



## Goals and Objectives 2024 Erie County Department of Mental Health

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### Goal 1

Goal 1: Title OMH Housing

Goal 1: Target Completion Date Dec 31, 2027

Goal 1: Description Maximize access to housing through facilitation and coordination with agencies to effectively utilize existing resources and support timely implementation of any additional housing resources.

Goal 1: OASAS? No Goal 1: OMH? Yes Goal 1: OPWDD? No

Goal 1: Need Addressed 1 Housing

Goal 1: Need Addressed 2

Goal 1: Need Addressed 3

Goal 1, Objective 1: Title Coordination of Housing resources to assist in the OMH Housing Transition of Care

Goal 1, Objective 1, Target Completion Date Dec 31, 2027

Goal 1, Objective 1, Description a) ECDMH Housing Single Point of Access (SPOA) will facilitate weekly meetings with housing agencies, Buffalo Psychiatric Center, ECDMH, and provider agencies;

b) This group will develop a transition of care plan for residents dependent on their current level of housing and community needs;

c) This group will review (Case Conference) and revise these plans as necessary based on resident's need; and

d) Use data to identify issues, facilitate discussions and find solutions in order to maximize use of available capacity.

Goal 1, Objective 2: Title Work collaboratively with the provider community to improve targeted outcomes in supportive housing

Goal 1, Objective 2, Target Completion Date Dec 31, 2027

Goal 1, Objective 2, Description a. 75% of clients will be housed within 60 days of contact with the provider;

b. The provider will spend at least to the targeted 96% but not more than 100% of their budget;

c. Occupancy will remain higher than 95%; and

d. Providers will increase their clients that have earned income by 5%.

### Goal 2

Goal 2: Title SUD Housing

Goal 2: Target Completion Date Dec 31, 2027

Goal 2: Description Increase access to housing that supports recovery for individuals with SUD to include the following populations: transitional services for mothers and their children, transition from 820 residential services, those in recovery who would benefit from CD CTI supportive services, returning citizens, and those coming out of treatment and struggling with sobriety because of their housing situation.

Goal 2: OASAS? Yes Goal 2: OMH? No Goal 2: OPWDD? No

Goal 2: Need Addressed 1 Housing

Goal 2: Need Addressed 2

Goal 2: Need Addressed 3

Goal 2, Objective 1: Title Transitional Services

Goal 2, Objective 1, Target Completion Date Dec 31, 2026

Goal 2, Objective 1, Description Evaluate the impact of the new transitional services that have been implemented.

Goal 2, Objective 2: Title Housing Inventory

Goal 2, Objective 2, Target Completion Date Dec 31, 2026

Goal 2, Objective 2, Description Continue to monitor and expand the housing inventory list.

Goal 2, Objective 3: Title Additional SUD Housing Resources

Goal 2, Objective 3, Target Completion Date Dec 31, 2027

Goal 2, Objective 3, Description Continue to work to identify additional housing resources for individuals with SUD.

### Goal 3

Goal 3: Title OPWDD Housing

Goal 3: Target Completion Date Dec 31, 2027

Goal 3: Description Increase access and availability of housing for OPWDD recipients and the supports and services required.

Goal 3: OASAS? No Goal 3: OMH? No Goal 3: OPWDD? Yes

Goal 3: Need Addressed 1 Housing

Goal 3: Need Addressed 2

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title Support and Advocate

Goal 3, Objective 1, Target Completion Date Dec 31, 2027

Goal 3, Objective 1, Description Support and advocate for implementation of housing related proposals by community providers, to the extent possible.

Goal 3, Objective 2: Title Collaboration with OPWDD

Goal 3, Objective 2, Target Completion Date Dec 31, 2027

Goal 3, Objective 2, Description Convey findings and recommendations to OPWDD regarding the needs and next steps.

### Goal 4

Goal 4: Title Workforce

Goal 4: Target Completion Date Dec 31, 2027

Goal 4: Description The ECDMH will support provider agencies in achieving and maintaining sufficient staffing to serve the Systems of Care in Erie County.

Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes

Goal 4: Need Addressed 1 Workforce

Goal 4: Need Addressed 2

Goal 4: Need Addressed 3

Goal 4, Objective 1: Title New Opportunities and Strategies

Goal 4, Objective 1, Target Completion Date Dec 31, 2027

Goal 4, Objective 1, Description The ECDMH will work with community providers to identify new opportunities in which the ECDMH can support recruitment and retention efforts throughout the Systems of Care.

Goal 4, Objective 2: Title Career Fair

Goal 4, Objective 2, Target Completion Date Dec 31, 2024

Goal 4, Objective 2, Description The ECDMH will assess the effectiveness of the 2023 Behavior Health and Human Services Career Fair to determine next steps

Goal 4, Objective 3: Title Workforce Survey

Goal 4, Objective 3, Target Completion Date Dec 31, 2027

Goal 4, Objective 3, Description The ECDMH will conduct a follow up Workforce Survey in 2024 to assess the impact of interventions and whether or not there are fewer vacancies in the system of care with the goal of reducing vacancies for direct care positions by 10% annually.

Goal 4, Objective 4: Title Training Series

Goal 4, Objective 4, Target Completion Date Dec 31, 2027

Goal 4, Objective 4, Description The ECDMH will continue to facilitate the Erie County Training Collaborative to provide monthly training sessions to individuals who work in the Erie County Systems of Care with the goal of increasing participation by 10% annually.

Goal 4, Objective 5: Title Advocacy for Salaries

Goal 4, Objective 5, Target Completion Date Dec 31, 2027

Goal 4, Objective 5, Description The ECDMH will continue to advocate for more funding to support salaries for existing positions in the Systems of Care.

### Goal 5

Goal 5: Title Diversion

Goal 5: Target Completion Date Dec 31, 2027

Goal 5: Description Establish and evaluate diversion services in Erie County in order to improve outcomes for clients and reduce avoidable visits to CPEP.

Goal 5: OASAS? Yes Goal 5: OMH? Yes Goal 5: OPWDD? Yes

Goal 5: Need Addressed 1 Other

Goal 5: Need Addressed 2

Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Monitor Impact of Interventions

Goal 5, Objective 1, Target Completion Date Dec 31, 2027

Goal 5, Objective 1, Description Monitor and evaluate the effectiveness of the interventions to determine the number of diversions and outcomes of the interventions.

Goal 5, Objective 2: Title Community Collaboration

Goal 5, Objective 2, Target Completion Date Dec 31, 2027

Goal 5, Objective 2, Description ECDMH will participate in workgroups to identify successes and challenges, work collaboratively to overcome barriers and challenges, and maximize the success of each intervention.

Goal 5, Objective 3: Title Impact on CPEP Utilization

Goal 5, Objective 3, Target Completion Date Dec 31, 2027

Goal 5, Objective 3, Description ECDMH will monitor CPEP visit volume and disposition to determine changes over time and will continue to examine available data to identify other possible diversion services.

Goal 5, Objective 4: Title Solution Focused Actions

Goal 5, Objective 4, Target Completion Date Dec 31, 2026

Goal 5, Objective 4, Description CPEP/Community Engagement Workgroup, inclusive of family and those with lived experience, will implement at least three (3) solution focused actions in collaboration with ECMC and other community stakeholders.

Goal 5, Objective 5: Title Decision Tree

Goal 5, Objective 5, Target Completion Date Dec 31, 2026

Goal 5, Objective 5, Description ECDMH intends to collaborate with community stakeholders to map existing diversion services and develop an electronic decision tree to assist recipients, family members, first responders and others to choose the best right path at the right time for the right individual.

Goal 5, Objective 6: Title Community Education

Goal 5, Objective 6, Target Completion Date Dec 31, 2025

Goal 5, Objective 6, Description Conduct community education about diversionary services and options.

## **Goal 6**

Goal 6: Title Racial Equity and Diversity

Goal 6: Target Completion Date Dec 31, 2028

Goal 6: Description The ECDMH will work with providers in the Systems of Care to identify and take action to address racial inequities that exist in the mental health, substance use, and developmental disability systems of care.

Goal 6: OASAS? Yes Goal 6: OMH? Yes Goal 6: OPWDD? Yes

Goal 6: Need Addressed 1 Other

Goal 6: Need Addressed 2

Goal 6: Need Addressed 3

Goal 6, Objective 1: Title County-wide Efforts

Goal 6, Objective 1, Target Completion Date Dec 31, 2028

Goal 6, Objective 1, Description The ECDMH will support and participate in broader county-wide efforts to address racial inequities.

Goal 6, Objective 2: Title Adult SPOA and Housing

Goal 6, Objective 2, Target Completion Date Dec 31, 2024

Goal 6, Objective 2, Description ECDMH will conduct data analysis of the A-SPOA and housing data and develop plan for next steps.

Goal 6, Objective 3: Title Data Analysis

Goal 6, Objective 3, Target Completion Date Dec 31, 2025

Goal 6, Objective 3, Description The ECDMH will analyze the available performance reports of contracted agencies, which include race and ethnicity data related to outcomes, to better understand the impact of race on outcomes, by program type, program and agency and where appropriate, conversations with contracted providers will be facilitated. By the end of 2023 will review/analyze data for Diversion Services, Housing, and Clinics

Goal 6, Objective 4: Title Access to Services

Goal 6, Objective 4, Target Completion Date Dec 31, 2025

Goal 6, Objective 4, Description In collaboration with the Institute of Community Health Promotion Center for Health and Social Research at Buffalo State College, ascertain the extent of equitable geographic access to outpatient clinic type mental health and substance use services by comparing treatment locations to the racial/ethnic and poverty level demographic data of the City of Buffalo and Erie County.





Office of Addiction  
Services and Supports

Office of  
Mental Health

Office for People With  
Developmental Disabilities

## 2024 Needs Assessment Form Erie County Department of Mental Health

### **Housing** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

### **Workforce** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

### **Diversion Services** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

### **Racial Equity and Diversity** Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

**LGU Representative:** Amy Rockwood

**Submitted for:** Erie County Department of Mental Health



# Local Services Plan 2024

## Erie County Department of Mental Health

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

June 2023

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## Executive Summary

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The past few years have been rife with challenges including: a global pandemic, racial inequities and police violence, a racially motivated mass shooting at a grocery store in the City of Buffalo, and extreme weather events including two major snowstorms at the end of 2022; each of which claimed the lives of Erie County residents. Each of these challenges have had an impact on the mental health of our residents, and the Erie County Department of Mental Health in collaboration with our community of providers, has played an active role in trying to support our community throughout these challenging times.

COVID-19 has transitioned from pandemic to endemic and is now something we have begun to just live with. As a result of COVID-19, Erie County providers and the entire mental hygiene systems of care quickly and effectively expanded their ability to provide telehealth services and allowed staff to work remotely. For many providers, telehealth and remote work continue to be part of their practices.

Recent years have led to the infusion of increased services and supports in the system of care at a level not seen during the career of most working professionals. These services have helped to close the gaps in the service and support network. However, often these new services and existing services are understaffed, diluting their effectiveness due to unprecedented staffing shortages throughout the mental hygiene systems of care.

Prior to COVID-19, agencies reported significant challenges with recruitment and retention and at this point the problem has reached crisis levels. Workforce shortages have created waiting lists and some agencies have consolidated or closed services. Staffing shortages often result in delays to accessing services for people in need. In addition, some individuals are able to be enrolled in services quickly, but there is often a significant gap between the first and second appointment because of staffing shortages. There are many factors that have contributed to the workforce challenges, most notably years of low compensation for staff. In addition, benefits, flexibility, caseload size, the demanding documentation requirements, stigma, and the limited pool of qualified candidates compound the struggle to attract and retain qualified staff. When a program or service is short staffed, this adds additional burdens for the existing staff by increasing caseloads or workloads and limiting time off; which often impacts retention. Staff shortages and staff turnover ultimately and most directly affect access to care and the quality of care provided to recipients.

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

During the height of the pandemic and as a result of several deaths of Black individuals by the police, there were hundreds of protests throughout the country demanding justice and fair treatment of Blacks. While many systems recognized the need for additional focus on racial equity prior to the widespread reporting of these incidents, these events elevated the need and priority to examine the factors contributing to systemic racial disparities and equity. On May 14, 2022, a white man entered a busy



grocery store in East Buffalo with his AK-47 and killed ten (10) Black people. This racially motivated hate crime affected everyone in Erie County, but none more than our African American residents. In addition to the very real trauma that this caused, it also exposed racial disparities and barriers in the mental hygiene system of care that need to be addressed.

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

In Erie County we are also seeing a significant increase in the number of opioid related overdose deaths because of Fentanyl. Over the past couple of years, we have seen a shift in these deaths to individuals who use substances other than heroin or other opioids. The local street drug supply of cocaine is now often contaminated with Fentanyl, which has led to many overdoses and deaths. In addition, we are also starting to see new drugs, including Xylazine, entering the community. While we had made significant strides in reducing the number of drug overdose deaths prior to COVID-19, much of the progress made has been lost in the past couple of years.

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

# Mental Health Needs Assessment

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## Introduction

Erie County and the community network of providers continue their remarkable work as they seek to fill gaps, adopt new and more effective practices, and better address the needs of individuals that utilize mental health services. This exemplary work was clearly visible throughout the COVID-19 pandemic, and as we shift to COVID-19 as endemic, rather than an ongoing crisis, providers have maintained many of the expanded opportunities for service delivery that were established during the pandemic.

Over the past several years Buffalo and Erie County have faced several extraordinary challenges. This includes COVID-19, but also the racially motivated shooting at a Buffalo grocery store that killed ten (10) people and traumatized an entire community, a historic snow event in November 2022, and the Christmas blizzard in late 2022 that killed 47 people. The mental hygiene systems of care have had to be responsive and flexible in order to support the community through these events. All of these events will have long-term implications for our community.

Even prior to the pandemic, providers told us that workforce shortages and the lack of qualified staff was a major challenge. The impact of COVID-19 and staff turnover due to providers leaving agencies to work in private practice, leaving the field or retiring, have exacerbated the problem and highlighted the fragility of the systems of care. Staffing has been reported by many providers as the greatest area of need. As a result, several programs have had to put a hold on intakes, clients wait longer for services, and some programs have had to reduce hours of operation. In Quarter 2 of 2022, the Erie County Department of Mental Health (ECDMH) conducted a Workforce Survey and received responses from 33 provider agencies. The goal was to better understand the scale and scope of the challenges that providers were facing. The results for mental health providers showed the staffing categories with the greatest shortages were: Other Medical (ex. Nurses) with vacancies of 21.8%, Masters Level Clinicians with vacancies of 18.5%, Bachelors Level staff vacancies of 22.1%, Associates Level or no degree required vacancies of 20.4%, and Peers with vacancies of 31.1%. The analysis also looked at salary and tenure. The average tenure of staff who left a position in the past 12 months, for the staffing categories noted above range from 1.8 years to 2.6 years, so retention is a contributor as well. The full report is available at: [https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022\\_workforce\\_survey\\_report\\_final.pdf](https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf). The ECDMH plans to repeat this survey in 2024 in order to reassess the workforce shortage and determine if there have been any improvements.

In addition to the 2022 Workforce Survey, the ECDMH hosted a Behavioral Health and Human Services Job Fair in September 2022. The event was held at the Buffalo Niagara Convention Center. Fifty (50) provider agencies participated and approximately 155 job seekers attended. The ECDMH secured the site, did extensive promotion, and coordinated the event, which received positive feedback from the participating providers, as well as the job seekers who attended. The ECDMH hosted another event, a Behavioral Health and Human Services Career Fair, on June 7, 2023, with a focus on attracting

new college graduates. This event was again held at the Buffalo Niagara Convention Center and 50 agencies registered to participate.

Starting this year, the New York State Office of Mental Health (NYS OMH) is requiring additional beds be added to the inpatient capacity in the region. NYS OMH has directed Erie County Medical Center (ECMC), BryLin, and Niagara Falls Memorial Hospital to add 79 new beds (53 of which will be in Erie County, 26 in Niagara County). These beds are seen as coming back online, but because many of the beds were taken offline some time ago, this is not as simple as just restoring beds. These beds have since been reclassified for other functions or the space that used to house these beds is no longer available. The three (3) affected hospitals are now working on a plan to add these beds. While this increase in inpatient beds will help with throughput from CPEPs and emergency rooms and will provide needed capacity, it won't address all of the challenges including: aftercare, housing, adult medical, chronic physical needs, etc.

Readmission rates are an important indicator and can identify gaps in services for individuals utilizing hospital-based services and their transition home. Erie County readmission rates are consistently trending downward over the past several years. Comparing the readmission rates with other large counties across NYS, the Western Region, and Statewide figures, Erie County compares favorably with the other counties on all of the indicators. Erie County's readmission rates continue to be below Statewide readmission rates for mental health and behavioral health indicators.

**Readmissions at 30 days from any hospital for 2018-2022 are presented below (PSYCKES as of 2/1/2023 pulled 3/7/2023 and these are presented as the 2022 data) in the following table.**

Indicator: Readmission (30d) from any Hospital												
	Erie				Western Region				Statewide			
	2018	2019	2021	2022	2018	2019	2021	2022	2018	2019	2021	2022
MH to MH	11.1%	10.29%	9.07%	8.8%	10.21%	10.06%	10.09%	9.8%	12.1%	12.27%	11.94%	11.3%
MH to All Cause	14.34%	13.69%	12.1%	11.0%	12.81%	12.84%	12.61%	11.8%	15.9%	15.87%	15.4%	14.2%
Medical to Medical	9.98%	9.91%	9.67%	9.7%	9.3%	9.18%	9.76%	9.7%	9.56%	9.65%	9.73%	9.8%
Medical to All Cause	10.69%	10.64%	10.43%	10.3%	9.95%	9.81%	10.46%	10.3%	10.23%	10.32%	10.36%	10.4%
BH to BH	11.56%	11.98%	11.84%	11.6%	10.67%	11.23%	11.91%	12.2%	14.25	13.85%	13.55%	13.5%
BH to All Cause	14.79%	14.9%	14.79%	14.5%	13.57%	14.04%	14.65%	14.9%	17.76%	17.5%	17.13%	17.1%
All Cause to All Cause	11.55%	11.68%	11.32%	11.2%	10.72%	10.8%	11.34%	11.3%	11.45%	11.48%	11.37%	11.3%

Indicator: Readmission (30d) from any Hospital												
	Monroe				Onondaga				Albany			
	2018	2019	2021	2022	2018	2019	2021	2022	2018	2019	2021	2022
MH to MH	11.63%	10.5%	11.65	11.3%	12.35%	14.1%	14.6	13.4%	14.7%	14.63%	15.11	13.8%
MH to All Cause	14.22%	13.18%	13.65	13.4%	16.84%	19.06%	19.74	17%	17.87%	18.15%	17.71	16.3%
Medical to Medical	10.67%	10.5%	11.28	11.0%	10.83%	11.03%	10.87	11.3%	12.94%	12.16%	12.29	11.1%
Medical to All Cause	11.44%	11.1%	11.96	11.7%	12.0%	12.34%	12.21	12.5%	14.51%	13.47%	13.76	12.2%
BH to BH	11.76%	11.57%	12.89	13.9%	13.24%	16.05%	18.34	17.8%	15.34%	15.36%	16.11	15.7%
BH to All Cause	15.09%	14.64%	15.57	16.8%	17.04%	20.03%	21.88	20.8%	18.42%	18.77%	18.8	18.8%
All Cause to All Cause	12.2%	11.92%	12.71	12.8%	13.35%	14.46%	14.79	14.9%	15.78%	15.15%	15.32	13.9%

While avoiding readmissions is obviously important, diverting individuals from unnecessary or avoidable emergency department visits and hospitalizations is essential. With funding from the New York State Office of Mental Health (NYS OMH) the Erie County Department of Mental Health

(ECDMH) contracts for and/or is supportive of several new diversion services to prevent avoidable emergency department visits and hospitalizations. These services include, but are not limited to:

- **The Kirsten Vincent Respite and Recovery Center:** Dr. Kirsten Vincent was the Executive Director of Recovery Options Made Easy and she worked tirelessly to establish the path to create a Respite and Recovery Center including building partnerships and securing some funding to start the project. After her untimely passing in May 2021, it was decided that the Center would be named in her honor. The Center is located in the Fruit Belt neighborhood in Buffalo at 111 Maple Street. Services that will be available include Short-Term Crisis Respite, and an Intensive Crisis Respite provided by Recovery Options Made Easy, a Renewal Center in collaboration with Western New York Independent Living (WNYIL) and a Mental Health Urgent Care which is a Spectrum Health & Human Services satellite. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and CPEP). The Kirsten Vincent Respite and Recovery Center opened in April 2023.
- **Behavioral Health Co- Response Teams:** Endeavor Health Services has partnered with law enforcement agencies in and around the City of Buffalo, creating co-response teams. Clinicians are embedded within police departments and provide on-scene screening, assessment, de-escalation, diversion, post-crisis follow up and linkages to care. The goal of this program is to prevent arrests, reduce recidivism, divert from hospitalization, and help develop crisis intervention plans for individuals who frequent higher levels of care. This program launched in 2019 and currently has teams in the City of Buffalo, Cheektowaga, West Seneca, Town of Tonawanda, Hamburg and the Niagara Frontier Transit Authority (NFTA). In October 2022, the ECDMH received a grant award from the Bureau of Justice Assistance to support expansion of the Behavioral Health Teams project. This is a three-year grant that supports expansion of this project to increase capacity in high need areas and provide training to law enforcement.
- **The Help Center:** Located on the grounds of Erie County Medical Center (ECMC) and a floor below CPEP, the Help Center is an urgent care service for walk-in mental health treatment of adults in crisis who do not require psychiatric emergency treatment or inpatient care. Services are available for walk-ins every day including weekends and holidays from 8 AM – 10:30 PM. Services are also available virtually Monday-Friday 8 a.m. – 9:30 p.m. To further meet demand, it is expected that the hours of operation will be expanded soon. This service launched in 2017. In 2018 they had 625 visits, in 2019 they had 1,260 visits, in 2021 they had 1,186 visits, and in 2022 they had 1,215 visits and served 1,023 unique individuals (data is not available for 2020). During 2022, 90% of all visits to the Help Center did not result in a visit to CPEP or the Emergency Department.
- **911 Call Diversion:** Crisis Services, in partnership with Erie County Central Police Services, has launched a 911 Call Diversion program. The program’s goal is to divert non-life-threatening mental health calls to 911 to a mental health professional rather than dispatch police. The Central Police Services Dispatch Center staff have been trained on this model and how to identify calls related to mental illness. Callers are asked if they are willing to have their call routed to Crisis Services instead of sending a patrol car. Calls are warm transferred from 911 Dispatch to Crisis Services. This frees up law enforcement from having to respond to calls

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

- **Intensive Crisis Services:** BestSelf Behavioral Health received a grant from NYS OMH to create a 24-hour intensive crisis stabilization center to help children and adults experiencing a behavioral health crisis. This project will serve a five-county region, including Erie County. Funding was provided to cover five (5) years. Currently, the project is in the planning phase which includes collaboration with community stakeholders. The Center is expected to be fully operational by the 4<sup>th</sup> quarter of 2023.
- **Endeavor Stabilization Center:** Also known as the “Healing Center,” this service is open Monday through Friday from 9 a.m.-5 p.m. It was developed using the State’s Crisis Stabilization model, providing supportive and intensive services for individuals in crisis. The Center is funded through a grant from SAMHSA and Medicaid reimbursement. The Center opened in late January 2023 and is open to anyone in the community, not just Endeavor Health Services’ clients.

In addition to these new programs, the Value Network (VN) and its partner agencies identified lack of communication among providers as a significant barrier for individuals to access the care they need. Throughout 2021, the VN team conducted an extensive review of various electronic social care platforms in search of a tool to assist in identifying local resources; tracking referrals; gathering and extracting social care data; and enhancing communication and coordination across the continuum of care. In 2021, eleven VN Partners began piloting VN Community Connector (powered by findhelp.org) into their workflows. During the pilot they developed best practices and guidelines to support the Network-wide rollout. In 2022, VN worked to expand access and usage of the platform throughout the region and by the end of 2022 there were over 450 partner staff using the VN Community Connector platform. VN Community Connector provides a robust network of up-to-date resources, and connects individuals to the care they need within the community.

In 2022, the ECDMH convened a group of stakeholders to address some of the issues that were occurring at ECMC’s CPEP. The group is called the CPEP/Community Engagement Workgroup and is a partnership involving CPEP/ECMC clinical and administrative leadership, ECDMH, NYS OMH, Mental Health Advocates of WNY, Crisis Services, National Alliance on Mental Illness (NAMI), family and peer representatives, Western New York Independent Living, and other community provider agencies and stakeholders. The CEO from Mental Health Advocates of WNY is chairing the workgroup. The workgroup is making good strides and is looking at internal (CPEP) and external opportunities for improvement. CPEP has already begun implementing multiple improvement initiatives including adding a family and peer representative in their internal operations meetings. They are currently working on restarting their family/peer advisory group. Two (2) subcommittees have been created from the larger workgroup. The Diversion Workgroup is in the process of inventorying all diversion-related services and will generate Memorandums of Understanding (MOUs) to improve communication and coordination across sectors and services. The services will be cataloged and described to ensure that providers, families, and consumers understand the myriad of services available

in Erie County and how to access them. This information will be shared with the community via posters, brochures, and palm cards. There will also be a Public Education Workgroup to create a campaign to increase community awareness about the available services and how to get help. The Public Education Workgroup will also tackle educating the community about the purpose of CPEP in the continuum of care. A key component of the educational campaign will be to assist consumers, family members, providers and first responders with a determination of which service is best sought under what conditions. It is expected that the new resources and community education will help people choose the most appropriate service for each individual in the given circumstances.

Access to housing continues to be a significant challenge for individuals with mental health needs in Erie County. According to data in the NYS OMH Residential Program Indicators Report (<https://www.omh.ny.gov/omhweb/statistics/>, Adult Housing) the reductions in occupancy in the higher levels of care (Apartment/Treatment, Congregate/Support and Congregate/Treatment) and the increases in the lower levels of care in SROs and Supported Housing are evidence that movement through the system is happening. **Percentage of occupancy by housing program types over the past five years is shown in the following table.** Overall housing occupancy in 2022 was 92.8%.

<b>Program Type</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%	88.9%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%	87.1%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%	93.6%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%	94.3%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%	131.7%

The ECDMH Housing Team has identified three (3) emerging populations that will require additional attention over the next year: (i) individuals with co-occurring disorders; particularly those with intellectual and/or developmental disabilities and serious mental illness, (ii) aging supportive housing participants who have greater medical needs and require assisted living; and (iii) individuals who have greater service needs than what the supportive-housing level of care provides. The ECDMH continues to work closely with providers to find creative solutions.

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

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

Ultimately, to facilitate movement through the levels of care, there is a need for more affordable housing in the community to receive individuals transitioning from the Supported Housing programs and a greater emphasis on empowerment. One example of the work being done to help transition individuals to independence relates to employment. In 2017, the ECDMH established the Good Work! The ECDMH Employment Taskforce to improve employment outcomes for housing programs contracted through the ECDMH. Priorities of the taskforce are to change the mindset that people with serious mental illness (SMI) cannot work and promote a culture of workforce development. This program was successful through the start of the pandemic in March 2020. However, many supportive housing clients lost their jobs as part of the economic disruption that was incurred by the pandemic. Future efforts will need to build upon previous best practices in addition to coping skills pertaining to new circumstances as a result of the pandemic. Jobs have changed, anxieties about being in public have changed, and some individuals have new health circumstances to cope with.

Another challenge faced by individuals with mental illness is stigma. Stigma can affect access to housing, employment, medical and mental health services, and well-being as well as many other areas of a person's life. Stigma also has an impact on recruitment of a qualified workforce to the field. The stigma towards individuals with mental illness keeps some people from entering the field.

Stigma around mental illness continues to be a challenge. The ECDMH, in partnership with sixteen (16) other organizations, founded the Erie County Anti-Stigma Coalition to stop the stigma surrounding mental illness. Over the past few years, the Coalition has grown and now has over 100 members. The Erie County Anti-Stigma Coalition has created a highly interactive website <https://letstalkstigma.org/> and is creating a community conversation about mental illness and stigma. As of March 7, 2023, 3,916 people have taken the Pledge to End Stigma. In 2021, there were over 17,000 visitors to the website and in 2022 there were nearly 12,800. The Coalition also has a Facebook page on which they host live events. In 2021, they hosted eight Facebook Live events which had a total of nearly 74,000 participants. In 2022, they hosted nine Facebook live events with over 106,000 participants. The Coalition expanded its efforts to Niagara County in 2021 and Chautauqua County joined in 2022.

In previous Local Services Plans, telehealth, telemedicine, and telepsychiatry were identified as a possible strategy to address the critical shortage of mental health professionals. During COVID, the system quickly shifted to a primarily virtual and remote service delivery platform in order to limit the spread of the virus and comply with public health requirements. Within a matter of just a few weeks in March 2020, NYS Medicaid claims for mental health services went from less than 1% for tele-mental health to over 85% for tele-mental health. The percentage of tele-mental health services stayed in the mid 70% range until April of 2021 and came down into the mid 50% range toward the end of 2021. In 2022 46% of all claims were for telehealth services. Preliminary data for the first quarter of 2023 shows that 45% of claims are for telehealth services (data provided by request from NYS OMH). The ECDMH will continue to monitor these numbers to review trends after the COVID emergency and waivers for telehealth expired on May 11, 2023.

Creating opportunities where individuals can access care, where they may interact with other parts of the system, can be an effective strategy for engagement. One example includes the work done by the Erie County Forensic Mental Health Department (FMH) in the Erie County Holding Center and Erie County Correctional Facility. In 2020 Bail Reform was implemented, which reduced the average monthly population at the Holding Center and Correctional Facility. However, the census has increased over the past two (2) years. Of those that are held in custody, over 60% of those individuals are served by the FMH staff. In 2022 the FMH Department had upwards of 10,000 documented interactions with incarcerated individuals including medication clinics, mental health and co-occurring substance abuse disorder (SUD) treatment. To meet the growing needs, the FMH Department was instrumental in establishing specialty treatment units within the facilities to best meet the needs of individuals with mental health disorders, and also conduct groups to provide treatment for the unique needs of veterans, those with substance abuse disorders, and individuals with co-occurring disorders, to name a few. In collaboration with the Erie County Sheriff's Correctional Health Department (ECSCHD), the FMH Department also provides discharge planning to assist these individuals in transitioning back to the community and linking them to needed services. The ECDMH FMH Department continues to work to increase access to services within the Holding Center and Correctional Facility, as well as strengthen the discharge planning to assist with transitions back to the community.

To support reentry, the Erie County Service Link Stop (SLS) was launched in late 2020. Located in the same block as the Holding Center, the SLS seeks to connect individuals leaving custody with a comprehensive set of services to help them stabilize in the community and lead better, healthier lives. Several participating agencies are onsite at the SLS and assist individuals in identifying their needs and linking them to needed services and resources including, but not limited to, mental health and substance use treatment services, health screenings, employment, and housing. The SLS was created through a partnership with the ECDMH, the EC Sheriff's Office, and the Community Foundation for Greater Buffalo's Racial Equity Roundtable, as well as numerous community and provider partners. In 2021 the SLS served 305 individuals and in 2022, 717 people received services at the SLS.

While the SLS represents one end of the Sequential Intercept Model, Crisis Services provides Crisis Intervention Training with law enforcement agencies further up the continuum, to help divert individuals from the emergency department and/or jail and link them to treatment. The ECDMH received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the number of local jurisdictions that can be trained and provide a more intense case management intervention for individuals in the community. The project utilizes the MISSION-Vet model (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Veterans) as an integrated set of evidence-based practice that incorporates Critical Time Intervention (CTI), Case Management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. The grant funding period is 9/30/2018 - 9/29/2023 and the ECDMH will be requesting a no -cost extension to extend the project through 9/29/2024. This grant has a primary focus on expanding Crisis Intervention Training (CIT) to law enforcement as well as provide community-based care management to high-risk individuals who come into contact with the



criminal justice / law enforcement systems to facilitate a reduction in unnecessary hospitalizations and arrests.

Two (2) other projects have come online that are a partnership with law enforcement: Behavioral Health Teams (BHT) and the 911 Call Diversion project. Behavioral Health Teams have been established in several municipalities in the County and involve pairing law enforcement personnel with a clinician. The intent of this program is to de-escalate, assess, and divert individuals from arrest, recidivism and CPEP. The 911 Call Diversion project is a collaboration with the Erie County Central Police Services dispatch unit. Callers who identify a mental health related crisis as their reason for calling 911 are asked if they would like to talk to Crisis Services instead of having law enforcement come to their location. If they agree, the call is transferred to Crisis Services with the goal of addressing the caller's needs and avoiding the need for police involvement. If necessary, Crisis Services will dispatch their mobile outreach team to intervene.

In addition to the initiatives in place to address the needs of the adult population affected with mental illness, there are several initiatives that serve children, youth, and families. Behavioral Health and cross system services and supports for children and youth continue to demonstrate positive results with Erie County youth at high risk for out of home placement, hospitalization or juvenile justice system involvement. COVID-19, as well as staffing shortages, have certainly continued to add strain to these systems and increased challenges in assisting youth and their families experiencing behavioral health challenges. COVID-19 challenged behavioral health services to be creative and as a result, telehealth emerged as another treatment modality. However, telehealth may not be the best option for the highest need and high-risk youth. It can be more difficult to establish a safe environment that promotes engagement via telehealth for some youth. What does seem clear is that there is a place for both telehealth and onsite face-to-face sessions that are best left to each individual situation as warranted. As of May 11, 2023, NYS OMH terminated the COVID-19 related waiver that allowed for expanded use of telehealth services.

Over the last year, collaborations have emerged to address the increase of students/youth of all age groups experiencing increased anxiety and behavioral health issues at school and home. One such initiative is Supporting Mental Health by Advocating for Resources Together, known as, "SMART." The SMART collaborative is a professional learning community that brings together P-21 educators in component school districts, community agencies and Erie County representatives to collaborate on available mental health and social, emotional learning tools within our community. The goal is to provide opportunities to meet the needs of the whole child through integrated community supports.

**Youth Assertive Community Treatment (Youth ACT):** Youth ACT was implemented in late 2022 as a cross-county service for Erie and Niagara County, funded through the NYS Office of Mental Health. Youth ACT serves as a critical component in the children's continuum of care. The program serves children/youth with serious emotional disturbance who are returning home from inpatient settings or residential services, are at risk of entering such settings, or whose needs have not been met in more traditional community-based settings. Youth ACT ensures the child and their family have the level of support services and access to clinical professionals they require to sustain any gains made in

crisis response or other out-of-home, high-intensity services. Interventions are focused on improving or ameliorating the significant functional impairments and symptomatology experienced by the child due to mental illness or serious emotional disturbance. Interventions are also focused on enhancing family functioning to foster health/well-being, stability and re-integration for the child. This award funds 48 slots to be shared between Erie and Niagara Counties.

**Health Homes Serving Children (HHSC):** HHSC was implemented in December 2016. While the integrated coordination of physical and behavioral health care and communication with the various children's health homes serving Erie County continues to unfold, local partners work efficiently to coordinate an appropriate level of identified/needed services for children and families. The Children's Single Point of Access (C-SPOA) triages referrals and, when appropriate, refers families to Health Homes through the Medicaid Analytics Provider Portal (MAPP). The Children's SPOA also prepares Health Home referrals on behalf of Erie County Department of Social Services. The shift to having the Children's SPOA make eligibility decisions regarding Home and Community-Based Services (HCBS) Waiver referrals for youth returning from a higher level of care was delayed until late 2023.

Additionally, Children's SPOA will continue to work collaboratively with Adult SPOA for BestSelf Young Adult ACT. The Children's SPOA will continue to work with all partners serving the highest risk/highest need youth and their families in their home, school and community.

**Child Protective Services (CPS) Collaborative and the Homeless Services Collaborative:** The CPS Collaborative has been in place since 2015. It began as a partnership between Endeavor Health Services (a contract agency of the ECDMH) and Erie County Child Protective Services (CPS) designed to enhance treatment to adult caregivers and parents experiencing mental illness and/or chemical dependency, and whose children are identified as being at greater risk of harm or out of home placement. In 2018, the CPS Collaborative expanded services to all individuals who become part of the Homeless Services continuum through a partnership with the Erie County Department of Social Services Emergency Homeless Services Unit. The CPS Collaborative was seeing increases in the number of referrals in the years leading up to COVID-19, but since 2020, the number of referrals has fallen significantly. It is important to note that during the height of COVID-19, the number of reports to CPS may have been impacted because many of the school districts were operating in a virtual capacity and school personnel did not see students in person or have opportunities to discuss concerns that a student presented or would have otherwise presented. The number of referrals did not rebound in 2022. The Homeless Services Collaborative has seen increases in referrals, which could be related to the financial hardships of COVID-19 on families, particularly those affected by mental health challenges.

**Child Mental Health Satellite Clinics in the Buffalo Public Schools:** Working with community-based mental health providers and the Buffalo Public Schools, the ECDMH supported Say Yes Buffalo to establish mental health services directly in school buildings to increase access for students. These clinics are operated by licensed clinicians on behalf of NYS OMH licensed mental health agencies. The types of services available at each school can address issues like family conflict, anger or aggression, depression and anxiety, suicidal thoughts, and self-harming behaviors. The COVID-19 pandemic significantly disrupted this service particularly with schools moving to a virtual platform for

much of 2020 and 2021. Despite this, services remained available and accessible in the safest manner possible. Furthermore, the shift to virtual clinical sessions for students increased accessibility once students returned to in-person learning. For example, if a student is out of school due to school breaks, holidays, suspension, or for the summer, students and families can now access ongoing mental health services much easier through virtual modalities via well-established platforms.

Given the impact of the pandemic, the racially motivated mass shooting on May 14, 2022, and other events such as the fatal blizzard of 2022, the need for mental health services for Buffalo residents has significantly increased. Through the partnerships supporting the satellite mental health clinics within the Buffalo Public Schools, immediate response was initiated and brought forward throughout the community, within the Buffalo Public Schools and onsite at local colleges requesting the support. For some schools, this included additional support staff made available to students and staff. Within the community, partners were quick to provide additional clinical staff where the support was needed the most. Say Yes Buffalo also coordinated childcare support at the Johnnie B Wiley Resource Center, so parents/caregivers could receive individualized crisis support services.

Since the pandemic, outpatient clinics and satellite mental health clinics have faced a similar decline in quality candidates that many other industries are also experiencing. Through the Mental Health Task Force facilitated by Say Yes Buffalo, partners come together to troubleshoot and problem-solve dilemmas such as these. To increase the opportunities that would bring more quality candidates into the field, and essentially the school-based clinics, Say Yes is seeking additional supplemental funds to support satellite clinics. This support could supplement salaries (to account for no-shows or student absenteeism), provide hiring bonuses, offer additional or specialized training for clinical staff, or cover the cost of continuing education credits and potentially even partial tuition reimbursement. The long-term goal is to secure additional funding from the district based on the positive impact and outcomes of the services.

Over the past three (3) years, Say Yes Buffalo, Buffalo Public Schools, and partnering agencies providing services through satellite clinics have seen an increase in mental health awareness and an openness to discussing mental health and seeking mental health services. This has been expressed directly to the Mental Health Task Force by students and parents. Given the vacancies many clinics are currently experiencing, Say Yes Buffalo has brought in additional partners to layer the support for students and families until positions can be filled. The collective partnership continues to seek opportunities to have discussions around mental health and expand the reach of support services as much as possible.

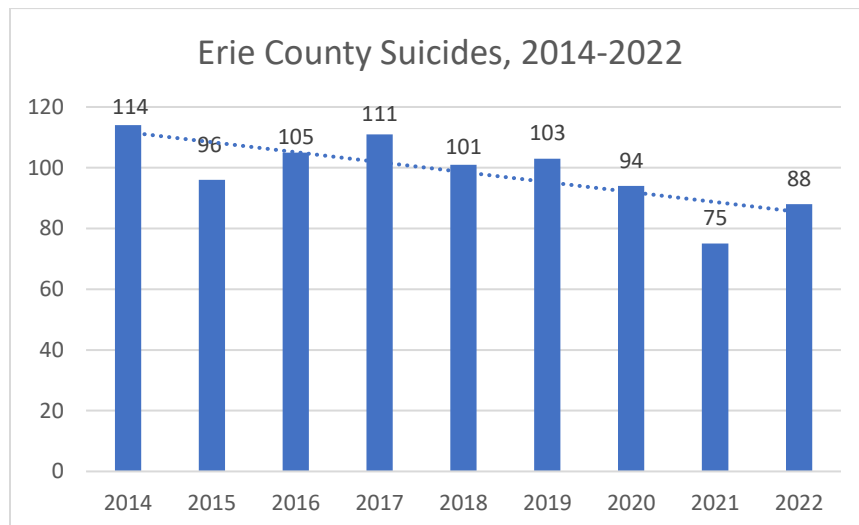
During the 2021-2022 academic school year, over 765 students received individualized counseling services through school-based clinics. To date, for the 2022-2023 academic year, approximately 500 students or more have received direct counseling services within schools.

In addition, the NYS Office of Mental Health provided one time funding to the school satellite clinics to address the challenges of meeting clinic productivity levels associated with operating in a school setting. The investment of funding is to be utilized to offset the following: costs associated with a

memorandum of understanding (MOU) or other formal contract/agreement made with individual school districts to support operating a School Based Mental Health Clinic (SBMHC); costs of non-reimbursable activities performed by the on-site clinician(s) as it relates to engagement of students and families; costs for non-reimbursable activities related to the necessary coordination, consultation, and collaboration between on-site clinician(s) and school personnel; costs for materials and therapeutic products to support clinical activities and interventions provided by the school-based satellite clinic; and, costs of staffing SBMHC; including retention funds for current staff or in hiring staff to fill vacant positions. NYS OMH will further be studying provision of school-based clinic services to explore permanent rate enhancements.

**Erie Path:** In 2022 the Erie County Executive and the Erie County Legislature authorized funding to support the development of a software application for parents and caregivers to help them access services for children and youth struggling with mental health or substance use challenges. The app, called “Erie Path” will be launched in September 2023 and will provide a user-friendly platform to find resources in the community.

An issue that affects both young people and adults is suicide. The New York State (\*Excluding New York City) Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) 2021 Annual Brief from the New York State Department of Health (available at [https://www.health.ny.gov/statistics/prevention/injury\\_prevention/docs/edsnsroannualbrief.pdf](https://www.health.ny.gov/statistics/prevention/injury_prevention/docs/edsnsroannualbrief.pdf)) shows statewide data from 2019-2021. Statewide there was a 11.6% decline in visits to emergency departments for suicide-related reasons from 2019 to 2020 and visits increased to approximately the previous levels in 2021. The age groups with the greatest rates per 100,000 population in 2021 were: 10-19 years (937.4 per 100,000), followed by 20-24 years (749.7 per 100,000). The rate for Black non-Hispanic in 2021 was 558.8 per 100,000 and for Hispanic/Latino the rate was 341.3 per 100,000. **The following table shows the numbers of suicides per year in Erie County from 2014 to 2022.** Data was provided by the Erie County Department of Health Medical Examiner’s Office. Please note that as of March 28, 2023 there are two cases still pending for 2022. The overall trend continues to be decreasing despite the increase from 2021 to 2022. The County will remain vigilant and continue to work to prevent suicide.



As has been the case in previous years, deaths by suicide are much higher for males than females. In 2022 75% of suicide deaths were male and 25% were female. The proportion of females dying of suicide has increased since 2019 when females represented just 16% of the total deaths by suicide. The age groups with the highest number of suicides are those aged 30-69. The most common methods were hanging, firearms, and drug overdoses.

**The following table displays demographic data for 2018 to 2022 (Erie County Department of Health Medical Examiner’s Office).**

**2018-2022 Census Estimate by Year**

	Population % (N=954,236) 2020 Census	2018 Suicide % (N=101)	2019 Suicide % (N=103)	2020 Suicide % (N=94)	2021 Suicide % (N=72)	2022 Suicide % (N=88)
<b>Race/Ethnicity</b>						
White alone	79%	86%	87%	95%	81%	82%
Black/ African American alone	14%	8%	8%	2%	3%	6%
Native Amer/ Alaskan Native	.7%	1%	N/A	N/A	N/A	1%
Hispanic	6%	4%	4%	3%	6%	7%
<b>Gender</b>						
Female	52%	24%	16%	17%	21%	25%
Male	48%	76%	84%	83%	79%	75%
<b>Age</b>						
20-29	14%	17%	20%	15%	19%	13%
30-39	13%	21%	14%	21%	13%	19%
40-49	11%	15%	13%	13%	18%	18%
50-59	14%	18%	23%	21%	21%	14%
60+	25%	24%	27%	23%	25%	33%

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

With funding from NYS, the Suicide Prevention Coalition created a Suicide Fatality Review Team in which a committee of multi-sector representatives discussed suicide deaths in Erie County. The Team included representatives from the Coalition, the Medical Examiner’s Office, emergency department, schools, provider agencies, law enforcement, County government, and individuals impacted by suicide. Based on a model developed in Washington County, Oregon, this process provided insight about suicides occurring in Erie County and generated several recommendations for prevention strategies. This project ended in April 2022 and the Coalition is currently pursuing avenues to continue this work in some fashion.

Over the past few years the Coalition has implemented means reduction strategies that have included creating a brochure to help families reduce the availability of lethal means in the home as well as several projects focused on gun safety. In 2022, firearms accounted for over 30% of the deaths by suicide in the county and to ensure safety during a mental health crisis, it is critical to remove firearms from the home. The Suicide Prevention Coalition has developed an interactive Google Map for Erie

County residents that shows where owners can voluntarily store their guns safely when someone in their home is in crisis. This map was updated in 2022 and the Erie County Coalition is working with neighboring counties to support expansion of the map into other counties. The Coalition has been distributing gun locks and information at various events including gun shows, the County Fair, community and public health events. The Coalition also created a video called, “Time and Distance: Firearm Safety and Mental Health.” The firearm storage map and Time and Distance video are available at <https://suicidepreventionecny.org/>.

The Coalition’s strategic plan for the coming year will focus on the following priorities: Ensure the Coalition is fully representative of our community in its diversity and with all critical stakeholders, Means Reduction Interventions, and Children and Youth at risk. These priorities continue and expand upon the work that has been done by the Coalition to date.

Another notable development is the launch of 988. In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America. This service launched in July of 2022. This new number expands the scope of the existing suicide prevention hotline to serve anyone facing a mental health or substance use crisis or any other kind of emotional distress.

The Assisted Outpatient Treatment (AOT) program continues to be an area of focus within the Erie County Department of Mental Health. This program is meant to serve individuals with the highest risk and need. **The following table shows the number of recipients under court order** (Source [https://my.omh.ny.gov/analytics/saw.dll?dashboard&PortalPath=%2Fshared%2FAOTLP%2F\\_portal%2FAssisted%20Outpatient%20Treatment%20Reports&nquser=BI\\_Guest&nqpassword=Public123#reports](https://my.omh.ny.gov/analytics/saw.dll?dashboard&PortalPath=%2Fshared%2FAOTLP%2F_portal%2FAssisted%20Outpatient%20Treatment%20Reports&nquser=BI_Guest&nqpassword=Public123#reports) updated 2/24/2023). Please note that Western NY includes 19 counties, and Erie and Monroe Counties account for the vast number of these cases while the smaller counties have very few cases each.

	8/2018	8/2019	8/2020	8/2021	8/2022	2/2023
Erie County	231	257	265	258	238	226
Western NY	558	625	590	653	616	592
Statewide	3,261	3,340	3,174	3,363	3,484	3,559

There appears to be disparity in those who are receiving AOT services based on race and ethnicity. In Erie County: 48% of recipients are White, 38% are Black, 12% are Hispanic, 1% are Asian, and 1% are classified as Other. The percentage of Blacks receiving AOT is significantly higher than their representation in the overall population. The ECDMH Adult Single Point of Access (A-SPOA) will be delving into the data and will review internal practices to determine if implicit bias is playing a role. Appropriate practice changes will be made as indicated. The ECDMH Adult SPOA will also convene a community meeting to share the data and educate referral sources and stakeholders and similarly explore implicit bias.

The AOT program is working closely with community providers to collect meaningful data to enhance program efficiency and function, the result of which will ensure delivery of valuable and effective mental health services. A SPOA dashboard has been developed and the purpose of this site is to provide

numbers and timeframes of actions completed in the SPOA system by agency and county staff. This information can be found at: <https://sites.google.com/ccnyinc.org/spoa-dashboard/>. The dashboard can be filtered to provide submission, rejection, waitlist, assignment, enrollment, and disengagement information.

An Enhanced Service Package, also known as a Voluntary (Diversion) Agreement, is a voluntary service provided within the SPOA office. Individuals who would otherwise be considered for AOT by the Local Government Unit (LGU) are offered the option to sign an agreement that he/she will adhere to a prescribed community treatment plan rather than be subject to an AOT court order. This provides a step down from AOT and the response has been positive. On average, there are approximately 43 active monthly clients that benefit from this service.

Developing the Local Services Plan requires a broad review of available data as well as significant input from the community. The ECDMH consulted with dozens of agencies and program leaders, attended a Peer Specialist Community of Practice Meeting, a NYS OMH Listening session and a Trauma Panel discussion, and facilitated a discussion with the Mental Health Subcommittee.

The Mental Health Subcommittee discussion identified Workforce, Diversion, and Housing as the greatest challenges. They reported difficulty navigating the system which could be addressed by increasing awareness of available services and how to access them for the community and primary care providers. There was also significant discussion regarding the conditions in CPEP. Similar themes were identified at the NYS OMH Listening session.

There was a very rich discussion at the Peer Specialist Community of Practice Meeting which included twelve (12) peers. They talked about an inadequate inventory of affordable housing, and as housing costs increase, the quality of housing is not improving. They talked about the lack of services available after regular business hours and on weekends. There is a desire for more club houses which can provide a safe place where individuals can feel a sense of belonging. They discussed stigma and how people with mental health issues are treated poorly in the community. Homeless individuals are treated very poorly. This group talked at length about the value of peers in the service continuum and how more specialized peers would benefit the community including: veterans, LGBTQ, formerly incarcerated, etc. They would also like to see increased access to services; including reducing the number of steps to get their needs met and removing barriers. This group also had some interesting ideas related to transportation, looking at diversion well before a person escalates to a crisis, and the role of municipal services in supporting individuals who are homeless or experiencing mental health issues.

The Trauma Panel focused on the May 14, 2022 mass shooting and the discussion included the value of collaboration, the importance of having staff available that look like those seeking services, and future plans to support the community. There were a number of lessons learned following this event and initiatives underway to help the community move forward. The Tops Shooting will have a lasting effect on this East Side neighborhood which includes mental health impacts.

The Mental Health Subcommittee was asked to identify its top three (3) priorities for the coming year. They identified the following:

- 1) Workforce
- 2) Crisis response
  - a. Police reform: better partnerships between mental health system and police;
  - b. Community awareness of services and how to access resources;
  - c. Conditions at CPEP; and
  - d. 988.
- 3) Housing for vulnerable populations.
  - a. Expansion/development of step-down residential housing; and
  - b. Enforcement of safe, clean housing standards.

Each of these priorities are representative of those that the ECDMH has identified and has actively been working on.

The ECDMH continues to work with Federal, State and local agencies, providers, insurers and consumers to improve the system of care for the Mental Health population in Erie County. Despite the inherent challenges of operating in an ever-changing system and during such tumultuous times, the Erie County System of Care has demonstrated its ability to adapt and perform at high levels despite the challenges. Our network of providers has been incredibly nimble and responsive to these challenges. While the pandemic and subsequent events exposed many weaknesses of the system, the providers have worked tirelessly to try and overcome them. At the same time, new resources continue to flow into the community from Federal, State and Local sources. While these services help to address many service gaps, new services with a qualified and available workforce limit their availability and efficacy. As such, while progress in many areas have come to fruition, there is still a tremendous amount of work to be accomplished and the ECDMH and our community of providers will continue to move the system forward to ensure access to appropriate services and quality care.



## Substance Use Disorder Needs Assessment

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The Erie County Department of Mental Health, in partnership with the County Executive, the Erie County Department of Health, treatment providers, and community continue to be very aggressive in our response to the opiate crisis that has impacted so many of our residents. Greater availability of treatment, new initiatives, new resources, and notable collaborations demonstrate the commitment of Erie County to address the opioid crisis. Despite these efforts, however, the COVID-19 pandemic and the increased use of Fentanyl, its derivatives, and increase in other drugs of abuse being laced with Fentanyl and its derivatives, stole much of the progress that had been made in the years leading up to the pandemic.

Through 2019, Erie County had seen significant declines in the number of opioid related deaths since the height of the epidemic in 2016. However, as referenced above, since 2020 we have lost many of the gains of the prior years.

**The following table shows the number of opioid related deaths from 2014 through 2023 (Erie County Medical Examiner's Office, data received 5/3/2023).**

	2014	2015	2016	2017	2018	2019	2020	2021	2022
<b>Number of Opioid Related Overdose Deaths</b>	127	256	301	251	191	156	246	286	306 (2 pending)

Over the past five (5) years there has been an increase in opioid deaths in Erie County related to Fentanyl. In 2017, 78% of deaths involved Fentanyl compared to 93% in 2022. We are also seeing a decrease over time in the percentage of deaths that involve heroin. In 2017, 28% of opioid related deaths involved heroin and in 2022 only 4% showed heroin in the toxicology screen. There has been a significant increase in the percentage of opioid related deaths that are associated with Fentanyl and cocaine. In 2016, approximately 15% of opioid related deaths were associated with Fentanyl and cocaine and this jumped to 48% in 2020 and 57% in 2022. Of the opioid and cocaine deaths in Erie County in 2022, 35% were among Black individuals and 29% were in those aged 50-59 years.

There has also been a shift in the demographics of those dying from overdoses in Erie County. There has been an increase in deaths among Black persons from 10% to 28% from 2018 to 2022. There has been a decrease in deaths among Whites from 79% to 68% in this time period. There has been a decrease in deaths among individuals aged 20-29 years from 29% to 15% from 2018 to 2022 and an increase among persons aged 40-49 years from 14% to 24% from 2018 to 2022.

The table below shows the percentage of overdose deaths by Race/Ethnicity, Gender and Age from 2018 through Q1 of 2023.

Erie County Census Estimate		Erie County Opioid Overdoses					
	Population % (N=954,236) 2020 Census	2018 Overdose % (N=191)	2019 Overdose % (N=156)	2020 Overdose % (N=246)	2021 Overdose % (N=286)	2022 Overdose % (N=306 +2 Probable)	2023 Overdose % (N=145 Confirmed & Probable)
<b>Race/Ethnicity</b>							
White alone	79%	79%	78%	79%	73%	68%	71%
Black or African American alone	14%	10%	10%	19%	22%	28%	28%
Native Amer / Alaskan Native	.7%	N/A	N/A	2%	4%	2%	1%
Hispanic	6%	7%	8%	10%	9%	12%	14%
<b>Gender</b>							
Female	52%	30%	27%	30%	27%	31%	30%
Male	48%	70%	73%	70%	73%	69%	70%
<b>Age</b>							
20-29	14%	29%	22%	17%	19%	15%	8%
30-39	13%	30%	29%	29%	30%	30%	28%
40-49	11%	14%	19%	22%	23%	24%	24%
50-59	14%	17%	21%	19%	18%	22%	22%
60+	25%	8%	8%	12%	9%	10%	18%

The table below presents outpatient emergency department visits and hospitalizations in Erie County for all opioid overdoses from 2016 to 2021. ([https://www.health.ny.gov/statistics/opioid/data/pdf/nys\\_oct22.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_oct22.pdf) accessed 11/25/2022).

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

Additionally, Xylazine has entered Erie County. Xylazine is an animal tranquilizer used for sedation and pain relief and is increasingly being added to illicit drugs, especially Fentanyl. Xylazine is not responsive to naloxone because it is not an opioid, and there is no rapid diagnostic testing or safe antidote available. In 2022 Xylazine was identified in thirteen (13) deaths in Erie County. Erie County

also had 28 deaths in 2022 where Methamphetamine was identified in the toxicology screen. There has been an increase in overdose deaths where no opioids were found; 7% in 2016 to 19% in 2022.

Treatment access and availability are very important to the overall effort. Over the past several years there have been tremendous strides in increasing the availability of treatment services and timely access to these services. There have been additional resources available for these activities from local, State, and Federal sources.

**The following table displays Admissions to various treatment types for Erie County residents from 2015-2022** ([https://apps.oasas.ny.gov/portal/page/portal/OASAS\\_APPS/InquiryReports](https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS/InquiryReports) accessed 3/7/2023).

**County Residents Report  
Admission Transactions**

<b>Erie County</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Inpatient</b>	1176	1102	743	721	674	458	269	258
<b>Methadone</b>	404	538	437	396	538	304	297	766
<b>Outpatient</b>	9014	8777	9789	9245	8052	5590	4657	3055
<b>Residential</b>	606	685	1065	1069	1095	962	1058	588
<b>Crisis</b>	3232	2479	1502	1896	2406	2378	2411	1872
<b>Total</b>	<b>14432</b>	<b>13581</b>	<b>13536</b>	<b>13327</b>	<b>12765</b>	<b>9692</b>	<b>8692</b>	<b>6539</b>

In 2020, Erie County Medical Center (ECMC) reclassified their inpatient beds as COVID-19 overflow beds and these have not been returned for inpatient services. As a result, a number of Erie County residents sought such care outside of the County. Catholic Health has established 40 new inpatient beds at their St. Joe’s campus, which will greatly assist with access to SUD inpatient care.

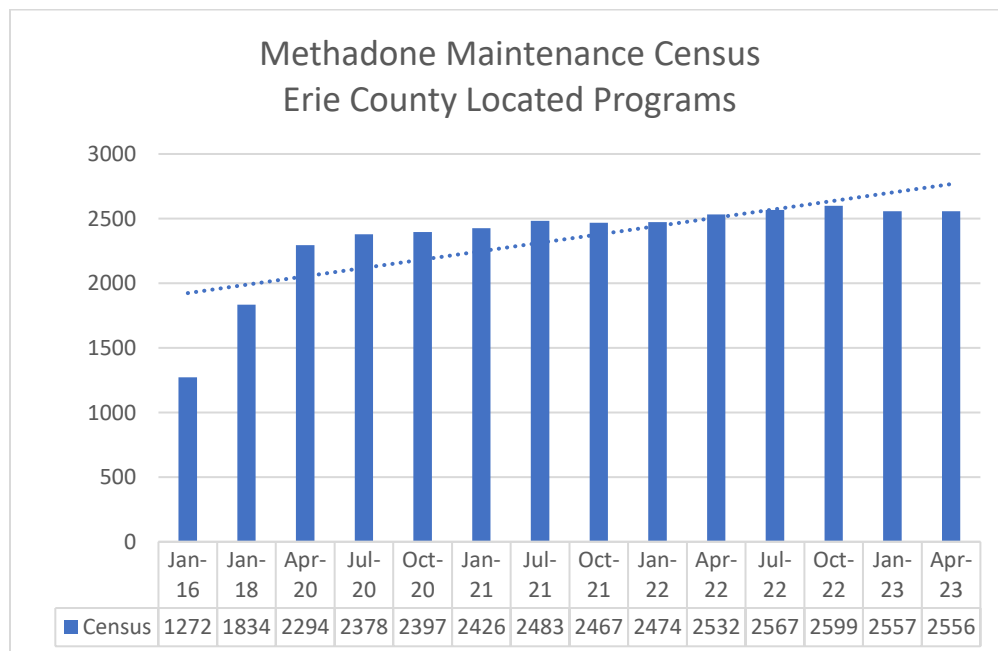
Accessing residential services continues to be a challenge. The ongoing conversion to Part 820 may offer some relief by addressing the need for transitional services which can be more flexible and better support recovery as the recovering individual transitions between levels of recovery and ultimately back to community living. The 820 levels are fluid and individuals can transition between the different levels throughout the recovery process. All Erie County providers that the ECDMH contracts with have completed the 820 Conversion. There are currently 132 slots in Erie County and 125 slots in Niagara County. Erie County residents also utilize the Niagara County slots.

Based on feedback from some providers, there are challenges reported related to the conversion to Part 820 including increased requirements for staff (ex. need to have a medical director and nurses), which creates greater financial burden for the providers. Erie County does have a provider that services youth and there are multiple concerns regarding the issue of payment. If a child is under the age of 21 an issue arises when trying to move this individual to re-integration. In order to move to re-integration, financing from the Department of Social Services (DSS) is required. DSS will attempt to obtain child support from the family. This impacts enrollment as the parent refuses to consent to provide the necessary paperwork. Also, parents will refuse to pay a sliding-scale fee. Another challenge is with the 18-25 age group getting into services because they are not eligible for public assistance benefits on

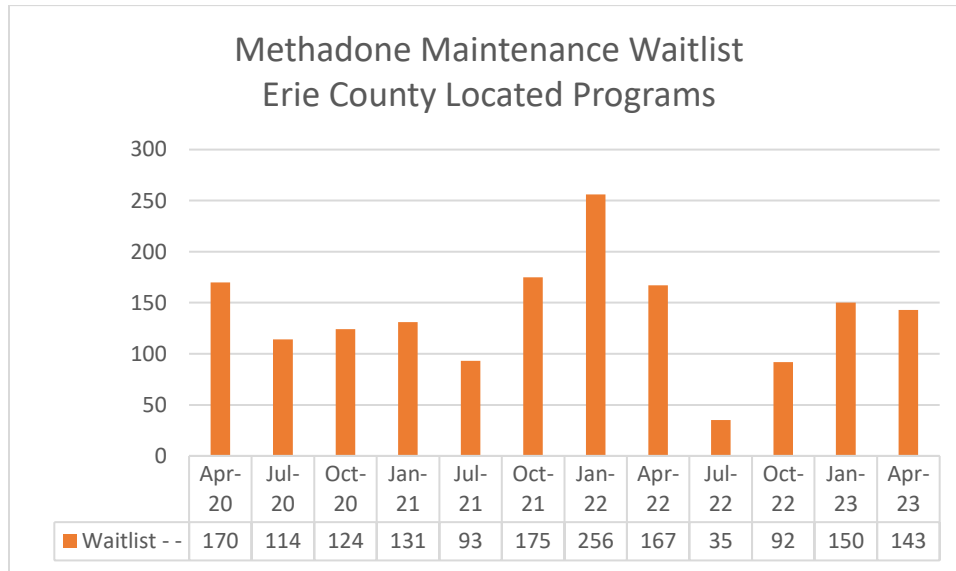
their own and parents cannot afford it. The referrals for children have been steadily and consistently increasing. Reaching out to community stakeholders, as well as the redesign of the admissions process has helped to increase accessibility. The number of children in care has increased significantly. Service utilization for adults is back to pre-COVID-19 levels.

Medically Managed Detoxification also remains a highly utilized service. Availability of Medically Managed Detoxification services at Erie County Medical Center (ECMC) is 32 beds. In 2019 bed capacity was increased from 18 to the 32 beds currently available. There are also 10 Medically Supervised Detoxification beds at Horizon Health on Elm Street. They also have 820 beds which they are able to “swing” depending on need.

An important treatment option includes Opioid Treatment Programs (OTP), which are highly effective and provide medication assisted treatment. One type of OTP is Methadone treatment. Despite new programming and a generally growing census, capacity for Methadone Maintenance has been limited by significant waitlists over the years. Recently, a new service located in a neighboring county may have helped to alleviate this concern to a moderate degree. **As illustrated in the charts below Census for Methadone Maintenance has trended up.** The census, as most recently reported by providers in January 2023, was 2,557. This is double the census since 2016. These increases are largely due to new programs as well as regulatory relief that more readily allowed for an expanding census. Further development is limited by staffing and physical plant limitations. However, the Seneca Nation is in planning phases with NYS Office of Addiction Supports and Services (OASAS) to develop a new location which should help to further meet the demand for OTP and Methadone Maintenance. Recent awards by NYS OASAS will lead to the implementation of mobile units offering Medication for Opioid Use Disorder (MOUD). As a result, further capacity increases, as well as improved geographic access are anticipated. The lack of expansion in the latest data may be impacted by workforce shortages which limit the number of new individuals that can be admitted to services.



While waitlist trends are more erratic, there was a noticeable reduction in July 2022 when the waitlist decreased to 35. The significance of this decrease can be seen in that it is over 62% less than the next lowest waitlist total of 93 up to that time and almost 80% less than the average waitlist of the previous four (4) measuring periods. It is believed that this was largely due to the opening of another Methadone Maintenance program in a neighboring county.



However, since then, the waitlist has resumed its upward creep. Agency reports had indicated that a number of individuals on past waitlists were from counties other than Erie. An analysis of that data indicated that 62.5% of the individuals on the waitlist of Methadone Maintenance Programs located in Erie County were in fact Erie County residents. That said, given that this is only one (1) measurement period, this is viewed with caution and bears continued monitoring. The increase in the waitlist over the most recent two (2) periods reflects ongoing demand and is also likely affected by workforce shortages. Providers have reported that once they can hire more staff, they will be able to take on more clients.

**Erie County Located Providers Methadone Census and Waitlist: A Deeper Dive**

Census of Erie County Located Methadone Maintenance Programs by County of Residence of Enrolled Individuals			Waitlist of Erie County Located Methadone Maintenance Programs by County of Residence of Waitlisted Individuals		
Residence County of Enrolled	Number Enrolled from Respective County	% Enrolled in Erie County Located Methadone Program from Respective County	Residence County of Enrolled	Number On Waitlist from Respective County	% Enrolled in Erie County Located Methadone Program from Respective County
Erie	1681	66.6%	Erie	95	62.5%
Niagara	325	12.9%	Cattaraugus	21	13.8%
Chautauqua	291	11.5%	Niagara	20	13.2%
Cattaraugus	180	7.1%	Allegany	6	3.9%
All others	7	1.5%	Chautauqua	5	3.3%
Allegany	19	0.8%	All others	5	3.3%

From Erie County Providers; Data as of Last week of March to 1st week of April 2023

In January 2023, the Treatment Subcommittee of the Erie County Opioid Task Force conducted a Substance Use Disorder Outpatient Clinic survey. A similar survey was conducted in 2018. The results of the survey indicated the maintenance of past gains as well as further gains in terms of timeliness, access to Medication for Opioid Use Disorders (MOUD), and the further emergence of best practices. Nine (9) of ten (10) providers that were invited to participate responded. Walk-in appointments are provided by 67% of respondents and 100% offer same-day appointments. These results are consistent with 2018 responses. In January 2018 respondents reported 3,210 buprenorphine slots. In January 2023 respondents reported 11,965-12,215 slots. This represents a 3.7 fold increase in Buprenorphine slot capacity over the past 5 years. Buprenorphine and Naltraxone are offered by 100% of respondents and Sublocade is now offered by 89% of respondents. Seventy-eight percent (78%) of respondents now offer rapid induction and 78% report utilizing low dose Buprenorphine. Over the past five (5) years, there has been a significant increase in access and availability of medication assisted treatment options.

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

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

Similarly, Erie County is in the process of determining the initiatives to be funded with the first round of Opioid Settlement dollars received by Erie County. The first round of funding received by the ECDMH will be used to support workforce. Funding is to be used to increase salaries or otherwise support recruitment and retention of staff who provide opioid abatement services. These funds are available to agencies that currently contract with the ECDMH and who provide opioid treatment, support, prevention or recovery services. Additional funds will be made available through a Request for Proposal (RFP) process to support the approved uses of the Opioid Settlement Fund (OSF) dollars.

Methadone is only one (1) of several medication assisted treatment options available. Access to medications for opioid use disorder (MOUD) has been accelerated through the establishment of Buffalo MATTERS (Medication for Addiction Treatment and Electronic Referrals). Buffalo MATTERS has now expanded throughout New York State and through partnership with two (2) virtual emergency departments, both of which are located in Erie County, the program is able to streamline rapid access to care for patients experiencing opioid/substance use disorders. Through this partnership, patients can be evaluated, treated, and connected to an outpatient treatment organization without having to present to an emergency department. Referrals to Buffalo MATTERS are made by providers.

In May 2022, a local agency received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish a 24-7 Virtual Medication Assisted Treatment Center that creates a pathway for individuals to access Buffalo MATTERS' services. This service serves the eight (8) counties of Western NY. As of April 2023, they have been able to prescribe MOUD for 204 unique individuals from Erie County.

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

The ECDOH has also led the Response after Overdose Project. This is a partnership between local police departments and the ECDOH. Police Departments connect a peer from the ECDOH to provide support and linkage to treatment. This project involves ODMAP, a mapping application that plots overdoses and Narcan administrations in real time.

In the continued effort to create a system of care that includes all of the points where an individual with a substance use disorder (SUD) may come in contact and there is an opportunity to engage them in treatment; the criminal justice system must also be included. The Erie County Holding Center (ECHC) is often an intercept point for individuals with a substance use disorder. A period of incarceration provides a unique and time limited opportunity to offer treatment when an individual is not actively using and may be more receptive to initiating treatment. The ECHC offers Vivitrol for medication assisted treatment, and starting in July 2022, the ECHC began providing medication assisted treatment (MAT) in the jail for individuals receiving MAT at the time of their arrest. This includes Buprenorphine and Methadone. The Forensic Mental Health Department, a subdivision of the ECDMH, has been expanding available services to individuals with an SUD. They have added a Specialist to work with incarcerated individuals with co-occurring disorders currently held in the ECHC, as well as a Discharge Planning position to assist in effective transition to the community. In addition, through funding secured from NYS, Erie County has been funding education sessions about substance use and addiction in the ECHC.

Housing is an area of significant need for this population, as identified by the Opiate Task Force Treatment Provider workgroup and housing providers. This topic has been taken up by the Substance Use Disorder Treatment Subcommittee of the Erie County Opioid Epidemic Task Force that continues to facilitate, encourage, and identify housing opportunities for this population. The workgroup maintains and updates a SUD Housing resource inventory to maximize knowledge of these resources in our community. Over the past year, 48 SUD specific beds have come on-line or soon will become active, 12 of these beds are funded by the ECDMH and utilize the best practice of Critical Time Intervention (CTI).

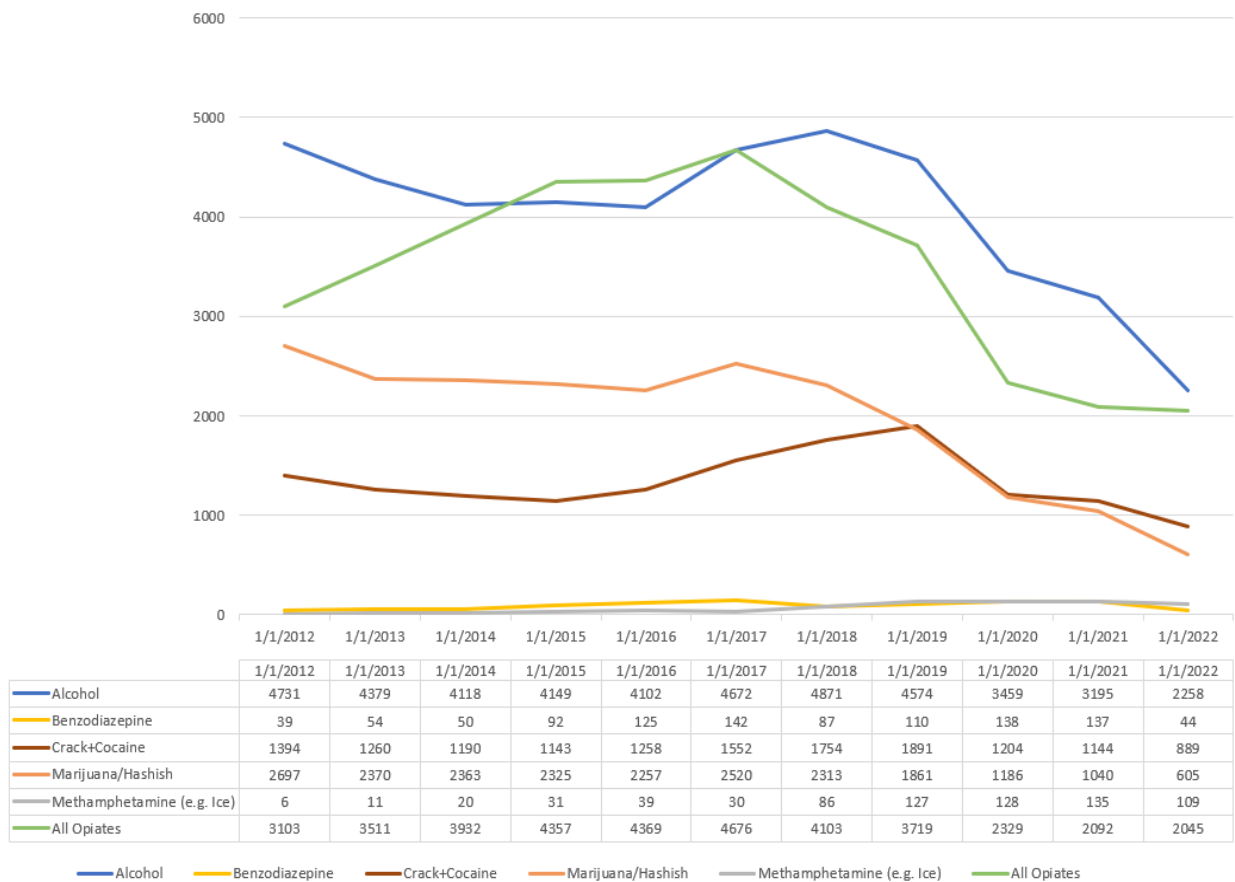
In addition, there is currently an NYS Empire State Supportive Housing Initiative (ESSHI) project under construction with Living Opportunities of DePaul that will dedicate 6 beds to the SUD

population with additional beds available, if needed. This is expected to be completed in the Fall of 2024. This project represents a new partner that historically has operated in mental health. Their willingness to partner and collaborate to bring much needed SUD beds and related services to this project is viewed as a collaborative milestone.

Demonstrating the needs for such housing, once beds become available, they are filled very quickly. There is an even more acute need for housing for returning citizens with an SUD and/or mental health disorder. As a result, ECMDH will continue to facilitate and encourage the exploration of additional resources to support SUD housing from such funding opportunities as the ESSHI or the Opioid Settlement Funds, for example.

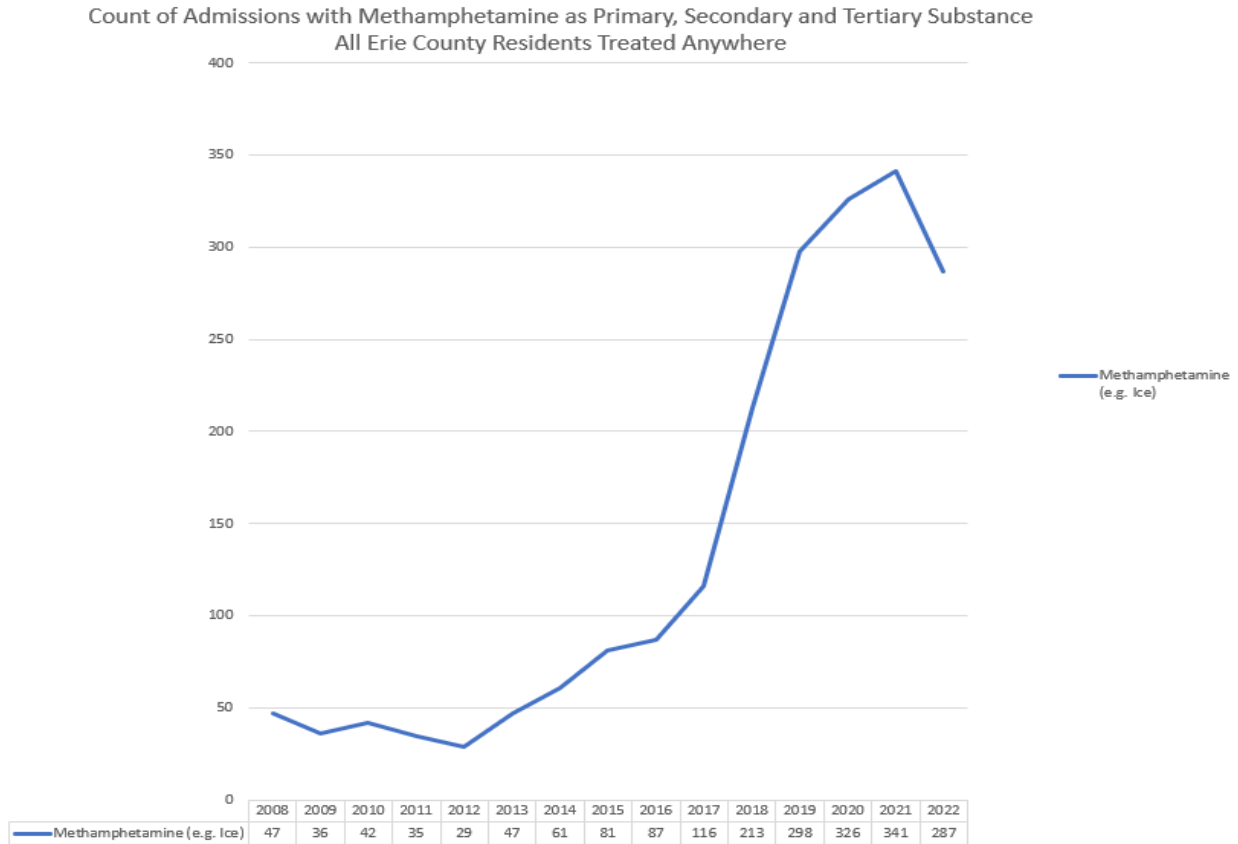
Overall, admissions to treatment decreased after 2019, which could be an impact of COVID-19. However, there are important caveats to consider, including, but not limited to: Implementation of Part 820 services, the advent of integrated clinics and other related matters on how admissions are now counted. Understanding the substance most reported by clients being admitted to services can be helpful in targeting future planning and programming. **The graph below shows the Primary Substance at Admission by Year, summarized by type, for the most commonly reported substances from 2012 through 2022.** Because the way that this information is collected has changed, it would be inappropriate to make assumptions about the trends, but the graph does identify the most common substances by type that are being reported as the primary substance at admission.

Primary Substance at Admission by Year, Summarized by Type  
All Erie County Residents Treated Anywhere





A substance that is being watched is Methamphetamine. Over the past 10 years, the number of admissions involving methamphetamine has gone from 29 in 2012 to 341 in 2021. In 2022 the number dipped slightly to 287. While the numbers are comparatively small compared to all admissions, it may signal the next emerging crisis in our community. **The following graph shows the changes over time.**



Prevention programs are also an important strategy in curtailing substance use. The need for services outpaces the available resources and the ECDMH wants to ensure that prevention services are being deployed judiciously. In an effort to focus Erie County OASAS prevention provider resources in areas with the highest risk, the ECDMH funded the development of the Erie County Risk Indicator Database and the Prevention Gaps and Barriers Analysis. These tools are used to assist in planning and geographic targeting of services by Erie County OASAS prevention services. The analysis includes maps and data identifying the highest risk zip codes and school districts and the services currently available so providers can target new service sites to the areas with highest risk and limited or no services. This data and the analysis are updated annually and collaboratively provided to the providers of prevention services in Erie County. The Erie County Prevention Gaps and Barriers Analysis was updated for 2023 and a sample of findings include:

- Overall alignment of school-based programs in the City of Buffalo and the surrounding suburbs is well distributed. The City of Buffalo, Town of Tonawanda, Town of Amherst, Town of Cheektowaga, and the City of Lackawanna all have many school-based programs aligned to the municipal boundaries. The North Collins Central School District, Cheektowaga-Sloan Union

Free School District and Akron Central School District are all lacking in programs, as are Gowanda Central, Holland Central, Springville-Griffith Central, and Yorkshire-Pioneer Central School Districts. All other school districts have at least one (1) program.

- The ZIP codes in the City of Buffalo with the highest aggregated risk are on the City’s East Side, as well as the eastern portion of Downtown Buffalo and the Outer Harbor (14203, 14206, 14211, and 14215). Most of these areas have many recurring programs with the exception of ZIP code 14206 which has one (1) program and 14203 which has none (0).
- The ZIP codes with the highest aggregated risk in the more suburban ZIP codes are adjacent to the City of Buffalo within the Towns of Tonawanda, Amherst, Cheektowaga, West Seneca, Orchard Park, and Hamburg, as well as the City of Lackawanna. Most ZIP codes with highest aggregated risk have at least one (1) recurring prevention program, except for ZIP codes 14217 and 14068 which have no (0) recurring programs.

The Erie County Risk Indicator Database and the Gaps and Barriers Analysis are available at [www.erieridb.org](http://www.erieridb.org).

The vast majority of prevention services are evidence-based classroom programs provided in local Erie County School Districts. The COVID-19 pandemic and the closure of schools severely impacted the provision of prevention services during 2020 and 2021. The prevention agencies were tasked with trying to find unique ways to continue to provide services including sending home paper copies of lessons, participating in Google Meets with classroom teachers, and recording lessons. The biggest obstacle was the technology needs of each school district and student. Even in 2021, the various start-up/shut-down policies in many of the school buildings forced programs to be delivered in a combination of in-person and virtual. These building-level policies made service delivery erratic. It wasn’t until the Fall of 2022 that classroom-based programming resumed on a more consistent, in-person schedule.

The prevention providers have seen an increased need for services as schools have reached out to them looking for more services to be provided in more schools. They have noticed an increase in mental health, substance use and behavioral concerns within their student populations. The social isolation during the pandemic has had a negative impact on some students where higher levels of depression and anxiety are being observed. An increase in negative classroom behaviors has also been observed. Prevention providers have had to incorporate social/life/emotional skill building into their programming so youth can learn the necessary skills to be able to make healthy decisions, communicate their feelings effectively, manage stress and resolve conflicts positively.

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

Prevention providers have been encouraged by NYS OASAS to look at providing services “across the lifespan” to incorporate prevention programming to other populations, not just students. Many

prevention providers have taken this opportunity to re-examine their programming and incorporate programs at community centers, with families and older adults and even for employees.

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

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

- The ECDMH applied for and was awarded, an **Adult Drug Courts (ADC)** grant funded by the Bureau of Justice Assistance (BJA) to implement the MISSION-CJ case management model in five (5) drug courts in the 8<sup>th</sup> Judicial District. MISSION-CJ (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Criminal Justice), is an integrated set of evidence-based practices that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. This program focuses on high risk opiate users in Erie County. This program blends high intensity case management and therapy, with additional community supports. The ADC grant started in October 2022 and runs through September 2026. This project will also implement a trauma screen and will educate court staff about trauma informed care.
- The Erie County **Family Treatment Drug Court Expansion Project (FTDC)**, funded through a SAMHSA grant, received a no-cost extension through the end of May 2023. This project has expanded and enhanced the current Family Treatment Drug Court process, provides community-based care navigation with a focus on rapid access to MAT and integrates all other healthcare and mental health care into the court room process. The COVID-19 pandemic created significant challenges with recruitment to the program and the extension has allowed the program to serve more individuals as well as address the barriers that arose because of the pandemic.
- The **Early Diversion Enhancement Program (EDEP)** for Adults with Co-Occurring Disorders Project, funded by SAMHSA, also faced significant challenges because of COVID-19 with staffing and recruitment. There were also programmatic challenges with one organization operating both the Crisis Intervention Team and long-term MISSION model case management services. To address the challenges another community partner was brought in to provide the case management services. Since the new partner was added, there has been an increase in enrollment to the project. The project is in its final year of funding from SAMHSA and the project team will be pursuing a no-cost extension to extend the project for up to another year.

- The **Opioid Intervention Court Expansion Project (OIC)** funded by SAMHSA, is in their fourth (4<sup>th</sup>) year of funding. Erie County established the first Opioid Intervention Court in the nation. This project utilizes the MISSION-CJ model and expedites linkage to medication assisted treatment for participants. Again, COVID-19 had a significant effect on the Opiate Intervention project as courts were virtual for several months, which affected the team's ability to enroll and serve participants. The project is now able to enroll participants from other drug courts in the 8<sup>th</sup> Judicial District which has significantly increased enrollment rates.

In order to collect community input for the plan, the ECDMH consulted with dozens of agencies and program leaders, facilitated a discussion with the ASA Subcommittee, conducted a survey and facilitated focused discussions around the Opioid Settlement Funds.

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

- 1) OTP waitlists;
- 2) Overdoses and opioid abuse;
- 3) Open access to treatment for Methadone and waitlists; and
- 4) Workforce.

In addition to these priorities, the ASA Subcommittee also discussed concerns regarding cannabis and higher THC levels in legal marijuana. They would like to see increased access to treatment, specifically more Methadone treatment, and they recognize that staffing is having a significant effect on access because without staff, new clients cannot be enrolled. They have observed that when a new counselor is hired, their caseload fills up quickly and that these are new patients; not transfers from other programs. They reported that the regulations are compounding the workforce challenges and that treatment is being driven by the regulations, not by quality of care. They also reported that they believe the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) requirements are unnecessarily demanding and modifying these requirements may help to alleviate the workforce shortage. The ASA Subcommittee is also interested in seeing more outreach to families, providing them with more education about addiction, what to do for your loved one, how to effectively advocate, and teaching them about harm reduction.

Throughout the year, the ECDMH conducted surveys to help inform planning efforts. In one case, the ECDMH conducted a survey and facilitated discussions with providers to better understand the needs of providers in addressing the opioid epidemic for the purpose of planning how to use Opiate Settlement Funds. Discussions were had with the Opioid Task Force SUD Treatment Subcommittee and the broader provider community. Consistent with the outcome of previous discussions, the providers identified workforce as their primary challenge in delivering opioid abatement services. This greatly informed the ECDMH's decision to utilize the first year of Settlement Funds to support salaries and benefits of front-line staff in order to improve recruitment and retention. These funds are available to ECDMH contract agencies that receive OASAS funds through those contracts.

Other key information was obtained through the 2022 Erie County Workforce Survey. Results indicated that SUD providers are having the greatest difficulty in recruiting and retaining Other Medical staff (ex. Nurses) with 19% vacancies, Bachelors level staff with 22.7% vacancies, staff with Associates Degrees or no degree required with 20.9% vacancies, and Peers with 25.2% vacancies. This

survey will be repeated in 2024 to assess if there have been any improvements. In order to assist with the work force crisis, in collaboration with the provider community, the ECDMH hosted and facilitated a Behavioral Health and Human Services Job Fair in September of 2022 that was attended by 50 provider agencies. Based on the positive response to the 2022 event, the ECDMH decided to sponsor a Behavioral Health and Human Services Career Fair in June of 2023 in an effort to help agencies attract more qualified candidates to the field.

NYS OASAS, County Providers, ECDMH, ECDOH, Erie County Government, families, peers, and law enforcement continue to work towards ending the opioid crisis and we are highly invested in this process. The progress that the community has made has been substantial. We continue to move forward with collaborative efforts around education, treatment, advocacy, and new treatment and support initiatives toward community recovery. Community involvement has been highly encouraged. The network of treatment providers and community agencies that have come together around this crisis and their willingness to collaborate and work together to solve this problem is a testament to their commitment.

## Developmental Disability Needs Assessment

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

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

During discussions with the OPWDD Subcommittee there is consensus that all of the services, or lack of services, are interconnected and affect the wellbeing of the individuals served. Many of the services, if not all, are affected by workforce shortages and turnover. When there is a gap in one, there is a ripple effect. For example, if there is a lack of staff in respite and therefore an individual cannot access respite when it is needed, an individual may need crisis intervention or have to go to CPEP and may have to stay in the hospital for months because there is nowhere to discharge them.

Workforce continues to be an incredible challenge. Prior to COVID-19, staffing was a significant problem and there was little to no movement in finding any resolutions. At the onset of COVID-19, staffing shortages got worse, but as we moved through the pandemic, additional funds were earmarked to increase wages. Unfortunately, the Cost of Living Adjustments (COLA) that were provided and flowed through the County came with a voluntary match requirement from the agencies which mitigated the intended COLA benefit. The COLA have increased the wages but it forced the agencies to reduce the resources available to other cost centers in order to satisfy the match requirement because of the funding code and requirement for a voluntary match. While the agencies appreciate the much-needed COLA, the voluntary match requirement offsets the intended benefit. Agencies and the ECDMH continue to advocate so that OPWDD can rectify the funding code issue so a voluntary match would not be required.

In order to try and better understand the scope and impacts of the workforce shortages, the ECDMH conducted a 2022 Workforce Survey. The report provides information related to the severity of shortages by role and disability. IDD agencies are struggling the most because of vacancies in the Direct Care, Associates Degree or no degree required roles. Six (6) of the respondents represented IDD providers and reported that they have nearly 3,500 Direct Care, Associates Degree or no degree required positions and have 748 vacancies in these roles. That is 21.4% of their direct care staff. The

full report is available at

[https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022\\_workforce\\_survey\\_report\\_final.pdf](https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf).

The ECDMH does plan to repeat the Workforce Survey in 2024 to determine if there have been any improvements.

In order to assist with the work force crisis, in collaboration with the provider community, the ECDMH hosted and facilitated a Behavioral Health and Human Services Job Fair in September of 2022 that was attended by 50 provider agencies. Because of the positive response, in June 2023 the ECDMH hosted the Behavioral Health and Human Services Career Fair in June of 2023. Fifty (50) agencies signed up to participate again this year and the ECDMH is hopeful that this event will result in several new hires. This year's event was targeted to new graduates, as well as the general population.

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

**Crisis Intervention:** OPWDD is funding a project through the Conference of Local Mental Hygiene Directors to develop a crisis intervention project pilot to address the needs of individuals with co-occurring I/DD and mental health challenges who are in crisis. The design of the pilot has included CSIDD, mental health crisis teams, and LGUs. The pilot involves collaborative crisis response and consultation with the goal of diverting an individual when possible from a presentation at CPEP, cross system linkages and evaluation of the model. The pilot launched in March of 2023 and the planning group is closely monitoring implementation to resolve issues as they arise.

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

OPWDD increased reimbursement rates for respite services in 2017. There were increases in utilization because of the increased ability to serve individuals with more challenging needs, but providers reported that the workforce crisis negatively affected the availability of respite services. They reported that the lack of direct service staff left many without access to respite. The rate increase was helpful, but it did not resolve the workforce shortage, which in-turn continues to limit access. There are long waitlists for respite and insufficient staff; so while this is a valuable and important service, access is extremely limited.

Respite and other supports allow people to stay in their homes and keep people from needing higher levels of services. When workforce shortages affect access to respite and other support services, people need higher levels of care, which tax the system in other ways; it becomes a vicious cycle.

**Transportation:** Transportation continues to be a challenge for the I/DD population. OPWDD Subcommittee participants mentioned transportation as an ongoing unmet need that directly affects consumers and families needing access to services and community integration activities, especially employment and day services. Among the concerns expressed were scheduled transportation not showing up or being late and their experience that pick up and drop off locations were a distance from where they lived or worked. For individuals with accessibility needs, the challenges are even greater.

**Residential:** Residential resources include Certified Residential services through OPWDD as well as affordable housing and supportive housing available in the community. The number of recipients of Certified Residential services has decreased every year since 2018. In 2021, 2,368 individuals received Certified Residential services; down from 2,449 in 2018. This is the most recent data available.

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

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

Accessible and affordable housing, in more general terms, was also raised as an issue. An accessible bathroom does not make an apartment accessible and there needs to be more advocacy for universal design for true accessibility. Also, low-income housing has income requirements which reflects a perception that individuals with a disability will have a low income and/or are not employed. Guidelines are project specific and are set by New York State and advocacy is required to expand eligibility for this housing to include higher income levels for people with disabilities. In addition, it would be helpful if housing that has been converted to be accessible remained that way to increase the inventory of accessible housing.

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



individuals utilizing Self-Directed Supports and who have their own apartment. Lack of affordable housing in the community creates challenges for the recipient to obtain and maintain their housing, even with the ISS subsidies.

One of the challenges of the Self-Directed Supports and ISS program is that there is sometimes confusion about who the hired staff works for. Because the fiscal administrator is paying for the service, many of the direct support professionals think they work for OPWDD, rather than the individual receiving the service. This can create some tension and issues with accountability.

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

Individuals on the IDD Subcommittee noted that there is a perception in the community that people with a developmental disability have everything paid for by the government, while this is not the case. This may contribute to stigma, or at the very least, a misunderstanding regarding the needs of people with IDD.

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

The new model is part of OPWDD's shift to People First Care Coordination and replaces OPWDD's Medicaid Service Coordination program. The new services expand care coordination beyond home and community-based services to also include coordination of other services such as health care, wellness, and behavioral and mental health services through a single, individualized Life Plan for each member. People who do not want to receive comprehensive care management can choose to receive Basic Home and Community Based Services Plan Support, which is a limited coordination option. The new service is staffed by care managers, many of whom were Medicaid service coordinators who received additional training for this new role. The overarching goal of this initiative is to help coordinate services across systems including: OPWDD, ECDOH, NYS OASAS, and NYS OMH.

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

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

### **Prevention and Early Intervention**

Early Intervention Programs are facing significant challenges keeping service providers. These providers cite inadequate payment for these services as a reason they are leaving or not choosing to serve this population. There is advocacy happening now to increase reimbursement by 11% in order to maintain an adequate service provider base.

In addition, families and pediatricians seem to have a lack of awareness about Early Intervention. There is a gap between Early Intervention and OPWDD services. There are also significant delays in getting evaluations and assessments for autism, which delays access to needed services. Further, there is limited understanding about the services available through OPWDD for individuals and families. People don't know what is available, where to go, or how to access services. This is much broader than having an understanding about Early Intervention but is relevant to the discussion.

### **Community-Based Diversionary Services for Individuals with Developmental Disabilities**

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

APIC services include:

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

### **APIC Data and Achievements:**

The number of patients receiving services has decreased since 2019, which was prior to the COVID-19 pandemic. **The table below shows the number of individuals served by APIC by age group** (the 2017, 2018, 2019 and 2020 data was retrieved from PCMS, the 2021 and 2022 data was retrieved from ClearPoint and the 2016 data from the 2018 Local Service Plan).

Age Group	Total Caseload 2016	Total Patients/Families Served					
		2017	2018	2019	2020	2021	2022
0-17	156	250	440	178	71	58	43
18-64	143	191	291	261	188	145	222
65 +	3	0	2	11	4	11	5
Unknown	4	0	0	0	0	0	0
Total	306	441	733	453	263	214	270

During 2018, the APIC team completed 526 home visits with participants. In 2019, 152 home visits were completed. In 2020, there were 194 visits completed and in 2021, 246 visits were completed. In 2022, there were 126 completed visits. The 2020, 2021 and 2022 visits included both telepsychiatry and face to face visits. The ability for APIC to meet with patients and families virtually seems to have supported an increase in access to the visits.

Overall, there has been a significant increase in the number of people reported to be receiving services from APIC. The 2022 data represents a more accurate count of anyone receiving services from this program and a change in how individuals are counted. Previously there was a significant undercounting of recipients of services. Considering the OPWDD eligibility status of people served, there has been a 4-fold increase in the number of people who are not eligible for OPWDD services since 2021. APIC does provide services to individuals who are not OPWDD eligible. **The total number of cases seen, as provided by ECMC based on OPWDD eligibility is provided in the table below** (the 2017, 2018, 2019 and 2020 data was retrieved from PCMS, the 2021 and 2022 data was retrieved from ClearPoint and the 2016 data from the 2018 Local Service Plan).

OPWDD Status	Total Caseload 2016	Total Caseload 2017	Total Caseload 2018	Total Caseload 2019	Total Caseload 2020	Total Caseload 2021	Total Caseload 2022
Eligible	211	299	420	232	198	110	302
Not Eligible	65	91	213	156	65	103	424
Pending/Unknown	30	12	100	65	0	1	0

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

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

## Priority Areas

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### Housing

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

#### **OMH**

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

#### *Aging Supportive Housing Populations*

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

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

#### *High Need Supportive Housing Clients*

The Erie County Department of Mental Health (ECDMH) has been proactive and has a long history of receiving funding from the United States Department of Housing and Urban Development (HUD). Presently, the ECDMH contracts with HUD for 527 beds of Homeless Housing, in partnership with the provider community, to serve the chronically homeless individuals living with a serious mental illness. These beds, and additional beds awarded by HUD directly to service providers, represent a critical resource to our community. The ECDMH provides technical assistance to these providers and

other members of the community about best practices to serve this population such as trauma-informed care, low-barrier housing first, and person-centered services.

The State of New York has also recognized the need for more housing and has significantly invested in new-build housing through the Empire State Homeless Housing Initiative (ESHHI). This has been a welcomed addition to the community's housing inventory, serving individuals aged over 55+ with serious mental illness and other individuals with serious mental illness. Housing is life-changing for those who receive access. The recently passed NYS budget contains funding for substantial increases in housing with the anticipated increase of 3,500 residential units across the continuum, including transitional step-down units.

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

The local system of residential programs is finding they must be willing to accept individuals with greater needs, more challenges, and who may present with greater risk than has been historically supported. It will be imperative, that the local system continue to utilize newly funded NYS OMH reinvestment resources designed to facilitate successful transitions, and for service providers to accept these individuals and work collaboratively to ensure all needed supports are in place. Collaboration between the different levels of housing programming will continue to be an important component towards ensuring high needs individuals receive an appropriate level of care.

The funding for OMH Supportive Housing, despite increases in recent years, continues to lag behind increases in rents for apartments in the community. This impacts the number of people that can be served, the quality of apartments that can be afforded, and ensuring they are located near amenities that our program participants rely upon. The Fair Market Rate for HUD's Continuum of Care permanent supportive housing did not increase, leading to similar struggles. Demand for these programs is increasing as people with serious mental illness who may have previously afforded apartments in the community on their limited incomes, are no longer able to do so.

*Community-Wide Collaboration*

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

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

*Program Capacity and Movement*

According to data in the NYS OMH Residential Program Indicators Report (<https://www.omh.ny.gov/omhweb/statistics/>, Adult Housing) overall utilization is high. For Congregate/Support programs, many of these beds target specific clients (ex. women, men, seniors), which can require more time to transition open beds. **Percent of occupancy by housing program types over the past five (5) years is shown in the following table.**

<b>Program Type</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%	88.9%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%	87.1%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%	93.6%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%	94.3%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%	131.7%

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

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

in RCCA beds. Ultimately, to facilitate movement through the levels of care there is a need for more affordable housing in the community for individuals transitioning from the Supported Housing program to independence. **The following table shows the number of beds available, % LOS greater than 2 years, median LOS in days and discharges during the timeframe by program type for 2017-2022(NYS OMH Residential Program Indicators Report (<https://www.omh.ny.gov/omhweb/statistics/>, Adult Housing). \*Reflects LOS for individuals presently housed and NOT LOS at discharge.**

Program Type	Year	# of Beds	% LOS > 2 years	Median LOS (days)	Discharges during timeframe
Apartment/Treatment	2017	305	52.9%	795	89
	2018	325	42.9%	636	130
	2019	325	43.2%	570	107
	2020	325	53.5%	780	77
	2021	325	60.3%	955	86
	2022	327	59.6%	1,015	76
Congregate/Support	2017	60	50%	788	104
	2018	60	63.9%	1,063	91
	2019	35	48.1%	295	61
	2020	35	20.7%	72	53
	2021	35	14.8%	359	26
	2022	35	27.8%	284	31
Congregate/Treatment	2017	261	44.4%	581	146
	2018	261	42.0%	540	141
	2019	260	42.2%	558	123
	2020	260	46.4%	629	104
	2021	258	52.0%	781	84
	2022	258	54.7%	882	110
SRO Community Residence	2017	305	54.5%	1,038	23
	2018	305	73.4%	973	50
	2019	305	75.3%	1,171	41
	2020	305	78.3%	1,527	36
	2021	305	79.5%	1,867	36
	2022	305	81.4%	2,208	33
Supported Housing Community Services	2017	980	61.3%	1,118	200
	2018	1,000	66.6%	1,195	204
	2019	1,000	70.6%	1,277	154
	2020	1,034	70.5%	1,408	124
	2021	1,034	78.0%	1,705	101
	2022*	1,067	0%-79.8%	404-6,142	165

\*In the Residential Program Indicators – County Reports, Supported Housing Community Services are now broken down into separate categories. The figures provided for 2022 include Supported Housing Community Services, Supported/Single Room Occupancy (SRO), Supportive Housing, and Supportive Single Room Occupancy (SP-SRO). The numbers provided in the table above reflect the sum of beds and discharges from the now separated categories and the % LOS>2 Years and Median LOS is the range of data points provided from the now separated categories.

Housing inventory in the community and the increased cost of housing has also become a greater challenge. An impact of the limited inventory and higher costs is that it takes more time to house individuals. Over the last 18 months, across the HUD and OMH Supportive Housing programs, the average days to house is now 61 days. Our goal has consistently been to house people within 30 days. Over the past several months the days to house has been increasing.

**The following table shows the percentage of individuals housed within the various time frames from 1/1/2022 to 6/22/2023 (ECDMH A-SPOA Housing data).**

<b>Time Frame</b>	<b>Percent Housed</b>
30 Days	31%
45 Days	47%
60 Days	62%
75 Days	71%
90 Days	79%
115 Days	89%

It is the ECDMH’s view that an important part of the solution is to facilitate, where appropriate, movement to lower levels of care. This can be accomplished with the use of best practices, goals, outcomes, and incentive payments that support such successful transitions. This includes, but is not limited to, implementing evidence-based programs such as Critical Time Intervention (CTI) and services to help participants gain employment towards independence. This strategy is in line with the general goals of recovery and empowerment for program participants.

Employment for participants in NYS OMH and HUD housing services is something that the ECDMH has been working with agencies to improve. Employment, as a critical Social Determinant of Health, is empowering, can increase feelings of wellbeing, positively impact one’s health, as well as be an important element in treatment. In 2017, the ECDMH established the Good Work! Employment Taskforce to improve employment outcomes for housing programs contracted through ECDMH by changing the mindset that people with serious mental illness (SMI) cannot work and promoting a culture of workforce development. Strategies include: 1) identifying employment goals/interests, 2) providing community resources, 3) guiding clients towards meaningful employment, and 4) promoting community independence; all while meeting the 20% HUD benchmark of connecting clients towards employment. The Good Work! Employment Taskforce has three (3) goals: 1) Explore and educate providers and clients about existing incentives to work; 2) Promote a culture of employability; and 3) Incorporate employment to a “Moving On” from SHP.

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

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



## **SUD**

The Substance Use Disorder (SUD) Treatment Subcommittee of The Erie County Opioid Epidemic Taskforce continues to meet to facilitate, encourage and identify housing opportunities for this population. In addition, the workgroup maintains and updates a SUD Housing resource inventory as a means to maximize knowledge of these resources in our community. Over the past year, 48 SUD specific beds have come on-line or are soon due to become active, 12 of these beds are funded by the ECDMH and utilize the best practice of Critical Time Intervention (CTI).

In addition, there is currently an EESHI project under construction with Living Opportunities of DePaul that will dedicate 6 beds to the SUD population with additional beds available if needed. This is expected to be completed in the Fall of 2024. This project represents a new partner that historically has operated in mental health. Their willingness to partner and collaborate to bring much needed SUD beds and related services to this project is viewed as a collaborative milestone.

Demonstrating the needs for such housing, once beds become available they are filled very quickly. There is an even more acute need for housing for returning citizens with a substance use and/or mental health disorder.

As a result, ECMDH will continue to facilitate and encourage the exploration of additional resources to support SUD housing from such funding opportunities as the NYS Empire State Supportive Housing Initiative (ESSHI) or the Opioid Settlement Funds, for example.

## **OPWDD**

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

### **Housing Goals**

#### **OMH Housing Goal**

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

#### **OMH Housing Objectives:**

- 1) Coordination of Housing resources to assist in the OMH Housing Transition of Care:
  - a) ECDMH Housing Single Point of Access (SPOA) will facilitate weekly meetings with housing agencies, Buffalo Psychiatric Center, ECDMH, and provider agencies;
  - b) This group will develop a transition of care plan for residents dependent on their current level of housing and community needs;

- c) This group will review (Case Conference) and revise these plans as necessary based on resident's need; and
  - d) Use data to identify issues, facilitate discussions and find solutions in order to maximize use of available capacity.
- 2) Work collaboratively with the provider community to improve targeted outcomes in supportive housing:
- a. 75% of clients will be housed within 60 days of contact with the provider;
  - b. The provider will spend at least to the targeted 96% but not more than 100% of their budget;
  - c. Occupancy will remain higher than 95%; and
  - d. Providers will increase their clients that have earned income by 5%.

**SUD Housing Goal**

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

**SUD Housing Objectives:**

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

**OPWDD Housing Goal**

Increase access and availability of housing for OPWDD recipients and the supports and services required.

**OPWDD Housing Objectives:**

- 1) Support and advocate for implementation of housing related proposals by community providers, to the extent possible.
- 2) Convey findings and recommendations to OPWDD regarding the needs and next steps.

## Workforce

All across the United States, communities are grappling with workforce shortages of mental health, substance use treatment and developmental disability staff. Erie County providers have been sounding the alarm for years and the COVID-19 pandemic has raised the workforce shortage to crisis levels. The Substance Abuse and Mental Health Services Administration (SAMHSA) states, “Although the field is growing due to increases in insurance coverage for mental health and substance use services and the rising rate of military veterans seeking behavioral health services, serious workforce shortages exist for health professionals and paraprofessionals across the United States.”<sup>2</sup>

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

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

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

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

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<sup>2</sup> <https://www.samhsa.gov/workforce>

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

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

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

When asked for suggestions to improve staff recruitment and retention, respondents said that sustained annual funding and rates that support reasonable salary increases is the number one solution. Decreased regulatory requirements was the second most common response. Sixty-eight percent (68%) of respondents recommended salary increases in the range of 15%-25%. Respondents were asked what recruitment and retention strategies they had implemented and found to be effective. Many suggested sign-on bonuses, referral bonuses and retention bonuses, increasing salaries, advertising and networking, partnering with colleges and universities, providing flexibility to staff, staff engagement, and training opportunities.

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

The full report for the 2022 Workforce Survey is available at: <https://www3.erie.gov/mentalhealth/reports>. The ECDMH plans to repeat the Workforce Survey in 2024 to see if there have been any improvements in the workforce issues.

Over the past couple of years, OMH, OASAS, and OPWDD have implemented a number of cost of living increases to help address the low salaries. While this is a move in the right direction, it is likely not enough to fix the problem. The ECDMH has been advocating for additional funding for agencies, specifically through the Opioid Settlement Funds (OSF), to provide additional funding to support existing staff. The Opioid Settlement Funds will provide ECDMH contract agencies that receive NYS OASAS funds with a 10% increase for staff providing opioid abatement services in order to improve recruitment and retention of these roles. The ECDMH will continue to identify and pursue advocacy opportunities to increase salaries and benefits for the workforce.

Another challenge that has been identified is the expansion of services and the need to hire staff for new services. Expansion of services has far exceeded the available workforce. The State budget, while adding many needed services, will further stretch the workforce capacity and there is concern that the initiatives to attract more workers to the field will not keep pace with the planned expansion. The State

Budget included a 4% COLA and has funding allocated for the Office of Mental Health’s Community Mental Health Loan Repayment Program. While these efforts are seen as part of the puzzle to assist the workforce more is needed.

In September 2022, the ECDMH hosted a Behavioral Health and Human Services Job Fair at the Buffalo Convention Center where 50 provider agencies participated and approximately 155 job seekers attended the event. Agencies were provided space to do on-site interviews and several reported making offers to candidates for positions. The response from participating providers was generally positive. In fact, participating agencies requested ECDMH again facilitate a career fair. As a result, the ECDMH hosted the Behavioral Health and Human Services Career Fair on June 7, 2023. This event was held at the Buffalo Convention Center and 50 agencies signed up to participate. This event targeted recent college graduates as well as the general public.

Providing training opportunities is often suggested as a retention strategy. In January of 2021, the ECDMH launched a monthly online training series, bringing local experts as presenters for our community of providers. This initiative was launched as a result of a Regional Planning Consortium (RPC) survey focusing on workforce challenges which identified ongoing training as a factor in improving retention. Since its inception, the trainings topics have included: working with survivors of abuse, anxiety, vicarious trauma and self-care, suicide prevention, personality disorders, LGBTQ+ issues, aging and mental health, harm reduction, co-occurring disorders, the impact of domestic violence on children’s brain development, Adult SPOA for Housing, existential therapy, problem gambling, and trauma. Most of the trainings have been recorded. The recordings and related material are available on the ECDMH website at <https://www3.erie.gov/mentalhealth/erie-county-training-collaborative>. Interest in these trainings continues to grow and feedback from the community has been very positive. Through the end of 2022, the trainings had over 1,700 attendees and over 700 views of the recordings.

### **Workforce Goal**

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

### **Workforce Objectives:**

- 1) The ECDMH will work with community providers to identify new opportunities in which the ECDMH can support recruitment and retention efforts throughout the Systems of Care.
- 2) The ECDMH will assess the effectiveness of the 2023 Behavior Health and Human Services Career Fair to determine next steps.
- 3) The ECDMH will conduct a follow up Workforce Survey in 2024 to assess the impact of interventions and whether or not there are fewer vacancies in the system of care with the goal of reducing vacancies for direct care positions by 10% annually.
- 4) The ECDMH will continue to facilitate the Erie County Training Collaborative to provide monthly training sessions to individuals who work in the Erie County Systems of Care with the goal of increasing participation by 10% annually.
- 5) The ECDMH will continue to advocate for more funding to support salaries for existing positions in the Systems of Care.

## Diversion Services

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

Over the past three (3) years, many new initiatives have been developed and implemented in an effort to divert people from high cost, high intensity services (emergency department and inpatient). In some cases, particularly when these visits could have been avoided, there has been a detrimental effect on consumers. While the overarching goal to divert individuals to less restrictive, more appropriate care remains, the motivation for doing so seems to have shifted from cost savings to better care.

Erie County Medical Center (ECMC) Comprehensive Psychiatric Emergency Program (CPEP) had 10,358 visits in 2021 and 9,825 in 2022. The number of visits to CPEP has gone down about 5% in the past year and the number of unique patients has declined almost 6% from 2021 to 2022 from 7,064 in 2021 to 6,670 in 2022. This decrease in patient visits should be encouraging, however the time a patient spends in CPEP until discharge or inpatient admission has increased dramatically over the past year. The percentage of presentations from arrival time to discharge or inpatient admission that are more than eight (8) hours was 61% in 2021 and 64% in 2022. The percentage of presentations from arrival time to discharge or inpatient admission that was more than 24 hours went from 25% in 2021 to 41% in 2022. The majority of patients wait for hours, sometimes days, before they are evaluated, discharged or admitted to inpatient care. The delays in evaluation, discharge and admission have become vastly more problematic over the past year for those that seek emergency psychiatric care at the hospital. In addition, law enforcement also transports many individuals to CPEP. Many interactions with the police result in transport to the hospital for psychiatric evaluation. While some of these transports result in inpatient hospitalization, many do not and could have been more appropriately and effectively addressed via other interventions. Law enforcement also faces additional scrutiny and pressure because of the outcries of police brutality and the deaths by police that have occurred across the country.

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

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

- **The Kirsten Vincent Respite and Recovery Center:** Dr. Kirsten Vincent was the Executive Director of Recovery Options Made Easy and she worked tirelessly to establish the path to

create a Respite and Recovery Center including building partnerships and securing some funding to start the project. After her untimely passing in May 2021, it was decided that the Center would be named in her honor. The Center is located in the Fruit Belt neighborhood in Buffalo at 111 Maple Street. Services that will be available include: Short-Term Crisis Respite, and an Intensive Crisis Respite provided by Recovery Options Made Easy, a Renewal Center in collaboration with Western New York Independent Living (WNYIL) and a Mental Health Urgent Care, a Spectrum Health & Human Services satellite. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and CPEP). The Kirsten Vincent Respite and Recovery Center opened in April 2023.

- **Co-Response Teams:** Endeavor Health Services has partnered with law enforcement agencies in and around the City of Buffalo, creating co-response teams. Clinicians are embedded within police departments and provide on-scene screening, assessment, de-escalation, diversion, post-crisis follow up and linkages to care. The goal of this program is to prevent arrests, reduce recidivism, divert from hospitalization, and help develop crisis intervention plans for individuals who frequent higher levels of care. This program launched in 2019 and currently has teams in the City of Buffalo, Cheektowaga, West Seneca, Town of Tonawanda, Hamburg and the Niagara Frontier Transit Authority (NFTA). In October 2022, the ECDMH received a grant award from the Bureau of Justice Assistance to support expansion of the Behavioral Health Teams project. This is a three-year grant that supports expansion of this project to increase capacity in high need areas and provide training to law enforcement.
- **The Help Center:** Located on the grounds of Erie County Medical Center (ECMC) and a floor below CPEP, the Help Center is an urgent care service for walk-in mental health treatment of adults in crisis who do not require psychiatric emergency treatment or inpatient care. Services are available for walk ins every day including weekends and holidays from 8 a.m. – 10:30 p.m.. Services are also available virtually Monday-Friday 8 a.m. – 9:30 p.m.. This service launched in 2017. In 2018 they had 625 visits, in 2019 they had 1,260 visits, in 2021 they had 1,186 visits, and in 2022 they had 1,215 visits and served 1,023 unique individuals (data is not available for 2020). During 2022, 90% of all visits to the Help Center did not result in a visit to CPEP or the Emergency Department.
- **911 Call Diversion:** Crisis Services, in partnership with Erie County Central Police Services, has launched a 911 Call Diversion program. The program goal is to divert non-life-threatening mental health calls to 911 to a mental health professional rather than dispatch police. The Central Police Services Dispatch Center staff have been trained on this model and how to identify calls related to mental illness. Callers are asked if they are willing to have their call routed to Crisis Services instead of sending a patrol car. Calls are warm transferred from 911 Dispatch to Crisis Services. This frees up law enforcement from having to respond to calls that would be more appropriately fielded by mental health professionals. The service launched in October of 2022.
- **Intensive Crisis Services:** BestSelf Behavioral Health received a grant from NYS OMH to create a 24-hour intensive crisis stabilization center to help children and adults experiencing a behavioral health crisis. This project will serve a five-county region, including Erie County.

Funding was provided to cover five (5) years. Currently, the project is in the planning phase which includes collaboration with community stakeholders. The Center is expected to be fully operational by the 4<sup>th</sup> quarter of 2023.

- **Endeavor Stabilization Center:** Also known as the “Healing Center,” this service is open Monday through Friday from 9 a.m.- 5 p.m. It was developed using the State’s Crisis Stabilization model, providing supportive and intensive services for individuals in crisis. The Center is funded through a grant from SAMHSA and Medicaid reimbursement. The Center opened in late January of 2023 and is open to anyone in the community, not just Endeavor Health Services’ clients.

OPWDD is funding a project through the Conference of Local Mental Hygiene Directors to develop a crisis intervention project pilot to address the needs of individuals with co-occurring I/DD and mental health challenges who are in crisis. The design of the pilot has included CSIDD, mental health crisis teams, and LGUs. The pilot involves collaborative crisis response and consultation with the goal of diverting an individual when possible from a presentation at CPEP, cross system linkages and evaluation of the model. The pilot launched in March 2023 and the planning group is closely monitoring implementation to resolve issues as they arise. In addition to diverting individuals from CPEP, many providers cite problems with appropriate discharge or inpatient resources. This could be a causal factor in slow throughput through CPEP, delaying people from moving on once a discharge disposition is decided.

In 2022, the ECDMH convened a group of stakeholders to address some of the issues that were occurring at ECMC’s CPEP. The group is called the CPEP/Community Engagement Workgroup and is a partnership involving CPEP/ECMC clinical and administrative leadership, ECDMH, the NYS Office of Mental Health, Mental Health Advocates of WNY (MHA), Crisis Services, NAMI, family and peer representatives, and Western New York Independent Living. The CEO from MHA is chairing the workgroup. The goal of this workgroup is to improve the quality of an individual’s experience in CPEP and ultimately their outcomes. The workgroup is making good strides and is looking at internal (CPEP) and external opportunities for improvement. CPEP has already begun implementing multiple improvement initiatives including adding a family and peer representative in their internal operations meetings. They are currently working on restarting their family/peer advisory group. Two (2) subcommittees have been created from the larger workgroup. The Diversion Workgroup is in the process of inventorying all diversion-related services and will generate MOUs to improve communication and coordination across sectors and services. The services will be cataloged and described to ensure that providers, families, and consumers understand the myriad of services available in Erie County and how to access them. This information will be shared with the community via posters, brochures and palm cards and we hope to add this to an app. There will also be a Public Education Workgroup to create a campaign to increase community awareness about the available services and how to get help. The Public Education Workgroup will also tackle educating the community about the purpose of CPEP in the continuum of care.

ECDMH and the partners in these efforts are all committed to finding solutions that best serve our community. Over the next year, the ECDMH will monitor the outcomes of these interventions and



continue to work closely with the partners to refine and improve processes to maximize program benefits.

**Diversion Goal**

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

**Diversion Objectives:**

- Monitor and evaluate the effectiveness of the interventions to determine the number of diversions and outcomes of the interventions.
- ECDMH will participate in workgroups to identify successes and challenges, work collaboratively to overcome barriers and challenges, and maximize the success of each intervention.
- ECDMH will monitor CPEP visit volume and disposition to determine changes over time and will continue to examine available data to identify other possible diversion services.
- CPEP/Community Engagement Workgroup, inclusive of family and those with lived experience, will implement at least three (3) solution focused actions in collaboration with ECMC and other community stakeholders.
- ECDMH intends to collaborate with community stakeholders to map existing diversion services and develop an electronic decision tree to assist recipients, family members, first responders and others to choose the best right path at the right time for the right individual.
- Conduct community education about diversionary services and options.

## Racial Equity and Diversity

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

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

Immediately after the shooting, the ECDMH Commissioner convened and facilitated a community response to address the related mental health needs in the community. This was done with the selfless and skilled collaboration of many community provider agencies (traditional and non-traditional), religious community, government agencies, and citizens of the community in which the senseless tragedy occurred, as well as offers of support from beyond those borders. A focused effort was made to ensure that there were Black and BIPOC greeters, peers, counselors and other staff to the response center set up to serve the predominantly African-American community. The community is now served by the Buffalo United Resiliency Center which offers a long-term, healing-centered environment where individuals can connect with others while accessing appropriate services to aid in the healing process after the May 14<sup>th</sup> tragedy.

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

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

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

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

or hindering racial equity and which need to be changed to ensure equitable access. Over the past year, A-SPOA has added several new dashboards that focus on race for all housing referrals that come through A-SPOA (licensed and supportive housing). These dashboards look at rejections, housing waitlist, assignments, enrollments, disengagements, denials, and discharges by race. These dashboards are available at [www.eriespoa.org](http://www.eriespoa.org) (select SPOA Metrics Dashboard). In addition, the ECDMH collects data about race for the housing programs for the ECDMH contracted services. This data includes demographics of all participants and positive outcomes by race and ethnicity. The ECDMH is currently planning for deeper analysis of the available data and next steps.

By the end of 2022, the ECDMH completed the translation of key documents that pertain to access to the Adult Single Point of Accountability and Access services. These have been translated in the top five (5) languages in Erie County (Arabic, Bengali, Burmese, Farsi and Spanish) via the International Institute of Buffalo.

In addition, as part of its authority to oversee and coordinate the system of care, the ECDMH has been collecting and is expanding its collection of related data. Three (3) key broad metrics will be utilized, these include: staffing, outcomes and location of certain specified treatment services. Although some other related metrics will be examined, each of these will be primarily reviewed utilizing metrics which pertain to race and ethnicity.

The first of these includes the racial, ethnic, and gender make up of staffing in those programs with which the ECDMH contracts. While adequate staffing in general has been at a crisis point for some time, adequate staffing of a racially diverse workforce that resembles the population of a community is at an even more critical point. “Statistics show that around 5% of mental health professionals are Black.”<sup>4</sup> This was further driven home during the community’s response to the racially motivated mass murders in East Buffalo. For many, the ability to seek and receive services from those who one feels comfortable and looks like them is a fundamental criterion. The data reported for funded programs will assist in our assessment as it includes: total staff by race, ethnicity, gender and total salary by race, ethnicity, and gender. **Personnel Report data for 2021 and 2022 as well as Census data for Erie County is displayed in the table below.**

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

Contract Agency Personnel Report	2021		2022		Erie County
	Count	Percent	Count	Percent	Census <sup>5</sup>
■ Number of ECDMH Funded Current Employees	1388	100%	1361	100%	
Number of Funded Current Employees by Race - Total	1388	100%	1361	100.0%	
Number of Funded Current Employees by Race - Asian	16	1.2%	25	1.8%	4.3%
Number of Funded Current Employees by Race - Black/African American	367	26.4%	358	26.3%	13.8%
Number of Funded Current Employees by Race - Declined to Answer	34	2.4%	17	1.2%	n/a
Number of Funded Current Employees by Race - Native American or Alaskan Native	3	0.2%	5	0.4%	0.8%
Number of Funded Current Employees by Race - Native Hawaiian or Other Pacific Islander	3	0.2%	1	0.1%	0.1%
Number of Funded Current Employees by Race - Two or more races	63	4.5%	88	6.5%	2.3%
Number of Funded Current Employees by Race - White	902	65.0%	867	63.7%	78.8%
Number of Funded Current Employees by Ethnicity - Total	1388	100.0%	1361	100.0%	
Number of Funded Current Employees by Ethnicity - Hispanic or Latino	65	4.7%	74	5.4%	6.0%
Number of Funded Current Employees by Ethnicity - Not Hispanic or Latino	1316	94.8%	1282	94.2%	74.4%
Number of Funded Current Employees by Ethnicity - Declined to Answer	5	0.4%	5	0.4%	n/a
Number of Funded Current Employees by Gender - Total	1389	100.0%	1361	100.0%	
Number of Funded Current Employees by Gender - Male	344	24.8%	347	25.5%	48.8%
Number of Funded Current Employees by Gender - Female	1044	75.2%	1012	74.4%	51.2%
Number of Funded Current Employees by Gender - Transgender/Gender non-conforming	1	0.1%	0	0.0%	n/a
Number of Funded Current Employees by Gender - Declined to Answer	0	0.0%	2	0.1%	n/a

This data is high level and does not differentiate between client facing and non-client facing positions or job groups. However, it does offer insight into the extent of diversity of the racial, ethnic and gender make up of the workforce for over 1300 positions across the community behavioral health system in Erie County. Further analysis is warranted. Future directions may include, but are not limited to, diversity of workforce by position or job function and by primary population served for example.

Second, beginning in 2021, the ECDMH established a new requirement that most contracted programs, in addition to reporting the number of individuals served and program level outcomes, now also report this data based on race and ethnicity. This will allow the ECDMH to review program impact on specific recipient populations. Preliminary data analysis has been conducted to better understand the demographics of individuals served via the contracts with the ECDMH. **The following tables show the breakdown of clients served by race and ethnicity as well as the percentage by race and ethnicity who have achieved positive outcomes.**

<sup>5</sup> <https://www.census.gov/quickfacts/fact/table/eriecountynyork,US/RHI725221#RHI725221> accessed 4/13/2023

Clients Served by Race	2021		2022	
	Clients Served	Positive Outcome	Clients Served	Positive Outcome
Asian	2.0%	0.8%	1.9%	0.9%
Black/African American	22.0%	30.6%	21.5%	34.8%
Native American or Alaska Native	0.9%	0.8%	0.9%	0.9%
Native Hawaiian or Pacific Islander	0.1%	0.0%	0.2%	0.2%
Two or More Races	5.9%	1.8%	5.7%	1.7%
White	61.8%	57.7%	61.7%	53.2%
Declined to Answer	7.2%	8.2%	8.0%	8.4%

Clients Served by Ethnicity	2021		2022	
	Clients Served	Positive Outcome	Clients Served	Positive Outcome
Hispanic or Latino	8.3%	5.3%	8.1%	5.4%
Not Hispanic or Latino	82.3%	82.0%	78.9%	84.4%
Declined to answer	9.4%	12.6%	13.0%	10.3%

Based on the personnel and the client demographic data, the percentages of staff and clients by race are relatively close. However, this does not address the variation between agencies. The percent of clients with a positive outcome seems to favor Black or African Americans, but not Hispanics, again this is aggregated data and further analysis by program type and agency will be required to better understand the trends.

It is understood that initially learning from the data and provider conversations will be an important step which can help inform related conversations, assistance and interventions. Seeking guidance from subject matter experts will also be woven into the approach. This may take the form of a review of pertinent literature and/or directly from individuals/organizations. With the goal to also learn about and share emerging best practice, it should be noted that this lens will look for instances of positive variance as well as negative variance. The ECDMH will be approaching this at many levels including program agency discussions, technical assistance, training, advocacy, and system level modifications.

Lastly, as a third component, the ECDMH is working with the Institute for Community Health Promotion Center for Health and Social Research at Buffalo State College to utilize 2020 census data at the ZIP code and where possible, at the neighborhood/census tract level to ascertain the extent of equitable access to certain outpatient clinic type mental health and substance use services. This will be accomplished by comparing treatment locations to the racial/ethnic and poverty level demographic data of the City of Buffalo and Erie County. It is anticipated that these maps will be available for distribution by mid-2023. These will be utilized to inform community providers, state partners and other stakeholders of gaps in equitable access, inform the ECDMH decisions regarding supporting new or revised service locations and generate related dialogue to improve access.

These data components will allow the ECMDH to begin to further compare program/agency staff and recipient level data. Doing so will allow the ECDMH and the provider agencies to identify disparities in outcomes in order to affect change. This will also allow for an assessment of the extent to which members of the community in which they are located are being served. While the factors impacting staff and recipient racial and ethnic proportions could be many, such data will allow for data informed conversations that previously were not readily possible. Potential future directions which may arise include, but are not limited to the following:

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

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

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

and Mission,

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

are well aligned with the efforts described above. The ECDMH has met with this office and envisions future collaborations. In January of 2023, the Erie County Office for Health Equity released its first report, “Health Equity in Erie County: An Initial Disparities Report,” which is available at <https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2023-02/healthequityreport.pdf>. The Office of Health Equity has significant epidemiological resources, which the ECDMH may leverage to support our data analysis.

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

While we believe the above represents significant steps to assessing and addressing racial equity with respect to behavioral health services in our community, the ECDMH fully recognizes that these are not nearly complete in the larger picture and represent just a small portion of what must be done, knowing

it must be done by embracing what is learned, with an openness to what is heard and a willingness to take action as necessary.

**Racial Equity and Diversity Goal**

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

**Racial Equity and Diversity Objectives:**

- 1) The ECDMH will support and participate in broader county-wide efforts to address racial inequities.
- 2) ECDMH will conduct data analysis of the A-SPOA and housing data and develop plan for next steps.
- 3) The ECDMH will analyze the available performance reports of contracted agencies, which include race and ethnicity data related to outcomes, to better understand the impact of race on outcomes, by program type, program and agency and where appropriate, conversations with contracted providers will be facilitated. By the end of 2023 will review/analyze data for Diversion Services, Housing, and Clinics
- 4) In collaboration with the Institute of Community Health Promotion Center for Health and Social Research at Buffalo State College, ascertain the extent of equitable geographic access to outpatient clinic type mental health and substance use services by comparing treatment locations to the racial/ethnic and poverty level demographic data of the City of Buffalo and Erie County.