



Local Services Plan 2023

Erie County Department of Mental Health

Mark O'Brien, LCSW-R, ACSW, Commissioner

November 2022

Table of Contents

Executive Summary.....	2
Mental Health Needs Assessment	4
Substance Use Disorder Needs Assessment.....	16
Developmental Disability Needs Assessment.....	26
Priority Areas	32
Housing.....	32
Workforce.....	39
Diversion Services	42
Racial Equity and Diversity	46

Executive Summary

The past few years have been rife with challenges including a global pandemic, protests around racial inequities and police violence, and most recently a racially motivated mass shooting at a grocery store in the City of Buffalo. Each of these challenges have had an impact on the mental health of our residents and the Erie County Department of Mental Health has played an active role in trying to support our community throughout.

The Coronavirus pandemic has had a significant impact on the focus of mental hygiene planning efforts and the ways in which services are delivered. The changes implemented in the first several months of the pandemic will likely affect the focus and delivery of services for many years. While previous reform efforts were slow to evolve, the pandemic forced the system to adapt quickly to the public health guidelines of social distancing, masking, and limits on the number of people gathering at a location. New York State, providers and the entire mental hygiene system of care quickly and effectively ramped up telehealth services, established mechanisms for billing for these services, developed protocols for personal protective equipment, created policies and procedures for quarantine, isolation, and working from home, and worked collectively to fill the gaps in care that emerged as a result of the pandemic. Telehealth has been a very effective method of serving many people, particularly those who historically have struggled with barriers to access mental health services due to lack of transportation and/or childcare. While it hasn't been effective for everyone, it has expanded access to many residents.

Following the height of the COVID-19 pandemic, the Mental Hygiene Systems of Care are now facing unprecedented staffing shortages. Prior to COVID agencies reported significant challenges with recruitment and retention and at this point the problem has reached crisis levels. Workforce shortages have created waiting lists, some agencies have consolidated or closed services and ultimately created delays to accessing services for people in need. There are many factors that have contributed to the workforce challenges, most notably compensation for staff. In addition, benefits, flexibility, case load size, the demanding documentation requirements, stigma, and the limited pool of qualified candidates compound the struggle to attract and retain staff.

Like workforce, housing has been a challenge for many years, but the consequences of the pandemic and the current economic conditions have exacerbated this problem. Housing is cited by many providers as one of the greatest challenges in serving clients in the mental hygiene systems of care. Over the past two years the cost of housing has increased nearly 10% year over year (https://www.realtor.com/realestateandhomes-search/Erie-County_NY/overview), demand outpaces the limited inventory, and the increases in interest rates have created an environment with few options for people needing affordable housing.

During the height of the pandemic and as a result of several deaths of Black individuals by the police, there were hundreds of protests throughout the country demanding justice and fair treatment of Blacks. While many systems recognized the need for additional focus on racial equity prior to the widespread reporting of these incidents, these events elevated the need and priority to examine the factors contributing to systemic racial disparities and equity. On May 14, 2022, a white man entered a busy grocery store in East Buffalo with his AK-47 and killed ten Black people. This racially motivated hate crime affected everyone in Erie County, but none more than our African American residents. In

addition to the very real trauma that this caused, it also exposed racial disparities and barriers in the mental hygiene system of care that need to be addressed.

As with all of the issues described above, the COVID-19 pandemic has shown a light on many of the needs, gaps, and barriers of the mental hygiene systems of care. The constraints and limited capacity of the crisis services access points, including the Comprehensive Psychiatric Emergency Program or CPEP, have driven multiple efforts to divert unnecessary CPEP visits to more appropriate interventions. The County has been involved with several efforts to create or expand services that are able to address an individual's crisis situation and also reduces avoidable use of higher-level services including CPEP. These diversion efforts include partnerships with law enforcement who would otherwise bring individuals to CPEP for evaluation.

Despite the challenges faced by our community, the Erie County Department of Mental Health and the providers that serve our residents have demonstrated their agility, resourcefulness, and commitment to serving the people of Erie County. The Department of Mental Health will continue to support the providers and work to address the various issues that exist in the mental hygiene systems of care through partnership, collaboration, and advocacy.

Mental Health Needs Assessment

Introduction

Erie County and the community network of providers continue their 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. This exemplary work was clearly visible throughout the COVID-19 pandemic, which has been affecting us all since March 2020. In the face of COVID-19, providers developed and implemented effective virtual and remote service delivery, expanding their modes of service delivery and access to services.

As a typical Local Services Plan has not been completed since 2019, the following provides highlights of what has been happening over the past three years. It does not capture everything that has happened, and with the pandemic and more recently the racially motivated shooting at a local grocery store, to name a couple of the “big” events, the mental hygiene systems of care have had to be responsive and flexible in order to support the community. Both of these events will have long term implications for our community.

Even prior to the pandemic, providers told us that workforce shortages and the lack of qualified staff was a major challenge. The impact of COVID-19 has exacerbated the problem and highlighted the fragility of the systems of care. Staffing has been reported by many providers as the greatest area of need. As a result, several programs have had to put a hold on intakes, clients wait longer for services, and some programs have had to reduce hours of operation. In Quarter 2 2022, the Erie County Department of Mental Health conducted a Workforce Survey and received responses from 33 provider agencies. The goal was to better understand the scale and scope of the challenges that providers were facing. The results for mental health providers showed the staffing categories with the greatest shortages were Other Medical (ex. Nurses) with vacancies of 21.8%, Masters Level Clinicians with vacancies of 18.5%, Bachelors Level staff vacancies of 22.1% Associates Level or no degree required vacancies of 20.4%, and Peers with vacancies of 31.1%. The analysis also looked at salary and tenure. The average tenure of staff who left a position in the past 12 months, for the staffing categories noted above range from 1.8 years to 2.6 years, so retention is a contributor as well. The full report is available at: https://www3.erie.gov/mentalhealth/sites/www3.erie.gov/mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf.

In addition to the 2022 Workforce Survey, the ECDMH also hosted a Behavioral Health and Human Services Job Fair in September 2022. The event was held at the Buffalo Convention Center. Fifty provider agencies participated and approximately 155 job seekers attended. The ECDMH secured the site, did extensive promotion, and coordinated the event, which received positive feedback from the participating providers, as well as the job seekers who attended.

Readmission rates are an important indicator and can identify gaps in services for individuals utilizing hospital-based services and their transition home. Comparing the readmission rates with other large counties across NYS, the Western Region, and Statewide figures, Erie County compares favorably

with the other counties on all of the indicators. Erie County’s readmission rates continue to be below Statewide readmission rates for mental health and behavioral health indicators. The figures show a decrease in Erie County mental health readmissions from 2018 to 2021 with all other measures staying relatively stable through 2021.

Readmissions at 30 days from any hospital are presented below (PSYCKES as of 12/1/2021 pulled 1/24/2022) in the following table.

Indicator: Readmission (30d) from any Hospital												
	Erie				Western Region				Statewide			
	2017	2018	2019	2021	2017	2018	2019	2021	2017	2018	2019	2021
MH to MH	9.86%	11.1%	10.29%	9.07%	9.6%	10.21%	10.06%	10.09%	12.35%	12.1%	12.27%	11.94%
MH to All Cause	12.71%	14.34%	13.69%	12.1%	12.14%	12.81%	12.84%	12.61%	16.15%	15.9%	15.87%	15.4%
Medical to Medical	10.32%	9.98%	9.91%	9.67%	9.32%	9.3%	9.18%	9.76%	9.6%	9.56%	9.65%	9.73%
Medical to All Cause	10.82%	10.69%	10.64%	10.43%	9.88%	9.95%	9.81%	10.46%	10.34%	10.23%	10.32%	10.36%
BH to BH	10.22%	11.56%	11.98%	11.84%	9.68%	10.67%	11.23%	11.91%	14.1%	14.25	13.85%	13.55%
BH to All Cause	12.85%	14.79%	14.9%	14.79%	12.46%	13.57%	14.04%	14.65%	17.88%	17.76%	17.5%	17.13%
All Cause to All Cause	11.33%	11.55%	11.68%	11.32%	10.49%	10.72%	10.8%	11.34%	11.63%	11.45%	11.48%	11.37%

Indicator: Readmission (30d) from any Hospital												
	Monroe				Onondaga				Albany			
	2017	2018	2019	2021	2017	2018	2019	2021	2017	2018	2019	2021
MH to MH	9.62%	11.63%	10.5%	11.65	14.17%	12.35%	14.1%	14.6	15.67%	14.7%	14.63%	15.11
MH to All Cause	12.5%	14.22%	13.18%	13.65	18.33%	16.84%	19.06%	19.74	19.18%	17.87%	18.15%	17.71
Medical to Medical	10.64%	10.67%	10.5%	11.28	10.29%	10.83%	11.03%	10.87	12.93%	12.94%	12.16%	12.29
Medical to All Cause	11.37%	11.44%	11.1%	11.96	11.27%	12.0%	12.34%	12.21	14.46%	14.51%	13.47%	13.76
BH to BH	9.87%	11.76%	11.57%	12.89	13.04%	13.24%	16.05%	18.34	15.58%	15.34%	15.36%	16.11
BH to All Cause	13.35%	15.09%	14.64%	15.57	16.85%	17.04%	20.03%	21.88	19.38%	18.42%	18.77%	18.8
All Cause to All Cause	11.82%	12.2%	11.92%	12.71	12.67%	13.35%	14.46%	14.79	15.9%	15.78%	15.15%	15.32

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

- **The Kirsten Vincent Respite and Recovery Center:** Dr. Kirsten Vincent was the Executive Director of Recovery Options Made Easy and she worked tirelessly to establish the path to create a Respite and Recovery Center including building partnerships and securing some funding to start the project. After her untimely passing in May 2021, it was decided that the Center would be named in her honor. The Center will be located in the Fruit Belt neighborhood in Buffalo. Services that will be available include: Short-Term Crisis Respite, an Intensive Crisis Respite, a Renewal Center in collaboration with Western New York Independent Living (WNYIL) and a Mental Health Urgent Care, a Spectrum Health & Human Services satellite. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and psychiatric emergency department visits). The Kirsten Vincent Respite and Recovery Center is scheduled to open by Quarter 2 2023.
- **Behavioral Health Teams:** Endeavor Health Services has partnered with law enforcement agencies in and around the City of Buffalo, creating co-response teams. Clinicians are

embedded within police departments and provide on scene screening, assessment, de-escalation, diversion, post-crisis follow up and linkages to care. The goal of this program is to prevent arrests, reduce recidivism, divert from hospitalization, and help develop crisis intervention plans for individuals who frequent higher levels of care. This program launched in 2019 and currently has teams in the City of Buffalo, Cheektowaga, West Seneca, Town of Tonawanda, and the Niagara Frontier Transit Authority (NFTA). In October 2022, the ECDMH received a grant award from the Bureau of Justice Assistance to support expansion of the Behavioral Health Teams project. This is a three-year grant that supports expansion of this project to increase capacity in high need areas and provide training to law enforcement.

- **The Help Center:** Located on the grounds of Erie County Medical Center and a floor below CPEP, the Help Center is an urgent care service for walk-in mental health treatment of adults in crisis who do not require psychiatric emergency treatment or inpatient care. Services are available for walk ins every day including weekends and holidays from 8 AM – 10:30 PM. Services are also available virtually Monday-Friday 8 AM – 9:30 PM. This service launched in 2017. In 2018 they had 625 visits, in 2019 they had 1,260 visits, and in 2021 they had 1,186 visits and served 1,018 unique individuals (data is not available for 2020). During 2021, 78.9% of all visits to the Help Center did not result in a visit to CPEP or the Emergency Department. It should be noted that in Q1 2021, the number of patients seeking care at the Help Center was down 33% over typical volume and the percent of individuals diverted from CPEP and the Emergency Department was 56.7%. This pulled down the percentage for the year, and was likely impacted by a surge in COVID cases during that period and cases that did present at the Help Center were more severe. For the first two quarters of 2022, the percent of individuals that were diverted from CPEP and the Emergency Department was 88.9%.
- **911 Call Diversion:** Crisis Services, in partnership with Erie County Central Police Services, has launched a 911 Call Diversion program. The program goal is to divert non-life-threatening mental health calls to 911 to a mental health professional rather than dispatch police. The Central Police Services Dispatch Center staff have been trained on this model and how to identify calls related to mental illness. Callers are asked if they are willing to have their call routed to Crisis Services instead of sending a patrol car. Calls are warm transferred from 911 Dispatch to Crisis Services. This frees up law enforcement from having to respond to calls that would be more appropriately fielded by mental health professionals. The service launched in October 2022.
- **Intensive Crisis Services:** BestSelf Behavioral Health received a grant from NYS OMH to create a 24-hour intensive crisis stabilization center to help children and adults experiencing a behavioral health crisis. This project will serve a five-county region, including Erie County. Funding was provided to cover five years.

In addition to these new programs, the Value Network (VN) and its partner agencies identified lack of communication among providers as a significant barrier for individuals to access the care they need. Throughout 2021, the VN team conducted an extensive review of various electronic social care platforms in search of a tool to assist in identifying local resources; tracking referrals; gathering and extracting social care data; and enhancing communication and coordination across the continuum of care. Starting in 2021, eleven VN Partners began piloting VN Community Connector (powered by findhelp) into their workflows. During the pilot they developed best practices and guidelines to support the Network-wide rollout. In 2022, VN has been working to expand access and usage of the platform

throughout the region. VN Community Connector provides a robust network of up-to-date resources, and connects clients to the care they need within the community.

Another area that has received significant attention is individuals in need of higher levels of care and who span multiple systems; primarily those that have co-occurring serious and persistent mental health concerns and have an intellectual or developmental disability. Individuals that also have a substance use disorder further complicate the care planning and the options available. These cases are often coming to the Erie County Single Point of Accountability/Access (SPOA) and it has been challenging to find care coordination, housing and services for these individuals. Many providers decline to serve these individuals and as a result, many are hospitalized for extended periods of time and are not receiving the services that would be most therapeutic and most appropriate to their needs. Similarly, providers report that when a resident with co-occurring disorders becomes symptomatic and/or their behaviors present in a manner that presents safety issues for themselves or other residents, they are often not admitted to the hospital and are returned to the facility without adequately addressing their care needs. ECDMH convened a workgroup dubbed “System Spanners” of State representatives from the NYS Offices of Mental Health (NYS OMH), NYS Addiction Services and Supports (NYS OASAS), and NYS People with Developmental Disabilities (NYS OPWDD). The workgroup also included ECDMH staff, providers serving the affected populations, and a member of the ECDMH Community Services Board OPWDD Subcommittee. Housing with enhanced staffing was clearly identified as a need but the state representatives were reluctant to fund housing that would serve this population. They did suggest other options to address the needs of the population through a continuum of care, but without a true residential component. The core components include: training and cross training for staff in mental health and intellectual/developmental disabilities; enhanced staffing for individuals with higher needs; crisis intervention training teams; and brief respite and transitional programs that could be seeded in a couple of agencies and serve as a pilot.

Access to housing continues to be a significant challenge for individuals with mental health needs in Erie County. According to data in the NYS OMH Residential Program Indicators Report (<https://www.omh.ny.gov/omhweb/statistics/>, Adult Housing) the reductions in occupancy in the higher levels of care (Apartment/Treatment, Congregate/Support and Congregate/Treatment) and the increases in the lower levels of care in SROs and Supported Housing are evidence that movement through the system is happening. Percent of occupancy by housing program types over the past five years is shown in the following table.

Program Type	2017	2018	2019	2020	2021
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%

The ECDMH Housing Team has identified three emerging populations that will require additional attention over the next year: Individuals with co-occurring disorders, particularly those with intellectual and/or developmental disabilities and serious mental illness; aging supportive housing

participants who have greater medical needs and require assisted living; and individuals who have greater service needs than what the supportive-housing level of care provides. ECDMH continues to work closely with providers to find creative solutions.

Over the past several years, ECDMH has worked with community providers to fill other housing gaps to include implementing programs to assist Buffalo Psychiatric Center patients transitioning to the community, individuals being discharged from inpatient and CPEP settings, and those transitioning from Community Residences or Treatment Apartments.

Compounding the housing access and homelessness problems in Erie County, we continue to see rising rents and increasing costs for housing. The limited inventory of affordable housing in Buffalo and the surrounding suburbs was made worse during the pandemic. The eviction moratorium, while keeping many individuals housed through the pandemic, left many without housing once it was lifted. The cost of housing has increased significantly and it has become a seller's market. The housing market has become very tight, affecting everyone who is looking for housing, but the challenges are heightened for the populations we serve.

Ultimately, to facilitate movement through the levels of care there is a need for more affordable housing in the community to receive individuals transitioning from the Supported Housing program and a greater emphasis on empowerment. One example of the work being done to help transition individuals to independence relates to employment. In 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. This program was successful through the start of the pandemic in March 2020. However, many supportive housing clients lost their jobs as part of the economic disruption that was incurred by the pandemic. Future efforts will need to build upon previous best practices in addition to coping skills pertaining to new circumstances of the pandemic. Jobs have changed, anxieties about being in public have changed, and some individuals have new health circumstances to cope with.

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

Stigma around mental illness continues to be a challenge for those effected. The ECDMH, in partnership with sixteen (16) other organizations, founded the Erie County Anti-Stigma Coalition to stop the stigma surrounding mental illness. Over the past few years the Coalition has grown and now has over 100 members. The Erie County Anti-Stigma Coalition has created a highly interactive website <https://letstalkstigma.org/> and is creating a community conversation about mental illness and stigma. As of November 2, 2022, 3,888 people have taken the Pledge to End Stigma. In 2021, there were over 17,000 visitors to the website. The Coalition also has a Facebook page on which they host live events. In 2021, they hosted three Facebook Live events which had a total of nearly 74,000 participants. The

Coalition has since expanded its efforts to Niagara County and has extended offers to other Western Region Counties.

In previous Local Services Plans, telehealth, telemedicine, and telepsychiatry were identified as a possible strategy to address the critical shortage of mental health professionals. During COVID the system quickly shifted to a primarily virtual and remote service delivery platform in order to limit the spread of the virus and comply with public health requirements. Within a matter of just a few weeks in March 2020, NYS Medicaid claims for mental health services went from less than 1% for tele-mental health to over 85% for tele-mental health. The percent of tele-mental health services stayed in the mid 70% range until April of 2021 and came down into the mid 50% range toward the end of 2021 (Data provided by request from NYS OMH). The data for the last 4 months of the year is subject to claim lag so there might be some adjustments with the final numbers. It should be noted that the total number of services delivered prior to the pandemic is similar to the number of services delivered during the pandemic, with some increases noted during the pandemic. As reported in the COVID Surveys submitted in 2020 and 2021, tele-mental health was an effective method of service delivery for many people; but it wasn't effective for everyone.

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. In 2020 Jail Reform was implemented, which reduced the average monthly population at the Holding Center and Correctional Facility. However, the census has increased over the past two years. Of those that are held in custody, over 60% of those individuals are served by the ECDMH Forensic Mental Health staff. To meet the growing needs the Forensic Unit was instrumental in establishing specialty housing units within the facilities to best meet the needs of individuals with mental health disorders and also conduct groups to discuss the unique needs of veterans, those with substance abuse disorders, and individuals with co-occurring disorders, to name a few. In collaboration with the Erie County Sheriff's Correctional Health Unit, the Forensic Unit also provides discharge planning to assist these individuals in transitioning back to the community and linking them to needed services. The ECDMH Forensic Unit continues to work to increase access to services within the Holding Center and Correctional Facility as well as strengthen the discharge planning to assist with transitions back to the community.

To support re-entry, the Erie County Service Link Stop (SLS) was launched in late 2020. Located in the same block as the Holding Center, the SLS seeks to connect individuals leaving custody with a comprehensive set of services to help them stabilize in the community and lead better, healthier lives. Several participating agencies are on-site at the SLS and assist individuals in identifying their needs and linking them to needed services and resources including, but not limited to, mental health and substance use treatment services, health screenings, employment, and housing. The SLS was created through a partnership with the ECDMH, the EC Sheriff's Office, and the Community Foundation for Greater Buffalo's Racial Equity Roundtable, as well as the numerous community and provider partners.

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 Crisis Intervention Training with law enforcement agencies to help divert these individuals from the emergency department and/or jail and link them to treatment. The ECDMH received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the number of local jurisdictions that can be trained and also provide a more intense case management intervention for individuals in the community. The project utilizes the MISSION-Vet (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Veterans) model as an integrated set of evidence-based practice that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. The grant funding period is 9/30/2018 - 9/29/2023. This grant has a primary focus on expanding Crisis Intervention Training (CIT) to law enforcement as well as provide community-based care management to high risk individuals who come into contact with the criminal justice / law enforcement systems to facilitate a reduction in unnecessary hospitalizations and arrests.

In addition to the initiatives in place to address the needs of the adult population affected with mental illness, there are a number of initiatives that more specifically target children, youth, and families. Behavioral Health and cross system services and supports targeted to children and youth continue to demonstrate positive results with at risk Erie County youth at high risk for out of home placement, hospitalization or juvenile justice system involvement. COVID, as well as staffing shortages, have certainly added strain to these systems and increased challenges in assisting youth and their families experiencing behavioral health challenges. COVID has challenged behavioral health services to be creative and as a result, telehealth emerged as another treatment modality. However, telehealth may not be the best option for the highest need and high-risk youth. It can be more difficult to establish a safe environment that promotes engagement via telehealth for some youth. What does seem clear is that there is a place for both telehealth and onsite face to face sessions that are best left to each individual situation as warranted.

Over the last year, collaborations have emerged to address the increase of students/youth of all age groups experiencing increased anxiety and behavioral health issues at school and home.

One such initiative is Supporting Mental Health by Advocating for Resources Together, known as SMART. The SMART collaborative is a professional learning community that brings together P-21 educators in component school districts, community agencies and Erie County representatives to collaborate on available mental health and social, emotional learning tools within our community. The goal is to provide opportunities to meet the needs of the whole child through integrated community supports.

Another emerging trend is youth returning from NYS Office of Children and Family Services (OCFS) juvenile placements in need of high-end behavioral health resources and housing. Many of the youth have a long history of unsuccessful cross system engagement. Their home environments are not optimal for progressing successfully into adulthood and many families are not willing to have youth return to their home. As the youth are identified, Children's SPOA has been collaborating with the Western Regional Office and Adult SPOA to aid in successful transition back to the community.

Health Homes Serving Children (HHSC): HHSC was implemented in December 2016. While the integrated coordination of physical and behavioral health care and communication with the various children’s health homes serving Erie County continues to unfold, local partners work efficiently to coordinate an appropriate level of identified/needed services for children and families. The Children’s SPOA triages referrals and, when appropriate, refers families to Health Homes through the Medicaid Analytics Provider Portal (MAPP). The Children’s SPOA also prepares Health Home referrals on behalf of Erie County Department of Social Services. On January 1, 2023, the Children’s SPOA will begin to make eligibility decisions regarding HCBS Waiver referrals for youth returning from a higher level of care. Additionally, Children’s SPOA will process Child and Family Youth Act referrals and work collaborative with Adult SPOA for Best Self Young Adult ACT. The Children’s SPOA will continue to collaborate with all partners serving the highest risk/highest need youth and their families in their home, school and community.

Multi Systemic Therapy (MST): 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. Prior to COVID, MST had 3 teams of staff with 12 therapists. During COVID many staff left the program and it has been very difficult to recruit new staff to work in this home-based program. They currently have three therapists, each with a caseload of 15-20 cases. The program is actively recruiting to fill the vacant positions so they can serve additional families.

Child Protective Services (CPS) Collaborative and the Homeless Services Collaborative: The CPS Collaborative has been in place since 2015. It began as a partnership between Endeavor Health Services (a contract agency of Erie County Department of Mental Health) and Erie County Child Protective Services (CPS) 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. In 2018, the CPS Collaborative expanded services to all individuals who become part of the Homeless Services continuum through a partnership with the Erie County Department of Social Services Emergency Homeless Services Unit. The CPS Collaborative was seeing increases in the number of referrals in the years leading up to COVID, but in 2020 and 2021, the number of referrals fell significantly. It is important to note that during the height of COVID the number of reports to CPS may have been impacted because many of the school districts were operating in a virtual capacity and school personnel did not see students in person or have opportunities to discuss concerns that a student presented or would have otherwise presented. In 2022, we are seeing modest increases in the number of referrals and we hope that this trend continues in 2023. The Homeless Services Collaborative has seen increases in referrals, which could be related to the financial hardships of COVID on families, particularly those affected by mental health challenges.

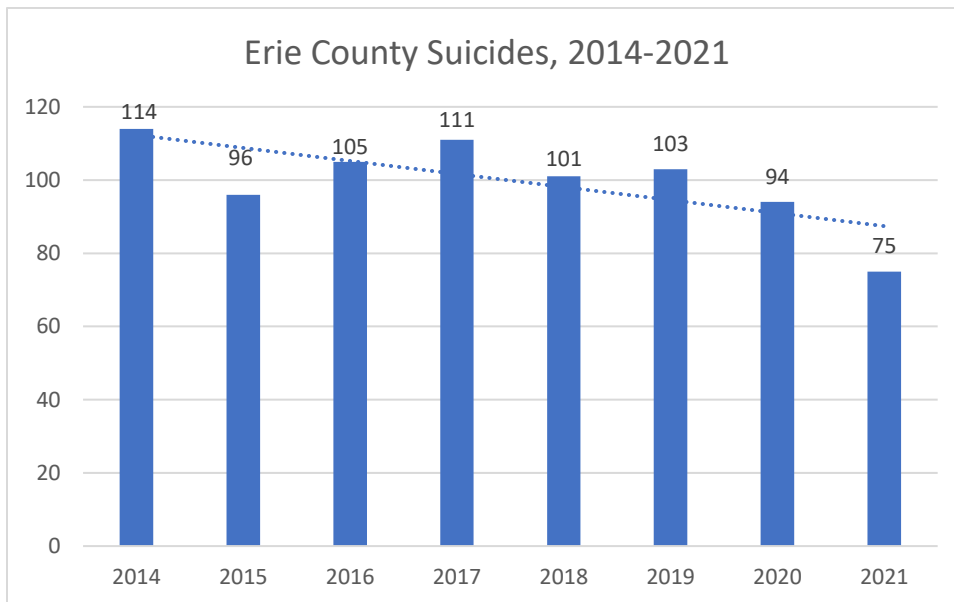
Child Mental Health Satellite Clinics in the Buffalo Public Schools: Working with community-based mental health providers and the Buffalo Public Schools, the Erie County Department of Mental Health supported Say Yes Buffalo to establish mental health services directly in school buildings in an effort 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. The COVID-19 pandemic significantly disrupted this service particularly with schools moving to a virtual platform for much of 2020 and 2021.

A service that has been added this year is Youth Assertive Community Treatment (Youth ACT). Youth ACT Teams will serve youth age 10-21 and their families, providing community support in the home and community settings. The teams allow young people who are at risk of entering residential or inpatient psychiatric treatment to receive services while remaining with their family and in their community. NYS OMH released a request for proposals and selected Child and Family Services to implement this program in Erie and Niagara Counties. This award funds 48 slots to be shared between Erie and Niagara Counties.

An issue that affects both young people and adults is suicide. The New York State (*Excluding New York City) Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) 2021 Annual Brief from the New York State Department of Health (available at https://www.health.ny.gov/statistics/prevention/injury_prevention/docs/edsnsroannualbrief.pdf) shows statewide data from 2019-2021. Statewide there was a 11.6% decline in visits to emergency departments for suicide-related reasons from 2019 to 2020 and visits increased to approximately the previous levels in 2021. The age groups with the greatest rates per 100,000 population in 2021 were 10-19 years (937.4 per 100,000) followed by 20-24 years (749.7 per 100,000). The rate for Black non-Hispanic in 2021 was 558.8 per 100,000 and for Hispanic/Latino the rate was 341.3 per 100,000.

The following table shows the numbers of suicides per year in Erie County from 2014 to 2021. Data was provided by the Erie County Department of Health Medical Examiner’s Office. The trend is promising, but the County will remain vigilant and continue to work to prevent suicide.



The Suicide Prevention Coalition of Erie County was established in 2012. The ECDMH partially funds and is an active member of the Coalition. The Suicide Prevention Coalition of Erie County fosters a community of hopefulness, safety and shared responsibility to prevent suicide and suicide attempts by increasing awareness, promoting resiliency and facilitating access to resources. Data provided through

2021 by the Erie County Medical Examiner shows a decreasing trend from 2014 to 2021. In Erie County men account for more than 80% of the deaths by suicide. Suicide deaths are highest for those in the 21-30-year and 51-60-year age groups. Over 80% of those that died by suicide were white. The most common methods were by firearm and hanging.

With funding from NYS, the Suicide Prevention Coalition created a Suicide Fatality Review Team in which a committee of multi-sector representatives discussed suicide deaths in Erie County. The Team included representatives from the Coalition, the Medical Examiner's Office, emergency department, schools, provider agencies, law enforcement, County government, and individuals impacted by suicide. As part of this process, a data form was completed for every death determined to be suicide which included demographics, recent crises and other factors or events that may have contributed to the suicide death. Based on a model developed in Washington County, Oregon, this process provided insight about suicides occurring in Erie County and generated a number of recommendations for prevention strategies.

The Coalition will continue to focus on two main target groups: 1) Adolescents aged 10-19; and 2) Men in the Middle Years (30-59 years of age). The Coalition is concentrating efforts on BIPOC communities (Black and Native American) and adapted the American Foundation for Suicide Prevention program, "Talk Saves Lives." curriculum to include data, concerns and considerations specific to the Black community. This program is now being offered to community groups and churches who serve adult and youth groups in the Black community. Next steps will include outreach for Native American, Hispanic and refugee groups. In 2021, the Coalition trained over 1,363 school staff throughout the county and are continuing these efforts in 2022. A Hospital/School Committee was formed to improve communication and collaboration between hospitals and schools and to develop processes to facilitate smooth transitions across care. This Committee gained buy in from both hospitals and schools and a form developed by this group is now being used to facilitate communication between these entities and the families.

Over the past few years the Coalition has implemented means reduction strategies that have included creating a brochure to help families reduce the availability of lethal means in the home as well as several projects focused on gun safety. Firearms account for half of the deaths by suicide in our country and to ensure safety during a mental health crisis, it is critical to remove firearms from the home. The Suicide Prevention Coalition has developed an interactive Google Map for Erie County residents that shows where owners can voluntarily store their guns safely when someone in their home is in crisis. The Coalition has been distributing gun locks and information at various events including gun shows, the County Fair, community and public health events. The Coalition also created a video called "Time and Distance: Firearm Safety and Mental Health." In 2021 there was a decrease in the number of suicide deaths by firearms, which the Coalition hopes is a result of these efforts.

Another notable development is the launch of 988. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. This service launched in July of 2022.

This new number expands the scope of the existing suicide prevention hotline to serve anyone facing a mental health or substance use crisis or any other kind of emotional distress.

The Assisted Outpatient Treatment (AOT) program continues to be an area of focus within the Erie County Department of Mental Health. This program is meant to serve individuals with the highest risk and need. The following table shows the number of recipients under court order (Source https://my.omh.ny.gov/analytics/saw.dll?dashboard&PortalPath=%2Fshared%2FAOTLP%2F_portal%2FAssisted%20Outpatient%20Treatment%20Reports&nquser=BI_Guest&nqpassword=Public123#reports as of 8/23/2022).

	8/2018	8/2019	8/2020	8/2021	8/2022
Erie County	231	257	265	258	238
Western NY	558	625	590	653	616
Statewide	3,261	3,340	3,174	3,363	3,484

The AOT program is working closely with community providers to collect meaningful data to enhance program efficiency and function, the result of which will ensure delivery of valuable and effective mental health services. A SPOA dashboard has been developed the purpose of this site is to provide numbers, and timeframes of actions completed in the SPOA system by agency and county staff. This information can be found at: <https://sites.google.com/ccnyinc.org/spoa-dashboard/>. The dashboard can be filtered to provide submission, rejection, waitlist, assignment, enrollment, and disengagement information.

The SPOA office in Erie County and community partners worked diligently to effectively deliver care and treatment to individuals with seriously mental illness (SMI) during the COVID-19 pandemic. This was a time that symptoms such as paranoia, delusions, hallucinations, cognitive deficits, disorganization, and anxiety may have increased. Operations continued during that time and provided ongoing contact, support, and linkage. Tele-mental health was introduced to the process during that time and now continues to prove as a useful tool with staying connected with clients.

Enhanced Service Package, also known as Voluntary (Diversion) Agreement, is a voluntary service provided within the SPOA office. An agreement signed by individuals otherwise considered for AOT by the LGU allows a step down by agreeing that he/she will adhere to a prescribed community treatment plan rather than be subject to an AOT court order. The response has been positive. On average, there are approximately 43 active monthly clients that benefit from this service.

The Mental Health Subcommittee was asked to identify its top three priorities for the coming year. They identified the following:

- 1) Housing for vulnerable populations.
 - a. Expansion/development of step-down residential housing.
 - b. Education to promote hygienic housing and tenants.
- 2) Police reform and better partnerships between the mental health system and police.
- 3) Workforce.

The ECDMH continues to work with Federal, State and local agencies, providers, insurers and consumers to improve the system of care for the Mental Health population in Erie County. Despite the inherent challenges of operating in an ever-changing system and during such tumultuous times, the Erie County System of Care has demonstrated its ability to adapt and perform at high levels despite the challenges. Our network of providers has been incredibly nimble and responsive to these challenges. While the pandemic exposed many of the weaknesses of the system, the providers have worked tirelessly to try and overcome them. There is still a tremendous amount of work to be done and the ECDMH and our community of providers will continue to move the system forward to ensure access to appropriate services and quality care.

Substance Use Disorder Needs Assessment

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. Despite these efforts, however, the COVID-19 pandemic and the increased use of Fentanyl, its derivatives and increase in other drugs of abuse being laced with Fentanyl and its derivatives, stole much of the progress that had been made in the years leading up to the pandemic. With COVID came increased anxiety throughout the community, greater isolation, and reduced access to traditional treatment. Many of the strategies providers and programs used to encourage accountability, were unavailable during the extended lock downs and virtual services.

Through 2019, Erie County had seen significant declines in the number of opioid related deaths since the height of the epidemic in 2016. However, as referenced above, that progress and 2020 and 2021 data shows that we have lost many of the gains of the prior years. The following table shows the number of opioid related deaths from 2014 through 2021 (Erie County Medical Examiner’s Office, Closed Cases Reported through 11/10/2022, <https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2022-11/oetf112022.pdf>, slide #4).

	2014	2015	2016	2017	2018	2019	2020	2021
Number of Opioid Related Deaths	127	256	301	251	191	156	246	286

By and large, the vast majority of opioid deaths in Erie County are related to Fentanyl. We are also seeing a decrease over time in the percent of deaths that involve heroin. In fact, there has been a significant increase in the percent of opioid related deaths that are associated with Fentanyl and cocaine. In 2016, approximately 15% of opioid related deaths were associated with Fentanyl and cocaine and this jumped to 48% in 2020 and 44% in 2021.

The table below presents outpatient emergency department visits and hospitalizations in Erie County for all opioid overdoses from 2016 to 2021. (https://www.health.ny.gov/statistics/opioid/data/pdf/nys_oct22.pdf accessed 11/25/2022).

Measure	2016	2017	2018	2019	2020	2021
Outpatient Emergency Dept Visits, all opioid overdoses	1105	757	562	168	637	605
Hospitalizations, all opioid overdoses	191	172	1117	49	147	119

Treatment access and availability is very important to the overall effort. Over the past several years there have been tremendous strides in increasing the availability of treatment services and timely access

to these services. There have been additional resources available for these activities from local, State, and Federal sources.

The following table displays Admissions to various treatment types for Erie County residents from 2015-2021 (https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS/InquiryReports accessed 11/25/2022).

**County Residents Report
Admission Transactions**

Erie County	2015	2016	2017	2018	2019	2020	2021
Inpatient	1176	1102	743	721	674	458	269
Methadone	404	538	437	396	538	304	297
Outpatient	9014	8777	9789	9245	8052	5590	4657
Residential	606	685	1065	1069	1095	962	1058
Crisis	3232	2479	1502	1896	2406	2378	2411
Total	14432	13581	13536	13327	12765	9692	8692

This data indicates an overall decline in admissions to inpatient services year over year.

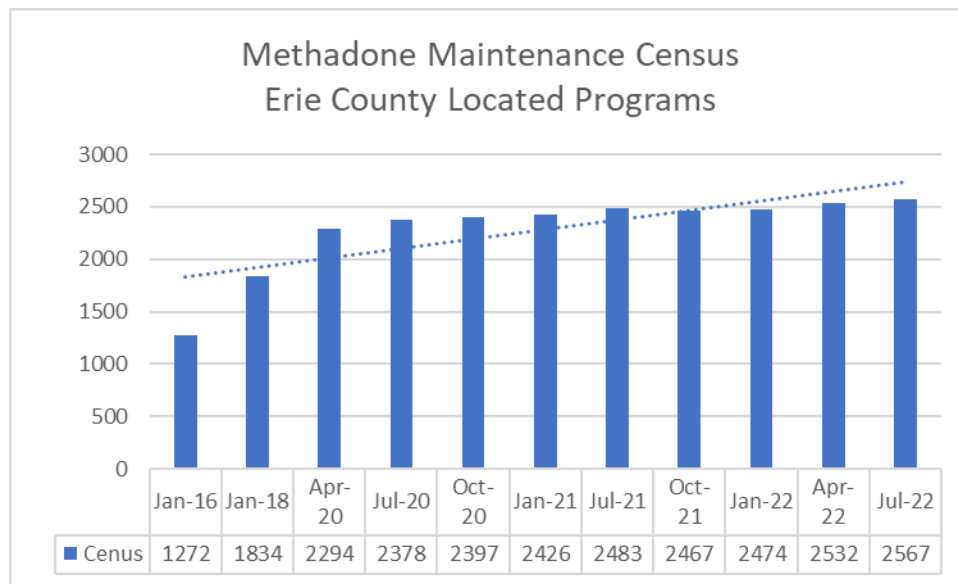
In 2020, Erie County Medical Center (ECMC) reclassified their inpatient beds as COVID overflow beds and these have not been returned for inpatient services. ECMC was the primary provider of inpatient services in the county. St. Joe's is working towards establishing 40 new inpatient beds, but these beds are not ready yet. A number of Erie County residents seeking inpatient services are going outside of Erie County.

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. The 820 levels are fluid and individuals can transition between the different levels throughout the recovery process. All Erie County providers that ECDMH contracts with, except for Cazenovia Recovery, have completed the 820 Conversion. There are currently 132 slots in Erie County and 125 slots in Niagara County. Erie County residents also utilize the Niagara County slots.

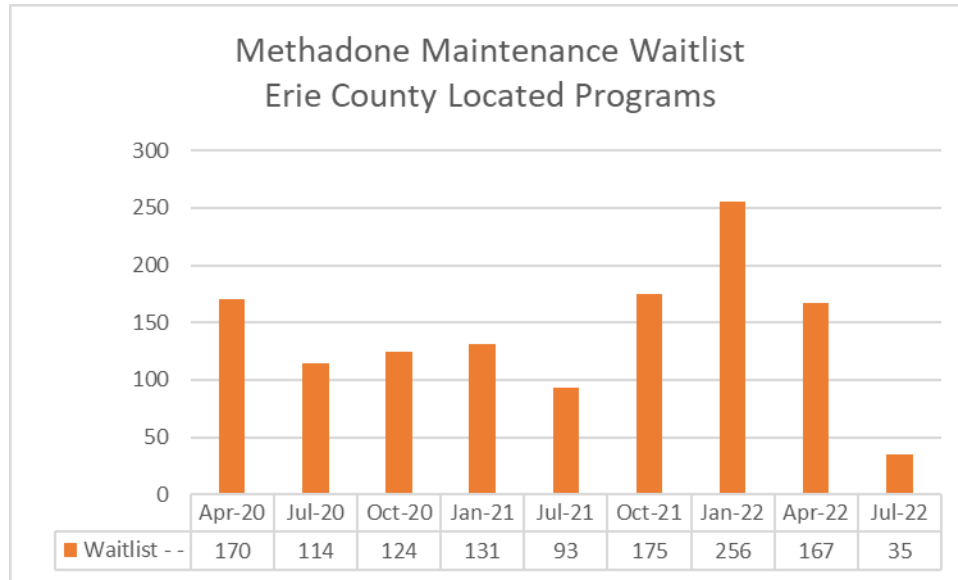
Based on feedback from some providers, there are challenges reported related to the conversion to Part 820 including increased requirements for staff (ex. need to have a medical director and nurses), which creates greater financial burden for the providers. It appears that are no longer issues for payment from MCO's, although payment from straight Medicaid continues to be a barrier as straight Medicaid does not pay for this level of care. There are issues with Department of Social Services (DSS) congregate care reimbursement. Erie County does have a provider that services youth and payment becomes an issue for the rate from DSS versus Medicaid. If the client is under 21, then DSS will obtain child support from the parents. This is impacting the enrollment of youth because parents refuse to pay a sliding scale fee. If the client is working, which is encouraged, the monthly reimbursement goes down accordingly. Referrals decreased due to COVID-19. Services for children were underutilized even before COVID and remain so. The services for adults are back to their pre-COVID utilization.

Medically Managed Detoxification also remains a highly utilized service. Availability of Medically Managed Detoxification services at Erie County Medical Center (ECMC) is 32 beds. In 2019 bed capacity was increased from 18 to the 32 beds currently available.

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. Despite new programming and a generally growing census, capacity for Methadone Maintenance has been limited by significant waitlists over the years. Recently, a new service located in a neighboring county may have helped to alleviate this concern to a moderate degree. As illustrated in the charts below Census for Methadone Maintenance has trended up. The census, as provider reported at the end of July 2022 at 2567, is up 11.9% since April 2020 and at 101.8% has more than doubled since January 2016. These increases are due mostly to a new program starting service in 2020 and the gradual ramping up of its capacity as well as regulatory relief that more readily allowed for an expanding census. Further development is limited by staffing and physical plant limitations. Recent awards by NYS Office of Addiction Supports and Services (OASAS) and related financial support by Erie County will lead to the implementation of mobile units offering Medication for Opioid Use Disorder (MOUD). As a result, further capacity increases, as well as improved geographic access are anticipated.



While waitlist trends are more erratic, there was a noticeable reduction this past July when the waitlist decreased to 35. The significance of this decrease can be seen in that it is over 62% less than the next lowest waitlist total of 93 and almost 80% less than the average waitlist of the previous 4 measuring periods. It is believed that this was largely due to the opening of another Methadone Maintenance program in a neighboring county. Agency reports had indicated that a number of individuals on past waitlists contained individuals from counties other than Erie. That said, given that this is only one measurement period, this is viewed with caution and bares continued monitoring.



A number of new, enhanced and/or expanded services and supports have occurred within Erie County over the last 12 or so months. These initiatives, often provider driven, pertain to improving access to underserved populations, enhancing the workforce, and expanding harm reduction services. A sampling of these include, but are not limited to:

- Low threshold service expansion;
- Integration of medication assistance and peer collaborations;
- Collaboration to provide training, certification, employment and/or employment support as a Certified Peer Recovery Advocate for those with lived experience;
- Mobile Opioid Treatment;
- Increased focus on Harm Reduction services and related community education;
- Implementation of MOUD at the Erie County Jail; and
- Implementation of 24/7 virtual medication assisted treatment center for those with an opioid addiction which also provides linkage to ongoing care. Serving not only Erie County, but Western New York.

Similarly, Erie County is in the process of determining the initiatives related to the first round of Opioid Settlement dollars received by Erie County.

Methadone is only one of several medication assisted treatment options available. Access to MOUD has been accelerated through the establishment of Buffalo MATTERS (Medication for Addiction Treatment and Electronic Referrals). MATTERS has now expanded throughout New York State and through partnership with two virtual emergency departments, both of which are located in Erie County, the program is able to streamline rapid access to care for patients experiencing opioid/substance use disorders. Through this partnership, patients can be evaluated, treated, and connected to an outpatient treatment organization without having to present to an emergency department. Referrals to MATTERS are made by providers.

In 2022, a local agency received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish a 24-7 Virtual Medicated Assisted Treatment Center that

creates a pathway for individuals to access MATTERS services. This service is called MAT-PDOA (Medication Assisted Treatment – Prescription Drug and Opioid Addiction) and it serves the eight counties of Western New York. In the first four months of MAT-PDOA, they were able to link 114 individuals to MAT. This program also created a feedback loop whereby they receive data regarding the outcome of the referrals to MATTERS.

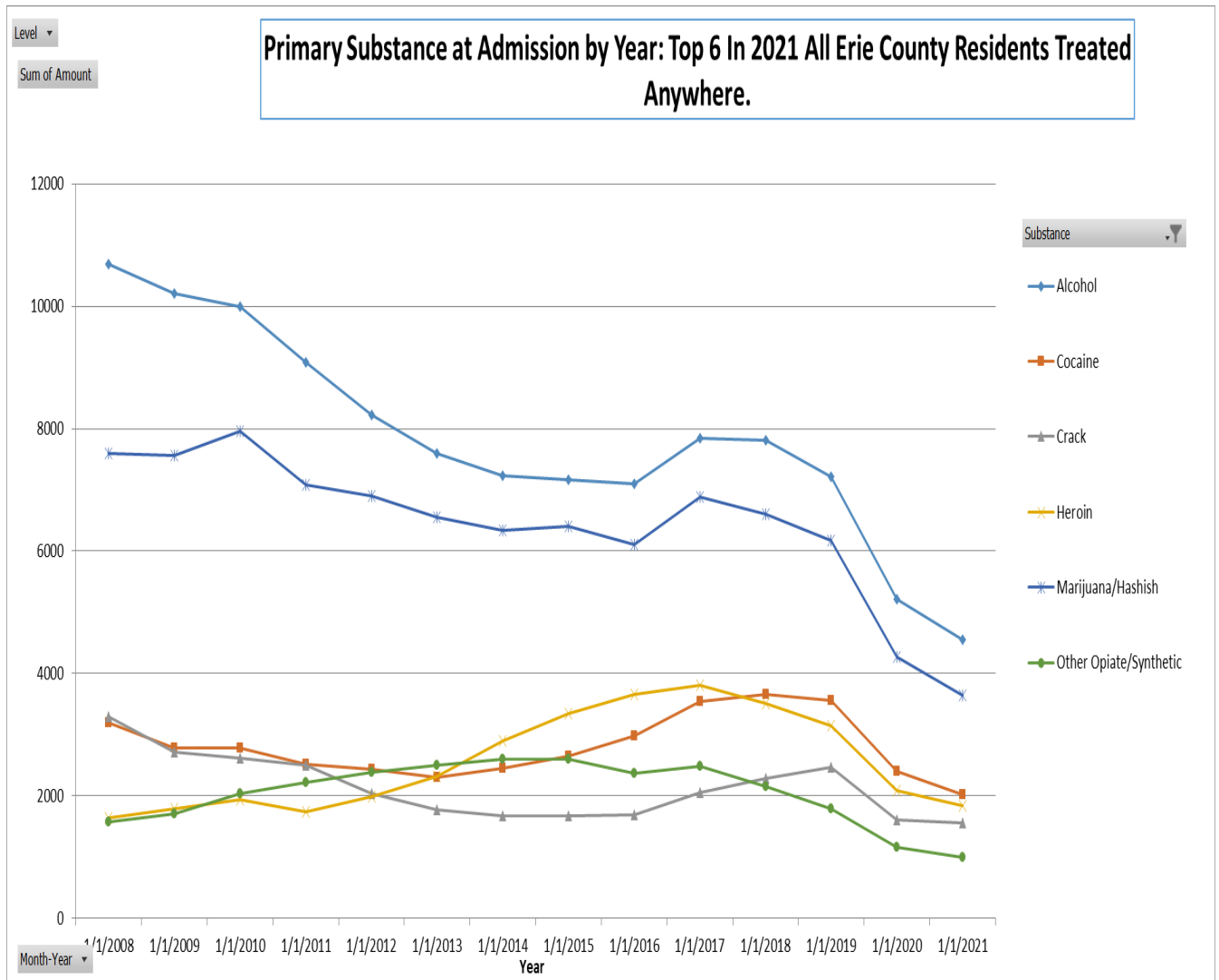
Harm reduction is also an important component of the effort. The Erie County Department of Health (ECDOH) has led or been involved with many of these efforts. ECDOH has trained thousands of law enforcement, emergency responders, school personnel and community members in the use of Naloxone and has distributed thousands of Narcan kits since the launch of the Opiate Task Force. Fentanyl test strips have also been widely distributed throughout the County.

ECDOH has also led the Response after Overdose Project. This initiative is a partnership between local police departments and the Erie County Department of Health. Police Departments connect a peer from the Health Department to provide support and linkage to treatment. This project involves ODMAP, a mapping application that plots overdoses and Narcan administrations with the data shared between the police department and Health Department in real time.

In the continued effort to create a system of care that includes all of the points where an individual with a substance use disorder (SUD) 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, and starting in July 2022, the Holding Center began providing MAT in the jail for individuals receiving MAT at the time of their arrest. This includes buprenorphine and methadone. The Forensic Mental Health unit, a subdivision of the Erie County Department of Mental Health, has been expanding available services to individuals with an addiction disorder. They have added a Specialist to work with inmates with co-occurring disorders currently held in the Holding Center, as well as a Discharge Planning position to assist in effective transition to the community. In addition, through a funding secured from New York State, Erie County has been funding education sessions about substance use and addiction in the Erie County Holding Center.

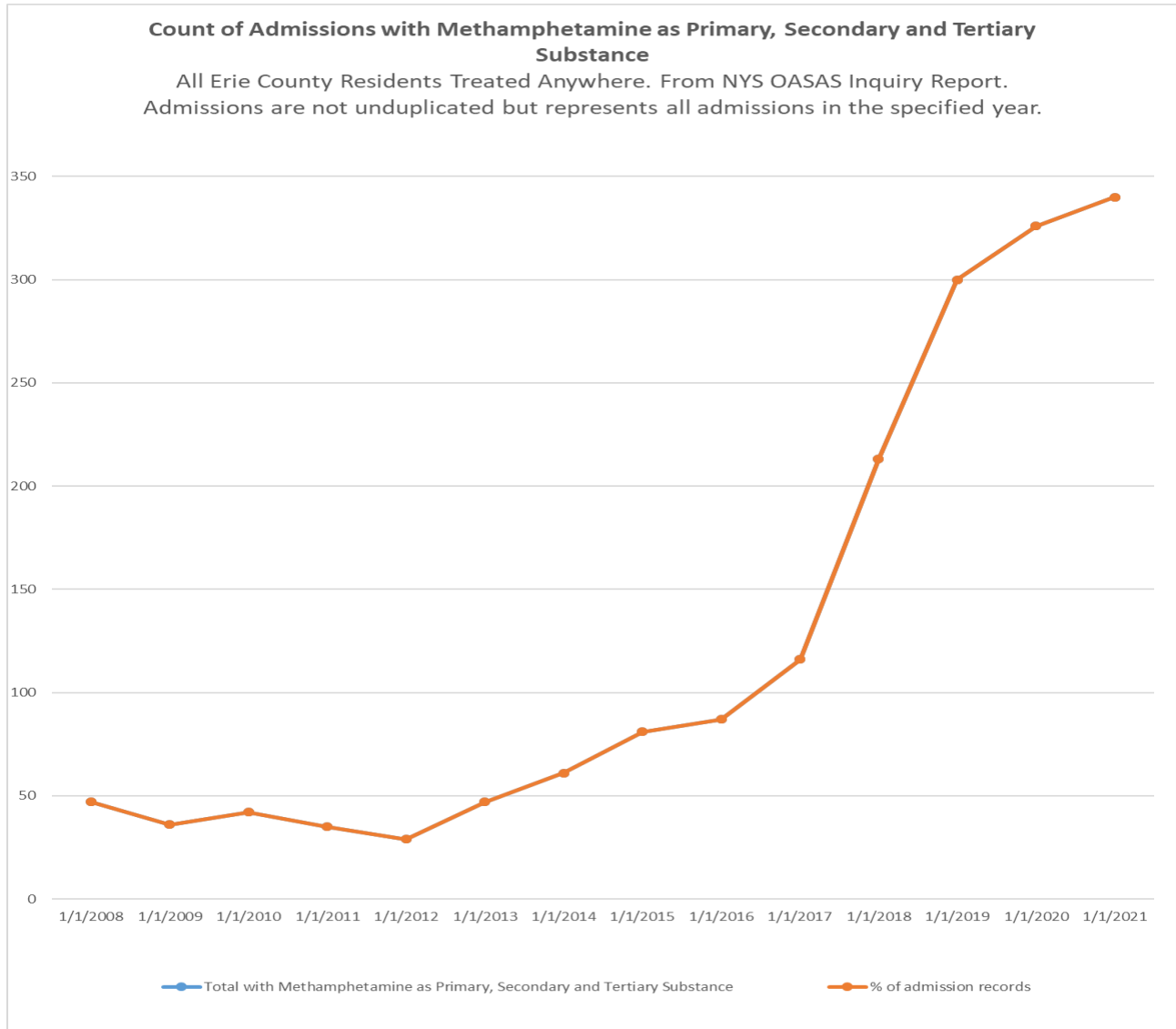
Housing is an area of significant need for this population, as identified by the Opiate Task Force Treatment Provider workgroup and housing providers. This is a topic that has been taken up by the ECDMH Housing Team who has created a committee to identify resources, build collaboration and share information with participants. Over the past year, the committee has compiled the available housing resources available to individuals in Erie County with substance use disorders and through this work, many providers have agreed to designate some beds to serve this population. These efforts have yielded 48 new beds that are or will be available and dedicated for SUD clients. As part of this effort, the ECDMH has funded a transitional supportive services program that uses the Critical Time Intervention (CTI) model, to help fill this gap. The ECDMH program provides short term rental subsidies and goal-focused, recovery-oriented case management to support sobriety. This new program has 12 beds.

Overall, admissions to treatment have decreased after 2019, which could be an impact of COVID. However, there are important caveats to consider in the numbers displayed below, including but not limited to: Implementation of Part 820 services, the advent of integrated clinics and other related matters on how admissions are now counted. Admissions are likely higher than illustrated. Understanding the substance most reported by clients being admitted to services can be helpful in targeting future planning and programming. The graph below shows the Primary Substance at Admission by Year for the top six in 2021. The graph below shows the Primary Substance at Admission by Year for the top six in 2021.



A notable exception to decreases in admissions for many substances, is the increase in admissions for clients reporting methamphetamine as their primary, secondary, or tertiary substance. Over the past 10 years, the number of admissions involving methamphetamine has gone from 29 in 2012 to 340 in 2022. In 2012 this represented 0.12% of all admissions and in 2021 is 2.32%. This increase is nearly twelve

times what we saw in 2012. While the numbers are comparatively small compared to all admissions, it may signal the next emerging crisis in our community. The following graph shows the change over time.



Prevention programs are also an important strategy in curtailing substance use. The need for services outpaces the available resources and the ECDMH wants to ensure that prevention services were being deployed judiciously. In an effort to focus Erie County OASAS prevention provider resources in areas with the highest risk, ECDMH funded the development of the Erie County Risk Indicator Database and the Prevention 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 are updated annually and collaboratively provided to the providers of prevention services in Erie County. The Erie County Prevention Gaps and Barriers Analysis was updated for 2022 and a sample of findings include:

- Overall coverage of school-based programs in the City of Buffalo and the surrounding suburbs (Tonawanda, Cheektowaga, Amherst, Lackawanna, Hamburg, Lancaster) is well distributed. Extreme northeastern Erie County as well as in many areas of southern Erie County are missing school-based programs (Colden, Concord, Newstead, Collins, Holland, Brant, Sardinia). All other school districts have at least one program.
- ZIP codes with the highest aggregated risk are located in the more suburban ZIP codes adjacent to the City of Buffalo within the Towns of Tonawanda, Amherst, Cheektowaga, West Seneca, Orchard Park, and Hamburg, as well as the City of Lackawanna. Most ZIP codes with highest aggregated risk have at least one recurring prevention program, with the exception of ZIP codes 14068 and 14217 which have no recurring programs.
- The ZIP codes in the City of Buffalo with the highest aggregated risk are located in the City's East Side as well as the eastern portion of Downtown Buffalo (14203, 14206, 14211, and 14215). ZIP codes 14206, 14211, and 14215 all have many recurring programs, whereas ZIP code 14203 does not have any programs.

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

The vast majority of prevention services are evidence-based classroom programs provided in local Erie County School Districts. The COVID pandemic and the closure of schools severely impacted the provision of prevention services during 2020 and 2021. The prevention agencies were tasked with trying to find unique ways to continue to provide services including sending home paper copies of lessons, participating in Google Meets with classroom teachers, and recording lessons. The biggest obstacle was the technology needs of each school district and student. Even in 2021, the various start-up/shut-down policies in many of the school buildings forced programs to be delivered in a combination of in-person and electronically. These building-level policies made service delivery erratic.

It wasn't until Fall 2021 that classroom-based programming resumed on a more consistent, in-person schedule, although still dependent on the specific school district as some still had a no outside providers/visitor policy. The prevention providers have seen an increased need for services as schools have reached out to them looking for more services to be provided in more schools. They have noticed an increase in mental health, substance use and behavioral concerns within their student populations. The social isolation during the pandemic has had a negative impact on some students where higher levels of depression and anxiety are being observed. An increase in negative classroom behaviors has also been observed. Prevention providers have had to incorporate social/life/emotional skill building into their programming so youth can learn the necessary skills to be able to make healthy decisions, communicate their feelings effectively, manage stress and resolve conflicts positively.

During COVID, prevention providers were encouraged by OASAS to look at proving services “across the lifespan” to incorporate prevention programming to other populations, not just students. Many

prevention providers took this opportunity to re-examine their programming and incorporate not just school-based programs for students, but programs at community centers, with older adults and even for employees.

However, the staffing and workforce crisis has severely impacted the prevention providers, as many have had an extremely difficult time recruiting and retaining employees due to low wages, which then limits the capacity to provide all services. Many providers are not able to take on new schools and students or implement new programming, because they do not have the staff to provide this level of service at current funding levels.

Px21 is the coordinating council of prevention service providers in Erie County with the shared goal of providing prevention and health promotion for the 21st century in our community. Erie County Department of Mental Health, community-based prevention providers, and the Center for Health and Social Research (CHSR) meet and collaborate on a monthly basis to promote healthy behaviors, delay use and/or prevent abuse of alcohol, tobacco and other drugs (ATOD), and to prevent the onset of mental illness and unhealthy behaviors (including, but not limited to, gambling, violence, and other anti-social behaviors). Together, Px21 identifies the County's most pressing needs and creates a County-wide strategy to stop the use of alcohol, tobacco, other drugs and the start of risky behaviors.

The efforts to address this epidemic continue in earnest. Additional services, not previously referenced, which are being implemented to address the crisis include, but are not limited to:

- The ECDMH applied for and was awarded, an Adult Drug Courts grant funded by the Bureau of Justice Assistance (BJA) to implement the MISSION-CJ case management model in five drug courts in the 8th Judicial District. MISSION-CJ (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Criminal Justice), is an integrated set of evidence-based practices that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. This program focuses on high risk opiate users in Erie County. This program blends high intensity case management and therapy, with additional community supports. The grant started in October 2022 and runs through September 2026. This project will also implement a trauma screen and will educate court staff about trauma informed care.
- The Erie County Family Treatment Drug Court Expansion Project, funded through a SAMHSA grant, received a no cost extension through the end of May 2022. This project has expanded and enhanced the current Family Treatment Drug Court process, provides community-based care navigation with a focus on rapid access to MAT and integrates all other healthcare and mental health care into the court room process. The COVID-19 pandemic created significant challenges with recruitment to the program and the extension will allow the program to serve more individuals as well as address the barriers that arose because of the pandemic.
- The Early Diversion Enhancement Program for Adults with Co-Occurring Disorders Project, funded by SAMHSA, also faced significant challenges because of Covid. This project uses the MISSION model and in order to address the challenges that the program faced, another community partner was brought in to provide the case management services. Since the new partner was added, there has been an increase in enrollment to the project. The project is in its final year of funding from SAMHSA.

- The Opioid Intervention Court Expansion Project, funded by SAMHSA, is in their fourth year of funding. Erie County established the first Opioid Intervention Court in the nation. This project utilizes the MISSION-CJ model and expedites linkage to medication assisted treatment for participants. Again, COVID had a significant effect on the Opiate Intervention project as courts were virtual for several months which affected the team's ability to enroll and serve participants.

The ASA Subcommittee of the Community Services Board was asked to identify their top priorities for the coming year. They identified the following:

- 1) Opioid Crisis/Access to treatment (open access, OTP waitlists, overdoses, other substance/alcohol, stigma).
- 2) Workforce/Training (stigma and how it relates to opioid settlement dollars and five-year planning as it relates to workforce).

In addition to these priorities, the ASA Subcommittee also discussed the need for additional education regarding cannabis in light of the legalization of recreational cannabis. They reported that during COVID, more clients receiving OTP's received take home medications, which they observed resulted in more clients being lost to contact. They would like to see increased access to treatment, specifically more methadone treatment, and they recognized that staffing is having a significant effect on access because without staff, new clients cannot be added. They have observed that when a new counselor is hired, their caseload fills up quickly and that these are new patients, not transfers from other programs. They reported that the regulations are compounding the workforce challenges and that treatment is being driven by the regulations, not by quality of care. They also reported that they believe the CASAC requirements are unnecessarily demanding and modifying these requirements may help to alleviate the workforce shortage.

The 2022 Erie County Workforce Survey results indicated that SUD providers are having the greatest difficulty in recruiting and retaining Other Medical staff (ex. Nurses) with 19% vacancies, Bachelors level staff with 22.7% vacancies, staff with Associates Degrees or no degree required with 20.9% vacancies, and Peers with 25.2% vacancies. In order to assist with the work force crisis, in collaboration with the provider community, ECDMH hosted and facilitated a Behavioral Health and Human Services Job Fair in September of 2022 that was attended by 50 provider agencies. More on this effort is referenced elsewhere in this plan document.

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.

Developmental Disability Needs Assessment

The COVID-19 pandemic had a profound impact on persons receiving Office for People with Developmental Disabilities (OPWDD) services. The pandemic increased social isolation, anxiety and mental health concerns for this population. Many lost services, experienced delays in accessing services or were unable to access services. Telehealth services were helpful, particularly for those who face barriers because of transportation, but for many people, telehealth is not an adequate method for delivering the services that people need. Staffing shortages have prevented or delayed access to services. Staff illness, lack of competitive wages, competing demands on the workforce (such as availability of childcare and need to supervise children who were doing virtual schooling) compounded staffing challenges. Staffing is not a new problem for agencies providing OPWDD services, but COVID and what has come after, has heightened the urgency for many agencies.

The Community Services Board and the OPWDD Subcommittee have identified a number of priorities to be considered for the 2023 Local Services Plan related to the Intellectual and Developmentally Disabled (IDD) System of Care. The priorities that they identified include workforce, housing, crisis management for families, address “System Spanner;” break down regulatory barriers for access to mental health services, criminal justice – low incidence, high impact, transportation, employment, advocacy and stigma.

Workforce continues to be an incredible challenge. Prior to COVID, staffing was a significant problem and there was little to no movement in finding any resolutions. During COVID, it got worse, but as we moved through the pandemic additional funds were earmarked to increase wages. Unfortunately, the Cost of Living Adjustments (COLAs) that were provided came with a voluntary match requirement from the agencies which have put further strain on the agencies that provide these services. The COLAs, because of the funding code and requirement for a voluntary match, have increased the wages but it forced the agencies to reduce the resources available to other cost centers in order to satisfy the match requirement. While the agencies appreciate the much-needed COLAs, the voluntary match requirement offsets the intended benefit. Agencies and the ECDMH are hopeful that OPWDD can rectify the funding code issue so a voluntary match is not required.

In order to try and better understand the scope and impacts of the workforce shortages, the Erie County Department of Mental Health conducted a 2022 Workforce Survey. The report provides information related to the severity of shortages by role and disability. IDD agencies are struggling the most because of vacancies in the Direct Care Associates Degree or no degree required roles. Six of the respondents represented IDD providers, reported they have nearly 3,500 Direct Care Associates Degree or no degree required positions and have 748 vacancies in these roles. That is 21.4% of their direct care staff.

The full report is available at https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf.

In order to assist with the work force crisis, in collaboration with the provider community, ECDMH hosted and facilitated a Behavioral Health and Human Services Job Fair in September of 2022 that was attended by 50 provider agencies. More on this effort is referenced elsewhere in this plan document.

Based on data provided by OPWDD, there were 7,723 individuals in Erie County receiving OPWDD services in 2021. The number of individuals served has been increasing incrementally since 2018. Total Medicaid payments in 2021 for these services were \$408,855,357, with the average payment per person of \$52,940. The average payments per person has fallen each year since 2019 when that was \$57,027.

Crisis Intervention

OPWDD is funding a project through the Conference of Local Mental Hygiene Directors to develop a crisis intervention project pilot to address the needs of individuals with co-occurring I/DD and mental health challenges who are in crisis. The design of the pilot has included CSIDD, mental health crisis teams, and LGUs. The pilot involves collaborative crisis response and consultation with the goal of diverting an individual when possible from a presentation at CPEP, cross system linkages and evaluation of the model. The pilot is expected to launch in early 2023.

System Spanners

Another area that has received significant attention is individuals in need of higher levels of care and who span multiple systems; primarily those that have co-occurring serious and persistent mental health concerns and have an intellectual or developmental disability. Individuals that also have a substance use disorder further complicate the care planning and the options available. These cases are often coming to the Erie County Single Point of Accountability/Access (SPOA) and it has been challenging to find care coordination, housing and services for these individuals. Many providers decline to serve these individuals and as a result, many are hospitalized for extended periods of time and are not receiving the services that would be most therapeutic and most appropriate to their needs. Similarly, providers report that when a resident with co-occurring disorders becomes symptomatic and/or their behaviors present in a manner that presents safety issues for themselves or other residents, they are often not admitted to the hospital and are returned to the facility without adequately addressing their care needs. ECDMH convened a workgroup dubbed “System Spanners” of State representatives from the NYS Offices of Mental Health (NYS OMH), NYS Addiction Services and Supports (NYS OASAS), and NYS People with Developmental Disabilities (NYS OPWDD). The workgroup also included ECDMH staff, providers serving the affected populations, and a member of the ECDMH Community Services Board OPWDD Subcommittee. Housing with enhanced staffing was clearly identified as a need but the state representatives were reluctant to fund housing that would serve this population. They did suggest other options to address the needs of the population through a continuum of care, but without a true residential component. The core components include: training and cross training for staff in mental health and intellectual/developmental disabilities; enhanced staffing for individuals with higher needs; crisis intervention training teams; and brief respite and transitional programs that could be seeded in a couple of agencies and serve as a pilot. Reviving an Assertive Community Treatment (ACT) team that specializes in this population has also been a recommendation.

Respite

Respite services provide temporary relief from the demands of caregiving, which reduces overall family and consumer stress. Respite can be provided in the home or out of the home, during the day, evenings or overnight. As family caregivers age, there is likely to be a greater need for respite services. In 2020, there were 1,147 recipients of respite services in Erie County. In 2021, the number of individuals receiving respite services was 1,043.

OPWDD increased reimbursement rates for respite services in 2017. There were increases in utilizations because of the increased ability to serve individuals with more challenging needs, but providers reported that the workforce crisis negatively affected the availability of respite services. They reported that the lack of direct service staff left many without access to respite. The rate increase was helpful, but it did not resolve the workforce shortage, which in-turn limited access. These staffing challenges continue and limit access to this valuable service. During the height of the pandemic, many home respite programs were temporarily closed or did not operate due to restrictions. Staff shortages and illness further restricted the availability of respite services during the COVID-19 pandemic.

Transportation

Transportation continues to be a challenge for the I/DD population. OPWDD Subcommittee participants mentioned transportation as an ongoing unmet need that directly effects consumers and families needing access to services and community integration activities, especially employment and day services. 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. For individuals with accessibility needs, the challenges are even greater.

Residential

The number of recipients of Certified Residential services has decreased every year since 2018. In 2021 2,368 individuals received Certified Residential services, down from 2,449 in 2018. Certified Residential services have had serious staffing shortages and this affects the number of slots that are available. Also, the housing market and the time it takes to obtain OPWDD approvals has made acquiring new properties very difficult. Provider agencies have tried to be creative in making beds available, often by consolidating beds at fewer locations to reduce the impact of workforce shortages. For individuals seeking a Certified Residential placement, there is a very long wait list. There are not enough Certified Residential slots and few new opportunities have been added. People on the wait list are prioritized based on urgency. Individuals who have elderly caregivers are not identified as “urgent” until their caregiver dies or becomes infirm. This creates emergencies that are avoidable; if only there were sufficient capacity and planning.

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. Since this time, no additional funding has been added to support new certified residential services.

Two significant challenges for organizations that provide residential services include: workforce and OPWDD property caps. The workforce crisis is causing agencies who have been given the go ahead to develop a new home, to go back to OPWDD and change the commitment to open the new homes.

In addition, when slots are opened up, there is great difficulty staffing them. Regarding the property caps, they have not kept up with current market conditions. The amount the provider can apply is too low for the cost of real estate and renovations or new construction; and this circumstance has gotten worse post-COVID.

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

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

Self-Directed Supports

Self-Directed Supports is a category of services available to OPWDD recipients. This model allows an individual to select the specific services they need and to hire the staff to provide these services directly. It was hoped that this model would overcome some of the workforce challenges that occur in more traditional service models and by agencies providing these services. This is a much more flexible model for meeting the needs of individuals. However, it has become increasingly difficult for individuals using the Self-Directed Supports to hire and retain the staff needed. Independent Support Services (ISS) are non-certified rent-subsidies and can be accessed by individuals utilizing Self-Directed Supports and who have their own apartment. Lack of affordable housing in the community creates challenges for the recipient to obtain and maintain their housing, even with the ISS subsidies.

Stigma

People with IDD are consistently found to be among the most socially excluded population and face substantial health, housing, and employment disparities due to stigma.¹ Stigma is associated with higher levels of psychological distress, worse adherence to treatment and decreased use of health services(<https://www.nationalelfservice.net/learning-disabilities/stigma-increases-psychological-distress-people-intellectual-disabilities/>). Despite the Fair Housing regulations, people with disabilities are still excluded from housing. Stigma is also a driver in excluding people with disabilities from employment. Housing exclusion may be partially attributed to concerns over finances and exclusion from employment could be due to lack of knowledge of people's abilities and the reasonable accommodation process under the Americans with Disabilities Act.

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

Medicaid Care Coordination Organization/Health Home Care Management Service

Medicaid Care Coordination Organization/Health Home Care Management Service implementation replaced the Medicaid Service Coordination program in 2018. This represents a huge shift in how these services are delivered and expanded the scope of care coordination/care management services. The state made great efforts prior to and following the transition to educate consumers and organizations about the new model. Based on OPWDD data there were 7,608 individuals in Erie County that received Care Management services in 2021.

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, and behavioral and mental health services through a single individualized Life Plan for each member. People who do not want to receive comprehensive care management can choose to receive Basic HCBS Plan Support, which is a limited coordination option. The new service is staffed by care managers, many of whom who were Medicaid service coordinators who received additional training for this new role. The overarching goal of this initiative is to help coordinate services across systems including OPWDD, DOH, OASAS, and OMH.

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

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; and
- Linkage to the Crisis Intervention Team (CIT).

APIC Data and Achievements:

The number of patients receiving services has decreased since the start of the COVID-19 pandemic. APIC has seen the following number of individuals in the below age groups (the 2017, 2018, 2019 and 2020 data was retrieved from PCMS, the 2021 data was retrieved from ClearPoint and the 2016 data from the 2018 Local Service Plan):

Age Group	Total Caseload 2016	Total Patients/Families Served 2017	Total Patients/Families Served 2018	Total Patients/Families Served 2019	Total Patients/Families Served 2020	Total Patients/Families Served 2021
0-17	156	250	440	178	71	58
18-64	143	191	291	261	188	145
65 +	3	0	2	11	4	11
Unknown	4	0	0	0	0	0
Total	306	441	733	453	263	214

During 2018, the APIC team completed 526 home visits with participants. In 2019, 152 home visits were completed. In 2020, there were 194 visits completed and in 2021, 246 visits were completed. The 2020 and 2021 visits include both telepsychiatry and face to face visits. The ability for APIC to meet with patients and families virtually seems to have supported an increase in access to the visits.

Considering the OPWDD eligibility status of people served, there has been an increase in the number of people who are not eligible for OPWDD services over the past two years and a decrease in those who are eligible. APIC provides services to individuals who are not OPWDD eligible. The total number of cases seen, as provided by ECMC based on OPWDD eligibility was as follows (the 2017, 2018, 2019 and 2020 data was retrieved from PCMS, the 2021 data was retrieved from ClearPoint and the 2016 data from the 2018 Local Service Plan):

OPWDD Status	Total Caseload 2016	Total Caseload 2017	Total Caseload 2018	Total Caseload 2019	Total Caseload 2020	Total Caseload 2021
Eligible	211	299	420	232	198	110
Not Eligible	65	91	213	156	65	103
Pending/Unknown	30	12	100	65	0	1

The Erie County Department of Mental Health will continue to monitor the number of families served, the number of visits completed and eligibility status of the participants.

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

Priority Areas

Housing

Housing is a priority area that impacts the mental health, substance use and I/DD systems of care. This has been a long-standing challenge for providers and recipients of services and the COVID-19 pandemic exacerbated housing challenges.

OMH

Access to housing continues to be a challenge for the mental health consumers of Erie County, particularly those who have other overlapping service needs that do not neatly fit into pre-existing service models. Erie County has begun looking into what have been termed “System Spanners” – people whose symptomology place them in a gray area of eligibility between different systems. In addition, there are individuals who would benefit from the supports in licensed housing but decline services because of the restrictions of licensed housing or who are not eligible because of their family composition (have children).

OPWDD / OMH System Spanners

This circumstance presents when individuals who have a serious mental illness, for instance schizophrenia, also have developmental disabilities or cognitive delays. This co-occurrence is not numerically frequent; however, the individuals who experience it tend to be very vulnerable individuals who become “frequent fliers” at CPEP and other institutions. Some licensed housing providers do not accept individuals who have IQs lower than 70, citing concerns that individuals in this case lack cognitive capacity to participate in their rehabilitation. It can be the case that these individuals often are not eligible for OPWDD services. Fourteen people were denied licensed housing in a period of fourteen months for having low IQs or significant OPWDD service needs. ECDMH, the Buffalo Psychiatric Center, Erie County Medical Center, and other community partners have worked to case-conference these individual cases. Four were eventually housed in supportive housing that practice a “Housing First” model, but providers report that some of these individuals require a higher level of care.

Aging Supportive Housing Populations

The Buffalo Psychiatric Center and Supportive Housing providers are reporting that they have many clients who are aging and require assisted living. Finding openings to take these individuals has been difficult. The Buffalo Psychiatric Center would be able to transition some individuals out of their facility if they were able to secure a level of care that met both, their psychiatric and physical needs. A structural barrier results from a limited inventory of assisted living facility beds; there are more members of the community who need this level of care than there are available spaces. There is a perception that individuals presenting with higher service needs are less likely to be accepted. Mental

health providers perceive physical needs as requiring priority and assisted living providers find mental health needs to be primary.

The statutory limitation on the number of individuals with a serious mental illness that can be accepted into nursing homes decreases the availability of such residences to people with serious mental illness.

High Need Supportive Housing Clients

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 (HUD). 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. ECDMH provides technical assistance to these providers and other members of the community about best practices to serve this population such as trauma-informed care, low-barrier housing first, and person-centered services.

The State of New York has also recognized the need for more housing and has significantly invested in new-build housing through the Empire State Homeless Housing Initiative (ESHHI). This has been a welcomed addition to the community's housing inventory, serving individuals aged over 55+ with serious mental illness and other individuals with serious mental illness. Housing is life-changing for those who receive access.

There is concern that many residents have greater service needs than the supportive-housing level of care provides. Some stipulations of the capital funding for single-site providers prevent this resource from being used to assist high-need clients with certain types of criminal backgrounds (drug manufacturers, arson, sexual offenses). Different property management companies have different sets of expertise when it comes to assisting individuals with symptoms of a serious mental illness. The significant reduction in Residential Care Center for Adults (RCCA) beds has contributed to a diminished capacity for higher levels of care. A goal of single-site supportive housing is that it will increase the availability of affordable housing for people with disabilities. There is an income eligibility requirement to live in these units and this presents a barrier for some homeless individuals because they either do not have or have difficulty accessing the required documentation. As a result, some are unable to access this housing, and for others it delays the process and extends the period of homelessness until they are able to obtain the required documentation.

The local system of residential programs is finding they must be willing to accept individuals with greater needs, more challenges, and who may present with greater risk than has been historically 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. Collaboration between the different levels of housing programming will continue to be an important component towards ensuring high needs individuals receive an appropriate level of care.

Community-Wide Collaboration

The Erie County Department of Mental Health has been acting as a connector to service providers in high need cases to ensure we are taking a coordinated and collaborative approach to care. Examples of this include:

- Weekly case conferences with housing providers and Buffalo Psychiatric Center (BPC) to review clients, case by case, that are exiting either inpatient or state residences and moving into a community residence. Each plan is both individualized and targeted to help that specific client succeed upon discharge.
- Monthly meetings with Erie County Medical Center Comprehensive Psychiatric Emergency Program (ECMC CPEP) pertaining to their high utilizers.
- Monthly meetings with ECMC CPEP and the Supportive Housing Set-Aside, beds dedicated to those with high utilization at ECMC.
- Monthly meetings with all Supportive Housing providers to case conference and discuss best practices.
- Biweekly meetings with homeless service providers to case conference those referred to permanent housing.

Program Capacity and Movement

According to data in the NYS OMH Residential Program Indicators Report (<https://www.omh.ny.gov/omhweb/statistics/>, Adult Housing) overall utilization is high. For Congregate/Support programs, many of these beds target specific clients (ex. women, men, seniors), which can require more time to transition open beds. Percent of occupancy by housing program types over the past five years is shown in the following table.

Program Type	2017	2018	2019	2020	2021
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%

Despite these valued resources, there continues to be many people who need housing services and support. Creating additional capacity and/or transitioning individuals from higher to lower levels of care along this continuum creates flow in the system. This flow allows more people to access the services they need and creates more paths towards independence.

Review of the data for *number of available beds* at each level of care and *length of stay* is helpful to understanding changes in system capacity and flow. Overall, 60% of individuals served had lengths of stay (LOS) greater than 2 years in 2018. Program types that had increases in the percentage of individuals with LOS greater than 2 years included Congregate/Support, SRO Community Housing and Supported Housing Community Services. Some of this increase could be attributed to the reduction

in RCCA beds. Ultimately, to facilitate movement through the levels of care there is a need for more affordable housing in the community for individuals transitioning from the Supported Housing program to independence. The following table shows the number of beds available, LOS greater than 2 years, median LOS and discharges during the timeframe by program type for 2017-2021. (NYS OMH Residential Program Indicators Report (<https://www.omh.ny.gov/omhweb/statistics/>), Adult Housing).

Program Type	Year	# of Beds	% LOS > 2 years	Median LOS (days)	Discharges during timeframe
Apartment/Treatment	2017	305	52.9%	795	89
	2018	325	42.9%	636	130
	2019	325	43.2%	570	107
	2020	325	53.5%	780	77
	2021	325	60.3%	955	86
Congregate/Support	2017	60	50%	788	104
	2018	60	63.9%	1,063	91
	2019	35	48.1%	295	61
	2020	35	20.7%	72	53
	2021	35	14.8%	359	26
Congregate/Treatment	2017	261	44.4%	581	146
	2018	261	42.0%	540	141
	2019	260	42.2%	558	123
	2020	260	46.4%	629	104
	2021	258	52.0%	781	84
SRO Community Residence	2017	305	54.5%	1,038	23
	2018	305	73.4%	973	50
	2019	305	75.3%	1,171	41
	2020	305	78.3%	1,527	36
	2021	305	79.5%	1,867	36
Supported Housing Community Services	2017	980	61.3%	1,118	200
	2018	1,000	66.6%	1,195	204
	2019	1,000	70.6%	1,277	154
	2020	1,034	70.5%	1,408	124
	2021	1,034	78.0%	1,705	101

It is the ECDMH's view that an important part of the solution is to facilitate, where appropriate, movement to lower levels of care. 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. This strategy would be in line with the general goals of recovery and empowerment for program participants.

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 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. Strategies include: 1) identifying employment goals/interests, 2) providing community resources, 3) guiding clients towards meaningful employment, and 4) promoting 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.

This program was successful through the start of the pandemic in March 2020. However, many supportive housing clients lost their jobs as part of the economic disruption that was incurred by the pandemic. Future efforts will need to build upon previous best practices in addition to coping skills pertaining to new circumstances of the pandemic. Jobs have changed, anxieties about being in public have changed, and some individuals have new health circumstances to cope with.

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

SUD

The Erie County Opiate Task Force’s Treatment Subcommittee has identified increasing access to housing for those with a Substance Use Disorder (SUD) as a major gap and priority. Housing is an important element in creating stability for an individual, particularly during the recovery journey. As a result of these efforts and in partnership with community providers, 48 new beds are or will be available and dedicated for SUD clients. While this is significant progress, the need for additional housing and supports for SUD clients is not sufficient to meet the community need.

One of these new programs is funded by the ECDMH. This transitional housing program for people recovering from SUD is a pilot and provides short term rental subsidies and goal-focused, recovery-oriented case management to support sobriety. It offers 12 beds and utilizes the evidence-based practice of Critical Time Intervention.

OPWDD

Housing for OPWDD recipients has been a problem for many years. COVID-19 accelerated the crisis further. The impact of the COVID pandemic on the housing market compounded the challenges for OPWDD residential providers. It was more difficult to acquire properties because of the increased cost and the speed at which properties were sold. The processes required to get approval for purchases is not expedient and even if a property was reasonably priced, the OPWDD residential providers could not close on the properties because the market was so competitive.

The Systems Spanners workgroup, described under the OMH heading of this section, is intended to support individuals with co-occurring conditions, particularly those with mental health and intellectual and/or developmental disabilities. The workgroup identified housing with enhanced staffing as a significant need and while the representatives from OMH, OASAS and OPWDD were not able to fund housing to support this population; the workgroup did develop a proposal to address the needs of this

population through a continuum of care, without a true residential component. The core components of the proposal include: training and cross training for staff in mental health and I/DD facilities and programs; enhanced staffing for individuals that have higher needs; Crisis Intervention training teams; and brief respite and transitional programs that could be seeded in a couple agencies and serve as a pilot. Reviving an Assertive Community Treatment (ACT) team that specializes in this population has also been a recommendation.

OMH Housing Goal

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

OMH Housing Objectives:

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

- 2) Work collaboratively with the provider community to improve targeted outcomes in supportive housing:
 - a. 97% of clients will be housed within 30 days of contact with the provider;
 - b. The provider will spend at least to the targeted 96% but not more than 100% of their budget;
 - c. Occupancy will remain higher than 95%; and
 - d. Providers will increase their clients that have earned income by 5%.

- 3) ECDMH and Housing Providers will monitor length of stay:
 - a) Based on the OMH Housing transition and length of stay, ECDMH will assist housing providers in identifying 5% of residents that could move to a more independent level of care;
 - b) Housing Agencies will present these openings to the above meeting to identify opportunities to facilitate housing movement;
 - c) The ECDMH SPOA will collaborate with supported housing providers, community integration services, and health homes to support this transition; and

- d) ECDMH will facilitate the Good Work! effort and use of the Good Work! tool to help agencies identify participants interested in employment and support those individuals to gain employment towards independence.

SUD Housing Goal

Increase access to housing that supports recovery for individuals with SUD to include the following populations: transitional services for mothers and their children, transition from 820 residential services, those in recovery who would benefit from CD CTI supportive services, and those coming out of treatment and struggling with sobriety because of their housing situation.

SUD Housing Objectives:

- 1) Evaluate the impact of the new transitional services that have been implemented.
- 2) Continue to work to identify additional housing resources for individuals with SUD.

OPWDD Housing Goal

Increase access and availability of housing for OPWDD recipients and the supports and services required to serve the “System Spanner” population.

OPWDD Housing Objectives:

- 1) Support implementation of “System Spanner” related proposals by community providers, to the extent possible.
- 2) Assess the effectiveness of interventions identified by the Systems Spanners group as they relate to housing gaps and needs.
- 3) Convey findings and recommendations to OPWDD regarding the needs and next steps.

Workforce

All across the United States communities are grappling with workforce shortages of mental health, substance use treatment and developmental disability staff. Erie County providers have been sounding the alarm for years and the COVID-19 pandemic has raised the workforce shortage to crisis levels.

The Substance Abuse and Mental Health Services Administration states, “Although the field is growing due to increases in insurance coverage for mental health and substance use services and the rising rate of military veterans seeking behavioral health services, serious workforce shortages exist for health professionals and paraprofessionals across the United States.”²

Other contributing factors to the workforce shortage are increasing opportunities to work with individuals with less severe conditions and with more flexible schedules, greater need and more complexity in serving individuals with severe mental health conditions, high caseloads, demanding documentation requirements, and salaries that cannot compete with many other sectors. Given staffing shortages in most other sectors, there are also ample opportunities outside of the human services and behavioral health field competing for workers.

Following the height of the COVID-19 pandemic, worker shortages in many sectors were occurring and the not for profit human services sector was put at a further disadvantage in trying to recruit and retain the staff, as other sectors were able to offer higher salaries, benefits, and bonuses with greater flexibility. Several providers talked about how they were competing for staff against fast food restaurants who were able to pay more.

The Erie County Department of Mental Health wanted to gain a better understanding of the scope of the problem and how workforce challenges are affecting specific types of workers and services to clients. In mid-2022 the ECDMH released a survey for providers to complete that asked about vacancies in particular categories of staff (Administrative, Program Managers/Supervisors, Prescribers, Other Medical, Clinicians – Masters Level, Bachelors Level Program/Direct Care staff, Program/Direct Care staff with Associates Degree or no degree required, Peers, and Administrative Support/Clerical), salaries, tenure, factors affecting recruitment and retention, impacts of the staff shortages, strategies agencies have implemented to improve recruitment and retention, and recommendations for changes to regulatory requirements.

The ECDMH received 33 responses to the survey. The 33 respondents reported that they have over 15,000 positions to serve individuals across the mental health, substance use, and developmental disabilities systems of care; and this is only a fraction of all of the agencies serving individuals in Erie County. Staffing categories with the most severe staffing shortages include: Other Medical (ex. Nurses), Clinicians (Masters Level), Bachelors Level Program/Direct Care, Associates Degree and no degree required Program/Direct Care staff, and Peers. These roles are the backbone of our systems of care and are directly involved with providing services to individuals in need.

² <https://www.samhsa.gov/workforce>

The variations in starting salaries across agencies were significant and puts some agencies at a disadvantage when seeking to recruit and retain staff. Also notable, is the tenure of staff in various roles, particularly the tenure of staff who left in the past 12 months. The data shows that many individuals in the high need roles are leaving after 2 years or less of service. This rapid turnover suggests that agencies should either plan for this regular turnover or explore new strategies for retention.

Recruitment and retention of staff is very challenging for agencies. Low salaries were consistently reported as the greatest impediment for both recruitment and retention. Rewarding work was the most common response to factors with a positive impact on recruitment and retention.

The impact of staffing shortages affects the current workforce, agencies, and individuals being served. The current workforce is experiencing more burnout and increased caseloads to cover for vacancies.

When asked for suggestions to improve staff recruitment and retention, respondents said that sustained annual funding and rates that support reasonable salary increases as the number one solution. Decreased regulatory requirements was the second most common response. Sixty-eight percent of respondents recommended salary increases in the range of 15%-25%.

Respondents were asked what strategies they had implemented and found to be effective. Many suggested sign on bonuses, referral bonuses and retention bonuses, increasing salaries, advertising and networking, partnering with colleges and universities, providing flexibility to staff, staff engagement, and training opportunities.

They were also asked to offer suggestions regarding decreasing regulatory requirements. Decreasing the burden of documentation, reducing reporting requirements, and decreasing the educational requirements were common responses.

The full report for the 2022 Workforce Survey is available at: <https://www3.erie.gov/mentalhealth/reports>.

Over the past year, OMH, OASAS, and OPWDD have implemented a number of cost of living increases to help address the low salaries that agencies are able to provide to their staff. While this is a move in the right direction, it is likely not enough to fix the problem. The ECDMH has been advocating for additional funding for agencies, specifically through the Opiate Settlement Funds, to provide additional funding to support existing staff. The ECDMH will continue to identify and pursue advocacy opportunities to increase salaries for the workforce.

In September 2022, the ECDMH hosted a Behavioral Health and Human Services Job Fair at the Buffalo Convention Center where 50 provider agencies participated and approximately 155 job seekers attended the event. Agencies were provided space to do on-site interviews and several reported making offers to candidates for positions. The response from participating providers was generally positive. A post event survey has been distributed to participating providers to collect data on their satisfaction and how many positions were filled as a result of this event. The ECDMH will use this data to decide next steps and whether or not to repeat this type of event in the future.

To assist with the oft cited training opportunities as a retention strategy, in January 2021 the ECDMH launched a monthly training series, bringing local experts as presenters for our community of providers. This initiative was launched as a result of a Regional Planning Consortium (RPC) survey focusing on workforce challenges which identified ongoing training as a factor in improving retention. Since its start, the trainings topics have included working with survivors of abuse, anxiety, vicarious trauma and self-care, suicide prevention, personality disorders, LGBTQ+ issues, aging and mental health, harm reduction, co-occurring disorders, the impact of domestic violence on children’s brain development, Adult SPOA for Housing, existential therapy, problem gambling, and trauma. Most of the trainings have been recorded. The recordings and related material are available on the ECDMH website at <https://www3.erie.gov/mentalhealth/erie-county-training-collaborative>. Interest in these trainings continues to grow and feedback from the community has been very positive. Since launching this training series we’ve had nearly 1,600 attendees and over 500 views of the recordings.

The WNY Workforce Committee began in the fall of 2021 as a merger between the RPC Workforce Committee and the Building Careers in Human Services Committee, bringing together community partners from the mental health, substance use and intellectual disabilities provider organizations to join efforts to combat the workforce crisis. The Committee has also partnered with higher education providers, colleges and universities to collaborate on recruiting to the human services field. After a brief hiatus during COVID, the committee felt efforts needed to be focused on recruitment and retention again as the workforce shortage had been impacted even more during COVID. In December 2021, the Committee collaborated on writing a letter to Jihoon Kim, Deputy Secretary for Human Services & Mental Hygiene, advocating for a 5.4% COLA across the board along with additional funding for individual workforce initiatives for OASAS, OMH, and OPWDD. More than 35 local agencies and 25 individuals signed the letter in support of the COLA increase. The committee continues to meet monthly to discuss initiatives, share best practices, and discuss ideas for addressing the workforce shortage. They have promoted the Erie County Department of Mental Health Training Collaborative along with the Erie County Department of Mental Health hosted Job Fair that was held in September. The Committee most recently reviewed the 2022 Erie County Department of Mental Health Workforce Survey to see where their efforts should be directed. Upcoming focus will be on retention with a focus on the greatest positive and negative impacts that were identified.

Workforce Goal

The ECDMH will support provider agencies in achieving and maintaining sufficient staffing to serve the Systems of Care in Erie County.

Workforce Objectives:

- 1) The ECDMH will work with community providers to identify new opportunities in which the ECDMH can support recruitment and retention efforts throughout the Systems of Care.
- 2) The ECDMH will complete its analysis of the 2022 Behavioral Health and Human Services Job Fair Survey from providers to determine next steps.
- 3) The ECDMH will continue to facilitate the Erie County Training Collaborative to provide monthly training sessions to individuals who work in the Erie County Systems of Care.
- 4) The ECDMH will continue to advocate for more funding to support salaries for existing positions in the Systems of Care.

Diversion Services

Over the past several years, there has been a massive push to reduce the use of high cost, high intensity services whenever possible with the goal of reducing costs to the system. The added benefits of these initiatives were to improve care and outcomes for individuals in our community.

Over the past three years, many new initiatives have been developed and implemented in an effort to divert people from high cost, high intensity services (emergency department and inpatient). In some cases, particularly when these visits could have been avoided, there has been a detrimental effect on consumers. While the overreaching goal to divert individuals to less restrictive, more appropriate care remains, the motivation for doing so seems to have shifted from cost savings to better care.

Erie County Medical Center (ECMC) Comprehensive Psychiatric Emergency Program (CPEP) has about 10,000 visits each year. Despite the fact that this is a relatively recently expanded facility, the larger and redesigned facility continues to struggle to keep up with the high volume of patients. While the number of visits seem to be stable from 2021 to 2022, the percentage of presentations from arrival time to discharge or inpatient admission that are more than 24 hours, went from 25% in 2021 to 41% in 2022. Many patients wait for hours, sometimes days, before they are evaluated, discharged or admitted to inpatient care. The workforce crisis has also affected CPEP and staffing shortages are compounding the issues at CPEP.

In addition, law enforcement also transports many individuals to CPEP. Many interactions with the police result in transport to the hospital for psychiatric evaluation. While some of these transports result in inpatient hospitalization, many do not and could have been more appropriately and effectively addressed via other interventions. Law enforcement also faces additional scrutiny and pressure because of the outcries of police brutality and the deaths by police that have occurred across the country.

In order to improve outcomes for individuals in crisis by intervening in different ways that divert individuals from CPEP services, Erie County and the provider community have created alternatives to CPEP. Diversions from CPEP are intended to reduce volume to CPEP, improve the client experience, and improve the outcomes and experience for those individuals that actually require CPEP level of care.

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

- The Kirsten Vincent Respite and Recovery Center: Dr. Kirsten Vincent was the Executive Director of Recovery Options Made Easy and she worked tirelessly to establish the path to create a Respite and Recovery Center including building partnerships and securing some funding to start the project. After her untimely passing in May 2021, it was decided that the Center would be named in her honor. The Center will be located in the Fruit Belt

neighborhood in Buffalo. Services that will be available include: Short-Term Crisis Respite, an Intensive Crisis Respite, a Renewal Center in collaboration with Western New York Independent Living (WNYIL) and a Mental Health Urgent Care, a Spectrum Health & Human Services satellite. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and psychiatric emergency department visits). The Kirsten Vincent Respite and Recovery Center is scheduled to open by the end of 2021.

- Behavioral Health Teams: Endeavor Health Services has partnered with law enforcement agencies in and around the City of Buffalo, creating co-response teams. Clinicians are embedded within police departments and provide on scene screening, assessment, de-escalation, diversion, post-crisis follow up and linkages to care. The goal of this program is to prevent arrests, reduce recidivism, divert from hospitalization, and help develop crisis intervention plans for individuals who frequent higher levels of care. This program launched in 2019 and currently has teams in the City of Buffalo, Cheektowaga, West Seneca, Town of Tonawanda, and the NFTA. In October 2022 the ECDMH received a grant award from the Bureau of Justice Assistance to support expansion of the Behavioral Health Teams project. This is a three-year grant and supports expansion of this project to increase capacity in high need areas and provide training to law enforcement.
- The Help Center: Located on the grounds of Erie County Medical Center and a floor below CPEP, the Help Center is an urgent care service for walk-in mental health treatment of adults in crisis who do not require psychiatric emergency treatment or inpatient care. Services are available for walk ins every day including weekends and holidays from 8 AM – 10:30 PM. Services are also available virtually Monday-Friday 8 AM – 9:30 PM. This service launched in 2017. In 2018 they had 625 visits, in 2019 they had 1,260 visits, and in 2021 they had 1,186 visits and served 1,018 unique individuals (data is not available for 2020). During 2021, 78.9% of all visits to the Help Center did not result in a visit to CPEP or the Emergency Department. It should be noted that in Q1 2021, the number of patients seeking care at the Help Center was down 33% over typical volume and the percent of individuals diverted from CPEP and the Emergency Department was 56.7%. This pulled down the percentage for the year, and was likely impacted by a surge in COVID cases during that period and cases that did present at the Help Center were more severe. For the first two quarters of 2022, the percentage of individuals that were diverted from CPEP and the Emergency Department was 88.9%.
- 911 Call Diversion: Crisis Services, in partnership with Erie County Central Police Services, has launched a 911 Call Diversion program. The program goal is to divert non-life-threatening mental health calls to 911 to a mental health professional rather than dispatch police. The Central Police Services Dispatch Center staff have been trained on this model and how to identify calls related to mental illness. Callers are asked if they are willing to have their call routed to Crisis Services instead of sending a patrol car. Calls are warm transferred from 911 Dispatch to Crisis Services. This frees up law enforcement from having

to respond to calls that would be more appropriately fielded by mental health professionals. The service launched in October 2022.

- Intensive Crisis Services: BestSelf Behavioral Health received a grant from NYS OMH to create a 24-hour intensive crisis stabilization center to help children and adults experiencing a behavioral health crisis. This project will serve a five-county region, including Erie County. Funding was provided to cover five years.

Another area that has received significant attention, is individuals in need of higher levels of care and who span multiple systems; primarily those that have co-occurring serious and persistent mental health concerns and have an intellectual or developmental disability. Individuals that also have a substance use disorder further complicate the care planning and the options available. These cases are often coming to the Erie County Single Point of Accountability/Access (SPOA) and it has been challenging to find care coordination, housing and services for these individuals. Many providers decline to serve these individuals and as a result, many are hospitalized for extended periods of time and are not receiving the services that would be most therapeutic and most appropriate to their needs. ECDMH convened a workgroup dubbed “System Spanners” of State representatives from the NYS Offices of Mental Health (NYS OMH), Addiction Services and Supports (NYS OASAS), and People with Developmental Disabilities (NYS OPWDD). The workgroup also included ECDMH staff, providers serving the affected populations, and a member of the ECDMH Community Services Board OPWDD Subcommittee. Housing with enhanced staffing was clearly identified as a need but the state representatives were reluctant to fund housing that would serve this population. They did suggest other options to address the needs of the population through a continuum of care, but without a true residential component. The core components include training and cross training for staff in mental health and intellectual/developmental disabilities; enhanced staffing for individuals with higher needs; crisis intervention training teams; and brief respite and transitional programs that could be seeded in a couple of agencies and serve as a pilot.

A parallel project is currently in the planning phases which is being led by the Conference of Local Mental Hygiene Directors. With funding from OPWDD, the Conference has convened a workgroup of OPWDD crisis intervention providers, OMH crisis intervention providers and representatives from the LGUs covered by this pilot. The goal of this pilot is to achieve better outcomes for residents in crisis who have co-occurring I/DD and mental health needs. The pilot will involve cross training, consultation, and an evaluation component to assess the effectiveness of this pilot program. It is expected that the pilot will be launched in early 2023.

ECDMH and the partners in these efforts are all committed to finding solutions that best serve our community. Over the next year, the ECDMH will monitor the outcomes of these interventions and continue to work closely with the partners to refine and improve processes to maximize program benefits.

Diversion Goal:

Establish and evaluate diversion services in Erie County in order to improve outcomes for clients and reduce avoidable visits to CPEP.

Diversion Objectives:

- Monitor and evaluate the effectiveness of the interventions to determine the number of diversions and outcomes of the interventions.
- ECDMH will participate in workgroups to identify successes and challenges, work collaboratively to overcome barriers and challenges, and maximize the success of each intervention.
- ECDMH will monitor CPEP visit volume to determine changes over time and will continue to examine available data to identify other possible diversion services.

Racial Equity and Diversity

The Erie County Department of Mental Health (ECDMH) is committed to fostering the principles of racial and health equity by examining the extent of racial and socio-economic disparities with respect to access and outcomes for all recipients of mental health and substance abuse services with a focused lens for members of the minority community.

“According to the National Institute on Minority Health and Health Disparities, African Americans are 20% more likely to experience serious psychological distress-such as major depressive disorder than whites.”³ While addressing a response to effectively address the behavioral health needs of African Americans and other minority communities has long not been given its needed attention and focus, the racially motivated shooting that occurred in a neighborhood of East Buffalo on May 14, 2022 made this issue all the more salient and has generated much needed public reflection and discussion.

Immediately after the shooting, the ECDMH Commissioner convened and facilitated a community response to address the related mental health needs in the community. This was done with the selfless and skilled collaboration of many community provider agencies (traditional and non-traditional), religious community, government agencies, and citizens of the community in which the senseless tragedy occurred, as well as offers of support from beyond those borders. A focused effort was made to ensure that there were Black and BIPOC greeters, peers, counselors and other staff to the response center set up to serve the predominantly African-American community. There is now an overarching steering committee with subcommittees to explore how best to meet the going needs for the community. One of which is the Mental Health Subcommittee for the Resiliency Center. Although the ECDMH is represented as a member, this subcommittee by design and community desire is chaired by community membership.

The ECDMH recognized that a multi-faceted collaborative effort is necessary to begin to address issues of Racial Equity. It is also readily acknowledged that these efforts are not on a 1, 2 or even 5-year time-frame but must be ongoing, evolving and expansive in nature. That said, for purposes of this planning document, what follows are ECDMH’s ongoing and near-term initiatives.

Recognizing the critical importance of addressing racial equity at the systemic level, ECDMH served as a member of the Conference of Local Mental Hygiene Directors Racial Equity Subcommittee that provided recommendations to the State about how to include Racial Equity as an area of focus in the Statewide 2023 Local Services Planning Process. These recommendations are now part of this year’s Local Planning cycle across the counties of New York State.

ECDMH is in the first stages of a review of our internal operations to better determine the extent that services are being provided in an equitable manner. Thus far ECDMH has trained virtually all staff in implicit bias training. As a result of this training, ECDMH has opted to investigate the way people of different racial groups experienced access via the Adult Single Point of Accountability/Access (A-SPOA) for housing. ECDMH is examining racial equity in the housing referral process and the next

³ Mental health aid for Black men bumps into culture, Angelea Preston, *The Buffalo News*, August 17, 2022

steps are to do a more in-depth analysis to determine how decision points in the process are facilitating or hindering racial equity and which need to be changed to ensure equitable access.

The ECDMH is also actively pursuing the translation of our key documents that pertain to access of the Adult Single Point of Accountability and Access office. These will initially be translated in the top five languages in Erie County (other than English) via the International Institute of Buffalo. It is expected that this initial step will be completed and implemented prior to the end of October, 2023.

In addition, as part of its authority to oversee and coordinate the system of care, ECDMH has been collecting and is expanding its collection of related data. Three key broad metrics will be utilized. These include: staffing, outcomes and location of certain specified treatment services. Although some other related metrics will be examined, each of these will be primarily reviewed utilizing metrics which pertain to race and ethnicity.

The first of these to be developed include the racial, ethnic, and gender make up of staffing in those programs with which the ECDMH contracts. While known that adequate staffing in general has been at a crisis point for some time, adequate staffing of a racially diverse workforce that resembles the population of a community is at an even more critical point. “Statistics show that around 5% of mental health professionals are Black.”⁴ This was further driven home during the community’s response to the racially motivated mass murders in East Buffalo. For many, the ability to seek and receive services from those who one feels comfortable and looks like them is a fundamental criterion. The data reported for funded programs will assist in our assessment in this regard as it includes total staff by race/ethnicity, gender and total salary by race/ethnicity, and gender as a compared to the total value of all staff salaries. An initial data pull of all funded positions (administrative, clinical, support, peers, fiscal, etc.) can be seen in the table below.

	Count	Percent	Erie County US Census Estimates as of 7/1/21
Summary Data			
Number of ECDMH contracted Funded Current Employees- All Positions	1388	100.0%	
Number of Funded Current Employees by Race - Total	1388	100.0%	
Number of Funded Current Employees by Race - Asian	16	1.2%	4.3%
Number of Funded Current Employees by Race - Black/African American	367	26.4%	13.8%
Number of Funded Current Employees by Race - Declined to Answer	34	2.4%	
Number of Funded Current Employees by Race - Native American or Alaskan Native	3	0.2%	0.8%
Number of Funded Current Employees by Race - Native Hawaiian or Other Pacific Islander	3	0.2%	0.1%
Number of Funded Current Employees by Race - Two or more races	63	4.5%	2.3%
Number of Funded Current Employees by Race - White	902	65.0%	78.8%
Number of Funded Current Employees by Ethnicity Total	1387	100.0%	
Number of Funded Current Employees by Ethnicity Hispanic or Latino	65	4.7%	6.0%
Number of Funded Current Employees by Ethnicity Not Hispanic or Latino	1316	94.9%	74.4%
Number of Funded Current Employees by Ethnicity Declined to answer	5	0.4%	
Number of Funded Current Employees by Gender - Total	1389	100.0%	
Number of Funded Current Employees by Gender - Male	344	24.8%	
Number of Funded Current Employees by Gender - Female	1044	75.2%	51.2%
Number of Funded Current Employees by Gender - Transgender/Gender non conforming	1	0.1%	
Number of Funded Current Employees by Gender - Declined to answer	0	0.0%	

⁴ Mental health aid for Black men bumps into culture, Angelea Preston, *The Buffalo News*, August 17,2022

This initial data is high level and does not differentiate between client facing and non-client facing position or job group. However, for the first time it does offer insight into the extent of diversity of the racial/ethnic and gender make up the workforce for nearly 1400 positions across the community behavioral health system in Erie County. Further analysis is warranted. Future directions may include, but are not limited to, diversity of workforce by position or job function and by primary population served for example.

Second, beginning in 2021, ECDMH established a new requirement such that most contracted programs, in addition to reporting the number of individuals served and program level outcomes, now also report this data based on race/ethnicity. For the first time, once received, reviewed and approved, this will allow ECDMH to review program impact on specific recipient populations. Data will be analyzed and where appropriate conversations with contracted providers will be facilitated. It is understood that initially learning from the data and provider conversations will be an important step which can help inform related conversations, assistance and interventions. Seeking guidance from subject matter experts will also be woven into the approach. This may take the form of a review of pertinent literature and/or directly from individuals/organizations. With the goal to also learn about and share emerging best practice, it should be noted that this lens will look for instances of positive variance as well as negative variance. ECDMH will be approaching this at many levels including program agency discussions, technical assistance, training, advocacy, and system level modifications.

Lastly, as a third component, the ECDMH is working with the Center for Health and Social Research Institute for Community Health Promotion at Buffalo State College to utilize 2020 census data at the zip code and where possible, at the neighborhood/census tract level to ascertain the extent of equitable access to certain mental health and substance use services. This will be accomplished by comparing treatment locations to the racial/ethnic and poverty level demographic data of the City of Buffalo and Erie County.

Having each of these data components will allow ECMDH to compare program/agency staff and recipient level data. Doing so will allow ECDMH and the provider agency to learn the extent to which staff approach the representation of members in their community. This will also allow for an assessment of the extent to which members of the community in which they are located are being served. While the factors impacting staff and recipient racial/ethnic proportions could be many, such data will allow for data informed conversations that heretofore where not readily possible and/or not as well informed. Potential future directions which may arise includes, but is not limited to the following:

- Should the community be underserved, this data in turn could lead to community outreach and/or program/agency cultural practice changes to help make the environment more welcoming.
- Similarly, recruitment and retention practices could be modified to attract and retain employees who better represent the community being served.
- At a system level, conversations can occur with local colleges and universities about staffing needs and explore needs in recruitment, internship opportunities, support and mentoring practices, and advocacy for incentivizing those interested in the field.
- This data will be utilized to inform the provider community of gaps in services and wherever possible, will be encouraged to site services where such gaps exist. This information will also be communicated when reviewing Certificate of Need and Prior Approval Applications.

Lastly Erie County Government has formed the Office of Health Equity whose vision,

“The Office of Health Equity’s vision is for all disadvantaged, marginalized, and diverse populations in Erie County, who presently experience higher rates of poor health outcomes, to achieve maximum health and wellness,”

and Mission,

“The Office of Health Equity’s missions is to evaluate a wide variety of specific health outcomes among diverse populations to fully understand the depth of health disparities in Erie County and to partner with community members, healthcare providers, faith and philanthropic leaders, and organizations to enact programs that help disadvantaged, marginalized, and diverse populations in Erie County achieve maximum health and wellness”

are well aligned with the efforts described above. ECDMH has met with this office and envisions future collaborations.

Not only is internal collaboration a key component of these efforts, but soliciting and incorporating feedback and input from the community especially that of the minority community is both desired and obviously critical to all such efforts.

While we believe the above represents significant steps to assessing and addressing racial equity with respect to behavioral health services in our community, the ECDMH fully recognizes that these are not nearly complete in the larger picture and represent just a small portion of what must be done...knowing it must be done by embracing what is learned, with an openness to what is heard and a willingness to take action as necessary.

Racial Equity and Diversity Goal

The ECDMH will work with providers in the Systems of Care to identify and take action to address racial inequities that exist in the mental health, substance use, and developmental disability systems of care.

Racial Equity and Diversity Objectives:

- 1) The ECDMH will support and participate in broader county-wide efforts to address racial inequities.
- 2) ECDMH will explore the impact of race in the Adult SPOA housing process.
- 3) The ECDMH will translate key Adult SPOA forms into the top five languages by the end of 2023.
- 4) The ECDMH will analyze the available performance reports of contracted agencies, which include race and ethnicity data related to outcomes, to better understand the impact of race on outcomes, and where appropriate, conversations with contracted providers will be facilitated.
- 5) In collaboration with the Institute of Community Health Promotion at Buffalo State College, ascertain the extent of equitable access to certain mental health and substance use services by comparing treatment locations to the racial/ethnic and poverty level demographic data of the City of Buffalo and Erie County.