment efforts and how to continue this work without the support of NYS funds.

In the past year MCC's work has focused on:

1) Crisis Stabilization Project to provide readily accessible behavioral health crisis services that will allow access to appropriate level of services and providers, supporting a rapid de-escalation of the crisis. This project has included diversion initiatives, training for first responders, and development of a Mental Health Triage Tool, protocol, and related training.
2) 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.
3) Support for emergency department and inpatient diversion projects including the Help Center and the Peer Crisis Diversion Program.
4) 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.

DSRIP Goal Statement:
ECDMH will collaborate to coordinate services with DSRIP's, local and regional behavioral health agencies, and other stakeholders to improve hospital diversion, behavioral health clinical interventions, medical outcomes, and to increase the community tenure of individuals.

DSRIP Objectives:

1. The ECDMH will implement services and support programs that are designed to meet the goals of Medicaid Redesign.

2. ECDMH will utilize Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) data, in partnership with a community stakeholder, to collate, disseminate and review data against key state performance metrics in OMH and OASAS services in Erie County.
    a) Data will be regularly disseminated to applicable agencies at the regional, county and provider level.
    b) Community Stakeholder meetings will be convened to review data for trends, quality improvement efforts, and possible service gaps/barriers.
    c) The Mental Health providers will be encouraged to compare PSYCKES, Healthcare Effectiveness Data and Information Set (HEDIS) and Quality Assurance Reporting Requirements (QARR) data to contrast their own agency against regional and state wide provider outcomes.
    d) Agencies will be encouraged to utilize this data to focus on their quality assurance efforts, QI Collaborative and for quality improvement measures to prepare for Value Based Payments.

3. Regular participation in DSRIP meetings to better coordinate county wide Behavioral Health and Medical care.
    a) Using the DSRIP forum to work with Managed Care Organizations to collaborate more fully in this process.
    b) Facilitate and encourage mutual data sharing, where allowable, to support goals of DSRIP and the County.

Regional Planning Consortiums (RPCs)

Background

What follows was communicated to the ECDMH by the Western Region RPC Director. The Western Region Planning Consortium along with the other RPCs are presently undertaking a strategic planning process, and are taking a new approach as to how we bring topics to the state's attention. Presently, the Western Region RPC has several active workgroups. These include:

- The Health Home/HCBS work group is working on identifying barriers to getting someone enrolled and receiving services and identifying associated best practices, education/training needed, and recommendations on how to alleviate these barriers. This is complementing a statewide group that is also looking at the different region's issues.
- There is also a workgroup identifying the issues related to OASAS 820 residential redesign. They have worked with Erie County DSS to develop a pilot project to enroll individuals in Medicaid and financial assistance through the use of Skype. If successful it is anticipated that this could be expanded throughout the region (as appropriate). In addition, Erie County DSS is also developing a work group of all 820 providers to meet quarterly to discuss common issues.
- A workgroup to look at work force issues has also been developed. It is anticipated that a baseline survey will be commissioned in April.

Other activities include, but are not limited to:

- The RPC Board has also requested a data work group to be convened. As of this writing this is in exploratory stages of development.
- The Regional Director continues to meet with the Peer/Family/Youth stakeholder group on a quarterly basis and with Managed Care Organizations on a multi-regional level (usually WNY, Finger Lakes, Central, and Southern Tier).
- The Children's sub-committee has had 2 town hall meetings. However, further development has been delayed at least in part due to the state delaying implementation of children's health homes.
- It is anticipated that at the May, 2018 Board meeting another brain-storming session will occur to determine what issues/concerns continue in the Western Region and anything new areas of focus that the board wishes to prioritize.

Regional Planning Consortium Goal Statement:
Support the RPC efforts and goals

RPC Objectives:

1) Attendance at WNY RPC Board meetings and related workgroups

2) Provide the LGU lead, as elected, and regularly attend the WNY RPC Children's Subcommittee

3) As appropriate provide requested data to the WNY RPC and conduct a review of data relevant to informing the work of the WNY RPC

4) Work collaboratively to implement recommendations for which consensus has been reached

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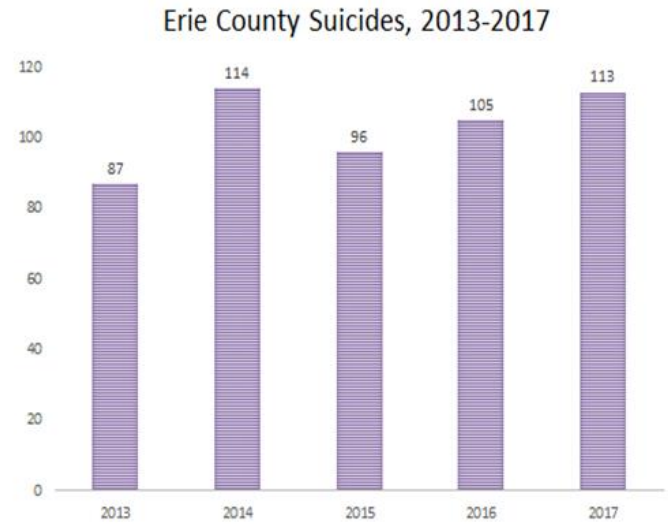
Other – Suicide Prevention

Background Information

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 39% increase in the crude suicide mortality rate per 100,000 from 2006 to 2015 and a 47% increase in the self-inflicted injury hospitalization rate per 10,000 from 2006 to 2014. The increase in the self-inflicted injury hospitalization rate per 10,000 for individuals aged 15-19 has increased 124% from 2006-2014. The increases seen in Erie County exceed those seen in NYS excluding NYC and Erie County's rates are now on par with the rest of NYS. (https://www.health.ny.gov/statistics/chac/indicators/inj.htm retrieved 5/4/18).

Indicator	Erie County	NYS excl 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
Self-inflicted injury hospitalization rate per 10,000 (Crude Rate, single year) 2006	4.3	5.9
Self-inflicted injury hospitalization rate per 10,000 (Crude Rate, single year) 2014	6.3	6.3
Self-inflicted injury hospitalization rate per 10,000 aged 15-19 years (Crude Rate, single year) 2006	4.5	10.3
Self-inflicted injury hospitalization rate per 10,000 aged 15-19 years (Crude Rate, single year) 2014	10.1	14.2

The following table shows the numbers of suicides per year in Erie County from 2013 to 2017. Table provided by the Erie County Department of Health Medical Examiner's Office.



In an effort to address suicide, New York State announced the formation of the NYS Suicide Prevention Task Force in late 2017. The Task Force will examine and evaluate current suicide prevention program services and policies, and make recommendations to increase access, awareness and support for children, adolescents and adults in need of assistance. The focus will be 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 are other high risk populations that will be a focus. Locally, the Suicide Prevention Coalition of Erie County was established in 2012 and the ECDMH 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.

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.
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.