

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

January 4, 2024

**COMMUNITY**

**SERVICES BOARD:** Terry Alford, Daniel Antonius, Joan Baizer, Victoria Brooks, Sharon Cavanaugh, Kathyne Coric, Max Donatelli, Emma Fabian, Stephanie Orlando, BJ Stasio, Charles Syms, Erica Westphal

**MENTAL HEALTH**

**DEPARTMENT:** Mark O'Brien, Shannon Stocker

**PRESENTERS:** Sarah Bonk, ECDMH MH Emergency / Disaster Coordinator  
Amy Rockwood, ECDMH Director of Planning and Evaluation

**EXCUSED:** Maya Hu Morabito, Pastor George Nicholas, Elizabeth Smith

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**Introductions**

**Approval of Minutes:**

- November CSB Minutes were approved.

**MH Commissioner Updates:**

- Thank you all for your service in 2023. Your input is invaluable.
- Thank you for those of you who attended and expressed sympathy for the passing of ECDMH's Lynn Grieco (Kaczmarowski).
- 2024 is going to be an interesting year for a lot of reasons, but specifically at the state and national levels. We are very fortunate to have a Governor and an administration who is extremely focused on mental health and behavioral health issues, including substance abuse and developmental disabilities. Commissioner Sullivan's OMH Town Hall PowerPoint slides from last month will be sent out to this group.
- Kudos to the team, Amy Rockwood in particular, for the development and launching of the Erie PATH App.
- Our work with the CPEP workgroup continues both internally and externally. I have to commend them for all the work they've been doing over about the last 2 months. We've had to redefine and come to a consensus on what "crisis" means. We want to be able to do a couple things this year:
  - o Accept and agree on a definition of "crisis."
  - o We have a triage tool that was developed when DSRIP was around under Millennium. It was a good tool, but it was not widely used. We are adding to that, levels of distress and a triaged level of options for people with the theme of who do you call, who can come, and where do you go. We want the provider community on a good page of knowing the options that are more than just saying, call 9-1-1, go to CPEP, etc.
  - o Roll out a marketing campaign to the public so there is a better understanding that they have community options. And more community options will be in place this year, like Crisis Stabilization Units, Intensive, Supportive, etc.
- OMH has committed to Regional Planning and are going to redefine what they call Regions to be more narrowly defined than the RPC (Regional Planning Consortium) regions. We had

talked about sunseting the RPC, which is the last one in the state. It has been an 8 County RPC, has been a very effective vehicle / board, and the model was great. The notion was to transition it once the 1115 Waiver got passed, which still has not happened – we are expecting it at any time. We will be having at least 2 more RPC meetings and hoping to transition mid-year, at the latest.

- We were hoping to get the \$6M opioid settlement out sooner. Cheryl Moore retired. She was the central person on the Opioid Task Force. They are hiring a new Opioid Regional Coordinator. They also had delays at the Health Dept in scoring the RFPs. The next meeting to do that is scheduled for the week of the 15<sup>th</sup> and we hope to announce to the agencies where things are at very shortly after that. The other thing is, more money came in this year than was expected.

### **Sarah Bonk, ECDMH MH Emergency Disaster / Response Coordinator, Presentation:**

- Sarah can be reached at [Sarah.Bonk@erie.gov](mailto:Sarah.Bonk@erie.gov) or 716-858-3928.
- Sarah's November 1-hour recorded presentation slides and video are available at: <https://www3.erie.gov/mentalhealth/erie-county-training-collaborative> if people want a more comprehensive look at "Preparing for Preparedness."
- A variety of work needs to be done in the community that sits under the umbrella / title of Emergency Disaster / Response Coordinator and there's a lot of language in terms of understanding about what the MH system can do to help the Emergency and 1<sup>st</sup> Response System, not only in the response and recovery to a disaster, but really in the preventative phase.
- We want to create awareness within this group of what Sarah's role is, what she will be doing, and the awareness of her ability to provide resources. She will be working with our MH organizations to ensure that we are providing updated continuity of operations plans.
- Also, 2 weeks ago, the County Executive did a press conference around essential personnel. If there are any questions that are related to what that means for our organizations, please reach out to Sarah. During driving bans, defining essential personnel basically comes down to, does that person's need to respond to their worksite go into the life and safety of the individuals at that site. To Sarah's argument, in group homes, the answer is absolutely. They provide essential services that need to be present to make sure that home is safe and functioning and the people in that home access needed resources. Then, each officer out there, needs to know this when it's determined who can be out during a travel ban. The best answer she can provide is it may be contextually dependent.
- Charles asked how the individual officer knows the person driving during a travel ban is an essential employee. Best practice would be for agencies who determine their individual employees are essential, to note that on the back of their agency-related identification. However, we recognize that may not always be in place. The next best answer, at this time, is us communicating that the officer is going to sometimes take it at face value. So we are looking to address this.
- BJ discussed how he receives both personal care and self-direction. He needs the personal care to help him with his ADLs (Activities of Daily Living). Without their assistance, he can't get in his chair, where he is the safest (for example, if something happens in his building, he needs to be able to move around). His self-direction staff help him get food.
- One of the other projects that the County's Health Dept. and Homeland Security and Emergency Services are working on, is tailoring their Functional Needs Registry, specifically as an opportunity for folks to communicate with 1<sup>st</sup> Responders in a preventative way. So, if a disaster occurs, that town's Emergency Manager would be able to access that Functional

Needs Registry to make sure individuals who have needs continue getting their services to every extent possible.

- Stephanie stated that she is in another group, the Advisory Council to the Office of Persons with Disabilities and the Community Advisory group. They've been talking about how to use the Functional Needs Registry in the future for things like working with Feed More WNY to deliver blizzard boxes of 3 days' worth of food to people and other services that can be provided.
- Emma put in the Chat: "was just going to emphasize the anxiety and challenges for people who receive methadone or buprenorphine daily or frequently when a disaster strikes. Since we have done a great job in Erie County of expanding access to those medications." Sara replied that she would love to connect on this.

### **Chairperson Update:**

- Vote on Dr. Alyssa Hamel joining the PASSS Subcommittee (formerly known as ASA Subcommittee).
  - o Terri motioned, Sharon seconded, no one opposed, motion passed.

### **Amy Rockwood, ECDMH Director of Planning and Evaluation Discussion:**

- Max received member feedback about trying to tie in the Local Services Plan (LSP) with the work the CSB and Subcommittee Members are doing. We would like to work with you, Amy, so we are on the same page with these priorities.
  - o While the LSP has measures for some of the priorities, there aren't measures for all of them.
  - o There aren't measurable goals that are then looked at in a few years to measure progress.
- The challenges with this feedback are:
  - o Is there data available, in a timely fashion, to reflect the things we want to impact?
  - o If we don't have real time data, using old data won't reflect the work that's being done now.
  - o Many of the things we are working on, we only have a limited impact on them. For example, the workforce issue for the County, our control over that and our ability to really impact the system is very limited. Much of it is guided by the State and the funds that they make available, the schools, training people to go into positions, etc.
  - o We are working on so much all of the time, it's really hard to narrow down, for the LSP side of it, a list of priorities that we can have an impact on that we have regular data for.
  - o We could, with this group, work towards figuring out measures in the next iteration of the plan.
- Right now, the priorities that we've put into the 2024 LSP are:
  - o Housing
    - Much of what we included was doing the coordination work and working with other organizations to get people housed, hopefully in a timely fashion.
    - External factors that affect that are:
      - Rising cost of housing
      - Limited inventory
  - o Workforce
    - We have monthly training collaboratives that have been well received in the community.
    - It is our understanding that training opportunities do help with retention.
  - o Diversion Services

- In our ClearPoint system, where all the agencies who receive County funding report, we have data on almost all of the big diversion services (including programs like the Kirsten Vincent Center, the Warm Line, the Help Center, and ECMC) that shows how things are going there. In looking at that data, there seems to be slight decrease in the number of people going to ECMC CPEP at this point. However, the wait times seem to be significantly higher. So, it is challenging to look at the data in isolation to come up with what that actually means. But the CPEP workgroup is working to untangle what's happening there. Once that committee comes up with their plan and the hierarchy of services available, we would like to somehow incorporate them into the Erie PATH App.
      - Racial Equity and Diversity
  - Do we have access to the LSP information? How do we make sure we keep CSB members up to date with small nuances that are happening that we might be able to help with?
    - Erie County has quite a comprehensive plan, compared to other counties. It is posted on our website and here is the link: <https://www3.erie.gov/mentalhealth/reports>
    - One of the pieces, at least for the Workforce section in 2022, we conducted a workforce survey and we are doing that again within the next couple of days. We can then compare previous data with the new information.
  - We would like Amy to come back, maybe at the March CSB Meeting.
  - Amy has found it very helpful, having the Subcommittee priority lists to guide discussions and to include them in the plan. All of the priorities line up.
  - If anyone is interested in doing so, go through the last plan that was finished in June 2023, look at the measures in the text of the document that were included, and that can be a starting point for what could be monitored over time to see if we are making improvements.
  - Re: the comments that people wish they were part of the development piece of the Erie PATH App, Amy would be happy to do a demonstration of it and have a discussion about the future directions that we know we are going in.

### **Subcommittee Updates:**

- PASSS Subcommittee (Elizabeth):
  - Last meeting was October 26<sup>th</sup>. Minutes will be sent out.
  - Next meeting will be January 25<sup>th</sup>.
  
- MH Subcommittee (Erica):
  - Last meeting was November 13<sup>th</sup>. Minutes will be sent out.
  - Next meeting will be January 8<sup>th</sup>.
  
- IDD Subcommittee (Max):
  - Last meeting was November 16<sup>th</sup>. Minutes will be sent out.
  - Next meeting will be January 18<sup>th</sup>.

### **Next Meeting:**

- Thursday, February 1, 2024 @ 9:00am.
- If you have other ideas for speakers or topics you would like us to focus on, please let Max know.