**ERIE COUNTY MENTAL HYGIENE COMMUNITY SERVICES BOARD  
MINUTES**

June 1, 2023

COMMUNITY

SERVICES BOARD: Daniel Antonius, Joan Baizer, Victoria Brooks, Sharon Cavanaugh, Kathryne Coric, Max Donatelli, Maya Hu Morabito, Stephanie Orlando, Elizabeth Smith, BJ Stasio, Erica Westphal

GUEST: Amy Rockwood, Erie County Department of Mental Health

MENTAL HEALTH

DEPARTMENT: Mark O’Brien, Shannon Stocker

EXCUSED: Terry Alford, Charles Syms

**Approval of Minutes:**  
 - Sharon motioned to approve April Minutes, seconded by Joan, no one opposed.   
 April Minutes were approved. May Minutes are pending completion.

**MH Commissioner Updates:**

* The WNY OMH Field office is working with Brylin to improve many things, such as physical plant, care and treatment, documentation, etc. They have a list of improvements they need to make, and hopefully they make them. Their operating certificate has not been renewed – that doesn’t mean they are closing down, they can still operate, but they are under enhanced monitoring, they cannot apply for any new programs, they have to submit a Plan of Correction within 30 days, and they are going to be intensely monitored.
* The next CPEP meeting is scheduled for tomorrow. Progress is being made and they continue to meet regularly.
* Mark is calling together representatives from every crisis-related provider to map out what services they provide, including what they presently have as well as what they have coming. Not all the providers even know who does what in what way. We want to eliminate the silos as best as possible in the crisis system and better define who do you call, who can come, and where do you go, in that order. We will have signed MOUs so the various parts of the system can talk to each other without patient consent since it’s under the crisis regulations (we still want to try to get consent, but it will not be needed).
* There is a 9-1-1 Call Diversion program getting set up. It hasn’t taken off and advertised yet because we want to get the kinks worked out. People want less of a law enforcement footprint for crisis response - they want more of a professional MH response, maybe a peer, maybe a combination. But when somebody calls 9-1-1, they keep asking for police and when they are given the option to divert to Crisis Services, more often than not, they are not choosing to, so that leads them to going to CPEP. This is something that can be and will be overcome. The group met yesterday with Harvard School of Public Health to see if we could get a fellow deployed to study what’s going on.
* Opioid funds are in the works. We expect more funds to come in and will look for more opportunities to get that out.

**Chairperson Update:**

* We pulled together a nomination committee composed of the Chairs of the Subcommittees (Erica, Elizabeth, and BJ) to look at the current opening we have on the CSB committee. We came out with a list of 5 candidates that was sent out with today’s agenda. We will review them to see who would be the best fit. The nomination committee will make their recommendation to the CSB in September. If anyone has any recommendations they feel strongly about, please let Max or your Subcommittee Chair know.

**Amy Rockwood, ECDMH Director of Planning and Evaluation, Report on Local Services Plan:**

* Amy has presented this information to each of the CSB Subcommittees.
* This year, the Local Services Plan (LSP) process is a little different than it has been in the past. Previously, LSPs have been done every year. The State is looking at this differently and is now doing one big plan to cover 4 years, and in the subsequent 3 years, we will just provide an update. We don’t know what the updates will look like yet, but we will find out.
  + Our last plan was submitted in Oct / Nov 2022, so not much has changed over these last 6 months. The plan in 2022 was a comprehensive plan. We looked at our goals and got more community feedback.
  + Amy met with each of the CSB Subcommittees about each of their respective sections, met with and got input from a group of peers, attended one of the State’s listening sessions to get more community input, and attended the Trauma Panel that was held at Highmark to get additional input.
  + It is important to select projects in areas where we might actually be able to make an impact and where we are naturally focusing. There are 4 goals and objectives for the upcoming 4 years. This does not mean we will not look at or work on anything else, these are simply the ones that have been identified:
    - Housing – crosses over all of the areas: MH, SU, and DD.
    - Workforce – impacts everything across the board and the ability to deliver any services.
    - Diversion – as Mark just discussed, there is a lot of attention on it and a lot of new services are coming on board. We have access to CPEP and other data, so we’re hoping to be able to see if there are any impacts on CPEP from all of these new diversion services.
    - Racial Equity and Diversity – we are currently in the process of starting to look at this data. In our Clearpoint reporting system, for example, we collect a personnel report from all of our contract agencies, so we are able to see, based on the positions that the County funds and / or contracts for, the breakdown by race, ethnicity, gender, etc. of staff in agencies. We are also able to look at the diversity of individuals receiving services. This is not a complete view of all services delivered in the County, but it is very interesting.
* Max asked about the Priorities of the 3 Subcommittees, hoping this info will help the LSPs know what to focus on. Amy said the priorities she was able to access for each of the Subcommittees really are reflected in the 4 goals and objectives. Not all of them are included; that doesn’t mean that there is not work there. It’s how do we come up with things that we think we can actually make progress on, that there is an effort around, that there are resources to work on.
* The LSP is due at the end of June. The entire document has been drafted and reviewed by John Grieco. Amy is currently through 2 of the sections incorporating his comments, so we are in quite good shape to get this submitted by the deadline.
* Max asked what exactly does the State do with these LSPs and what good are they? Amy replied saying she knows they review all of them. They also compile the information about what needs folks are seeing across the State. Typically, a couple months after all of the LSPs have been received, they will report out and tell us their findings. It’s not unusual that after that happens, the State, if it’s not already focusing on those areas, will start something, or the Conference of Local Mental Hygiene Directors will start to work on something around those areas that are highest priority. She would like to think that it drives funding decisions. She thinks it is an advocacy tool.
* Mark added that under Mental Hygiene law, an LSP is a core requirement of the Local Government Unit (LGU) and that is something that needs to be produced annually and essentially run through the CSB, whether they are advisory or non-advisory, through the staff of the LGU. It has to touch all 3 disciplines, meaning MH, SA, and DD. The state puts out a master grid that is used to drive policy, funding, etc. It is their way of collecting information on what the Counties are doing, because they do a lot of their funding through the Counties with the idea that the localities know best what’s going on. It looks at what are the needs and what are the targeted interventions. If something is already ongoing and we’re already doing it, you don’t put that in the Plan. These are the things that are being worked on. It is used even more increasingly than they used to use it.
* Stephanie asked of the priorities that are identified, is there any kind of quantitative message for determining those, or is it subjective and trends? Amy replied that it’s not that sophisticated. Amy said that if at every meeting, she’s told that workforce is a terrible issue and these are the implications, it becomes a priority if we can take action on it. Previously, before COVID, we would mention that workforce is a problem, but there wasn’t a feeling, at that point, that we could actually do anything, so we recognized it as a tremendous need, but we didn’t feel like we could have any impact on that goal. Apparently, now we do; that is progress. The priorities that have risen to the top at this point, are solid even without a matrix or something to identify them. There is, however, a lot of data that Amy and her group has used that has driven their decisions on many of these things. Where there is not data, we create data. So, last year, we did a workforce survey that had 33 respondents. The plan is to re-do that survey in 2024 to see if there has been any impact.
* Right now, Amy is wondering if it would be helpful for her to start coming up with a dashboard related to these goals, objectives, and priorities, where things are measurable, to give us a sense ongoing of what’s happening. Erica responded yes, that would be incredibly helpful. Amy said there aren’t always quantifiable measures of outcomes yet, but we are taking an intentional move towards figuring that out.
* Stephanie asked if one of the things they are looking at is how the agencies are reporting their data in Clearpoint, how to integrate that into the Plan to see how we’re doing as a county? Amy replied yes. That’s one of the reasons we added those. All of these things are evolving at the same time. In the last plan, we included information about the demographics of the workforce, based on what was entered in Clearpoint in the personnel reports. This time around, as best as we could, we pulled the demographics of all of the people served. So we can now compare them to see if those are similar, different, or are there gaps.
* Amy said that they are really struggling with the quality of the data in Clearpoint. So, in April, we had 2 sessions of training for all of the providers to help improve that process, explain some of the measures, and hopefully make it more clear to improve the data quality.
* Mark added that this is the 1st time that this is becoming a multi-year plan, so there is really some intentionality at the State. One of the things we can do is keep tabs with the Conference of Local Mental Hygiene Directors because Mark suspects that there are some counties that are farther and others that are not so far down the road in terms of dashboards. Creating dashboards is a big lift to make the data useable and reliable. Mark just met with Integrity Partners, the other Behavioral Health Care Collaborative (BHCC). They are similar to Value Network in Erie County and a bit of the other Counties. Integrity Partners has been in the other Counties and they want to move into Erie County. They have been working on their data for close to 3 years and have UB with them. Just know that there is a lot to this.

**Amy Rockwood, Report on PATH App:**

* The app is morphing and improving. The aesthetics and general structure have been reworked. The next big lift is to make sure that the data that the app spits out is solid and will meet the needs of families. The timeline at this point, is next Wednesday the team will be doing a demo for the County Executive. We’ve been meeting with the developer and CCNY at least weekly leading up to this demo. I would expect that, by demo day, we will find out when this will launch. I think there’s two possibilities; one would be very soon and the other would be in August right before kids go back to school. The app will provide sort of a decision tree to get community based resources, but it also will include information for parents, so if they just want to read about anxiety in kids, for example, they will have that option. There is a lot going on. The original purpose of this app was to help get services for kids and young adults. Amy thinks maybe in the future, they could add a diversion arm and expanding this to include all of the new diversion services. There will be a lot of future utility with this app. There are so many services in Erie County that people don’t know about, so anything we can do to help people find what they need, is the right move.

**Subcommittee Updates:**

* ASA Subcommittee (Elizabeth):
  + Last meeting was May 25th. Minutes will be sent out.
  + Our CSB vision and mission were reviewed with the team.
  + Do we want member bios posted on the website, like we did for the CSB?
    - Max said if each of the Subcommittees want to, they can, but don’t have to.
  + Max and BJ are willing to meet with the subcommittee to clarify some of the questions the group had.
  + They voted and approved the new name of “Prevention and Addiction Services and Supports Subcommittee.” In the fall, we can make a motion to change the name in the bylaws. Then it will be on the website as well.
  + We had discussion about how we will move forward with any Certificate of Needs (CONs) in the meeting. We are going to be inviting whoever has a CON placed in the subcommittee to present on their CON submission in person or via Zoom. We invited Hopewell to our next meeting to do a presentation on the CON they just submitted for the OTP program.
  + Next meeting will be June 22nd and will focus on Hopewell’s presentation and CON.
* MH Subcommittee (Erica):
  + Last meeting was May 8th. Minutes will be sent out.
  + Max and BJ came to our last meeting. They presented on the importance of our Priorities and how they feed into the Local Services Plan and then talked about the vision for the CSB. BJ emphasized that everyone should be coming together as a community and that systems need to better communicate to improve things for everyone who receives services and that there is a focus on viewing priorities through the lense of Diversity, Equity, and Inclusion.
  + Crisis Services added that an initiative for Co-Response 1st Responder Module is in progress to do a joint visit for any of those who might be at the IDD and / or MH nexus.
  + Endeavor added that they are opening a Crisis Stabilization Center and BestSelf is opening one next year.
  + We discussed the 9-1-1 Dispatch project and redirecting MH calls towards Crisis Services. There are a number of diversion services and resources, but even the people on the Subcommittee aren’t entirely aware of everything that is available, so Mark’s comprehensive map of diversion continuum and Amy’s app for MH resources will be very helpful.
  + The Community Responder Coalition received a grant to start a pilot that would divert MH calls to trained peer specialist and medics. Erica is working with them to have a speaker come for their next meeting as well as to the CSB.
  + Max added clarification that Tori Brooks is not leaving the CSB, incase there was any misunderstanding.
* IDD Subcommittee (BJ):
  + Last meeting was May 18th. Minutes will be sent out.
  + Next meeting will be July 20th.

**Forensic Mental Health (Daniel):**

* No updates given

**NAMI Updates (Michele):**

* No updates given

**CPEP:**

* No updates given.

**Building Careers in Human Services (Max):**

* No updates given

**Opiate Task Force (Mark):**

* No updates given.

**Anti-Stigma Coalition (Max):**

* No updates given

**SANYS (Self-Advocates of NY State) (BJ):**

* No updates given

**Veterans Administration (Katie):**

* No updates given

**Michigan Street African American Heritage Corridor (Terry):**

* No updates given

**Other Updates:**

* No updates given

**Next Meeting:**

* Thursday, September 7, 2023 @ 9:00am