2018
Local Services Plan
For Mental Hygiene Services

Erie County Dept. of Mental Health
October 31, 2017

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

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Planning Form	LGU/Provider/PRU	Status
Erie County Dept. of Mental Health	**70290**	**(LGU)**
Executive Summary	Optional	**Certified**
Goals and Objectives Form	Required	**Certified**
Office of Mental Health Agency Planning Survey	Required	**Certified**
Community Services Board Roster	Required	**Certified**
Alcoholism and Substance Abuse Subcommittee Roster	Required	**Certified**
Mental Health Subcommittee Roster	Required	**Certified**
Developmental Disabilities Subcommittee Roster	Required	**Certified**
Mental Hygiene Local Planning Assurance	Required	**Certified**

2017 Mental Hygiene Executive Summary
Erie County Dept. of Mental Health
Certified: Andrew Heck (6/12/17)

Please see attached.

Attachments

- Executive Summary 2018.docx

Mental Hygiene Goals and Objectives Form
Erie County Dept. of Mental Health (70290)
Certified: Andrew Heck (6/12/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

Please see the attached document labeled Mental Health Needs Assessment-Final1.

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

Please Explain:
Please see the attached document labeled Substance Use Disorder Needs Assessment-Final1

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

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

2. Goals Based On Local Needs

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

2a. Housing - Background Information

Background Information

OMH

Access to housing continues to be a challenge for the mental health consumers of Erie County. One of these challenges continues to be exploring a means to effectively serve those transitioning to the community from State Psychiatric and long-stay Residential Care Centers for Adults (RCCA). The NYS 2018 fiscal year budget reflects a reduction in State Operated Services which may have a significant impact on some of the most vulnerable mental health recipients in the county and region. There is concern that the state-wide reduction of 140 state-operated residential beds may disproportionality be felt in the Western NY Region. The RCCA of the Buffalo Psychiatric Center (BPC) is currently licensed for 101 beds. As it resides on the grounds of the BPC and is one of only two remaining RCCAs, it may be vulnerable for reduction to community based, less costly residential services which offer less support.

- community integration is a goal supported by the ECDMH and the anticipated increase in supportive apartments and treatment apartments would be most welcomed, there is concern that many of the RCCA residents have greater service needs than this level of care provides. Any significant reduction in RCCA beds will require the local system of residential programs to be willing to accept individuals with greater needs, more challenges, and who may present with greater risk that has been traditionally supported. It will be imperative, that the local system accept these individuals and work collaboratively to ensure all needed supports are in place. One of the ways that RCCA residents have been well served is with the integrated care of the NYS operated system, including clinic services. As the State budget also calls for the transformation of the OMH State-operated outpatient clinics, this service may also be at risk at a time when there is a greater need for integrated care during this time of residential transition. Care and coordination will be required in this process to give residents the required services to be successful as they transition to new housing.

Additional capacity will help ease the significant challenges of this transition based on the following housing occupancy rates:

-
    - Supportive, 104.2%;
    - Treatment Apartments, 94%;
    - Congregate Treatment, 96.6%;
    - Geriatric Congregate, 99%

(NYS OMH Child and Adult Integrated Reporting System for calendar year 2016)

- on the occupancy rates detailed by OMH in 2015 and 2016 access continues to be a major issue. The shifting of residents from RCCA facilities will not likely improve this situation. In review of the 2016 OMH Housing data in Erie County, 57% of residents in all OMH housing levels of care, have a Length of Stay greater than two years. This equates to 1159 Consumers, affecting housing movement and access.
https://my.omh.ny.gov/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FAdult%20Housing%2F_portal%2FAdult%20Housing&Page=RPI%20Reports&Action=Navigate&var1=dashboard.variables[%27pReportLevel%27]&val1=%22County%20Reports%22.

In addition to added capacity, it is the ECDMH's view that part of the solution, and one that is very much in line with recovery and empowerment, is to facilitate, where appropriate, movement to lesser levels of care and greater independence. This can be accomplished with goals, outcomes, and incentive payments that support such successful transitions.

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

Residential services are also seen as a need for those individuals served by provider agencies funded and licensed by the Office for People with Developmental Disabilities (OPWDD). Coupled with the certified placement process the expansive Residential Request List (RRL) has compelled Region 1 OPWDD to facilitate a heightened review process of current residential facilities. These include environmental components of the residence, neighborhoods (community integration), leases and agreements to promote independence and individual choice.

As indicated in the Residential Request List February 2016 Report to the State Legislature, in 2015 NYS OPWDD had over 11,000 individuals on the RRL of which approximately 1,100 live in Erie County. Regionally there are 2,139 awaiting placement in Region 1. Over 500 consumers have been on this waiting list over 12 years, with the average being approximately 7 years. https://opwdd.ny.gov/sites/default/files/documents/Residential_Request_List.pdf.

- to Residential Housing remains a high need as the number of residential beds is not increasing. Moreover, caregivers are aging and are often at or beyond retirement age. The New York State Office for People with Developmental Disabilities (OPWDD) is shifting the intensity of its residential program to more community based housing. While community based housing will benefit those recipients' for whom this level of care is appropriate, there are many for whom this is not indicated. In Erie County there are 2,460 certified OPWDD Beds. The number of Erie County consumers on the waiting list currently is 664 (OPWDD regional office).
- overall residential capacity continues to decrease as the total number of residential beds for all levels state wide, will decrease from 36,234 in 2013 to 34,542 by 2018. This is a 5% reduction in total beds. This occurs at the same time many in-home caregivers are aging. OPWDD Consumers will find greater challenges accessing this housing. http://vor.net/images/stories/pdf/2016VORStateReport-NewYork.pdf.

Positive developments include a $10 million portion of the 2016-17 NYS budget dedicated to new resources that will specifically be made available to OPWDD Regional Offices to develop residential opportunities. These are to support people currently living at home and have an aging parent or the urgency of their housing needs have recently changed. This includes needs identified in OPWDD's recent Residential Request List report.

The Residential Request List February 2016 Report to the State Legislature by the NYS OPWDD offers an excellent survey of the current status and future needs. This can be accessed at https://opwdd.ny.gov/sites/default/files/documents/Residential_Request_List.pdf

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

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

Goal Statements

- Expand access to housing through the facilitation and coordination with agencies' effective utilization of existing resources and the timely implementation of any additional housing resources.
- The ECDMH Single Point of Access (SPOA) will monitor housing agencies' current length of stays, access and alternative housing options.

Objective Statement

Objective 1: 1) Coordination of Housing resources to assist in the OMH Housing Transition of Care a) ECDMH Housing Single Point of Access will facilitate a monthly meeting with housing agencies, Buffalo Psychiatric Center, ECDMH, and Provider Agencies. b) This group will develop a transition of care plan for residents dependent on their current level of housing and community needs. c) This group will review (Case Conference) and revise these plans as necessary based on residents need. d) The ECDMH with SPOA will monitor housing agencies current length of stays, access and alternative housing options. e) When necessary ECDMH will facilitate process review to ensure effective utilization of capacity.

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

Objective 2: 2) ECDMH and Housing Providers will monitor length of stay. a) Based on the OMH Housing transition and length of stay, housing providers will identify 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 providers of housing supportive services and health homes to help support this transition. d) This movement will allow residents of RCCA and other housing to move into the most appropriate level of care available.

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

Objective 3: 3) ECDMH will work with the OPWDD Subcommittee to review housing system options, in an effort to increase access. a) A standing agenda item for this subcommittee will be reviewing options to increase access and movement through this housing system. b) Recommendations will be made to OPWDD from these discussions. c) The OPWDD Subcommittee will review new funding initiatives, opportunities for collaboration, and the impact on the Erie County OPWDD housing system.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

BACKGROUND INFORMATION

- the planning process for the 2018 County plan, agencies and consumers have consistently communicated their concern over the lack of a cohesive and inclusive system of transportation for the recipients of services from the various NYS Offices. Consumers have concerns over timeliness and geographic coverage of transportation services. The Erie County Department of Mental Health (ECDMH) has limited influence on this system; however these services greatly impact consumers, their treatment, and providers. For this reason we are listing this as a high level unmet need for the population of Erie County. Erie County as all the counties of New York State have only one oversight agency for Non-Emergency Medicaid Transportation.

Medicaid transportation is a required federally funded program as part of the Medicaid State Plan. The NYS Department of Health contracts with professional transportation management companies to manage this non-emergency fee-for-service transportation. These oversight agencies contract with local companies to provide the non-emergency transport services. This is to ensure that enrollees have access to approved medical services.

- County transportation services are provided by Medicaid-enrolled service providers who are reimbursed by the State. Medical Answering Services, LLC, (800) 850-5340 oversees, 24 hours a day, 7 days a week transportation in Erie County. This includes fixed route buses and subway, as well as route deviated services. According to 2016 data supplied by Medical Answering Services, LLC, the follow was provided in Erie County:

- Over 1.8 million non-ambulance one-way trips were provided;
- Over 800,000 total one-way trips, inclusive of ambulance transportation, of over 5 miles occurred;
- Average trip distance was over 6.5 miles; and
- 1,447 complaints were received.

The Medical Answering Services website is https://www.medanswering.com/

Consumers at the April 20, 2017 ECDMH consumer forum reported on how they utilize various transportation options when traveling to and from their appointments. Of the 20 consumers present:

- Six utilized Medicaid Transport.
- Eight took Public Transit—Bus/Subway
- Two took their own car
- Two walked
- One Consumer took a cab.
- Three Consumers reported to having to travel three or more miles to treatment.

These above Consumers that utilize Medicaid Cab reported often waiting 90 to 120 minutes for pick up. They also voiced additional transportation concerns including:

- Medicaid only allowing one zone bus passes, so consumers often have to pay the difference out of pocket, when traveling in two or more zones.
- Transport to Peer, and Court appointments not covered.
- Transport arriving late at counseling appointments, this often caused the clinics to not see the consumer. If this was a medication appointment, this could cause a disruption in their medication. Consumers wanted clinics to be more flexible as they do not have control over their transport.

Barriers to Transportation:

Affordability

The cost of owning and operating an automobile, or even the cost of using public transit, can be prohibitive to people living on fixed incomes. Without affordable transportation, the opportunity for full community integration may elude mental health consumers. People with disabilities, particularly mental health service consumers, are found in disproportionate numbers in the Nation's lowest-income groups, especially in the group relying on Supplemental Security Income (SSI) payments as their primary source of income. The number of consumers relying on SSI income reveals the magnitude of this transportation affordability problem. According to the Social Security Administration 35.2% of disabled beneficiaries have been diagnosed with a mental disorder. This equates to over 3.6 million recipients https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/.

Owning an automobile usually is not within the means of a person relying on SSI for their income. According to the AAA, the average cost of owning and operating a car in the US was $8,558 in 2016, http://newsroom.aaa.com/auto/your-driving-costs/. The current average SSI payment is $735/month or $8,820 annually. https://www.ssa.gov/OACT/COLA/SSI.html.

- transit and Para transit, although more affordable than owning an automobile, are not necessarily within the financial means of people with disabilities. In major urban areas where transit costs tend to be lowest, the cost of monthly transit passes can represent a significant portion of a consumer's monthly SSI benefits. Locally, the cost of a monthly Niagara Frontier Transit Authority Metro Bus/Rail pass for a disabled consumer is $37.50/Month, http://metro.nfta.com/Routes/Fares.aspx. This is approximately 5% of the monthly SSI benefit. The Rochester Transportation System charges $28.00/month for disabled consumers. https://www.myrts.com/Buy-Passes/rts-monroe. The capital District Transportation (Albany) authority charges $32.50/month for disabled consumers. https://www.cdta.org/purchase.

In rural areas, transit providers often charge higher fares to cover their costs, making it even more difficult for some to afford this service. Para transit providers are permitted to charge up to twice the cost of public transit. When the Association of Programs for Rural Independent Living (APRIL), met with focus groups of people with disabilities in rural communities, APRIL found that "many consumers . . . were forced to walk, bike, or miss work during extremely difficult travel conditions due to affordability issues" https://store.samhsa.gov/shin/content/SMA04-3948/SMA04-3948.pdf.

Tierney et al., examined the relationship between transportation policy and health care utilization in a cohort study of 46,722 Medicaid patients, and found that restriction of Medicaid payments for transportation resulted in decreased medication refills, Tierney WM, Harris LE, Gaskins DL, Zhou XH, Eckert GJ, Bates AS, et al. Restricting Medicaid payments for transportation: Effects on inner-city patients' health care. The American Journal of the Medical Sciences. 2000; 319(5):326–333.

Similarly, study by Levine et al. found that transportation barriers were associated with not being able to afford medications, emphasizing that those with low incomes are often the hardest hit by all barriers, including transportation, Levine DA, Kiefe CI, Howard G, Howard VJ, Williams OD, Allison JJ. Reduced medication access: A marker for vulnerability in US stroke survivors. Stroke: a Journal of Cerebral Circulation. 2007; 38(5):1557–1564. [PubMed]

General Access

On November 5, 2016, a Transportation Summit brought together one hundred fifty people to discuss the barriers and inherent lack of transportation available to individuals with disabilities, and others requiring transportation assistance (i.e., seniors) in the Finger Lakes and WNY Region. The assembled group included Human Services Agencies, State Officials, Business Leaders, Caretakers, Logistics and Transportation experts, seniors, Medical Providers and Individuals with Disabilities. The intent was to create awareness of transportation problems; identify shortcomings in current solutions, opportunities for improvement, and potential funding sources; and develop a plan for continued action in addressing the identified problems. Their findings are in are detailed in a White Paper entitled, "Overcoming Transportation Challenges: Accessing the Finger Lakes and Western New York Region of New York State" which can be found as an attachment to this plan. For further information: **Contact: Laura Gawel, Chairperson (lgawel@aspirewny.org)** Participants in this summit will meet in May 2017 to develop a work plan based on previous recommendations. This paper is included in the County Plan.

Participants in this forum noted many concerns they have with the current transportation system. Below is a synopsis of concerns that have been consistently expressed by Erie County consumers and agencies during the 2018 planning process.

- Access to bus transportation was defined as a concern by the Summit. The reach of bus routes, access after 5PM, and weekend service were all mentioned.
- Participants cited the lack of accessibility to buses with functional lift devices as a major challenge throughout the region.
- The lack of accessible transportation on weekends, results in riders having extreme difficulty or incurring excessive costs to attend community events that typically take place on the weekends.
- Many WNY riders expressed concern that there is no bus transportation to the Developmental Disabilities Regional Office (DDRO) in West Seneca, meaning they are often unable to handle issues at the source.
- Suburban riders expressed concerns about the difficulty and safety issues involved in trying to access the few and far between bus stops and busy intersections.
- Costs are extremely high for individuals who have to go great distances to attend medical appointments when they are unable to schedule non-emergency medical transportation due to limited availability.

Transportation Suggestions and possible solutions

While UBER and LYFT will be options in the near future, they are not operational at this time and there is some concern that the willingness to enter certain neighborhoods or geographic regions may not be equal. Uber is, however, entering into the non-emergency medical transportation business. Local collaboratives have also begun discussions to explore this as viable option.

Ridesharing is partnering with health care system-integrated, non-emergency medical transport company Circulation. The two companies are launching pilot programs at several East Coast hospitals to help lower health care transportation costs while removing barriers that have hindered patients from keeping appointments. http://www.businesswire.com/news/home/20160927005396/en/Circulation-Chosen-Uber%E2%80%99s-Preferred-Healthcare-Platform-Partner

Peer transportation services have also been initiated in Erie County and are likely to grow. In 2016, this service provided rides to 43 participants so that they could maintain employment. Sixty-seven consumers paid to utilize this transportation service for other needs. Ninety-three OPWDD consumers utilized also this service in 2016. In total, according to provider report, this service provided 300,000 miles of consumer transports in 2016.

In rural areas, the following strategies have found to be successful in other communities. These strategies have been implemented in rural communities across the country to provide non-emergency medical transportation services. Some of the more commonly used strategies for rural communities who have transportation services available include:

- "Hiring a mobility management vendor to streamline scheduling and dispatch efforts;
- Creating a website and customer service contact center for direct trip requests;
- Centralizing staff for trip eligibility determination and reservation requests;
- Setting schedules for medical trips to specialty care centers to reduce travel times and to provide consistent service;
- Implementing an interactive voice response (IVR) system that calls the night before to confirm or allow a cancellation, as well as same day notification when vehicle is near rider location; and
- Broadly disseminating information about the availability of transit services.

In some other communities where formal transportation services are not available, as well as to some degree in Erie County, healthcare facilities or community organizations have chosen to fill the healthcare transportation gap by:

- Offering transportation services for healthcare appointments using paid or volunteer drivers;
- Coordinating a shared ride/cost transportation program (a door-to-door, advance-reservation, ride-sharing service);
- Brokering out coordinated trips to qualified vendors;
- Using Telehealth to decrease the travel required for local patients to access specialty care;
- Starting a mobile clinic to take healthcare services to patients in remote areas;
- Providing some services in local schools to reach low-income or high needs children; and
- Having Community Health Workers or Community Paramedics visit people in their homes, which may decrease the frequency of trips for medical care". Cited from https://www.ruralhealthinfo.org/topics/transportation#strategies Pg 1

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

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

GOAL Statement—Transportation

2018 Erie County Transportation Goal Statement: Facilitate a solution focused collaborative workgroup of community stakeholders designed to implement transportations alternatives.

Objective Statement

Objective 1: 1) Convene a meeting of interested and key community stakeholders that builds off of existing efforts.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: 2) Inform the discussion, review the following 2016 data indicators from the County Medicaid Transport System: a) Number of transports. b) Cost of service per mile traveled. c) Number and percentage of consumer complaints in 2016. d) Number and percentage of timeliness of pick up and departure, defined as pick up and departure within 10 minutes of scheduled time.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: 3) Review of current UBER and LYFT pilot programs to determine: a) Their comparison to the above indicators b) Contact and consult with Hospital's and other agencies currently using this service to determine their satisfaction.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

Changes in the last 12 months

- Based on input from Consumers and Providers this report has been consistent over the past 12 months. At the 4/20/17 ECDMH Consumer Forum participants noted that they are missing appointments due to untimely Medicaid transport. They reported wait times to pick up and drop off are often in excess of 60 minutes. While ECDMH has limited reach in this area, we will be proposing some potential solutions to these problems. We are hopeful that creative solutions can be addressed to improve this longstanding issue. UBER and LYFT will available in Western New York within this year. They are already entering the realm of non-emergency Medicaid transport in other states. Hospitals and Delivery System Reform Incentive Payment (DSRIP's) Programs are also considering using these services. Peer Transportation Services are emerging as an alternative to Medicaid transport as well. Also, regulatory changes are moving to facilitate community based versus office based care.

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

WORKFORCE RETENTION-BACKGROUND INFORMATION

Mental Health System of Care

Providers are struggling with a number of factors affecting workforce recruitment and retention. These include staff leaving the field, and Managed Care hiring clinical staff. Given the financial and regulatory changes OMH (Office of Mental Health), OASAS (Office of Alcohol and Substance Abuse Services), and OPWDD (Office for People with Developmental Disabilities) licensed agencies are undergoing, Staff Recruitment and Retention continues to be a High Need Area. The ECDMH has provided funding increases to specific high priority programs to assist with recruitment and retention efforts. However, in general, the Erie County Department of Mental Health (ECDMH) has little oversight on these issues, and there remediation on a larger scale. Due to this, there will be no goals or objectives in this area.

We have however struggled with staff retention at our Forensic Mental Health Services and are exploring ways to improve retention. Efforts to remedy this have included access to loan forgiveness programs for LMSW's, staff training and advocacy for wage increases.

Yet, based on provider and consumer input, and the impact of staffing vacancies and turnover on quality of, and access to care, we feel compelled to address these critical issues. Areas to be examined include: Recruitment, Retention, Salary concerns, and Consumer access. These all effect the system of care.

OMH System Improvements

"In order to improve access to timely mental health services, OMH is adopting a multi-tier strategy that will focus both on the full public mental health system, and directly on our State-operated safety net programs. NYS OMH is proposing:

• Salary enhancements for psychiatrists and nurse practitioners in psychiatry aimed at increasing both

recruitment and retention of these essential service providers in NYS;

• Loan repayment program expansion, including eligibility for psychiatrists in all OMH facilities under The Doctors across New York OMH Psychiatrist Loan Repayment Program;

• Development of affiliation agreements between OMH and academic programs for nurse practitioners pursuing a track in psychiatry;

-Certified Community Behavioral Health Clinics to be implemented as pilots at 3 local providers on July 1, 2017 offer the promise of reimbursement at levels which will offer additional salary support for what had been traditional OMH and OASAS outpatient clinics;

• Peer credentialing for adult, children and family services in order to leverage the unique expertise of individuals with lived experience, while also adding to the mental health workforce;

• Expansion of telepsychiatry through additional reimbursement mechanisms and regulatory expansion;

• Expansion of psychiatric consultation services for primary care practitioners through Project TEACH" .

(NYS OMH Statewide Comprehensive Plan 2016-2020)Cited from . https://www.omh.ny.gov/omhweb/planning/docs/507-Plan.pdf Pg 71.

We support these initiatives. Future salary increases will need to be reconciled with MRT and Value Based Payments.

In the current passed state budget OMH has procured as of:

January 2018 3.25% wage increase for OMH Direct Care Staff.

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

Summation:

Addressing only one area of this problem for OMH providers will not solve this issue. Salary, benefits, and quality of work environment must also be addressed. Until these multiple factors are dealt with, the overall health of the OMH system of care will not improve. In order to meet the triple aim of health care reform adequate, effective staffing must be consistently in place.

OASAS System improvements

NYS in the current budgeting process addressed OASAS salary concerns allocated in:

January 2018 3.25% wage increase for OASAS Direct Care Staff

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

There are some additional actions agencies can take to improve the retention. Implementing these may improve treatment and morale. SAMHSA recommends the following initiatives to increase recruitment and retention. Many are financially based and would require funding, reimbursement and/or cost savings elsewhere against already strained budgets.

"Among the sample of respondents, practices used to ensure attractive salary options included:

- Union negotiated salaries
- Annual salary increases based on merit
- General annual salary increases for all staff
- Seasonal increases such as Christmas bonuses
- Pay increase to staff for earning certification
- 100% health insurance coverage, 90% employer contribution, and 10% employee contribution
- If the employee is covered by another insurance company, the facility will pay $100 a month to that company on behalf of the employee
- A 3% employer contribution to each employee's retirement plan
- Tuition reimbursement
- Leave of absence and sick leave
- Life insurance, disability insurance, and retiree health benefits
- Employee wellness services"

Cited from https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/workforce_retention_practices.pdf Pg 10

Staff training often has a positive effect to reduce turnover. Substance use disorder treatment facilities most commonly offer professional development for staff through new employee orientation, ongoing training, and direct supervision. Substance Abuse agencies are also having difficulty recruiting qualified applicants. Substance abuse agencies experience high employee turnover. Many substance use treatment facilitates average staff turnover rate is 18.5 percent (Vital Signs: Taking the Pulse of the Addiction Treatment Workforce, A National Report, p. 7 SAMHSA).

OASAS Salaries

Substance Abuse Providers make less than those in similar occupations. Average salary of $42,920 per year in 2015 existed for Substance Abuse and Behavioral Disorder counselors. They earn less than an Occupational Therapy Assistant whose average earning was $58,340 in 2015, and Physical Therapist Assistants earned $55,250. However, Behavioral Disorder Counselors earn a similar salary as mental health counselors, who made $45,080 in 2015. Cited from http://money.usnews.com/careers/best-jobs/substance-abuse-counselor/salary.

Developmental Disabilities System of Care

Workforce recruitment and retention problems are as evident in the Developmental Disabilities system, as any other area of Behavioral Health. The ability to recruit and maintain staffing is an ongoing concern for this system of care.

In the ECDMH Provider Survey conducted in the first quarter of 2017, providers of OPWDD services cited Recruitment and Retention as a critical need. At the March 16th 2017 meeting of the OPWDD Subcommittee of the Erie County Community Services Board participants advocated for two areas of highest need: Transportation, with the other being staff recruitment and retention.

Direct Support Professionals (DSPs) work directly with people with physical and/or intellectual disabilities. The DSP workforce includes direct care staff, home health assistants, aides, personal care attendants and other professionals who help individuals with intellectual and developmental disabilities. DSPs provide critical supports and help individuals lead healthy and productive lives within the community in the least restrictive environment possible.

OPWDD Improvement

As with the previously discussed NYS "O" agencies, the most recent NYS Budget addresses retention of OPWDD staff. Funding to support wage increases for the Direct Services Provider workforce for OPWDD funded programs include:

January 1, 2018 3.25% wage increase for OPWDD Direct Care Staff

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

This system has experienced

- High Turnover / Low wages
- Limited access to training and education
- Poor access and utilization of benefits
- Increasingly absent or ineffective supervision
- Status and Image

Cited from http://www.thearc.org/doent.doc?id=4338 Pg 10

The average wage of a direct support professional in the United States is $10.29 per hour, according to the salary comparison website PayScale.com, in 2016. This wage is far from adequate to recruit qualified staff at adequate levels, let alone to retain individuals in sufficient numbers.

Retention issues that employers have control over include:

Provide leadership training (executive/clinical directors) especially in how to provide constructive feedback, how to establish a positive work environment, and how to provide regular, ongoing support for clinical supervision.

· Work hour flexibility, has also shown to improve staff morale. This often leads to improved staff retention. Cited from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2637454/

Salary

- ECDMH queried two OPWDD Direct Care provider agencies. These providers pay $10.80/Hr. and $11.72/Hr. starting salary to their Direct Service Workers. The above salary increases would move their hourly rate to $11.51 and $12.49. While welcomed, these increases would still have staff making less than $26,000 for a 40 hour work week. No one solution will accomplish the desired results of a competent, caring, skilled, professional workforce that is fairly compensated. Moving the pay scale of DSP's to the State's minimum wage would be costly. The OPWDD Provider Associations estimate it would cost OPWDD nonprofit service providers about $270 million to fully fund the first year of implementation. http://50.31.98.189/~ddawny/wp-content/uploads/2016/02/Minimum-Wage-Impact-Briefing-Paper_2_4_16.pdf. The State will need to explore options to make these salaries competitive and these positions viable.

OPWDD Consumer System access

- Recruitment and retention continue to be an issue, this will affect how responsive a system can be in accommodating current and future recipients. OPWDD has reduced their residential bed capacity statewide. In Erie County there are 2,460 certified OPWDD Beds. The number of consumers on the waiting list is 664, (OPWDD Regional Office). OPWDD tracks wait time on an individual basis, as consumers move to housing or change categories. According the Regional Office of OPWDD based on consumer choice, location and other variables this negatively affects wait time and skews this data. When consumers remain on the list and decline placements, this artificially inflates wait time. At this time there is no aggregate Residential Request List data to review.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Goal Statement ECDMH does not have a goal for this area.

While the ECDMH has limited influence in this area, we are representing this as a High Need issue. We will not be including Goal Statements or Objectives. This is not to minimize the importance of this issue. Staffing of our Forensic Mental Health Service has been challenging. We have suffered a loss in staff to Managed Care providers and state agencies whose salaries are higher and working conditions are improved. The ECDMH continues to evaluate staffing needs in priority programs and works with agencies and/or systems on a targeted basis when needed to dialogue on staffing solutions and when appropriate and possible, additional financial assistance. Agencies from all disciplines are attempting to project their financial futures while juggling, NYS Department of Labor laws, and current reimbursement levels. Without additional funding, agencies are reviewing their options including using less educated, experienced, and credentialed staff to staff their agencies. The ECDMH is encouraging NYS to consider the ramifications if these current trends are not reversed.

The answers to these issues are complex and interdependent. No one solution will accomplish the desired results of a competent, caring, skilled, and professional workforce that is fairly compensated. The recruitment and retention issues affect agencies which in turn restrict their ability to be creative with salary and benefits. Without State, Local and Agency input and intervention these issues will become critical within the next five years. Staffing shortages are exacerbated by an economy offering relatively low unemployment, and a behavioral field that through behavioral health reform is expanding the need for qualified workforce. If salaries and job conditions cannot be improved by then, the potential risk of using less credentialed, less trained staff may occur.

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Anti-Stigma Background Information

"Mental illness has wide-reaching effects on people's education, employment, physical health, and relationships. Although many effective mental health interventions are available, people often do not seek out the care they need. In fact, according to one study in 2011, only 59.6% of individuals with a mental illness — including such conditions as anxiety, depression, schizophrenia, and bipolar disorder — reported receiving treatment".As cited from, http://www.psychologicalscience.org/publications/mental-illness-stigma.html

- Erie County Department of Mental Health is highly involved in educating and encouraging county residents to enter treatment for Mental Illness. "In 2015, there were an estimated 44.6 million adults aged 18 or older in the United States with a Mental Illness within the past year. This number represents 17.9% of all U.S. adults. In looking at these two studies this equates to approximately 18 million adults in the United States with a mental illness who are not engaged in treatment in the United States" . Cited from https://www.nimh.nih.gov/health/statistics/prevalence/index.shtml pg 1

Taking the above percentages and factoring in Erie County's population this extrapolates to an estimated 132,367 adult Erie County residents with a Mental Illness, and of whom, 53,476 adults not who may not be accessing treatment. Data cited from https://www.census.gov/quickfacts/table/PST045216/36029,00

In addition, the National Institute of Mental Health (NIMH) data shows that approximately 13.1 percent of children ages 8 to 15 had a diagnosable mental disorder within the previous year. Of these only half (50.6%) access Mental Health Care.
Cited from https://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-children.shtml

In a 2017 consumer Survey Monkey commissioned by ECDMH with a 135 participants, one third 33.1% reported they felt they had been discriminated against due to their Mental Health or Substance abuse challenges. Greater than one half of the 132 consumers that answered this question stated they felt people treated them differently after they knew about their mental health or substance abuse challenge (52.5%). Of the 145 participants that answered the question, regarding barriers to care, 25.5% identified community stigma as a barrier to their care. (ECDMH Survey monkey 2017).

- further explore the impact of stigma, a Consumer forum occurred at Western New York Independent Living on 3/22/17; the participants reviewed the questions from the previously cited Consumer Survey Monkey. Consumers reported that Stigma affected Housing in the most significant manner. They reported feeling stigmatized based on their experiences below.

· Landlords are discriminating against them by asking for credit check and criminal background checks prior to renting.

· Landlords will not allow support animals.

· Landlords will not always take Medicaid deposit vouchers.

· Senior Housing will not accept Mental Health consumer's despite their fixed income.

This is a reminder of the pervasive nature of Stigma and its effects on Consumers.

One means of positively impacting Stigma includes educational intervention. Many studies have researched the effect of educational interventions on Mental Health Stigma. The following is a summary (the link to which can be found below) "A review of twenty-three studies that measured participants' knowledge about (people with) mental health problems:

· Significant changes of knowledge by educational interventions were reported in 18 of those studies.

· Attitudes (or attributions) towards people with mental health problems were assessed by 34 studies. A total of 27 studies found significant improvements in young people's attitudes towards people with mental health issues, after educational programs.

· Twenty studies measured the change in the reduction of social distance, due to education interventions. Sixteen of these studies found significantly positive effects from educational interventions."

The above is cited from **http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1819.2011.02239.x/full Pg 1**

Moreover, in a recent Article Published by Open Minds Starting A New, Post-Parity Conversation About Stigma ; Executive Briefing | *by* Teresa Mulligan, MHSA | October 10, 2016, further supports and guides Anti-Stigma efforts. It states,

*"Yet, despite these legislative leaps forward, we see the historical effects of stigma remain. According to SAMSHA, it can create its own barriers to accessing services if the affected individual does not seek care because of shame, a misunderstanding of mental illness and subsequent rejection by family members, or a lack of training and knowledge on the part of health care professionals on how to treat mental illness" Referenced from above*https://www.openminds.com/market-intelligence/executive-briefings/starting-new-post-parity-conversation-stigma/ pg 1

"This summer, a group of 24 mental health thought leaders gathered for the PsychU National Stigma Forum in Washington, D.C. to discuss eradicating the stigma still harbored by the community, health care professionals, and consumers themselves. The forum was chaired by Allen Doederlein, president of the Depression and Bipolar Support Alliance, and Fred Frese, Ph.D., professor of psychiatry at Northeast Ohio Medical University.

The forum members were charged with sharing their experiences with past initiatives, then identifying ways the group can work together to eradicate stigma in the medical and mental health community in these key areas:

1. Which groups do you think should be targets for stigma-awareness or stigma-reduction initiatives? *Panelists named non-behavioral health care providers, the general public, law enforcement, and schools as groups most likely to benefit from initiatives to reduce stigma. On the other hand, professionals who work directly with individuals with mental illness, along with the consumers themselves, were identified as needing the least help with awareness for reducing stigma.*

2. Who do you believe should be providing the education for stigma-reduction initiatives? *Mental health providers were singled out as the most important group to provide education about stigma reduction. Primary health care providers, consumers with mental illness, and teachers also were thought capable of carrying out stigma-reduction initiatives, but to a lesser degree.*

3. What is the best way to combat stigma in mental health? *Participants noted that initiatives should contain the following elements:*

- ***Contact-based empowerment education (CEE):*** *a community-based approach based on principles of empowerment education and skills development widely used to engage various communities in different health awareness and promotion initiatives*
- ***Consumer videos/vignettes:*** *videos depicting examples of both "bad" and "good" appointments/consumer encounters*
- ***Positive depictions:*** *portrayals of people functioning well despite having mental illness (as opposed to the current portrayal of "worst-case scenarios")*
- ***Stigma as social determinant:*** *Convince the public that stigma can be a significant determinant of health care outcomes" The above is cited from*https://www.openminds.com/market-intelligence/executive-briefings/starting-new-post-parity-conversation-stigma/?utm_source=OPEN+MINDS+Circle&utm_campaign=e557677ea7-EMAIL_CAMPAIGN_2017_03_13&utm_medium=email&utm_term=0_eecbede49c-e557677ea7-160929261 pg 1

Based on the success of these multiple studies above Community awareness campaigns on addressing Mental Health Stigma, do have a positive effect on community acceptance of Mental Health conditions. The Erie County Department of Mental Health as one of 15 member organizations of the Erie County Anti-Stigma Coalition continues our collaborative efforts to create a multi-year Mental Health Anti Stigma community campaign. The above research points to the efficacy of educational programs in the community.

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

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

Anti Stigma Goal Statement:

Create a multi-year campaign to raise awareness and develop consistent messaging which facilitates the increase of knowledge about mental illness, creates compassion, understanding, acceptance and ultimately decreases stigma associated with mental illness.

Objective Statement

Objective 1: 1. The Erie County Anti-Stigma Coalition will secure funding to continue the campaign.
Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: 2. The Erie County Anti-Stigma Coalition will create a website and monitor "hits" to this website to establish a baseline.
Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: 3. In addition to the website, the Erie County Anti-Stigma Coalition will be active on at least one form of media.
Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 4: 4. The anti-stigma campaign will review data for an initial measure of impact/effectiveness and adjust the campaign as indicated.
Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

The Erie County Mental Health Department as a member of the Erie County Anti-Stigma Coalition participated with the coalition to create an educational campaign. This campaign will utilize social and traditional media to educate the residents of Erie County, and the region. The Erie County Anti-Stigma Coalition is currently marketing this campaign and seeking community based funding. Presentations are being made to Foundations, Insurers, and other potential funders. ECDMH is committed to this process as Stigma remains a deterrent to treatment and recovery. The dynamics that create stigma remain in place.

2j. SUD Outpatient Services - Background Information

Please refer to "2ac. Other Need".

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Please refer to "2ac Other Need".

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

Change Over Past 12 Months (Optional)

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

Please refer to "2ac Other Need".

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

Change Over Past 12 Months (Optional)

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

Please refer to 2ac "other need".

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

Change Over Past 12 Months (Optional)

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

Raise the Age
On January 23, 2017 New York State Passed the Raising the Age. Full implementation will occur in 2019. Erie County Department of Mental Health is collaborating with the Departments of Probation and Social Services as well as Office of Court Administration to prepare for this implementation. Present projections from Caseload Explorer are identifying a potential increase of about 600 sixteen year olds year olds and 700 seventeen year olds. The Juvenile system partnership will explore staffing needs, demand for increased availability of community based services for the older age group of juveniles. State fiscal support to meet these needs may be required. Erie County Mental Health Department is the primary contractor for Juvenile Justices community services.

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

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

Erie County Department of Mental Health in partnership with our Juvenile Justice Stakeholders will align and expand community based services to meet the targeted needs of the older juvenile population.

Objective Statement

Objective 1: 1) Department of Mental Health will work with system partners to explore best and promising practices for targeted risk of older age group of juveniles.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: 2) Department of Mental Health will examine the present service continuum; identifying utilization and successful diversion with target increased age group.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: 3) If needed, Department of Mental health will RFP for additional services identified to best address risk/needs of the older juvenile population.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 4: 4) Evaluate and, where appropriate, advocate for additional State resources to meet the service demand and staffing resource needs, where indicated.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

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

Please see the attached document labeled: OASAS Erie County System of Care-Final-Priority Needs

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

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

Please see the attached document labeled: OASAS Erie County System of Care-Final- Priority Needs

Objective Statement

Change Over Past 12 Months (Optional)

Please see the attached document labeled: OASAS Erie County System of Care-Final-Priority Needs

3. Goals Based On State Initiatives

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

3a. Medicaid Redesign - Background Information

The Erie County Department of Mental Health (ECDMH) believes that the goals of Medicaid Redesign are critical to enhancing behavioral health services in Erie County and New York State. In 2013 NYS entered into a fundamental restructuring of the Medicaid program to achieve: Measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure for behavioral health. MRT has recommended risk-bearing, full-benefit Special Needs Plans (Health and Recovery Plans - HARPs) and, Behavioral Health Organizations (BHOs). Use of the reinvestment savings are targeted to improve services for residents with behavioral health needs. The co-location of behavioral health and primary care services are among the many MRT initiatives. More recently, Regional Planning Consortiums (RPC) have convened and active efforts to initiate Value Based Payments (VBP) have begun.Cited
from https://www.health.ny.gov/health_care/medicaid/redesign/ pg 1

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

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

To collaborate with Erie County behavioral health agencies, Delivery System Reform Incentive Payment (DSRIP) Program, Managed Care Organizations (MCOs), and other stakeholders to positively impact upon statewide and local goals as well as to prepare for the clinical and financial changes to their Medicaid reimbursement that MRT proposes.

Objective Statement

Objective 1: 1) The ECDMH will implement services and support programs that are designed to meet the goals of Medicaid Redesign.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: 2) Using Medicaid Claims data the ECDMH is piloting, in collaboration with a community partner and four provider agencies, a Predictive Model to assist in the identification of consumers at high risk for further hospitalization and/or Emergency Department presentations. a) ECDMH is meeting with Erie County OMH licensed Agencies piloting this tool to review the tools effectiveness in managing high risk, high need consumers. b) Pending the results of the pilot ECDMH will further deploy use of the tool. c) Pending results of the pilot, ECDMH will explore further utility with at least one Managed Care Organization (MCO). d) Necessary agreements have been executed and a secure method of data transfer has been initiated. There is one agreement pending.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

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

Objective 4: 4) ECDMH will better align program outcomes with the goals of MRT. Data will be transparent and allow agencies to benchmark their performance with peers. In many instances, agencies will be able to compare and contrast their data against local providers and regional and statewide benchmarks. Allowing them to focus their resources, assist with quality improvement and assist in informing negotiations with potential payers including preparation for Value Based Payments (VBP). a) ECDMH will review the data individually with each agency to identify areas of strengths and opportunities to assist in their Quality Improvement Plan. b) Where desired and not already available, the ECDMH will work to facilitate related technical assistance and training's.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

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

Delivery System Reform Incentive Program (DSRIP) is a critical component by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP´s purpose is to fundamentally restructure the health care delivery system by reinvesting savings in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.https://www.health.ny.gov/health_care/medicaid/redesign/ pg 1

The DSRIPs in Erie County has been focused on improving overall care, inpatient diversion and meeting these consumers' wide ranging needs. DSRIP organizations and ECDMH are working on measures that are indicators of improved medical and clinical care. System integration and coordination are central components. For example, in an effort to better coordinate linkages to follow up care after discharge, Health Homes have staff at Erie County Medical Center's Comprehensive Psychiatric Emergency Program (CPEP).

DSRIP's influences are evident in the following. In a survey conducted by the ECDMH in the first quarter of 2017, 62% percent of mental health agencies in Erie County who responded reported co-located mental health and physical health services at their behavioral health locations. Additionally, over 42% of mental health agencies who responded reported their services were co-located at a physician's office. Moreover, with 29% of these agencies reporting an increase in co-located services in the last year, the trend in co-location continues to improve.

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

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

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

Objective Statement

Objective 1: 1) The ECDMH will implement services and support programs that are designed to meet the goals of Medicaid Redesign.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: 2) Using Medicaid claims data the ECDMH is piloting, in collaboration with a community partner and four provider agencies, a Predictive Model to assist in the identification of consumers at high risk for further hospitalization and/or Emergency Department presentations. a. ECDMH is meeting with Erie County OMH licensed Agencies piloting this tool to review the tool's effectiveness in managing high risk, high need consumers. b. Pending the results of the pilot ECDMH will further deploy use of the tool. c. Pending results of the pilot, ECDMH will explore further utility with at least one Managed Care Organization (MCO). d. Necessary agreements have been executed and a secure method of data transfer has been initiated. One agreement is pending.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

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

Objective 4: 4) Regular participation in DSRIP meetings to better coordinate county wide Behavioral Health and Medical care. a) Using the DSRIP forum to work with Managed Care Organizations to collaborate more fully in this process. b) Facilitate and encourage mutual data sharing, where allowable, to support goals of DSRIP and the County.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

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

The Western New York Regional Planning Consortium (WNY RPC) has formed with its stated mission being, *"As the Medicaid, behavioral health system undergoes transformation, the RPC will work to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings."* In addition, according to the RPC documents, each RPC Board is charged with,

- "*The RPC will work collaboratively to resolve issues related to access, network adequacy and quality of care occurring in the region around the behavioral health transformation agenda (specifically Medicaid Managed Care);*
- *The RPC will strengthen the regional voice when communicating concerns to the state partners; and*
- *The RPC will act as an information exchange and a place where people can come to get updates and provide experiential information on the behavioral health transformation agenda"*

To this end the WNY RPC's Board, representing a diverse stakeholder group, has been seated with one of the Board members being the Commissioner from the Erie County Department of Mental Health.

At the April 2017 RPC Board meeting the WNY RPC reached consensus on the following three priority areas:

· **Health Homes/HCBS/HARP:** (1) Concerns have been expressed that not all HCBS services are available in this region and/or not within a reasonable distance of many consumers; (2) Stakeholders have expressed concern that individuals who have been identified as HARP eligible are not enrolled in the program; (3) Stakeholders report concerns related to sharing of information between partners –they report that there are questions re HIPAA regulations, 42 CFR Part 2 covering substance abuse services, etc.

· **Value Based Payments/Managed Care:** (1) Providers have shared that they are unsure if Medicaid rates are up to date and reasonable in today's fiscal environment; (2) Providers report that they are interested in learning more about business models that will promote financial stability to prepare for changes in reimbursement rates and models; (3) Rural and smaller providers have expressed fears that they will be forced to merge or go out of business due to regulatory changes and changes in reimbursement models.

- **Integration of Primary Care & Behavioral Health**: (1) Several stakeholder groups report that their experience with primary care providers indicate that PMDs do not want to take on the risk of caring for behavioral health clients; (2) Consensus around unrealistic expectations of behaviors of behavioral health consumers by medical practices. For example, consumers are routinely discharged for missing appointments or taking a non-prescribed substance; (3) There is a general lack of knowledge regarding the connection between physical and behavioral health.

It is clear that the agreed upon issues represent a critical area related to behavioral health reform that, if we are to maximize the likelihood of improving care outcomes and reducing costs, each of which must be achieved.

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

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

It is difficult to offer a more specific goal statement at this time as the detail of the WNY RPC strategy is currently being developed. However, through active participation in the WNY RPC the ECDMH will work to implement recommendations at the local and regional levels.

Objective Statement

Objective 1: 1) Attendance at WNY RPC Board meetings and related workgroups
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: 2) As appropriate provide requested data to the WNY RPC and conduct a review of data relevant to informing the work of the WNY RPC
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: 3) Work collaboratively to implement recommendations for which consensus has been reached
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 4: 4) As an invested stakeholder, function consistent with the RPC to : • Inform–partners, the community and State agencies. • Plan–develop logical, achievable and sustainable methods to address system and regional needs. • Advocate–speak with a collaborative and informed voice to elected officials and organizations who can promote a well-balanced, equitably budgeted, and respectful behavioral health system. • Convene–bring together individuals and organizations to work in a collaborative and cooperative atmosphere to develop and promote effective behavioral health practices.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Attachments

- Transportation Summitt for WNY-Finger lakes.doc - Overcoming Transportation Challenges: Accessing the Finger Lakes and WNY region
- OPWDD System Needs Assessment-Final.docx - OPWDD Needs Assessment
- MH Needs Assessment-Final.docx - MH Needs Assessment-Final
- SA Needs Assessment-Final1.docx - SA Needs Assessment-Final
- OASAS Erie County System of Care-Final.docx - OASAS Erie County System of Care-Priority Needs

Office of Mental Health Agency Planning Survey
Erie County Dept. of Mental Health (70290)
Certified: John Grieco (3/30/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- [x] Mental hygiene/community services
- [ ] Sheriff/county law enforcement
- [ ] Other

If "other" please indicate how these charges are budgeted
The Erie County Department of Mental Health is respondsible for the CPL 730 Chargeback Budgeting.
Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:
a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment

- Referrals are received from multiple sources throughout the community; hospitals, clinics, family members, etc.
- The Erie County Department of Mental Health (ECDMH) Single Point of Access (SPOA) Assist. Coordinator confirms that the necessary consents for releasing information are provided with the referral for the purpose of completing the AOT investigation. If the client is not agreeable to signing consent for the release of information, the ECDMH SPOA Assist. Coordinator submits a request with the Erie County Attorney's Office for the filing of a subpoena to release the required records.
- ECDMH SPOA Assist. Coordinator completes an investigation utilizing hospital records, PSYCKES database information, criminal records, clinic records, and any consented additional medical records available.
- If it is determined that the client being referred for AOT services meets eligibility criteria, the ECDMH SPOA Assist. Coordinator arranges for the client to be evaluated by a psychiatrist for completion on the Physician's Attestation Form. The Physician's Attestation is completed by either the client's outpatient primary Psychiatrist, inpatient treating Psychiatrist, or the ECDMH AOT Program Consulting Psychiatrist
- ECDMH SPOA Assist. Coordinator arranges the completion of a treatment plan along with the client and the client's treatment team which encompasses the required services under the law.
- If the client is previously enrolled with care management services, the ECDMH SPOA Assist. Coordinator ensures that the care management provider delivers care management services at a Health Home+ level; if the client is not enrolled with care management services or the care management service provider does not offer services at the HH+ level, the ECDMH SPOA Assist. Coordinator will ensure linkage to the required care management services through SPOA that do provide this level of service.
- ECDMH SPOA Assist. Coordinator will also ensure that the client has linkage with all identified services; Assertive Community Treatment (ACT), individual/group counseling, medication management, housing, MICA, vocational services, etc.
- ECDMH SPOA Assist. Coordinator works with the Erie County Attorney's Office to ensure that the filing of the necessary paperwork is completed within the required time line under the law. If the order before the court is granted, the treatment providers assigned to the client's case begin working with the client immediately. In the event that the client is hospitalized/incarcerated at the time the order is granted, it is the expectation of the ECDMH that outpatient providers coordinate with inpatient providers for the client's discharge/release back to the community.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

- Care Managers are required to submit the following paperwork to the ECDMH SPOA Assist. Coordinator:

  - Monthly reports
  - Significant Event Reports
  - AOT Continuation Forms

- Agencies providing care management and/or ACT services attend bi-weekly SPOA Case Conference meetings to discuss any clients currently presenting with difficulties and/or issues relating to the provision of care management services
- It is and has been the expressed expectation of the ECDMH SPOA Assist. Coordinator that:

  - Care management & ACT staff provide updates via phone or email regarding ongoing/acute client issues as needed
  - Care management & ACT staff schedule treatment team meetings including all services providers assigned to the client's case regarding ongoing/acute issues should the need arise

- ECDMH SPOA Assist. Coordinator participates in quarterly site reviews of the care management agencies along with the New York State Office of Mental Health (OMH) WNY Regional AOT Coordinator
- ECDMH SPOA Assist. Coordinator utilizes the MIS to track those who clients have been referred, are currently receiving, and/or have historically received both SPOA & AOT services in Erie County. This tracking includes the status of care with assigned agencies, any pending SPOA referrals for services, and the status of each client's current & previous court orders.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

- Spectrum Human Services Care Management Program
- Spectrum Human Services ACT Program
- Lake Shore Behavioral Health ACT Program; IMPACT & ASPIRE Teams
- Buffalo Federation Neighborhood Centers Care Management Program
- Buffalo Psychiatric Center ACT Program
- Buffalo Psychiatric Center Health Home Care Management Program
- Family & Children Services of Niagara Care Management Program
- Buffalo Veterans Association Medical Center – Mental Health Intensive Case Management

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
Erie County Dept. of Mental Health (70290)
Certified: Gregg Nuessle (3/27/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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

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Co-chairperson

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Alcoholism and Substance Abuse Subcommittee Roster
Erie County Dept. of Mental Health (70290)
Certified: Gregg Nuessle (3/27/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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

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Mental Health Subcommittee Roster
Erie County Dept. of Mental Health (70290)
Certified: Gregg Nuessle (3/27/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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

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Developmental Disabilities Subcommittee Roster
Erie County Dept. of Mental Health (70290)
Certified: Lynn Kaczmarowski (3/7/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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

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2017 Mental Hygiene Local Planning Assurance
Erie County Dept. of Mental Health (70290)
Certified: Gregg Nuessle (6/1/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2018 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2018 Local Services planning process.

2018 Mental Hygiene Executive Summary
Local Services Plan
Erie County Department of Mental Health

The behavioral health system continues to ride a wave of unprecedented change occurring at an unprecedented pace. New York State's Medicaid Redesign continues to drive changes in service delivery settings, measures of accountability and in methods of payment. At the same time there are changes occurring to the Affordable Care Act that, depending on the nature and extent of Legislative changes, could impact many of the present initiatives. In addition, the nation also continues to experience an Opioid Epidemic of historic proportions. In order to be most responsive to these changes, coordinate community based resources, and to effectively mitigate the opioid crisis, the Erie County Department of Mental Health (ECDMH) continues to expand the diverse stakeholder groups with which it collaborates in our community and across the State.

In addition to the management and review of existing resources, the Department continues to seek, receive, shape, and generate additional resources. Through the Request for Proposal process, increasing utilization of data, various community, regional, and state-wide collaborations as well as a core component of its existing contractual role, the Department continues to help reform service delivery in a manner that supports and facilitates this transformation. At the same time, in an effort to effectively and meaningfully address the opioid epidemic, the Department is seeking and receiving additional funding; and is actively engaged with other County Departments, with the Erie County Opioid Epidemic Task Force, and its stakeholder group.

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

- Use of claims data to predict and mitigate, among other metrics, psychiatric hospitalizations, and emergency department presentations;
- A May 2017 kick-off of a sustained community wide anti-stigma campaign;
- Regional and local cross system collaborations and integrations to reduce juvenile justice and adult justice system penetration and foster successful community reintegration;
- Expansion of medication assisted treatment, peer and family support services, and measures to streamline access to substance use disorder treatment;
- Support the movement towards and readiness for Value Based Contracting;
- Further development of services for adults and children that provide for and facilitate community integration and community based care for recipients of mental health, chemical dependency and developmental disability services.

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

Overcoming Transportation Challenges: Accessing the Finger Lakes and Western New York Region of New York State

A White Paper

Based on a Transportation Summit held November 5, 2016

November 2016

Developmental Disabilities Alliance of Western New York Transportation Committee in Conjunction with The Western New York Developmental Disability Services Office of OPWDD, The Finger Lakes Transportation Alliance, The Self-Advocacy Association of New York State, and the Erie County Office for People with Disabilities.

Contact: Laura Gawel, Chairperson (lgawel@aspirewny.org)

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   Article about the Summit
   Photos of the event
   Noted Funders and their web addresses for more information

1. Introduction

On November 5, 2016, a Transportation Summit brought together one hundred fifty people to discuss the inherent lack of transportation available to individuals with disabilities and others requiring transportation assistance (i.e., seniors) in the Finger Lakes and WNY Region. The assembled group included Human Services Agencies, State Officials, Business Leaders, Caretakers, Logistics and Transportation experts, Seniors, Medical Providers and Individuals with Disabilities. The intent was to create awareness of transportation problems; identify shortcomings in current solutions, opportunities for improvement, and potential funding sources; and develop a plan for continued action in addressing the identified problems.

2. Abstract

Within this paper, the overarching transportation issues are identified for all segments of communities in the Finger Lakes and WNY Region. As the issues differ based on geographical area, they identified according to Urban, Suburban, and Rural communities. Following the breakdown of system failures and other detrimental impacts on impacted individuals, a summary of the round-table discussions identifying opportunities is provided. The White Paper concludes with potential next steps, additional awareness opportunities, and action items that can be taken at the local and state levels.

3. Problem Statement by Community

a. Issues in Urban Settings

Buses

- Participants cited the lack of accessibility to buses with functional lift devices as a major challenge throughout the region.
- Paratransit information is not accurately maintained, resulting in “misinformed” riders who take action based on the misinformation being penalized and/or suspended from services when issues arise.
- Overcrowded buses threaten the safety of frail riders.
- Many routes have early ending times, resulting in a lack of available transportation during certain hours.
- Lack of weekend service on many routes inhibits disabled passengers who rely on the services from participating in meaningful opportunities at weekend events.
- Some bus drivers are less than welcoming to their disabled passengers, treating them as burdens rather than typical passengers.

Miscellaneous

- Rochester, specifically, has a very punitive cancellation policy causing constant issues with Medicaid transportation. When buses are unavailable, taxis are a less attractive option due to their high costs.
- In disputes where the transportation provider has been determined to be at fault for an issue, there are rarely any repercussions, resulting in riders who miss medical appointments being assessed financial penalties by their medical providers for missing appointments.

b. Issues in Suburban Settings

Buses

- Early ending times for routes, i.e. after 4:00pm, result in less availability of accessible transportation options.
- Lack of bus stops not on main thoroughfares, leaving riders with dangerous distances to travel to their residences from the drop-off points.
- Transportation between suburban communities is often time-excessive, requiring many route changes and unaligned travel. The use of “hub and spoke” transportation models which require transportation to a hub to attain transportation to another suburb or region causes excessive transportation times: one example noted that it takes an individual four hours to travel a distance of 21 miles between Lockport and Niagara Falls.
- The lack of accessible transportation on weekends, similar to urban settings, results in riders having extreme difficulty or incurring excessive costs to attend community events that typically take place on the weekends.

Miscellaneous

- The cost of Paratransit and taxi services was identified as being cost-prohibitive for those on limited incomes.
- Group home residents in the suburbs indicated that there is not always staff available to drive “home vans,” forcing them to rely on unavailable or inconsistent public transportation options.
- Many WNY riders expressed concern that there is no bus transportation to the DDRO in West Seneca, meaning they are often unable to handle issues at the source.
- Suburban riders expressed concerns about the difficulty and safety issues involved in trying to access the few and far between bus stops and busy intersections.

c. Issues in Rural Settings

- As expected, the issues in rural communities are largely based around a distinct lack of service areas. There are far too few routes, extremely limited timeframes, long waits, and extreme difficulty when it is necessary to cross county lines.

- Riders are often required to schedule transportation a week or more in advance and many times the rides never show up.
- Costs are extremely high for individuals who have to go great distances to attend medical appointments when they are unable to schedule non-emergency medical transportation due to limited availability.
- There are no transportation options available on the weekends in our rural communities and very limited service overall in some areas.

d. General Issues Identified for Employment and Meaningful Activities

Employment, integration, and social challenges encountered by the disabled are compounded by transportation issues:

- Individuals who are fortunate to have secured meaningful employment are at a decided disadvantage because they are forced to rely on others to meet their transportation needs. There are many scenarios where an individual can utilize bus service to get to a job, but cannot utilize that same mode of transportation to get home because of the lack of later bus schedules in many areas. They are then forced to rely on expensive taxi services, which are largely unaffordable to people on limited incomes.
- Many available jobs are in the suburbs, compounding the challenges of securing viable and affordable transportation to and from work. Many riders rely on Paratransit, but are frustrated by its unreliability. Some noted they lost their jobs because the number of people on Paratransit resulted in many stops and delayed arrivals at the workplaces.
- Individuals who wish to participate in integrated activities in the evenings or on the weekends are typically hindered by limited or nonexistent bus service, prohibitive costs of taxi services, or lack of Paratransit stops.
- Limited or nonexistent evening transportation limits opportunities for meaningful social engagement, and Medicaid does not provide a means of attaining recreational transportation for most individuals who need it.

B. Proposed Solutions and Opportunities

a. Urban Opportunities

- Overcome resistance to ridesharing services, such as Uber and Lyft. This would immediately reset the challenges faced because of the cost of taxi service, making alternative transportation more affordable for those who can access the service.
- Relax regulations allowing for collaborations of local agencies to provide transportation. This would require a great deal of coordination, but could result in expanding

transportation opportunities within close geographic areas, thus eliminating multiple agencies traveling through the same areas.

- Redefine Medicaid allocations to allow recipients to appropriate dedicated funding toward their individual transportation needs.
- Explore the viability of extending Paratransit services.
- Allow ridesharing across various funding services, rather than by funding site.

b. Suburban Opportunities

- Many suburban communities provide senior van services during the week. Find and offer ways to incentivize communities to expand those services and make them more accessible to members of the disabled community six or seven days a week.
- Explore ways to work with local church groups that have vans available.
- Expand Paratransit services.
- Develop a better peer-to-peer approach through the Center for Self-Advocacy to provide additional training on available transportation resources and how to utilize and navigate the system with technology and ease of scheduling.
- Enhance transportation options through the Office for People With Developmental Disabilities (OPWDD) Family Support Services for people who have disabilities and live with their families.
- Create new options for enhancing options for people who live independently to fund transportation.
- Create opportunities for Medicaid recipients to utilize a Medicaid Waiver Transportation Service to individualize Medicaid transportation spending, thus allowing access to any transportation option meeting specific individual needs.

c. Rural Opportunities

- Commit to exploring the expansion of transit services in rural communities. If resistance to ridesharing services cannot be overcome, explore ways to subsidize the excessive cost of taxi service in these rural areas.
- Advocate with communities to develop volunteer driver programs (A 'Meals on Wheels' approach).
- Encourage county-to-county collaboration and expand self-directed service funding for necessary transportation.

- Use individualized Medicaid Waiver to provide more opportunities for personalized transportation solutions.

d. *Funding Opportunities*

- All spectrums of the community -- Urban, Suburban, and Rural – discussed the need to find and secure additional state grants to address transportation shortfalls. Expansion of 5310 grants to include mobility management and operational programs, more money for vehicles, and additional 5311 grants to increase funding for public transit services were suggested.

- Adding transportation costs into Access-VR service plans for people who have disabilities and are working to find jobs would ensure reliable transportation to workplaces.

- In urban settings, bike riders could better access bus routes if buses were equipped to handle accessible bikes. Finding a funding source for a viability study for accessible bike transportation could be beneficial.

- Accessing Department of Transportation grants to address many of these issues should be pursued.

- Additional transportation reimbursements through Medicaid for Self-directed or individualized Waiver funded transportation funding would enable persons to prioritize and fund transportation as needed based on their own individual needs.

- Create an OPWDD one hundred percent state-funded transportation service for individuals living on their own, similar to that of Family Support Services.

- All communities noted that human service agencies have limited resources for grant research, development, and procurement. Advocating with local communities to fund or make local grant writers available to agencies would help them find and acquire available grant opportunities.

- Creating greater awareness and collaboration with local service organizations such as Elks Club, United Way, and Catholic Charities to find underutilized equipment or create ridesharing opportunities were discussed.

e. *New Ideas*

New ideas and proposals articulated by representatives from each segment of the affected communities include:

- Advocate with local businesses to provide “free delivery” of goods or services to members of the disabled and senior communities, thus limiting the need for them to find transportation. Obvious opportunities are with local grocery chains.

- Expand on this Transportation Summit by working with a statewide Advisory Council to advocate for and drive changes in legislation and funding.

- Create incentives and training for employers to subsidize or assist in resolving common transportation issues. For example, in WNY there are many employers on Walden Avenue that employ individuals with disabilities, but people in the suburbs have limited or no access to this location. Examples to consider include reasonable accommodations and flexible work schedules.

- Ease or eliminate restrictions on ridesharing liabilities between agencies: Agencies are able to provide transportation to people they support without meeting expensive DOT requirements and without additional insurance. This could be expanded through service agreements.

- Implement an income-based transportation subsidy.

- Incentivize "for-profit" providers to provide affordable options to the disabled community.

- Revise the methods of funding public transportation in greater New York State to rely less on fuel tax income. This type of approach varies greatly based on fuel consumption whereas a more reliable and standard, per capita methodology is needed.

- Revise the STOA, State Transportation Operating Assistance, methodology to increase funding for public transportation to enhance service regions and services.

C. Future Directions and Long-Term Actions

Limited transportation options for individuals with disabilities and seniors impedes participation of the full community of citizens in access to health care, employment, and personal relationships. This group is committed to continuing its advocacy for changes with the goal of full participation by all citizens.

We commit to sharing our findings with the Governor's Office, New York State Legislature, Office for Senior Services, OPWDD, State Education, Office for Mental Hygiene, and Department of Transportation. We will also share our results with the consultants hired by New York State to survey transportation needs in the state.

The main thrust of our work going forward will focus on:

- Advocating with legislators/governor for changes in funding and funding restrictions.
- Creating individualized transportation funding.
- Continuing to encourage collaborations in transportation as regulations change.
- Educating community members about the issues.

- Advocating for the inclusion of people who are transportation-challenged in policy making discussions.
- Collaborate to investigate new methods of funding transportation through federal, state, and local grants as well as through private funders which may allow for better collaboration among private, public, and agency transportation providers.

OPWDD (Office of People with Developmental Disabilities) System Needs Assessment
Erie County
2018 Local Services

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

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

Please explain:

In preparation for submission of the 2018 Local Service Plan the Erie County Department of Mental Health met with the OPWDD Subcommittee of the Community Services Board and the following were identified as unmet needs for OPWDD Consumers in Erie County:

- Workforce Recruitment & Retention
- Transportation
- Respite
- Residential

Workforce Recruitment and Retention

Recruitment and Retention continues to be a major challenge for the OPWDD system. Direct Service Professionals (DSP) salaries are not competitive with comparable community positions. ECDMH queried two OPWDD Direct Care provider agencies and they reported stating pay to their Direct Service Workers of $10.80 and $11.72/hour respectively, creating challenges for agencies to hire and retain employees. In a separate query of OMH and OASAS providers we found the following pay scales for entry level direct service professionals:

Overnight Staff OMH residential	$13.75/Hr.
Case Managers OMH Health Home	$17.54/Hr.
Overnight Staff OASAS residential	$10.00/hr.
Direct Care Housing Staff OMH	$15.00/Hr.

The variances within the Behavioral Health system highlight the challenges of recruiting OPWDD Direct Service Professionals, when other agencies with in the field are paying up to $6.74 additional per hour, equating to over fourteen thousand dollars additional per year (Calculated on a 40 hour work week). Due to the challenging nature of these positions rate of pay and turnover continues to be an ongoing issue.

In addition to salary disparities, agencies incur significant overtime costs due to staffing shortages. Similar circumstances are occurring statewide as evidenced by a survey conducted by Westchester ARC of OPWDD Direct Care agencies where the following were found: “Respondent agencies paid for 6,442,594 hours of overtime for direct service and other support staff in 2015, which was 13.5% higher than 2014’s 5,673,787 overtime hours. Note: this figure does not take into account the costs of recruitment and training.

In 2015, agencies also had a 23.07% one-year turnover rate for direct service and other support staff, which was 21% higher than the 2014 rate of 19.05%, This trend, if continued, may affect staffing needs in the future.

The above information was retracted from the following: https://www.arcwestchester.org/sites/default/files/files/%23BFair_Summary.pdf pg 1

The recently passed NY State budget acknowledges the salary concerns in the OPWDD system. This budget has allowances for wage increases and it is anticipated to have a positive effect. While impact of this has yet to be realized, this is a critical step in the competitive wage issue. The total OPWDD wage increase state budget is $55 million, this includes:

January 2018	A 3.25% wage increase for OPWDD Direct Care Staff
April 2018	An Additional 3.25% wage increase for OPWDD Direct Care Staff
April 2018	A 3.25% wage increase for OPWDD Clinical Staff

Erie County is encouraged by the statewide salary increases to these positions. It is unclear if these alone will improve retention but without additional resources employee attrition is likely to continue.

Respite

Respite services provide temporary relief from the demands of care giving, 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 the family caregiver's age, there is likely to be a greater need for respite services. Participation in respite services in 2016 totaled 1,951 for OPWDD Consumers in Erie County (2016 data regional OPWDD office).

The increased need for Respite is further evidenced by OPWDD Region 1 report to the ECDMH that estimated respite use is projected to increase to 2,500 consumers for year 2017 and to 3,000 consumers for year 2018. OPWDD indicated increased reimbursement rates for respite services which was part of the logic for the increased utilization figures. As there is a contraction of OPWDD residential beds, there may be increased need for respite services as well. ECDMH requested the wait list for respite services from OPWDD; however, they do not monitor wait lists for these services.

Transportation

OPWDD Subcommittee participants frequently mentioned transportation as an ongoing unmet need that directly effects consumers and families needing access to services and community integration activities i.e. employment. Among the concerns expressed by consumers were scheduled transportation not showing up or often late, and their experience that pick up and drop off locations were a distance from where they lived or worked. Other Committee members who include providers, regional and local government representatives, and advocates expressed concerns that paralleled those of the consumers. A Consumer Forum was held at the Western New York Independent Living on 4/20/17 where the same or similar concerns were identified.

Currently OPWDD does not track transportation for its recipient's as transportation is not a standalone funded program. Therefore determining accurate numbers of individuals accessing transportation services cannot be obtained. The frequency of complaints by this group is also undefined. Based on this lack of information we cannot determine the scope of the problems mentioned by the Consumers. In the Transportation High Need Section of the annual plan, Medicaid Transportation data will be addressed. This is inclusive of rides, complaints and other data. These transportation concerns were also voiced by Consumers who are represented on the Mental Health and Substance Abuse committees as well.

Attached is a white paper titled "Overcoming Transportation Challenges: Accessing the Finger Lakes and Western New York Region of New York State" that was authored by the Developmental Disabilities Alliance of Western New York Transportation Committee in Conjunction with The Western New York Developmental Disability Services Office of

OPWDD, The Finger Lakes Transportation Alliance, The Self-Advocacy Association of New York State, and the Erie County Office for People with Disabilities**.** The paper includes the overarching transportation issues identified for all segments of communities in the Finger Lakes and WNY Region. As the issues differ based on geographical area, they were identified according to Urban, Suburban, and Rural communities and included problem statement, proposed solution and future direction and long term actions. A follow up meeting occurred in May of 2017. The ECDMH will participate in future meetings to help construct a follow up Work Plan.

Residential

The current residential opportunity process has changed and imposed some unintended consequences for individuals in need of/desiring certified placements. The evaluative process has caused a growing concern that the new practice has and will continue to delay the filling of certified housing vacancies. Due to the screening and required reporting from providers to OPWDD, individuals are waiting longer for placement.

"OPWDD has modified the criteria on how they determine the urgency of placement. These new levels, will replace the current Priority 1, 2 and 3 levels. They are identified as Emergency Need, Substantial Need and Current Need. Emergency Need will include people that have or are at risk of having no permanent place to live or whose health and safety are at risk. Substantial Need will include people whose family members or other caregivers are unable to continue to care for the person, people transitioning from a residential school, moving from a developmental center or leaving a skilled nursing facility. Current Need will include people who have a current need for housing, but the need is not an emergency". Cited from https://opwdd.ny.gov/commissioners_message/new-priority-categories-for-housing-opportunities-announced pg 1. A full list of these changes can be viewed on the above website.

Currently in Erie County, as reported by the OPWDD Regional Office, there are 2,460 OPWDD certified beds and 664 total residents are on the Residential Request List.

"A $10 million portion of the 2016-17 NYS budget is dedicated to new resources that will specifically be made available to OPWDD Regional Offices to develop residential opportunities. These are to support people currently living at home and have an aging parent or the urgency of their needs have recently changed. This includes needs identified in OPWDD's recent Residential Request List report. OPWDD will also receive $15 million to develop new affordable housing opportunities to ensure the availability of safe and accessible residential options and provide capacity for people to live in their community of choice" As cited from https://opwdd.ny.gov/2016-2017-nys-budget-grows-spending-opwdd-supports-and-services pg 1.

These allocations are welcomed; however, as of July 2016 there were 10,992 statewide consumers on the Residential Request List, as cited in, https://opwdd.ny.gov/sites/default/files/documents/Residential_Request_List.pdf .

At this time it is unclear the extent these initiatives will have on the RRL. These services are critical to meeting the needs of the OPWDD system which require continued tracking of wait lists to determine ongoing need and possible evaluation/expansion of Housing programs. -

Erie County will continue to support Region 1 efforts to allocate new revenue and services for individuals living at home and prioritizing placements through the utilization of the Residential Request List.

Continuation of newly implemented needed services in Erie County:

Crisis prevention services for individuals with developmental disabilities and coexisting mental health or behavioral health concerns: "New York Systemic Therapeutic Assessment Resource and Treatment (NY START) provides community-based crisis intervention for individuals with Intellectual Developmental Disabilities (IDD) and behavioral or mental health needs. NY START is a program based on a National model that originated 30 years ago and is currently based out of the University of New Hampshire. The START model is person-centered and emphasizes systems engagement; positive psychology and other evidence-based practices are employed. NY START is expanding across New York State with the local entity serving 17 counties of Western New York and the Finger Lakes region. In 2016, NY START provided support to 164 individuals, of which, 67 were new requests in Erie County.

NYS START provides the following services:

START Coordination (all ages)

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

Therapeutic in Home Supports (all ages)

- Individualized therapeutic goals and objectives
- Tracking, monitoring, and assessment
- Coaching and assistance to caregivers and providers
- Training to caregivers and providers

Therapeutic Resource Center (21 years of age and above)

- Out of home assessment and treatment

- Individualized therapeutic goals and objectives
- Therapeutic groups
- Community integration
- Promoting holistic well being

NY START is slated to open an additional Resource Center in Erie County to complement the present location in Dansville. This is due to open summer 2017. The WFL START information was from an ECDMH query and created by Maya Hu-Morabito and Gerald McIntee (WFL START) .

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 has identified a need for community based care for the developmental disability population. Access to Psychiatry through Intermediate Care (APIC) has been identified as the model of care. APIC is a mobile service that provides psychiatric interventions and case management for children, adolescents, and young adults with developmental or intellectual disabilities. APIC does not replace current care, but assists, augments, and coordinates treatment to help create a sustainable plan for families, providers, and natural supports. APIC is designed to divert from emergency department or hospital visits because of inadequate intermediate care in the community.

APIC services include:

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

APIC Data and Achievements: Year 2 (1/1/16-12/31/16)

APIC seen the following number of individuals in the below age groups (2016): The data below was provided by Erie County Medical Center (ECMC) to ECDMH.

Age Group	Total Caseload	Erie County
0-17	156	100
18-25	80	73
26-64	63	52
65 and greater	3	3

6

Unknown	4	0
Total	306	228

- "Created a formal referral process for the Community Intervention Team (CIT) clients between APIC and Crisis Service;
- Created 5 formal referrals to Crisis Services CIT team and collaborated throughout each entire care episode. APIC also made 41 direct referrals to local law enforcement agencies;
- Created a chronic care model for individuals who cannot be transitioned to a lower level of care;
- Enrolled 19 (14 from Erie County) individuals into the APIC chronic care program. Enrollment is based on an inability to hand case off to a lower level of care;
- Partnered with new, and/or existing medical/dental providers to create an integrated care model for this population if their needs cannot be traditional models of care; and
- Created partnerships with the following providers to allow integrated primary care services for our population: Mobile Primary Care, St. Joseph's Blood Draw, Erie County Medical Center Dental Clinic, UBMD Psychiatry/Internal Medicine (Mobile PA)."
- From ECDMH provider query, information created by Dr. Michael Cummings, ECMC.

The total number of cases seen, as provided by ECMC based on OPWDD eligibility in 2016 was as follows:

OPWDD Status	Total Caseload	Erie County
Eligible	211	151
Not Eligible	65	56
Unknown	30	21

Data is above provided by ECMC to ECDMH.

Presently, ECMC is collecting data related to the following metrics: CPEP visits, hospitalizations, medication reductions, and family distress and aggressions scales. These will be available in the first quarter of 2018.

APIC and NY START provide simultaneous community based services. The service array is extensive and while some of the services overlap, the systems of care work to provide a necessary continuum of care for OPWDD consumers who are at risk or in crisis. Dr. Michael Cummings, Region 1 START Medical Director, reported that approximately two-thirds of NY START recipients are also involved with APIC simultaneously.

Please Note:

Anti-stigma

7

Consumers and Agencies expressed great concern in regards to the Local Service Plan not providing Anti-Stigma as an option of High Level Unmet Needs for the OPWDD system. The group requested that if an option again next year, that the State include Anti-Stigma as an option in the 2019 Annual Plan as it is for other disability groups.

Erie County 2018

Response to New York State:

Local Services Plan

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

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

Please explain:

The Mental Health needs have generally remained the same from the previous year (2017). What follows is a summary of needs and issues that remain the same as in 2017, but continue as ongoing challenges.

Outpatient Mental Health Clinics reported to a recent Erie County Department of Mental Health's (ECDMH) provider query that while workforce issues do create challenges, capacity needs can generally be met. In addition, the vast majority of providers have moved to simplify access by offering same day access.

An unprecedented number of new initiatives are in the planning or implementation stages to enhance service delivery. One key component of various system/service level reforms pertains to the Delivery System Reform Incentive Payment Program (DSRIP). A summary of behavioral health issues includes, but are not limited to:

- Crisis Stabilization Project detailing assessment and response protocols. This is to assist in diversion of unnecessary and avoidable hospitalizations.
- At least one DSRIP is also proceeding on a project that should be operational later in 2017 to enhance coordination with and improve outcomes from Inpatient Psychiatric Discharge process. Other DSRIP initiatives include but are not limited to:
- Integrating Mental Health/Substance Abuse in Primary Care settings.
- Mobile off-site Mental Health clinic programs for individuals in need of mental health services to gain and maintain psychiatric stability and avoid Emergency Department and inpatient psychiatric stays.
- While efforts are ongoing in multiple levels within and beyond the DSRIPs, readmission rates in Erie County remain higher than the regional average. Mental Health readmission rates for behavioral health issues in Erie County at 10.64% are higher than the regional average of 8.48%. (NYS OMH Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES 2/2/16-2/1/17)

Awarded to NYS as part of a Federal pilot initiative, Certified Community Behavioral Health Centers (CCBHC) also offers the promise of increased access, greater integration, and enhanced comprehensiveness. Erie County is fortunate to have three CCBHC providers which are expected to commence operations in July 2017. These offer care from birth to death and will take services outside of the clinic setting. In 2018 we anticipate that data will support the contention of the effectiveness of the CCBHC model. These all inclusive services will focus on engaging, coordinating care, and managing all of the Behavioral Health and Medical issues of this acute population. By meeting all these needs in one setting across the life span, and readily allowing for community visits, it is anticipated that the recipient will create a relationship with the staff and facilities, thereby improving the overall health of its members.

Other new or "newer" initiatives funded by the NYS OMH include but are not limited to:

- Additional supported housing slots for the general behavioral health and forensic populations;
- Community Reintegration supports to support successful community reintegration for those with a history of long stay in a State Psychiatric or higher level residence;
- Additional Assertive Community Treatment Slots;
- Expanded and enhanced Peer and Family supports;
- Continued Expansion of Child Mental Health Satellite Clinics in the Buffalo Public Schools. This program does have co-located services in 52 of the 55 existing city schools;
- Erie County is working closely with the Managed Care organizations in a consultant and liaison capacity. This is to aid programs in their transition in Medicaid Redesign Team, and Value Based Payments.
- As a contracted provider of Homeless Housing from the United States Department of Housing and Urban Development, the ECDMH, along with the collaborative efforts of the network of providers offering homeless housing, the Homeless Alliance of Western New York, and other stakeholders, significant strides have been made towards ending chronic homelessness in Western New York.

Additionally, the ECDMH has recently received notice of funding for a 24/7 diversionary service for avoidable presentations to the Comprehensive Psychiatric Emergency Program (CPEP). This proposed service is designed to offer an alternative to the over 1,000 annual presentations to the local CPEP that are not admitted and spend less than 2 hours at the CPEP, with the goal to better integrate the individuals needs with existing community services and resources, while improving the CPEP's ability to focus on those individuals presenting with more acute concerns.

Positive developments are not limited to adults. Behavioral Health and cross system services and supports targeted to children and youth continue to demonstrate results with at risk County youth. One such initiative includes, Project Jumpstart which works with at risk youth attending Erie County school systems focusing on attendance and performance intervention by providing direct tutoring and interfacing with the youth, family and school. Enrollment in this program has increased 29% within the

last year. The primary referral sources include the Family Services Team (FST), Juvenile Delinquency Services Team (JDST), and Probation Department Juvenile Division. Of the forty two participants, 71% completed the program successfully in 2016.

Multi Systemic Therapy (MST) is an intensive family and community based best practice treatment program that focuses on the environment of chronic juvenile offenders-their homes and families, schools, teachers, neighborhoods and friends. In 2016, MST reported to ECDMH that of 125 participants, 76.8% completed the program without a negative event (out of home placement, new or further juvenile justice activity).

PINS diversion outreach provides services to the residents of Erie County. This service utilizes wraparound case management, crisis intervention, and youth and family driven service planning as key service components. This program also utilizes skills development, community collaborations and linkages in working with this population. In 2016, 35 individuals participated in this program of which 97% were successful: Youth not detained in detention at time of answering their warrant in Family Court, (2016 ECDMH data system).

Health Homes Serving Children (HHSC) were implemented in December, 2016. While improving the coordination and communication with the various health homes serving Erie County continues to unfold, serving coordinated services to at youth risk in Erie County remains a top priority.

In collaboration with the NYS Office of Health, Mental Health and Children and Family Services, Erie County has been striving to develop service and fiscal models which effectively and efficiently serve those youth who are identified as high risk for out of home placement, hospitalization or juvenile justice system involvement. These participants receive high intensity case management and coordination of care. The caseloads are small to allow increased frequency of involvement and coordination of care. As a recipient of Federal funding that started in 2004, Erie County has long established its system of care and high fidelity wraparound service; a nationally recognized best practice. Over the course of the past 16 plus years, Erie County has expanded and maintained these services.

Towards this end, Erie County is most appreciative to be selected as one of the three County collaborative partners with NYS through NYS ACHIEVE to serve as a pilot community for the possible expansion of High Fidelity Wraparound (HFW) across the State. Erie County views this as an opportunity to not only enhance current local practice and related infrastructure, but also to help inform the State regarding the challenges and opportunities presented by the environment of behavioral health transformation to further expand HFW practice. In an effort to meet these challenges, Erie County has been engaged in a proactive planning process for the past 18+ months with its provider community and other stakeholders. One of the primary goals is to maintain access to High Fidelity Wrap Around services to families and youth.

While a scan of the environment provides clear evidence that much is being done to improve services and supports, clearly, challenges remain.

One of these pertains to continuing to explore a means to effectively serve those transitioning to the community from State Psychiatric and long-stay Residential Care Centers for Adults (RCCA). The NYS 2018 fiscal year budget reflects a reduction in State Operated Services which may have a significant some of the most vulnerable mental health recipients in the county and region. There is concern that

the state-wide reduction of 140 state-operated residential beds may disproportionality be felt in the Western Region. The RCCA of the Buffalo Psychiatric Center (BPC) is currently licensed for 101 beds, but as it resides on the grounds of the BPC and is one of only two remaining RCCAs, it may be vulnerable for reduction to community based, less costly services.

While community integration is a goal supported by the ECDMH, and the anticipated increase in supported apartments and treatment apartments would be most welcomed, typically many of the RCCA residents have greater service needs. Any significant reduction in RCCA beds will require the local system of residential programs to accept individuals with more needs and who may present with greater risk. It will be imperative, that the local system work collaboratively to ensure all needed supports are in place. One of the ways that RCCA residents have been well served is with the integrated care of the NYS operated system, including clinic services. As the State budget also calls for the transformation of the OMH State-operated outpatient clinics, this service may also be at risk at a time when integrated care is needed during the time of residential transition.

Other highlighted challenges include, but are not limited to:

- Assessing the impact of Adult and Children health homes ;
- Adequate transportation to reliably access services;
- Continued recruitment and retention of qualified workforce;
- Access to affordable community housing;
- Access to Mental Health Housing. According to data displayed in NYS OMH Child and Adult Integrated Reporting System for calendar year 2016 housing access remains a concern. Occupancy rates for the following levels of housing clarify this need:
  - Supportive, 104.2%;
  - Treatment Apartments, 94%;
  - Congregate, 93.5%;
  - Congregate Treatment, 96.6%;
  - Geriatric Congregate, 99%
- Wider implementation of TelePsychiatry;
- Despite ongoing gains, due to cultural, regulatory and fiscal concerns, the continuation of efforts to integrate behavioral and physical health remains a challenge. Still of the 36 Erie County survey respondents to the question, "Do you have collocated (Behavioral Health and Medical) services? ", 19.4% responded that they do and over 28% of those reported that the number of such sites has increased over the last year;
- As of February 1, 2017, the most recent data available in PSYCKES at the time of this writing, of 4,541 eligible individuals in Erie County only 2,587, or 57%, were enrolled in a Health and

Recovery Plan (HARP). This compares with 65% of the eligible population in the Western Region and 67% across NYS;

- The provision of adult Home and Community Based Services remains underutilized not just in Erie but throughout the State;

- It is well recognized that stigma remains an overriding obstacle preventing community members from entering treatment and seeking support. A recent survey in Erie indicated that 52.5% of survey respondents (132) felt that people treated them differently once they knew they had a mental health or substance abuse challenge;

- How CPL 730.30 designations are handled and funded remains a great concern to not only Erie, but to counties across the State. In 2014 Erie County's share for such restoration services was $610,651. In 2015 this increased to $900,510. In 2016 this amount increased to $1,545,647. This represents a 153% increase since 2014. Such increases are unsustainable. Erie County is asking the State for relief from these increases. Although it did not pass in this year's State Budget, the Conference of Mental Hygiene Directors and Erie County continue to seek legislation to assist in this financial relief after the first three months of hospitalization; and

- Lastly, despite additional care coordination services and supports meant largely to serve those individuals with the highest risk and highest need, the number of individuals who are under a court order for Assisted Outpatient Treatment in Erie County increased significantly over the past five years. As of December 31st in 2012 and 2013 those on AOT went from 36 and 67 respectively, to 188 as of 12/31/16. A 422% increase from 12/31/12. Similarly, the percentage of orders that are renewed has increase from 30% to 60% over this same period. Some of a review of data from Western NY indicates that at least some of this is statewide trend, but local factors also appear to be in play.

A component of the planning process includes stakeholder input. During the 1st Quarter of 2017, the ECDMH reached out directly to recipients of services in Erie County via Survey Monkey (paper versions where available at some provider locations). One hundred and fifty four residents participated. The primary results of the survey follows:

- Over 33% of Consumer participating in the survey stated that they have been discriminated against due to Mental Health or Substance Abuse;

- In responding to the most important clinical service need, they overwhelming chose, "More access to Mental Health/Psychiatry Outpatient services in Erie County". This relates more to access to Psychiatric services while receiving care in an outpatient setting than other clinic services;

- In asking what non clinical service was of greatest need, 97 of 153 consumers chose more affordable housing;

- Over a third 37.2% of respondents stated that they are unclear about what a Health Home is;

    - Moreover, twenty nine percent of consumers stated they remained unsure if they were in a Health Home; and

- Over two thirds (69.5%) of respondents stated they felt that their Counselors, Care Coordinators, and Physicians are communicating with each other to improve their care.

In Quarter 1 of 2017 ECDMH also surveyed County certified, licensed and/or funded providers of the New York State Offices of Mental Health (OMH), Twenty all three of the above referenced state entities participated. So that responses would not be skewed by multiple submissions, each agency was allowed only one response. The largest number of providers indicating "Strongly Agree" or "Agree" demonstrating the clear majority of agency responses was found in the following:

- Providers felt the most important value added role the ECDMH can provide for agencies, was procuring grant funding, providing a series of mini grants to assist with information systems or other measures related to behavioral health reform, and being a liaison between the providers and state entities;
- In assisting with agencies missions they felt that ECDMH support with Managing the Medicaid transition, Managed Care coordination, and Coordination with other agencies/systems;
- Over 78% responded either "strongly agree" or "agree" to the question, "Advocacy assistance with State and Regional issues is the most important value added role that ECDMH can provide."
- When agencies were asked about their workforce concerns, their consensus was on the need for more competitive salaries for their staff as the primary concern; and
- Mental Health agencies saw Prevention and Housing as the two greatest needs for the MH system of care in Erie County.

The survey results were shared with each of the ECDMH Subcommittees of the Consumer Advisory Board for additional input and suggestions.

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. More recently, as part of the Regional Planning Consortium (RPC) this has expanded to include a network of regional stakeholders. Defining and designing a system of care that meets the diverse needs of the County's Mental Health Population continues to be a priority. Initiatives such as CCBHC's, Delivery System Reform Incentive Payment Program (DSRIP's), HARP, RPC, and Children's Health Homes lend encouragement for the future health of our residents. We are encouraged by the number and scope of these statewide initiatives. The overriding concern is coordinating these programs, communicating with them to create an integrated system of care, and finding a reasonable means to measure the impact. The success of these initiatives depends on the effective integration, collaboration and meaningful evaluation of service system reform efforts.

Erie County 2018

Response to New York State:

Local Services Plan

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

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

Please explain:

Although there have been a significant and noteworthy increases in the number of treatment, and support services, in the collaborative environment, in the mobilization of family members and peers; and despite the initiatives from the Federal, State and County government, opiate related overdoses and deaths remain a primary concern.

The Centers for Disease Control and Prevention reported that in 2013 there were 2,309 deaths from overdoses in NYS. In 2014 this number was 2,300. However, in 2015 this number rose to 2,754. A Statistically significant 20.4% increase over 2014, an alarming trend that is being witnessed firsthand across virtually every community. Cited from https://www.cdc.gov/drugoverdose/data/statedeaths.html At this time the 2016 statewide numbers have not been released. In contrast, there were 1,121 motor vehicle related deaths in New York State in 2015. Cited from http://www.iihs.org/iihs/topics/t/general-statistics/fatalityfacts/state-by-state-overview/2015

Locally, according to information provided to the Erie County Medical Examiner's Office, ***Closed Cases Reported thru 4/25/2017 to the Erie county Department of Health shows similar increases:**

Year	**2014**	**2015**	**2016**	**2017**
Number of Opioid Related Deaths	127	256	288, plus there are 14 Pending Cases	*19 confirmed and 166 pending (*ECDOH as of April 25, 2017)

Given these very disconcerting figures it is understandable that much of the concern and attention continues to be upon the impact of the Opioid Epidemic, however it is important to stress that addiction

and its impact on the community has long existed prior to this epidemic and extends beyond this class of substances. Addiction spans all boundaries.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the percentage of residents in the Buffalo-Niagara Metropolitan Region with dependence or abuse of illicit drugs or alcohol in the past year is as follows (other regions are also displayed for comparison purposes):

Area	Youth 12-17	Young Adults 18-25	Adults 26 & Older	Adults 18 & Older
Erie-Niagara	**4.84**	**15.77**	**6.94**	**8.24**
Upstate NY Urban Metro Region	5.07	16.06	7.08	8.49
New York State	5.38	16.87	7.30	8.71
Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, and VT)	5.32	18.41	7.08	8.69
Total United States	5.45	17.49	7.05	8.58

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

While these numbers give great pause and much work needs to be done, there have been substantial improvements in the Substance Abuse system of care from the previous year. What follows is a summary of many of these gains as well as some of the ongoing needs.

The NYS Office of Alcoholism and Substance Abuse Services (OASAS), and Erie County have responded with resources and collaborative planning to fight this epidemic. Providers, family members and peers have mobilized to provide treatment access, support and advocacy. Law enforcement has helped to divert individuals to treatment.

Since the Task Force's inception the number of residential beds, medication assisted treatment slots, suboxone trained physicians and community awareness have all increased in Erie County. Many of these initiatives from Erie County were integrated into the recommendations from the National Task Force on Heroin and Opiate Abuse., Cited from https://www.justice.gov/file/822231/download.

Through the leadership of Erie County Executive Mark Poloncarz and with the support of the Erie County Legislature, one critical addition implemented in August 2016 and funded by Erie County is the 24/7

Addiction Hot Line. Few communities are fortunate enough to have such a resource. Since inception on August 1, 2016, through April 30, 2017 there have been just over 2,000 calls to this line. Call volume is inclusive of family members, concerned loved ones, as well as those with an addiction that are seeking further information and/or assistance with accessing care.

The Addiction Hotline provides treatment referrals, support and education to family members, other concerned significant others, and to those with an addiction. In addition, direct referrals for face to face assessment are offered. This service, provided in collaboration with another local service provider is offered at no charge to the individual and has proven highly successful at coordinating actual linkage to the appropriate level of care. When desired and appropriate, a warm hand off to providers who offer same day access is also made. Coordination with local peer and family support services is also occurring. Availability and access to the right level of care and at the right time, to better align with the recipient's readiness, is critical.

Accessing residential services often remains a challenge. The ongoing conversion to Part 820 may offer some respite to not only this issue but also the need for transitional services which can be more flexible and better support recovery as the recovering individual transitions between levels of recovery and ultimately back to community living. However, as of this writing, only 58 beds in Erie County have officially converted to Part 820. Utilizing NYS OASAS Census Capacity History Report run on April 24, 2017 these beds have been at or above capacity as indicated by the average daily census from November 2016-March 2017, the latest month of this data review. There are 100 additional beds in Niagara County that are often accessed by Erie County residents. Here too utilization is typically at or above 95%. NYS OASAS and the community has responded to this need and it is anticipated that by 2018 an additional 25 OASAS funded beds will be opened by a local provider in Niagara County and another 15 in Erie County. These additions should improve access to this necessary treatment option. Cited from OASAS Census Capacity History Report.

Utilizing similar parameters, but as indicated on March 2017 other levels of adult residential care are at or near capacity as well:

- Intensive Residential: 93%
- Community Residence: 96%

Cited from OASAS Census Capacity History Report. Utilization of Supportive Living Beds at +/- 50% continues the historic trend of being far underutilized when measured against total possible capacity. The main reason is reported to be a financial viability of this level of care. According to the provider of this service, reimbursement for these beds is very limited at $32.50/day. Costs of overhead and expenses cause this program to create a deficit. If the reimbursement was consummate with the cost of services, then capacity could be opened up by as many as 62 beds. Providers are looking at ways to include Medicaid services and billing to this program. The hope is with this funding capacity could be increased.

Inpatient Rehabilitation is somewhat dependent on the specific facility, so while utilization in Erie County only dropped below 90% two of the 15 months from the January 2016-March 2017 period; one facility has run at 94-100%, while another has typically run between 75-90%.

Hospital based Inpatient Detoxification also remains a highly utilized service. NYS OASAS data for the 12-month period from February 2016-February 2017 a utilization rate of 93%.

However, access to hospital detoxification (Medically Managed Detox) goes beyond the numbers. We hear of individuals who present at the emergency department for detox only to be assessed as not meeting the standards of medical necessity. These individuals may not always be effectively linked to appropriate services, leaving the individual at great risk. Not only are recipients affected, but family members and concerned loved ones are often left unsure of what the next steps are, and what options exist. Palatable and effective approaches for assisting such individuals are required.

One such option is found in the County funded 24/7 Addiction Hotline. Individuals who contact the hotline can be referred to a face to face assessment, where the most appropriate level of care is determined, the consumer is educated about what to expect, and a direct referral is made. Most treatment engagements occur within 24 hours. This process has significantly increased the proportion of presentations to the Detox that result in admission. In fact, since the inception of this service in August 2016 through March 31, 2017, of the 119 individuals who had an indicated referral for detoxification, 117 where given an appointment and 112 were admitted. In other words, **an astounding 94% of those whose assessment indicated that detoxification was appropriate were in fact admitted.** This not only assures that those who require a specific service are adequately and appropriately assessed, and treatment secured, but it decreases the negative experience of unfulfilled expectations by recipients and family members and decreases the time spent by facility staff assessing those that are not likely to be admitted, allowing more time to focus on others who are presenting. As a result of this process admission/presentation rates to other levels of care are equally impressive.

Still, the community continues to hear of the need for alternatives to presenting at an emergency room. In hopes of securing funding through the NYS OASAS, in March of 2017, the County began a community planning process to determine the needs and core services of an Open Access Center. The ECDMH convened stakeholders from the provider community, family members, peer organizations, NYS OASAS, health care, the Substance Abuse Subcommittee of the Community Service Board, and academia. Utilizing the information gathered at this initial planning meeting, it is the intent of the ECDMH to apply for the anticipated RFP related to this initiative.

Peer Supports and Family Navigators have also begun to offer supportive and educational services to both recipients and family members and concerned loved ones. Initial results of the impact of such services are very positive. Since inception in August 2016 through March 2017 there have been over 350 individual contacts with recipients and/or family members in a wide variety of settings. The vast majority of these contacts have resulted in follow up "visits". In addition, the Peer and Family Navigators are meeting the need and desire for urgency, by the fact that the program reports that in 100% of the cases calls are responded within two hours.

Harm reduction is also a component of the effort. In one such example, the Erie County Department of Health (ECDOH) has trained over 7200 residents in Naloxone administration (ECDOH). Trainings continue. The level of community involvement and participation is encouraging. Correspondingly, as of February, 2017 electronically reported Naloxone administrations have increased from 619 in 2015, to 700 in 2016. Given that these are only electronically reported administrations, actual numbers are likely higher. Cited from hhttps://www.health.ny.gov/statistics/opioid/data/pdf/nys_apr17.pdf pg 34

Other aspects of the system of care have also been responsive. A review of census data for NYS OASAS certified Outpatient Chemical Dependency treatment clinics located in Erie County show an increase in access to services. Comparing January 2016 to January 2017 clinic census data, the average daily clinic census demonstrated an average of 15 additional clients per clinic. This is an 11% increase in average clinic census (OASAS Census Capacity History report). Many outpatient clinic providers in Erie County have also worked to ease access to care by creating same day services and walk in appointment availability. In addition, these same providers have responded to the Federal Waiver allowing Suboxone providers to increase their panels. A provider query conducted by the ECDMH in March 2017 indicated that in 2017-18 Erie County located substance abuse providers project an increase of over 1400 additional Suboxone slots.

Methadone Outpatient Treatment (OTP) program capacity has also steadily increased. The average daily census of OTP in Erie County increased from 1259 in January 2016 to 1571 in January 2017. This represents a 24.7% increase. Providers responded to community need by applying for waivers from NYS OASAS to expand capacity, which was granted. While this represents a substantial increase, currently all three Methadone providers in Erie County continue to have wait lists. These range from 14 to 145 residents. Despite increased capacity, there remains a significant need for access to Medication Assisted Treatment. It is anticipated that additional OTP capacity will be developed in late 2017. All Erie County Methadone providers have verbally committed to hiring additional staff to increase capacity in 2017.

Hospitalizations for all Opiate overdoses totaled 203 in 2015. For the first half of 2016 Opiate Hospitalizations totaled 143. While a limited data set, this may point to a stabilization of the Inpatient stays. Unique clients admitted to an OASAS Certified Chemical Dependency Program for any Opioid were 4,139 in 2015 and 4,038 for the first nine months of 2016, which projects to 5,384 unique client admissions for the full year. While also against a limited data set, it may indicate the beginnings of a trend of more residents seeking treatment. https://www.health.ny.gov/statistics/opioid/data/pdf/nys_apr17.pdf Pg 33.

In a recent Erie County Department of Mental Health (ECDMH) in collaboration with Erie County Department of Health (DOH) surveyed community providers regarding the use of Medication-Assisted Treatment, specifically the use of Buprenorphine. Fifty percent of respondents stated they would begin Buprenorphine within seven days of the initial appointment. Of great importance all of the providers surveyed stated they have available slots in their Buprenorphine program. More than half the respondents state they have more than 40 slots available.

During the first quarter of 2017 ECDMH also conducted a survey of the recipients of services in Erie County. One hundred and fifty four residents participated. When asked if they consumers felt that the Substance Abuse Services are adequate in Erie County only 37.3% agreed with this statement. Over one half (52.5%) of respondents felt that people treated them differently after they were aware they had a Mental health or Substance Abuse issue. The impact of stigma on limiting the conversation, and individuals willing to seek appropriate assistance cannot be overlooked.

During the first quarter of 2017 ECDMH also surveyed OASAS certified and/or funded providers in Erie County. Thirteen agencies responded to this survey. The following three areas saw the greatest number of responses as “Strongly Agree” or “Agree” to the question: “...where you believe there is a significant gap i.e.; (High Need) in the system of care in Erie County (limit of 3)”

- Prevention Services;
- Opioid Treatment Services; and
- Housing

Survey results have also been shared with the ECDMH Substance Abuse Subcommittee of the Community Services Board.

Our State and County are not resting. Additional services, not previously referenced, which have been implemented in late 2016 or early 2017 and those which are in the planning stages for 2017 will continue to further develop the services and supports required. These include, but are not limited to:

- The ECDMH applied for and was awarded a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled the Mission Criminal Justice project. This program focuses on high risk opiate users in Erie County. This project has capacity for a 150 participants. This program blends high intensity case management and therapy, with additional community supports.
- Youth Clubhouse for young adults in recovery. This NYS OASAS funded program began in the fall and offers a safe environment to socialize and interact with their peers in recovery.
- NYS OASAS has also funded a Recovery Center which offers services and supports for long-term recovery, by providing professional staff, peers and volunteers to engage and support people in recovery and family members on their path towards wellness.
- The ECDMH has also applied for a SAMHSA Grant for a Family Court Treatment Court model. If received it will facilitate the recovery needs of families in a court setting by implementing a care management model and use of best practices such as Medication-Assisted Treatment.
- The Erie County Department of Health is also submitting a grant application which seeks to actively connect those who have overdoses to immediate treatment and supports using the first responders on the scene
- Anticipated to begin in July of 2017, is the Community Coalition which was recently awarded by NYS OASAS to a community provider.
- If successful, an RFP application submitted through NYS OASAS will provide Erie and regional Counties with another Family Support Navigator.

There is a great urgency to stem the tide of opiate addiction and the effects of other chemical addictions on the residents and families of Erie County. NYS OASAS, County Providers, ECDMH, ECDOH, Erie County Government, families, peers, and law enforcement are highly invested in this process. The progress that the community has made has been substantial. We continue to move forward with collaborative efforts towards education, treatment, advocacy, and new treatment and support initiatives to determine the best course towards community recovery. Community involvement has been highly encouraging and gives us cause to move forward. Enhancements to the County Substance

Abuse treatment system and advocacy efforts will save lives and improve the quality of life for our residents and families.

OASAS Erie County System of Care
Local Services Plan-2018

Background Information

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

In addition, to the information contained in response to the unmet needs section, some of which is repeated here, the data below represents an increase in the residents affected by this crisis which continues at historic proportions.

According to the Centers for Disease Control and Prevention, Drug overdose deaths are now the leading cause of accidental deaths in the United States. In fact, according to the following data brief, The age-adjusted rate of drug overdose deaths in the United States in 2015 (16.3 per 100,000) was more than 2.5 times the rate in 1999 (6.1). In 2015, the percentage of drug overdose deaths involving heroin (25%) was triple the percentage in 2010 (8%). (Drug Overdose Deaths in the United States, 1999–2015 NCHS Data Brief No. 273, February 2017; Holly Hedegaard, M.D., Margaret Warner, Ph.D., and Arialdi M. Miniño, M.P.H. https://www.cdc.gov/nchs/products/databriefs/db273.htm).

Locally, according to information provided to the Erie County Medical Examiner's Office, ***Closed Cases Reported thru 4/4/2017 to the Erie county Department of Health shows similar increases:**

Year	2014	2015	2016	2017
Number of Opioid Related Deaths	127	256	288, plus there are 14 Pending Cases	*19 confirmed and 166 pending (*ECDOH as of April 25, 2017)

Erie County also took critical action by funding, with local dollars, the 24/7 Addiction hotline as a key front door to those clients, family members and other loved ones in need of services, referral, information and supports. In addition, the Erie County Department of Health (ECDOH) has trained over 7200 residents in Naloxone administration (ECDOH). Naloxone overdose administrations were increasing over 2015 levels. Correspondingly, as of February, 2017 electronically reported Naloxone administrations have increased from 619 in 2015, to 700 in 2016. Given that these are only electronically reported administrations, actual numbers are likely higher.
https://www.health.ny.gov/statistics/opioid/.

Outpatient Emergency Department visits for Opiate overdoses totaled 898 for 2015 in Erie County. In the first six months of 2016 they totaled 666. Hospitalizations for all Opiate overdoses totaled 198 in 2015. For the first half of 2016 Opiate Hospitalizations totaled 99, which if annualized would project to 278, or a projected 41% increase. Unique clients admitted to an OASAS Certified Chemical Dependency

Programs were 2631 in 2015 and were 1797 for the first six months of 2016.
https://www.health.ny.gov/statistics/opioid/data/pdf/ros_jan17.pdf (NYS OASAS data)

Due to the Opiate Epidemic, NYS OASAS has responded to the need for additional substance abuse residential beds. A review of the data indicating high capacity can be found in the section on the substance abuse unmet needs. OASAS has funded Horizon Human Services Delta Village, which expands residential capacity for residents of Erie County by 25 beds this year. The current environment is rapidly changing; there was a recent announcement of an additional $16 million in funding in response to the epidemic for the Western New York area.

A review of the Substance Abuse data from OASAS on Erie County Residents details the significance of the current substance abuse issues in Erie County. This data details the percent of admissions to OASAS licensed facilities in Erie County. From 2008 to 2016 the percentage of admissions for Heroin in OASAS facilities has almost tripled in Erie County, from 8.7% to 24.7%. Synthetic Opiate admissions have almost doubled from 5.6% in 2008 to 9.3% in 2016. This increase details the shift in addictive substance use. During this period 2008-2016, Opiate program admissions have gone up from 16.1% to 35.6%. However, during this period, Alcohol admissions have declined from 45.5% to 33.4% of total admissions to treatment. 2016 Data from (NYS OASAS Applications Inquiry Report as of 2/8/17). Table below.

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

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

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

The next set of measures highlights the number of admissions to OASAS outpatient programs during this period 2008-2016 for Erie County residents, by Primary Substance. From 2008 until 2016 there was an increase of 242% from 1233 (2008) admissions to 2986 admissions (2016) for Heroin. While overall admissions have remained stable. Opiate admissions have outpaced Alcohol admissions to these facilities in 2015, and 2016. This increase is alarming to the Erie County Department of Mental Health. As in all counties this is not the total number of outpatient substance abuse admissions as it does not include, private Physicians prescribing Suboxone and private clinicians seeing these individuals.

This data represents admissions by Primary Substance in Erie County of residents in treatment as of December 31st of each respective year (includes individuals admitted multiple times and all insurers). Alcohol admits are displayed for comparison purposes (NYS OASAS Applications inquiry report).

	2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Heroin	1233	1381	1474	1323	1546	1895	2383	2767	2986
Other Opiate/ Synthetic	795	822	1017	1250	1381	1460	1412	1339	1121
OxyContin	241	261	332	218	148	124	76	88	88
Buprenorphine	3	5	13	15	19	22	42	79	101
Non-Rx Methadone	8	9	13	11	10	10	13	28	13
Total Opiate	2280	2478	2849	2817	3104	3511	3926	4301	4309
Alcohol	6490	6322	5897	5214	4731	4378	4115	4093	4040
Total Admits ALL Substances thru 12/31	**14254**	**13794**	**13935**	**12759**	**12175**	**11738**	**11804**	**12060**	**12084**

In reviewing the Medicaid service utilization rates from OASAS we found the following trends. The number of Medicaid recipients accessing chemical dependency care increased 10% from 10,169 to 11,200 in 2016.

Outpatient Chemical Dependency treatment and Methadone treatment increased 19% over 2015 levels for the Medicaid population.**https://cps.oasas.ny.gov/cps/secured/countydata/index.cfm?filename=rsp_0316_erie%2Epdf&doctype=Trended%20Medicad%20Profiles&year=RSP%20Trended%202003-2016**

<u>Change Over Past 12 Months</u> (Optional) -

In the last 12 months many systemic enhancements have occurred, the following is not inclusive of all of these. Please see the needs section for additional detail. A 24/7 Addiction Hotline has been implemented, additional Substance Abuse residential beds have been added, suboxone providers are applying to the Center for Substance Abuse Treatment to increase panels from 100 to 275 patients, Methadone treatment clinics capacity is contingent only on their staffing levels. There have also been other significant systemic enhancements (See needs section). However the emotional toll on Erie County residents continues to grow with each overdose and death. Despite these changes, our efforts need to continue as deaths rise. Erie County, the ECDMH, ECDOH, peers, family members, provider community, law enforcement and other stakeholders are dedicated to this struggle and have committed countless hours and dollars to this fight. Work will continue diligently until we can offer unfettered access to care, and we stop losing our citizens.

GOAL Statement—OASAS System of care

2018 Erie County Substance Abuse Goal Statement:

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

ECDMH OASAS System of Care Strategies:

1) Increase Utilization of Youth Clubhouse by 15%

   a) Utilizing Social and conventional media to increase awareness of/participation in the Youth Clubhouse.

   b) Monitoring access and utilization to determine if: mobilizing the drop in center to multiple county locations would increase the "reach" and attendance of this project.

2) Increase utilization of the 24/7 Addiction Hotline by 15%

3) Research new funding opportunities and where appropriate, apply for additional funding including but not limited to the anticipated release of funding for the Open Access Center

4) ECDMH will be working with the Erie County Opiate Task Force, and ECDOH to influence and affect:

   a) Explore use of Medication-Assisted Treatment in the Erie County Correctional Facilities and baseline these participants.

   b) Develop educational groups related to substance use disorders and recovery readiness in the Erie County Correctional Facilities.

   c) Further direct access to Clinic Treatment and Medication Assisted Treatment in the community

5) Through the Opioid Task Force and other avenues collaborate with service and support providers to ensure that new and existing services are known to recipients and family members and are an effective collaboration.

6) Support creation of an Opioid Treatment Program (OTP) in the Northern/ Southern suburban areas.

a) Initiate 2 new OTP to include all Medication-Assisted Treatments.

b) Anticipated opening in 2017 for 200 Methadone slots.

7) Assist and support the OASAS Family Support Navigators, Peer on-call, Youth Clubhouse, Recovery Community, Coalition, State Targeted Response, Addiction Hotline and area providers to better coordinate efforts in family education and treatment.

a) ECDMH will facilitate coordination calls and meetings twice a month to better coordinate care and treatment among these systems and residents.

b) Engage local providers around application for procurement for a 24/7 Open Access Center when announced by OASAS.

8) ECDMH will work with local agencies and OASAS to seek funding to create transitional programs to assist residents moving from acute levels of care to the community while awaiting more permanent residential placements.

a) Working with agencies ECDMH will survey interest in this activity.

b) Detail a draft plan to create 25 transitional beds to improve safety and treatment of residents being released from higher levels of care to the community.

c) Collaborate with NYS OASAS to look at potential funding sources for this project.

d) This project is critical as clients moving from intensive care directly to the community are at great risk for overdose and death.

Priority Goal….yes