Goals and Objectives 2024-2027
Erie County Department of Mental Health

Amy Rockwood, Director of Planning and Evaluation
(amy.rockwood@erie.gov)

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.

Goal 7 (added 2025)

Goal 7 (2025): Title Reduce Overdose Deaths

Goal 7 (2025): Target Completion Date Jun 30, 2028

Goal 7 (2025): Description The ECDMH will work with providers and partners to reduce the number of deaths by overdose in Erie County.

Goal 7 (2025): OASAS? Yes   Goal 7 (2025): OMH? No Goal 7 (2025) OPWDD? No

Goal 7 (2025): Need Addressed 1 Outpatient treatment

Goal 7 (2025): Need Addressed 2 Workforce

Goal 7 (2025): Need Addressed 3 Cross System Services

Goal 7 (2025) Objective 1: Title Treatment Subcommittee of Erie County Overdose Prevention Task Force

Goal 7 (2025) Objective 1: Target Completion Date Jun 30, 2028

Goal 7 (2025) Objective 1: Description The Erie County Department of Mental Health will continue to convene and facilitate the Treatment Subcommittee of the Erie County Overdose Prevention Task Force. This function also supports ongoing maintenance of the SUD Housing Inventory and efforts to identify and support additional housing resources for individuals in recovery.

Goal 7 (2025) Objective 2: Title Workforce Recruitment and Retention

Goal 7 (2025) Objective 2: Target Completion Date Jun 30, 2028

Goal 7 (2025) Objective 2: Description The Department will continue to provide additional financial support using Opiate Settlement Fund dollars to ECDMH contract agencies receiving OASAS funding for the purpose of strengthening and stabilizing the workforce providing opiate abatement services. Further, the Department will begin collecting data from these agencies to evaluate the impact of these funds in recruiting and retaining staff.

Goal 7 (2025) Objective 3: Title Erie County Overdose Prevention Task Force

Goal 7 (2025) Objective 3: Target Completion Date Jun 30, 2028

Goal 7 (2025) Objective 3: Description The Department will continue to participate and support the larger efforts of the Erie County Overdose Prevention Task Force, provide consultation and input in the County's decisions related to use of the Opiate Settlement Fund dollars, and advocacy to meet the community needs that contribute to overdoses in Erie County.

Local Services Plan 2025

Erie County Department of Mental Health

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

June 2024

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Executive Summary

Erie County has experienced significant challenges over the past several years including the pandemic, racial inequities and police violence, a racially motivated mass shooting at a grocery store in the City of Buffalo, and extreme weather events. 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. Each of these challenges has demonstrated that Erie County providers and the entire mental hygiene systems of care can quickly and effectively respond to the needs of the community.

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 staffing continues to be at crisis levels. 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 due to 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 few years, the cost of housing has increased 10% each year (https://www.realtor.com/realestateandhomes-search/Erie-County_NY/overview), demand outpaces the limited inventory, and the increases in interest rates have created an environment with few options for people in need of affordable housing.

Racial equity is also a significant issue in Erie County. Our community continues to heal after the racially motivated shooting on May 14, 2022, when a white man entered a busy grocery store in East Buffalo with his AK-47 and killed ten (10) Black people. This 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 accessing services in the mental hygiene of care. While many systems recognized the need for additional focus on racial equity prior to this and other race related incidents, these events elevated the need and priority to examine the factors contributing to systemic racial disparities and equity.

As with all of the issues described above, the COVID-19 pandemic shined 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, cross-system collaborations, and new services.

In Erie County we are also seeing a significant increase in the number of opioid related overdose deaths due to Fentanyl. Over the past few 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. The demographics of those dying from overdose deaths now include many more individuals aged 40 and above. In addition, we are also seeing Xylazine, in the street drug supply. While we had made significant strides in reducing the number of drug overdose deaths prior to COVID-19, the progress made has been lost over the past few 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 challenges that exist in the mental hygiene systems of care through partnership, collaboration, expanded use of data, and advocacy.

Mental Health Needs Assessment

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.

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 forty-seven (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.

New York State has recognized the challenges faced by communities to address the increased need for mental health and related services. In January 2024, the Centers for Medicare and Medicaid Services (CMS) approved the New York Health Equity Reform 1115 Waiver Amendment. This amendment expands the existing waiver to add the following goal: Advancing health equity, reducing health disparities, and supporting the delivery of health-related social needs (HRSN) services. HRSN are also known as social determinants of health-related needs. Under this waiver amendment, there will be additional investments in social care networks and strengthening the workforce and population health. The Social Care Networks component includes the creation of cooperative regional networks that will provide HRSN screening and referral services in the domains of housing, nutrition, transportation, and case management. The Strengthen the Workforce component includes a Career Pathways Training Program to create a reliable workforce pipeline through training and career advancement as well as establishing a Student Loan Repayment program for qualified providers who commit to serve Medicaid members or the uninsured. The Population Health initiatives include incentives for certain financially distressed not-for-profit hospitals to improve health outcomes, enhanced payments for Patient-Centered Medical Home primary care practices, Substance Use Disorder treatment services, creation of a Health Equity Organization to advance health equity, and continuous enrollment for eligible children aged 0-6 in Medicaid and Child Health Plus.

Even prior to the pandemic, providers told us that workforce shortages and the lack of qualified staff were 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 mental hygiene systems of care. Staffing continues to be reported as the greatest area of need by many providers. In Quarter 2 of 2022, the Erie County Department of Mental Health (ECDMH) conducted a Workforce Survey and received responses from thirty-three (33) provider agencies. The goal was to better understand the scale and scope of the challenges that providers were facing. In Quarter 1 of 2024, the ECDMH released the 2024 Workforce Survey to assess any changes over time. The ECDMH has not completed the full analysis of the 2024 data. The full 2022 Workforce

Survey report is available at: https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf. The 2024 Workforce Survey report will be posted on the ECDMH's website and shared with our providers once it is completed.

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 one hundred fifty-five (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 fifty (50) agencies registered to participate. Upon review of the outcomes of the Career Fair, which did result in some hires, the overall impact was not sufficient to support the ECDMH facilitating another Job / Career Fair in 2024.

It is encouraging that New York State has funded workforce measures as part of the budget and the 1115 Waiver has committed $646 million in funding to support Career Pathways Training for eligible healthcare titles, many of which are within the behavioral health arena.

In 2023 the New York State Office of Mental Health (NYS OMH) announced that they will be requiring additional beds to 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 seventy-nine (79) new beds (fifty-three (53) will be in Erie County, and twenty-six (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. NYS OMH has been working with these hospitals to bring back this licensed capacity. While this increase in inpatient beds will help with throughput from Comprehensive Psychiatric Emergency Programs (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 for mental health and behavioral health admissions have been consistently trending downward over the past several years. While the percentages have had modest decreases year over year, the trend is in the right direction.

Readmissions at 30 days from any hospital for 2018-2023 are presented below (PSYCKES as of 4/1/2024 pulled 5/10/2024 and these are presented as the 2023 data) in the following table.

Indicator: Readmission (30d) from any Hospital								
	Erie				Statewide			
	2019	2021	2022	2023	2019	2021	2022	2023
MH to MH	10.29%	9.07%	8.8%	8.03%	12.27%	11.94%	11.3%	7.9%
MH to All Cause	13.69%	12.1%	11.0%	10.75%	15.87%	15.4%	14.2%	10.57%
Medical to Medical	9.91%	9.67%	9.7%	10.03%	9.65%	9.73%	9.8%	9.92%
Medical to All Cause	10.64%	10.43%	10.3%	10.64%	10.32%	10.36%	10.4%	10.54%
BH to BH	11.98%	11.84%	11.6%	11.2%	13.85%	13.55%	13.5%	11.07%
BH to All Cause	14.9%	14.79%	14.5%	14.26%	17.5%	17.13%	17.1%	14.07%
All Cause to All Cause	11.68%	11.32%	11.2%	11.31%	11.48%	11.37%	11.3%	11.19%

Avoiding readmissions is obviously important, but 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. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and CPEP). The Center opened in May 2023 and services that are available include Short-Term 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. Since relocating to the Kirsten Vincent Respite and Recovery Center, both the Respite and Renewal Centers have been able to serve many more guests. Recovery Options Made Easy has received approval to open an Intensive Crisis Respite and once they are able to hire the needed staff, that will provide an additional service at this site.

- **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, Hamburg, and the Niagara Frontier Transit Authority (NFTA). From 2021 through 2023, the Behavioral Health Teams were deployed 1,889 times and successfully diverted individuals from the hospital or jail on 67% of the calls. 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. In the past year, two (2) departments that were previously involved in this project have pulled out. West Seneca and the Town of Tonawanda have decided to directly hire a clinician to work with their officers. The ECDMH is reaching out to these two departments to better understand their decision and how they envision the future of this version of a co-response team.

- **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. Service hours have expanded and are now available for walk-ins every day, including weekends and holidays, from 8 a.m. – 12 a.m. Services are also available virtually Monday through Friday from 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; in 2022 they had 1,215 visits; and in 2023 they had 1,531 visits and served 1,188 unique individuals (data is not available for 2020). There was a 26% increase in visits to the Help Center from 2022 to 2023. During 2023, 93% 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, launched a 911 Call Diversion program in October 2021. 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. In Quarter 4 of 2022, the 911 Call Diversion Program received one call, which the program was able to resolve without further action. In 2023, the program received sixteen (16) calls; half of which were from the City of Buffalo. Thirteen (13) of these calls were able to be resolved by the program, and three (3) required Mobile Outreach involvement.

- **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. BestSelf is in the final phase of securing the capital funds needed for this project and are hoping to be able to complete renovations by the end of 2024. The Center is expected to open in Quarter 1 of 2025.

- **Endeavor Stabilization Center:** EAST Haven, also known as the Healing Center, is a walk-in center for individuals experiencing distress or crisis in their life. EAST stands for: Encourage, Assist, Support, Together. Current hours are Monday through Friday, 9 a.m. to 5 p.m., with plans to expand service hours into the evening and weekends. They work with all individuals regardless of ability to pay. Individuals coming to the Center meet with a counselor and a peer specialist. The staff meets with the individual to discuss and deescalate current concerns, options and linkages for services. EAST Haven also provides screening and linkage services at community agencies where a care coordination agreement has been developed. The

Center is funded through a grant from the Substance Abuse and Mental Health Services Administration (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 the summer of 2024, a clubhouse program is scheduled to open at this site which will expand the availability of services to those visiting EAST Haven.

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, "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 Workgroup is making good strides and is looking at internal (CPEP) and external opportunities for improvement.

In addition to the diversion programs mentioned above, the ECDMH is also looking at opportunities to build system capacity that could provide diversion to a crisis earlier in the sequential intercept continuum. The initial focus of these efforts is to explore solutions that would build agency and program capacity to respond to and mitigate crises for residential and housing programs.

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) all program types have high levels of occupancy. It should also be noted that the data provided for Supported Housing Community Services available from the state for 2022 and 2023 is inaccurate largely due to the lack of reporting by the provider agencies. For this reason, this data has not been included. **Percentage of occupancy by housing program types from 2017 through 2023 is shown in the following table**.

Program Type	2017	2018	2019	2020	2021	2022	2023
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%	88.9%	90.0%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%	87.1%	100%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%	93.6%	87.9%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%	94.3%	94.8%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%		

There continues to be a significant gap in requests for housing and an actual ability to house. There is inadequate affordable housing inventory and more risk aversion among landlords since the eviction moratorium. Practices such as credit checks and background checks are more widespread and can make housing more unobtainable for people who have difficult experiences in their past. Unlicensed supportive housing providers report that apartments whose costs are within the HUD Fair Market Guidelines more frequently do not meet HUD Housing Quality Standards, which further limits the options available to them.

In April 2024, OMH awarded a provider agency in Erie County fourteen (14) short-term transitional beds for adults with serious mental illness. This will be a new construction and a site has been identified

in Cheektowaga, close to the City of Buffalo border. This program is intended to serve adults with serious mental illness who require enhanced clinical and rehabilitative supports to secure more permanent housing. The program may accept referrals for individuals discharging from an Article 28 or 31 hospital, individuals discharging from State PC Extended Treatment Units (ETUs), individuals who are experiencing street or sheltered homelessness, individuals who are reentering the community from state prison, individuals 18 or older discharging from Residential Treatment Facilities (RTFs), and individuals currently enrolled in and are at risk of losing OMH funded or licensed housing without a period of added supports. Referrals for individuals discharging from hospitals (Article 28 or 31, or ETUs) should be given priority access. Referrals from other sources should be waitlisted in deference to any hospital referrals. Within this target population group, individuals with an Assisted Outpatient Treatment (AOT) must receive priority access. This program may serve individuals with residency in other counties, provided they can access services in their home county.

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 as well as circumstances that are unsuitable for licensed housing. 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. The ECDMH is working towards strategies to improve employment outcomes for housing programs contracted through the ECDMH. Priorities of this work include changing the mindset that people with serious mental illness (SMI) cannot work and promote a culture of workforce development.

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 may also keep some people from entering the field.

Stigma around mental illness continues to be a challenge. The ECDMH, in partnership with sixteen (16) other organizations, was a founding member of 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 113 members. The Erie County Anti-Stigma Coalition has created a highly interactive website at https://letstalkstigma.org/, and is creating a community conversation about mental illness and stigma. As of May 13, 2024, 4,117 people have taken the Pledge to End Stigma. In 2023, there were almost 10,000 visitors to the website. The Coalition also has a Facebook page on which they host live events. In 2023, they hosted eight (8) Facebook Live events which had a total of nearly 187,000 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 the COVID-19 pandemic, 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. In March 2020, within a matter of just a few weeks into the pandemic, NYS Medicaid claims for mental health services went from less than 1% for telemental health, to over 85% for telemental health. The percentage of telemental 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. In 2023, 37% of claims for Erie County residents were for telehealth services (data provided by request from NYS OMH). While the percentage of services delivered via telehealth has been declining, it is still a commonly used method for delivering mental health care.

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 2023, the FMH Department had upwards of 15,000 documented interactions with incarcerated individuals including medication clinics, mental health, and co-occurring substance abuse disorder (SUD) treatment; this is up 50% from 2022. To meet these 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 conducts groups to provide treatment for the unique needs of those with serious mental illness, individuals with disciplinary sanctions, those with substance abuse disorders, and individuals with co-occurring disorders, to name a few. In collaboration with the Erie County Sherriff'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 connects individuals leaving custody with a comprehensive set of services to help them stabilize in the community and lead better, healthier lives. The Department of Mental Health served as the lead since the launch of the SLS. In late 2023, the Erie County Sherrif's Department took over operations and will continue to offer this important service to individuals leaving custody.

While the SLS represents one end of the Sequential Intercept Model, Crisis Services provides Crisis Intervention Training (CIT) 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. This grant will be ending in September 2024 and Crisis Services is in the process of identifying funding to support the CIT Trainer going forward.

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.

In 2023, a collaboration was established to address the increase of students/youth of all age groups experiencing increased anxiety and behavioral health issues at school and home. The SMART Collaborative, which stands for, "Supporting Mental Health by Advocating for Resources Together," 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, social, and 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 that 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. Initially the program was awarded funds for forty-eight (48) slots to be shared between Erie and Niagara Counties, but due to staffing issues slots have been reduced to thirty-six (36). Youth Act intake has been closed for several weeks this year due to staff shortages.

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 HHSC through the Medicaid Analytics Provider Portal (MAPP). The Children's SPOA also prepares HHSC 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 to early 2024.

Children's SPOA continues 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.

Additionally, Erie County Mental Health Children's division has been a member of the SMART (Supporting Mental Health by Advocating for Resources Together) Collaborative Steering Committee since its inception in late 2022. The mission of SMART is to promote interagency collaborations that champion supports for the mental health of all youth and families in Erie County.

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 saw increases in the number of referrals in the years leading up to COVID-19. In 2020, the number of referrals fell 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 Homeless Services Collaborative had an increase in referrals in 2021, which could be related to the financial hardships of COVID-19 on families, particularly those affected by mental health challenges, but those referral numbers lessened in 2022. In 2023, the number of referrals started to increase; although modestly.

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. During the 2022-2023 academic school year, about 700 students received individual counseling through one of these satellite school-based clinics. Pre and post assessments revealed that the top presenting problems for students receiving mental health treatment were: Adjustment Disorders, Traumatic Events & PTSD, and Generalized Anxiety Disorder. Providers have shared that students and families continue to experience the long-term impact of COVID-19 and isolation of the pandemic, as well as the racially motivated mass shooting that occurred on May 14, 2022. To accommodate families, clinical staff have continued strong collaborations with school personnel to identify students and families in need of services, and work alongside each other to make sure those students receive services successfully.

Since the pandemic, outpatient clinics have continued to struggle to maintain clinical staff. Though there was some improvement during the 2023-2024 academic school year, clinics continue to have vacancies or turnover of clinicians, which directly impacts the students and families receiving services through the clinics. To address this, Say Yes Buffalo in partnership with the members of the Mental Health Task Force, have worked to add on new partnerships and services that can supplement schools with vacancies. For example, through the support of NYS OMH, children's psychiatrists have had the ability to provide psychiatric case consultation and professional development during the school day or on Superintendent Conference Days. This has resulted in systematic changes and increased preventive measures within school buildings to address the mental health needs of students. Youth Peer Advocates are also available for individual mentoring and group mentoring services, and some private practitioners have also modified their service delivery to help fill the gaps where schools have clinician vacancies.
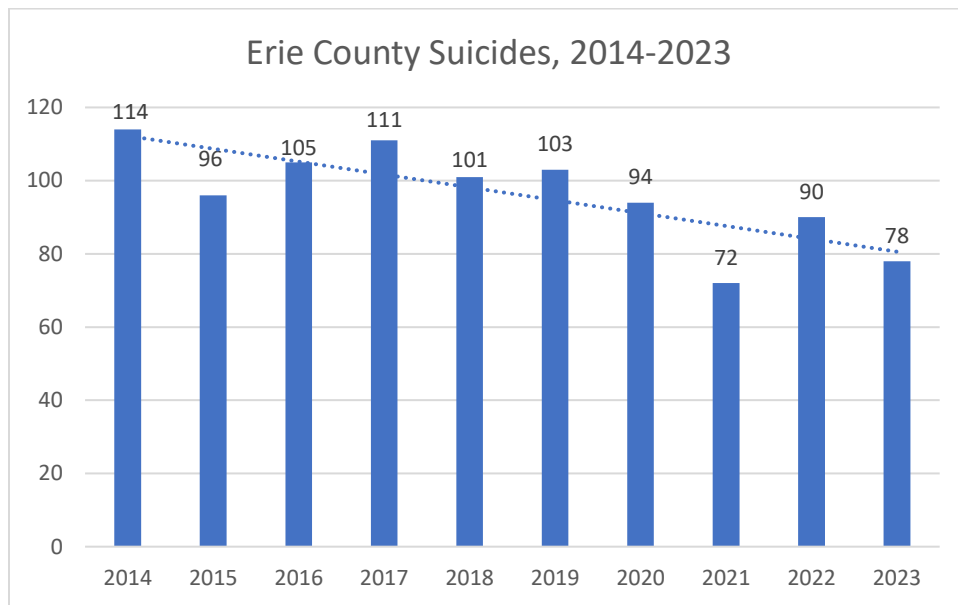
Looking ahead to the summer of 2024, the Buffalo Public School District is considering a partnership with Say Yes Buffalo and all the outpatient mental health clinics to invest in group counseling sessions for students attending Say Yes Buffalo summer camps. Clinicians from the partnering agencies, already embedded in the Buffalo Public Schools, would provide these services based on the presenting needs of students. Group sessions would also take place throughout the 2024-2025 school year during the school day across the entire school district. Additionally, Say Yes Buffalo has applied for, and been awarded, supplemental funds for the satellite clinics to increase success of service delivery within clinics and reduce staff attrition. The supplemental funds could be used for hiring / mid-year bonuses, to supplement "no-show" appointments for when students are absent, the purchase of materials and equipment, etc.

During the 2021-2022 academic school year, there were 2,466 unique clients served by the seven (7) school-based clinics. In the 2022-2023 school year, 3,756 unique clients were served. This is a 52% increase. To date, for the 2023-2024 academic year, the school-based clinics have served 1,359 unique individuals.

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," was launched in October 2023 and provides a user-friendly platform to find programs and services as well as informational materials. While the initial intent was to include services to help children and young people, the database also includes resources for adults. To date, Erie Path includes nearly 700 programs and services, and over 1200 informational materials. Within the first six (6) months, Erie Path had over 107,000 visitors with almost 9.4 million hits. Erie Path has been extremely well-received by the community and the ECDMH continues to refine the app and build the databases of resources.

An issue that affects both young people and adults is suicide. **The following table shows the numbers of suicides per year in Erie County from 2014 to 2023**. Data was provided by the Erie County Department of Health Medical Examiner's Office. The overall trend continues to be decreasing despite the increase from 2021 to 2022. The County remains vigilant and continues to work to prevent suicide.

Erie County Suicides, 2014-2023

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Suicides	114	96	105	111	101	103	94	72	90	78

As has been the case in previous years, deaths by suicide are much higher for males than females. In 2023, 69% of suicide deaths were male and 31% were female. It should be noted that the percentage of deaths by suicide overall has been decreasing over the past few years and this is largely due to a decrease in the number of deaths by suicide by males. In 2023, the age groups with the highest number of suicides are those aged 30-39 and aged 60-69. There was also an increase in suicide deaths for individuals aged 70-79. The most common methods were gunshot wounds (28 deaths) and hanging (27 deaths). Drug overdoses accounted for nine (9) of the suicide deaths in Erie County in 2023.

The Suicide Prevention Coalition of Erie County ("the Coalition") was established in 2012. The ECDMH provides partial funding for 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.

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 2023, firearms accounted for 36% 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 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, and 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/.

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. In 2023, 6,645 988 calls were answered in Erie County.

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 updated 5/10/2024). Please note that Western NY includes nineteen (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	5/2024
Erie County	231	257	265	258	238	226	204
Western NY	558	625	590	653	616	592	545
Statewide	3,261	3,340	3,174	3,363	3,484	3,559	3,469

There appears to be disparity in those who are receiving AOT services based on race and ethnicity. According to the NYS OMH AOT Report as of May 2024, in Erie County: 48% of recipients are White, 37% are Black, 12% are Hispanic, 1% are Asian, and 2% are classified as Other. The percentage of Blacks receiving AOT is significantly higher than their representation in the overall population. These percentages are very similar to the 2023 data.

The ECDMH Adult Single Point of Access (Adult SPOA / 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 share the data and educate referral sources and community providers 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 dedicated SPOA dashboard website has been developed and the purpose of this site is to report 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 SPOA 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 sixty-seven (67) active monthly clients that benefit from this service. This has increased from the prior year when there was an average of forty-three (43) active monthly clients receiving 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 the Community Services Board (CSB) and the Mental Health Subcommittee for this plan as well as incorporated input received from providers and consumers throughout the past year.

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

1) 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;
   d. 988; and
   e. Increased community supports for crisis prevention.
2) Workforce
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/or projects that the department 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 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 new services help to address many

service gaps, workforce shortages 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. The ECDMH and our community of providers will continue to move the system forward to ensure access to appropriate services and quality care.

Substance Use Disorder Needs Assessment

The Erie County Department of Mental Health (ECDMH), in partnership with the County Executive, the Erie County Department of Health (ECDOH), 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 increased use of Fentanyl, its derivatives, and increase in other drugs of abuse being laced with Fentanyl and its derivatives, deaths have increased every year since 2020.

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 and 2023 has been the worst yet.

The following table shows the number of opioid related deaths from 2014 through 2023 (Erie County Medical Examiner's Office, data as of 4/30/24).

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Opioid Related Overdose Deaths	127	256	301	251	191	156	246	286	307	366
All Fatal Overdoses		289	325	285	238	207	299	330	379	435

Over the past five (5) years there has been an increase in opioid deaths in Erie County related to Fentanyl. Further, the increase in Fentanyl related deaths with cocaine has increased significantly since 2017. Cocaine and Fentanyl were detected in 55% of all overdose deaths in 2023. Cocaine with no Fentanyl present was detected in 16% of overdose deaths. This means that cocaine was present in 71% of all the overdose deaths in 2023. This represents a notable shift as heroin and Fentanyl previously accounted for the vast majority of overdose deaths. In addition, 18 of the deaths in 2023 involved Xylazine and 36 involved methamphetamines. Because of the shift, the Erie County Opiate Epidemic Task Force has been renamed to the Erie County Overdose Prevention Task Force.

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 32% from 2018 to 2023. There has been a decrease in deaths among Whites from 79% to 65% in this same time period. There has been a decrease in deaths among individuals aged 20-29 years from 29% to 8% from 2018 to 2023 and an increase among persons aged 40-49 years from 14% to 21%, persons aged 50-59 from 17% to 23% and for those 60+ years of age from 8% to 22% from 2018 to 2023. The demographic of those dying from overdoses has swung to affect significantly more Blacks and older residents.

The table below shows the percentage of overdose deaths by Race/Ethnicity, Gender and Age from 2018 through Q1 of 2024.

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=307)	2023 Overdose % (N=366)	2024* Overdose % (N=144)
Race/Ethnicity								
White alone	79%	79%	78%	79%	73%	68%	65%	57%
Black or African American alone	14%	10%	10%	19%	22%	28%	32%	39%
Native Amer / Alaskan Native	.7%	N/A	N/A	2%	4%	2%	2%	4%
Hispanic	6%	7%	8%	10%	9%	12%	12%	10%
Gender								
Female	52%	30%	27%	30%	27%	31%	29%	31%
Male	48%	70%	73%	70%	73%	69%	71%	69%
Age								
20-29	14%	29%	22%	17%	19%	15%	8%	13%
30-39	13%	30%	29%	29%	30%	30%	29%	26%
40-49	11%	14%	19%	22%	23%	24%	21%	19%
50-59	14%	17%	21%	19%	18%	22%	23%	21%
60+	25%	8%	8%	12%	9%	10%	22%	20%

Treatment access and availability are very important to the overall prevention 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. Please note that starting in 2019 and 2020 the way data was collected has changed. For example, with the conversion to Part 820 only one (1) intake is counted per person even when they transition to other levels of care. Previously, an intake would have been counted for each transition. While this appears to have reduced the number of individuals accessing residential services, this is not the case. In 2023 there was a significant increase in the number of intakes to inpatient and outpatient treatment. **The following table displays Admissions to various treatment types for Erie County residents from 2015-2023** (https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS/InquiryReports accessed 5/16/2024).

County Residents Report Admission Transactions

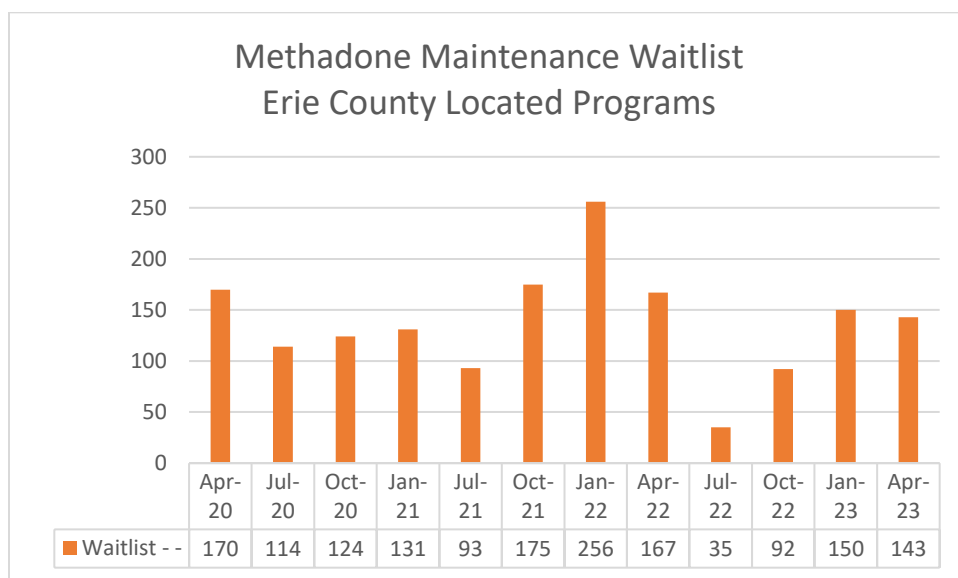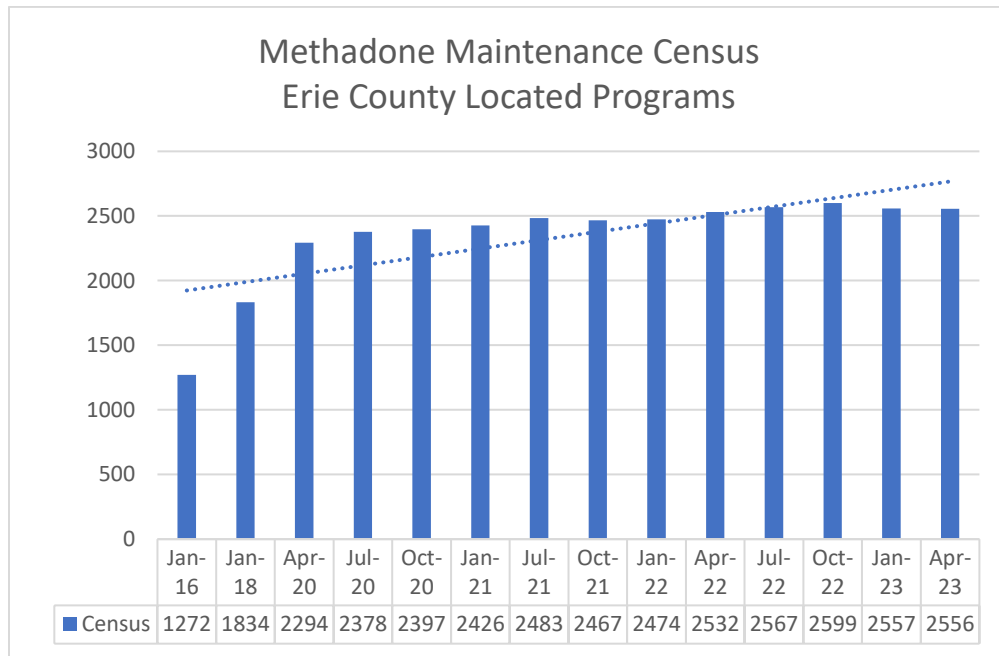| Erie County	2015	2016	2017	2018	2019	2020	2021	2022	2023
Inpatient	1176	1102	743	721	674	458	269	258	388
Methadone	404	538	437	396	538	304	297	771	240
Outpatient	9014	8777	9789	9245	8052	5590	4657	3429	5498
Residential	606	685	1065	1069	1095	962	1058	568	651
Crisis	3232	2479	1502	1896	2406	2378	2411	1872	1934
Total	14432	13581	13536	13327	12765	9692	8692	6896	8711

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 forty (40) new inpatient beds at their St. Joe's Campus, which will greatly assist with access to SUD inpatient care. Utilization of these beds has been approximately half of capacity.

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 ten (10) Medically Supervised Detoxification beds at Horizon Health on Elm Street. Horizon Health also has 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. Capacity for Methadone Maintenance has been increased over the past several years and previously had significant waitlists. Capacity increases are largely due to new programs coming online as well as regulatory relief that more readily allowed for an expanding census. As of May 31, 2024, according to the data available in OASAS Apps, the total census for the Erie County methadone treatment providers was 2,267, which is lower than previous reports. The reduction in the census may be at least partly related to a new clinic that opened in 2023 in Cattaraugus County. There are only five (5) people currently on a waitlist. **The following charts display the census and number of individuals on a waitlist for Methadone maintenance from 2020 through April of 2023.**

Methadone Maintenance Census
Erie County Located Programs

	Jan-16	Jan-18	Apr-20	Jul-20	Oct-20	Jan-21	Jul-21	Oct-21	Jan-22	Apr-22	Jul-22	Oct-22	Jan-23	Apr-23
Census	1272	1834	2294	2378	2397	2426	2483	2467	2474	2532	2567	2599	2557	2556

Methadone Maintenance Waitlist
Erie County Located Programs

	Apr-20	Jul-20	Oct-20	Jan-21	Jul-21	Oct-21	Jan-22	Apr-22	Jul-22	Oct-22	Jan-23	Apr-23
Waitlist - -	170	114	124	131	93	175	256	167	35	92	150	143

When the survey was conducted in 2023, 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. As of May 31, 2024, according to the OASAS Apps data, the five (5) individuals on a waitlist were all Erie County residents. Changes have been made regarding the transportation rules since the 2023 survey was conducted.

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 five (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 as well.

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. The ECDMH has allocated $1.4 million per year for five (5) years 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. In 2024, we will start to collect data regarding the impact of these funds on stabilizing the workforce. Additional

funds are being made available through Requests for Proposal (RFP) processes to support the approved uses of the Opioid Settlement Fund (OSF) dollars. To date, awards have been made to support a County-wide media awareness campaign and to support harm reduction projects. In June 2024, the County announced that $5.9 million of OSF dollars have been awarded to support programs and services including, but not limited to, case management, CASAC scholarships, legal services, peer training, drop in services, parenting programs, re-entry, motivational interviewing training, and housing.

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 were 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, now known as the Erie County Overdose Prevention Task Force. Fentanyl and Xylazine 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. 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 two (2) years, 48 SUD specific beds have come on-line or soon will become active, twelve (12) of these beds are funded by the ECDMH and utilize the best practice of Critical Time Intervention (CTI).
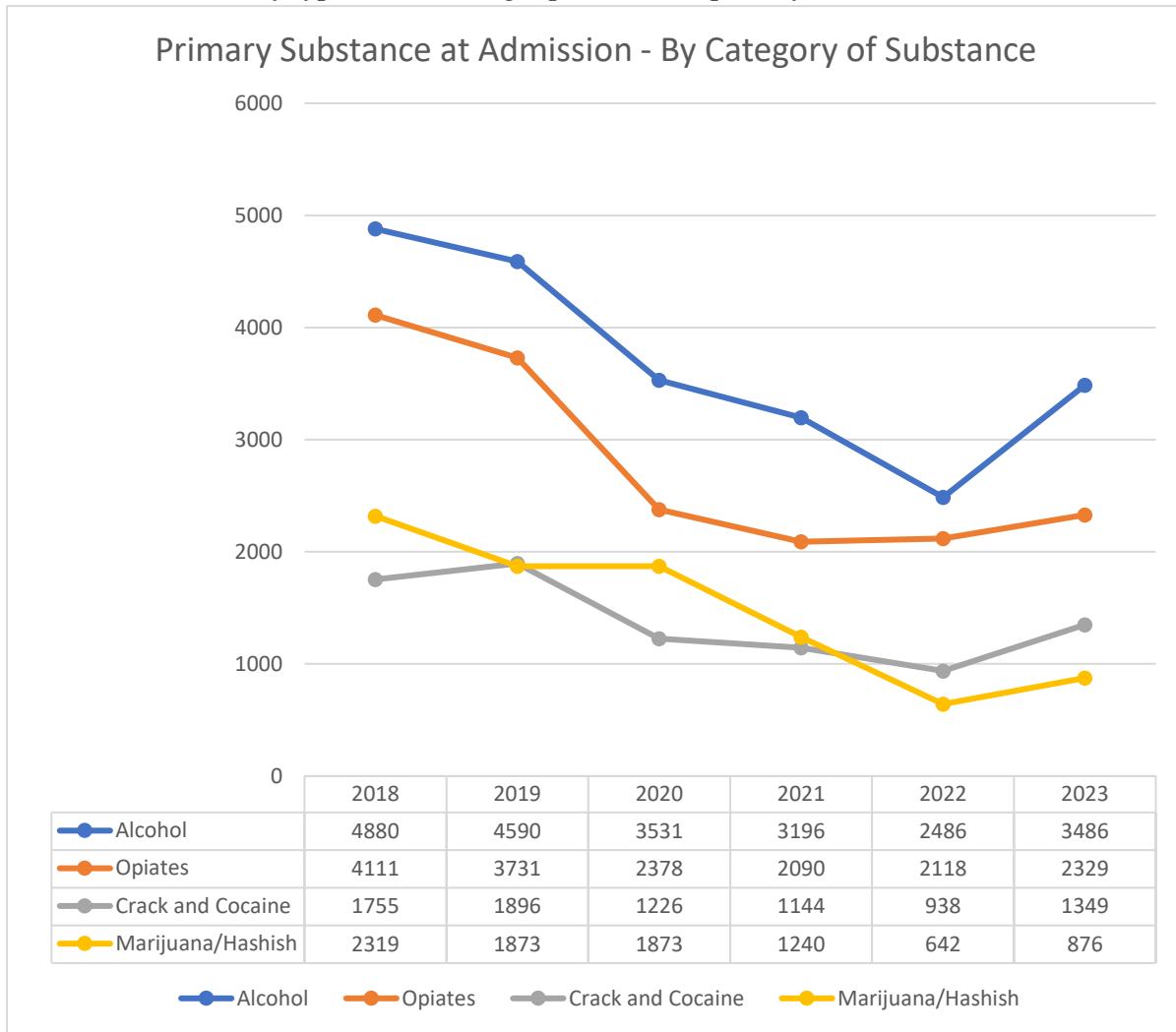
In addition, there is currently an NYS Empire State Supportive Housing Initiative (ESSHI) project under construction with Living Opportunities of DePaul that will dedicate six (6) beds to the SUD population with additional beds available, if needed. This is expected to be completed in March of 2025. 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.
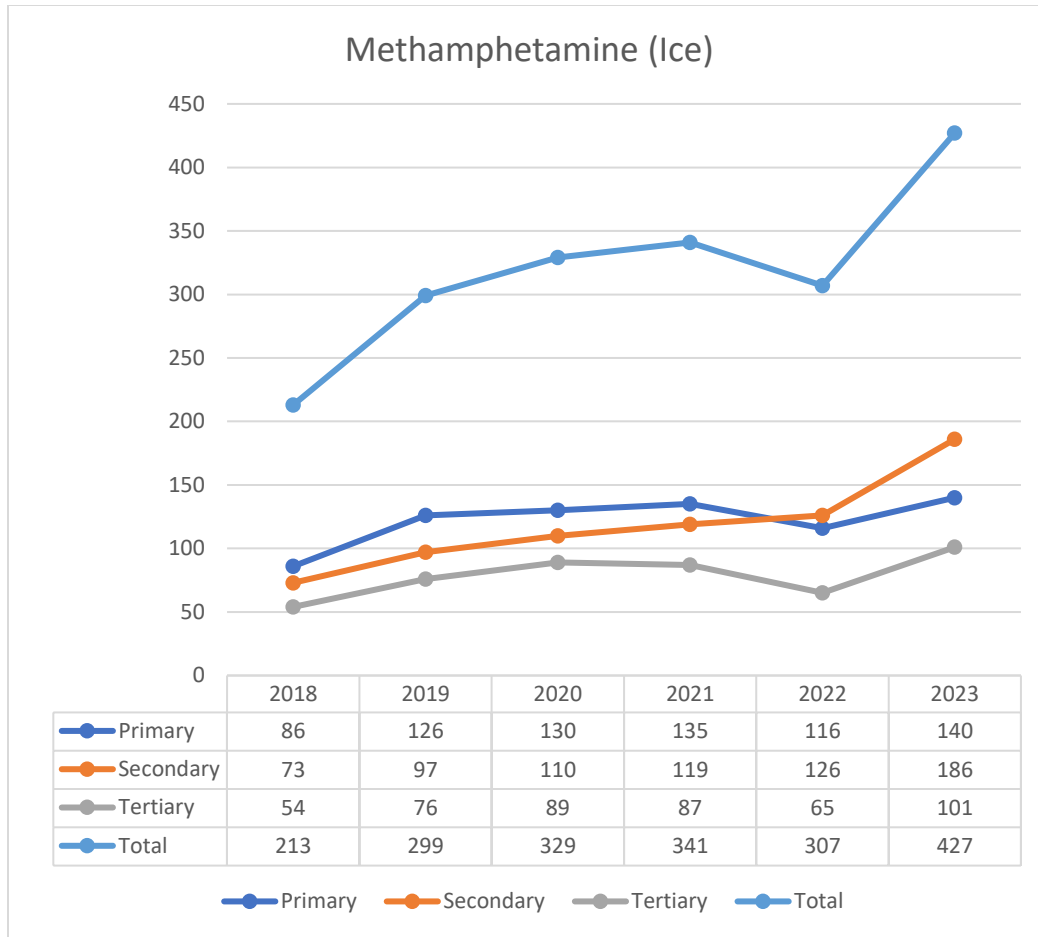
Over the past few years, NYS OASAS has implemented Designations for treatment providers for Gambling and working with LGBTQ+ individuals. Recently, OASAS has announced that it will be rolling out a new designation, one that will focus on the needs of Adolescents. The Adolescent Program Designation will be an optional operating-system enhancement for OASAS-certified programs delivering high quality, evidence-based treatment services to adolescents with a substance use disorder. This designation will demonstrate a program's commitment to adolescent best practices and will help families locate providers who specialize in adolescent treatment with greater ease. Providers will need to apply for this designation.

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 2018 through 2023**. *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 Category of Substance

	2018	2019	2020	2021	2022	2023
Alcohol	4880	4590	3531	3196	2486	3486
Opiates	4111	3731	2378	2090	2118	2329
Crack and Cocaine	1755	1896	1226	1144	938	1349
Marijuana/Hashish	2319	1873	1873	1240	642	876

Legend: Alcohol, Opiates, Crack and Cocaine, Marijuana/Hashish

A substance that is being watched is Methamphetamine. Over the past ten (10) years, the number of admissions involving methamphetamine has gone from 29 in 2012 to 427 in 2023. While the numbers are comparatively small compared to all admissions, we will continue to watch this data point as it may signal the next emerging crisis in our community. **The following graph shows the changes over time and if methamphetamine is identified as the primary, secondary or tertiary substance**. Methamphetamine is now most often reported as the secondary substance at admission.

Methamphetamine (Ice)

	2018	2019	2020	2021	2022	2023
Primary	86	126	130	135	116	140
Secondary	73	97	110	119	126	186
Tertiary	54	76	89	87	65	101
Total	213	299	329	341	307	427

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, school districts, and the services currently available, so providers can target new service sites to those 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 is below. The Gaps and Barriers Analysis has not been fully updated for 2024 yet but is anticipated to be completed by August 2024.

- 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.

The vast majority of prevention services are evidence-based classroom programs provided in local Erie County School Districts. Since COVID-19, 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 that occurred 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.

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 21st 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. Another service (not previously referenced) is being implemented to address the crisis. The ECDMH applied for and was awarded, an **Adult Drug Treatment Courts (ADTC)** grant funded by the Bureau of Justice Assistance (BJA) to implement the

MISSION-CJ case management model in five (5) drug courts in the 8th Judicial District. MISSION-CJ (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Criminal Justice), is an integrated set of evidence-based practices that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. This program focuses on high-risk opiate users in Erie County. This program blends high intensity case management and therapy, with additional community supports. The ADTC grant started in October 2022 and runs through September 2026. This project also uses the Brief Trauma Questionnaire which is showing promise as a therapeutic tool.

In order to collect community input for the plan, the ECDMH consulted with dozens of agencies and program leaders, facilitated a discussion with the Prevention and Addiction Services and Supports Subcommittee (formerly the ASA Subcommittee), and facilitated focused discussions around the Opioid Settlement Funds.

The Prevention and Addiction Services and Supports Subcommittee (PASSS) of the Community Services Board was asked to identify their top priorities for the coming year. They identified the following:

1) Workforce;
2) Opioid epidemic;
3) Overdoses;
4) Stimulant use
5) Older populations
6) Monitoring what is happening with cannabis as more stores are opening

The priorities have shifted since last year as the demographics of those who are overdosing on opiates has changed to cocaine users and an older population.

During the discussion with the PASSS Subcommittee, the group recommended adding a priority addressing the increase in overdose deaths in Erie County. This priority has been added to the priority areas identified by the County.

Previously, the PASSS has also expressed 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 PASSS 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.

For the 2024 Local Services Plan, 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 was repeated in 2024 to assess if there have been any improvements. The responses are currently being analyzed and a full report, including comparisons with 2022 Workforce Survey results, will be posted as soon as it is completed.

In order to assist with the workforce 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 fifty (50) provider agencies. Based on the positive response to the 2022 event, the ECDMH sponsored a Behavioral Health and Human Services Career Fair in June of 2023, which targeted recruitment of new graduates. While both of these events yielded some new hires, the ECDMH decided not to sponsor a Career Fair in 2024 as the costs and effort required outweighed the benefits.

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

The COVID-19 pandemic had a profound impact on persons receiving Office for People with Developmental Disabilities (OPWDD) services. The pandemic brought on social isolation, increased anxiety and many other mental health concerns for this population. Many OPWDD service recipients lost services, experienced delays in accessing services, or were unable to access services. Telehealth services were helpful to some, particularly for those who face barriers due to transportation issues, but for many others, telehealth was not found to be an adequate method for delivering the services that people with intellectual and / or developmentally disabilities 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 the 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 (CSB) and the Intellectual/Developmental Disabilities (I/DD)Subcommittee have identified a number of priorities for the 2025 Local Services Plan related to the Intellectual and Developmental Disability (I/DD) System of Care. The I/DD Subcommittee priorities are the same as last year. The top priorities that they identified include:

1. Workforce Crisis;
2. Creating available, affordable, and accessible universal housing;
3. Crisis management for families;
4. Access to MH services including suicide prevention, dual diagnosis;
5. Criminal Justice-Forensic numbers increasing;
6. Advocacy- Significant cuts to services including residential, CCOs;
7. Continue CPEP Workgroup;
8. Stigma;
9. Transportation;
10. Early Intervention; and
11. OPWDD Promotion of available services.

Through discussions with the I/DD Subcommittee, there is consensus that all of the services, or lack of services, are interconnected and directly affect the wellbeing of the individuals served. Many of the services, if not all, are impacted 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, that individual may need crisis intervention or have to go to CPEP which could result in a long-term stay in the hospital 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 worsened, 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 due to the funding code and requirement for a voluntary match. While the agencies appreciated the much-needed COLA, the voluntary match requirement offsets the intended benefit. Agencies and the ECDMH continue to advocate so that the OPWDD can rectify this funding code issue so a voluntary match would no longer 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. At that time, I/DD agencies were struggling the most because of vacancies in the Direct Care, Associate's Degree or no degree required roles. Six (6) of the respondents represented I/DD providers and reported that they have nearly 3,500 Direct Care, Associate Degree or no degree required positions and had 748 vacancies in these roles, which were 21.4% of their direct care staff. The full 2022 Workforce Survey Report is available at https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf. The ECDMH repeated the Workforce Survey in 2024 to determine if there have been any improvements. The data is still being analyzed and the 2024 Workforce Survey will be released and shared as soon as it has been completed. The 2024 Workforce Survey will include a comparison to the 2022 results.

In order to assist with the workforce crisis, the ECDMH hosted and facilitated a Behavioral Health and Human Services Job Fair in collaboration with the provider community, in September of 2022 that was attended by fifty (50) hiring provider agencies. Because of the positive response, in June 2023 the ECDMH hosted the Behavioral Health and Human Services Career Fair. Again, Fifty (50) hiring provider agencies signed up to participate. The 2023 Career Fair was targeted to new graduates, as well as the general population. Upon review of the outcomes from the Career Fair, which did result in some hires; the overall impact was not sufficient to support the ECDMH facilitating another Career Fair in 2024.

Based on data provided by OPWDD, there were 8,064 individuals in Erie County receiving OPWDD services through June 2023. This is an increase from 2022 (7,804) and 2021 (7,712). The number of individuals served has been increasing incrementally since 2018. Total Medicaid payments in 2023 for these services were $470,862,640, up 11% from 2022 ($422,480,8840). In 2023, the average Medicaid payments per person was $58,391, this is up from $55,779 in 2022 marking an increase of nearly 5%.

Crisis Intervention: OPWDD funded 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. Partners on the pilot included New York Systemic, Therapeutic, Assessment Resources and Treatment (NYSTART) / Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD), mental health crisis teams, and LGUs. The pilot involved 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. Implementation of the model launched in March 2023 and the planning group was closely

monitoring implementation to resolve issues as they arose. The final report for this project is expected to be released shortly. The Final Report will include information about the model, demographics of those served, lessons learned, strengths and opportunities, outcome data, and a Crisis Response Team Tool Kit for those interested in implementing the model.

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 2023, there were 1,254 recipients of respite services in Erie County. This is an increase from 2022 (1,067 recipients) and 2021 (1,043 recipients).

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. The I/DD 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 2023, 2,327 individuals received Certified Residential Services. In 2022, 2,343 individuals received this service. There seems to be a slow decline over the past several years; down from 2,449 in 2018.

Certified Residential Services have had serious staffing shortages, and this affects the number of slots that are available. Also, the housing market and the time it takes to obtain OPWDD approvals has made acquiring new properties very difficult. Provider agencies have tried to be creative in making beds available, often by consolidating beds at fewer locations to reduce the impact of workforce shortages. For individuals seeking a Certified Residential placement, there is a very long wait list. There are not enough Certified Residential slots and few new opportunities have been added. People on the 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 would be 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. 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. In 2023, 1,520 individuals in Erie County received Self-Directed Supports. This is an increase from 2022, when 1,215 individuals received this service.

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

Individuals on the I/DD 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.

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

This may contribute to stigma, or at the very least, a misunderstanding regarding the needs of people with I/DD.

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 7,932 individuals in Erie County that received Care Coordination services in 2023. This is an increase from 2022, when 7,699 individuals in Erie County received this service.

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, Erie County Department of Health (ECDOH), NYS Office of Addiction Services and Supports (NYS OASAS), and NYS OMH.

Prevention and Early Intervention
The Erie County Early Intervention Program has reported an increase in referrals with approximately 3,000 referrals received in 2023. Of these, approximately 85% receive an evaluation. Of those that do not receive an evaluation, most change their mind or do not respond to follow up from the program. Typically, two (2) in three (3) children evaluated for Early Intervention are found to be eligible for services.

Early Intervention is still facing significant challenges keeping service providers. These providers cite inadequate reimbursement for these services as a reason they are leaving or not choosing to serve this population. There was advocacy to increase reimbursement by 11% in order to maintain an adequate service provider base, but the increase in the State budget was only for 4%. To further compound the challenges for providers, the NYS Bureau of Early Intervention is implementing a new software system which is causing concern.

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.

Forensic Mental Health
The Forensic Mental Health Unit (FMH), which serves the Erie County Holding Center and Erie County 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.

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 decreased significantly since 2018, most significantly for the 0-17 age group. **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 and the 2021-2023 data was retrieved from ClearPoint). This data includes 1,238 individuals served from Erie County and 162 from other counties. Note that UPP changed how they were collecting data in 2022 to more accurately reflect the number of individuals they are serving.

Age Group	Total Patients/Families Served						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
0-17	250	440	178	71	58	145	248
18-64	191	291	261	188	145	564	1,101
65 +	0	2	11	4	11	17	51
Total	441	733	453	263	214	630	1,400

During 2019, the APIC team completed 152 home visits with participants. In 2020, there were 194 visits completed; in 2021, 246 visits were completed; in 2022, there were 126 completed visits; and in 2023, there were 117 completed home visits. Starting in 2020, visits include both telepsychiatry and face to face 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 was a 4-fold increase in the number of people who were not eligible for OPWDD services in 2022, and in 2023, only 28% of the cases were eligible for OPWDD. APIC is now reporting a significantly higher volume

of services delivered 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 and the 2021, 2022 and 2023 data was retrieved from ClearPoint.

OPWDD Status	Total Caseload 2017	Total Caseload 2018	Total Caseload 2019	Total Caseload 2020	Total Caseload 2021	Total Caseload 2022	Total Caseload 2023
Eligible	299	420	232	198	110	302	397
Not Eligible	91	213	156	65	103	424	1,003
Pending/Unknown	12	100	65	0	1	0	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 continue to be problematic; including workforce shortages, the cost and availability of housing, transportation, and limited resources. The ECDMH is committed to working with providers, consumers, families, and the community to the degree possible, to try and improve the factors affecting this population and the organizations that serve them.

Priority Areas

Housing

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

OMH

Access to housing continues to be a challenge for mental health consumers in Erie County, particularly those who have other overlapping service needs that do not neatly fit into pre-existing service models. 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.

In April 2024, NYS OMH awarded a provider agency in Erie County fourteen (14) short-term transitional beds for adults with serious mental illness. This will be a new construction and a site has been identified in Cheektowaga, close to the City of Buffalo border. This program is intended to serve adults with serious mental illness who require enhanced clinical and rehabilitative supports to secure more permanent housing. The program may accept referrals for individuals discharging from an Article 28 or 31 hospital, individuals discharging from State PC Extended Treatment Units (ETUs), individuals who are experiencing street or sheltered homelessness, individuals who are reentering the community from state prison, individuals 18 or older discharging from Residential Treatment Facilities (RTFs), and individuals currently enrolled in and are at risk of losing OMH funded or licensed housing without a period of added supports. Referrals for individuals discharging from hospitals (Article 28 or 31, or ETUs) should be given priority access. Referrals from other sources should be waitlisted in deference to any hospital referrals. Within this target population group, individuals with an Assisted Outpatient Treatment (AOT) must receive priority access. This program may serve individuals with residency in other counties, provided they can access services in their home county.

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. 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 the community is 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 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. It should also be noted that the data provided for Supported Housing Community Services available from the state for 2022 and 2023 is inaccurate largely due to the lack of reporting by the provider agencies. For this reason, this data has not been included. **Percentage of occupancy by housing program types from 2017 through 2023 is shown in the following table**.

Program Type	2017	2018	2019	2020	2021	2022	2023
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%	88.9%	90.0%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%	87.1%	100%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%	93.6%	87.9%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%	94.3%	94.8%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%		

Despite these valued resources, there continues to be many people who need housing services and support. 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.

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 in unlicensed supportive housing. From 1/1/2022-June 2023, the average days to house for both OMH and HUD Permanent Supportive Housing was 61 days. That has increased to 66 days from June 2023-May 2024. Our goal has consistently been to house people within thirty (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).

Time Frame	1/1/22-6/22/23 Percent Housed	6/1/2023-5/31/24 Percent Housed
30 Days	31%	20.12%
45 Days	47%	37.20%
60 Days	62%	51.83%
75 Days	71%	65.24%
90 Days	79%	77.44%
115 Days	89%	86.59%

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. The ECDMH is working towards strategies to improve employment outcomes for housing programs contracted through the ECDMH. Priorities of this work include changing the mindset that people with serious mental illness (SMI) cannot work and promote a culture of workforce development. These efforts had some success 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. 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, NYS 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 two years, forty-eight (48) SUD specific beds have come on-line or are soon due to become active, twelve (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 ESHHI project under construction with Living Opportunities of DePaul that will dedicate six (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 need 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 ESHHI 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.

Update: These meetings occur each week and are well attended by the above-referenced stakeholders. During the meetings transition plans are developed and revised as needed/appropriate as identified in b) and c) below.

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.

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

Update: Data is reviewed annually, and areas identified. This past year, it was determined that in 2022 over 50% of referrals for housing from one provider were cancelled. This put an unnecessary strain on the system. The issue was identified, cause discussed, and as a result it was determined that the provider would wait until individuals were more certain to have a clear and likely discharge date prior to making a referral. As a result, in 2023 this had seen a modest improvement such that the percentage of referrals cancelled decreased to 38%.

2) Work collaboratively with the provider community to improve targeted outcomes in supportive housing.

a. Seventy-five percent (75%) of clients will be housed within sixty (60) days of contact with the provider.
Update**: Of clients in HUD-funded Permanent Supported Housing referred in this year**, 54% were housed in 2023. As of April 2024, this figure has increased to 66%. While not meeting the target, given challenges in housing due in part, to shortages in safe affordable housing and landlord hesitancies, this is not unexpected.
Of all supportive housing clients, 62% were housed by 60 days in 2023. As of early 2024 this has decreased to 47%.

b. The provider will spend at least to the targeted 96% but not more than 100% of their budget.
Update: All HUD Homeless providers are meeting this goal.

c. Occupancy will remain higher than 95%.
Update: All HUD housing providers except one are at a minimum of the 95% occupancy level. The one that is not is a specialty target population which has been a historical challenge to fill. This service was recently awarded to a new provider.

d. Providers will increase their HUD Homeless Housing clients that have earned income by 5%.
Update: We are working to obtain the data from the Homeless Alliance of Western New York, but it was not available at the time of submission for this Local Services Plan update.

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.
Update: There were two programs that Erie County Department of Mental Health directly implemented to help address this gap.
The first is a Critical Time Intervention (CTI) program serving individuals with a substance use disorder diagnosis transitioning out of Part 820 residential programs or NYS OASAS supportive housing. This service is designed to provide longer-term support and to establish stable housing that facilitates recovery. The past two year's discharges are as follows:

- In 2022 the program experienced 5 discharges, 2 of which were successful.
- In 2023 this increased significantly whereby 8 of 9 discharges were successful. It is believed that 2022's numbers were impacted by COVID's negative effect on housing availability and access to other community resources/supports.

The second program offers transitional supported housing with a 12-bed capacity for those recovering from a substance use related disorder. The service is designed to provide those 18 years or older with a primary diagnosis of SUD as indicated by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* whose documented housing status clearly and specifically indicates that it is not supportive of recovery and unlikely to become so. A review of the discharge data back to 2022 indicates the following:

- In 2022 the program had 3 discharges, 1 of which was successful.
- In 2023 the program had 6 discharges, 1 of which was successful
- In 2024 (through May 29) the program had 2 discharges, both of which were successful. In fact, not only were both successful in stable housing, but both also achieved full-time employment.

The earlier discharge data is somewhat skewed because, given the program's 2-year anticipated length of stay, recipients are only now reaching that timeframe. Therefore, even if doing well in the program their positive discharge status is only now beginning to be recorded. In addition, we've learned over this period that for some of the admissions over the first year, this service was not commensurate with their needs. As a result, the screening and admission process was altered to maximize the fit between individual needs and the ability to meet those needs within the scope of this service.

More recent data for both services is promising and will continue to be monitored for trends and to help guide programmatic revisions where indicated.

2) Continue to monitor and expand the housing inventory list.
Update: An SUD specific Housing Inventory list is available which includes the following fields: Provider and program name, housing type, target population, eligibility and exclusionary criteria, location, number of beds available, intended length of stay, contact information, and waitlist status. This resource can be found at: sud_housing_matrix_2023-08-25.xlsx (live.com). Additional beds are due to come online in 2024.

3) Continue to work to identify additional housing resources for individuals with SUD.
Update: ECDMH continues to facilitate an SUD Housing Workgroup and when new resources are identified they are distributed to the community. Community providers have directly implemented several programs and/or have additional beds in development. Newer services are reflected in the SUD Housing Matrix referenced in the above bullet. Support is provided wherever appropriate.

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.
Update: While no specific new resources have been implemented with respect to these two objectives, the Erie County Department of Mental Health and the Regional Office of OPWDD have developed a positive relationship by establishing regular meetings. The two areas referenced above are frequently discussed and opportunities for improved resources, access, community education regarding navigation of these and other resources are consistent agenda items. Both parties continue to dialogue and are currently planning for a community resource navigation training, tentatively planned for Fall 2024.

Workforce

All across the United States, communities are grappling with workforce shortages in 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."[2]

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

In Quarter one 2024, the ECDMH released the 2024 Workforce Survey to assess any changes over time. The ECDMH has not completed the full analysis of the 2024 data. The full 2022 Workforce Survey Report is available at: https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf. The 2024 Workforce Survey report will be posted on the Department's website and shared with our providers once it is completed.

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[2] https://www.samhsa.gov/workforce

The ECDMH received thirty-three (33) responses to the 2022 Workforce Survey. The 33 respondents reported that they had 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.

The 2022 Workforce Survey also found that the variations in starting salaries across agencies were significant and put some agencies at a disadvantage when seeking to recruit and retain staff. Also notable was the tenure of staff in various roles, particularly the tenure of staff who left in the past twelve (12) months. The data showed that many individuals in high need roles were leaving after two (2) years or less of service. This rapid turnover suggested that agencies should either plan for this regular turnover or continue to explore new strategies for retention.

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. Agencies also reported that the impact of staffing shortages affected the current workforce, agencies, and individuals being served. In 2022, agencies reported that the existing workforce was experiencing more burnout and increased caseloads to cover for vacancies.

The 2024 Workforce Survey added an additional question regarding vacancies and tenure of fiscal staff as agencies have expressed challenges in filling these roles. The 2024 Workforce Survey final report will include the evaluation of the 2024 data as well as a comparison to the 2022 findings.

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. In addition, NYS has also implemented a number of workforce related measures including Career Pathways Training and Student Loan Repayment components within the proposed 1115 Waiver. While all this is welcome and represents a move in the right direction, it is likely not enough to fix a long, evolving structural 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. Eligible agencies will receive a total of $1.4 million per year for five (5) years. 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

2023-2024 Budget included a 4% COLA. The 2024-2025 State Budget includes a 2.84% COLA for programs at OMH, OASAS and OPWDD which includes a 1.7% target salary increase for specific support, direct care, clinical and non-executive administrative staff.[3] The state also 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 an effort to contribute to recruitment of staff, 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 fifty (50) hiring provider agencies registered to participate. Upon review of the outcomes of the Career Fair, which did result in some hires, the overall impact was not sufficient to support the ECDMH facilitating another Career Fair in 2024.

Providing training opportunities is often suggested as a retention strategy. In January of 2021, the ECDMH launched a monthly online collaborative 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 training 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 2023, the trainings had 2,682 attendees and over 1,300 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.
Update: Once the final report of the 2024 Workforce Survey is completed, the ECDMH

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[3] https://www.nysenate.gov/newsroom/press-releases/2024/senate-passes-2024-25-budget-addressing-critical-priorities-new#:~:text=The%20successful%20Senate%20inclusion%20of,the%20Executive's%201.5%25%20COLA%20proposal. Accessed 6/25/2024.

and provider agencies will review the results to determine if there are actionable strategies that can be implemented to support recruitment and retention.
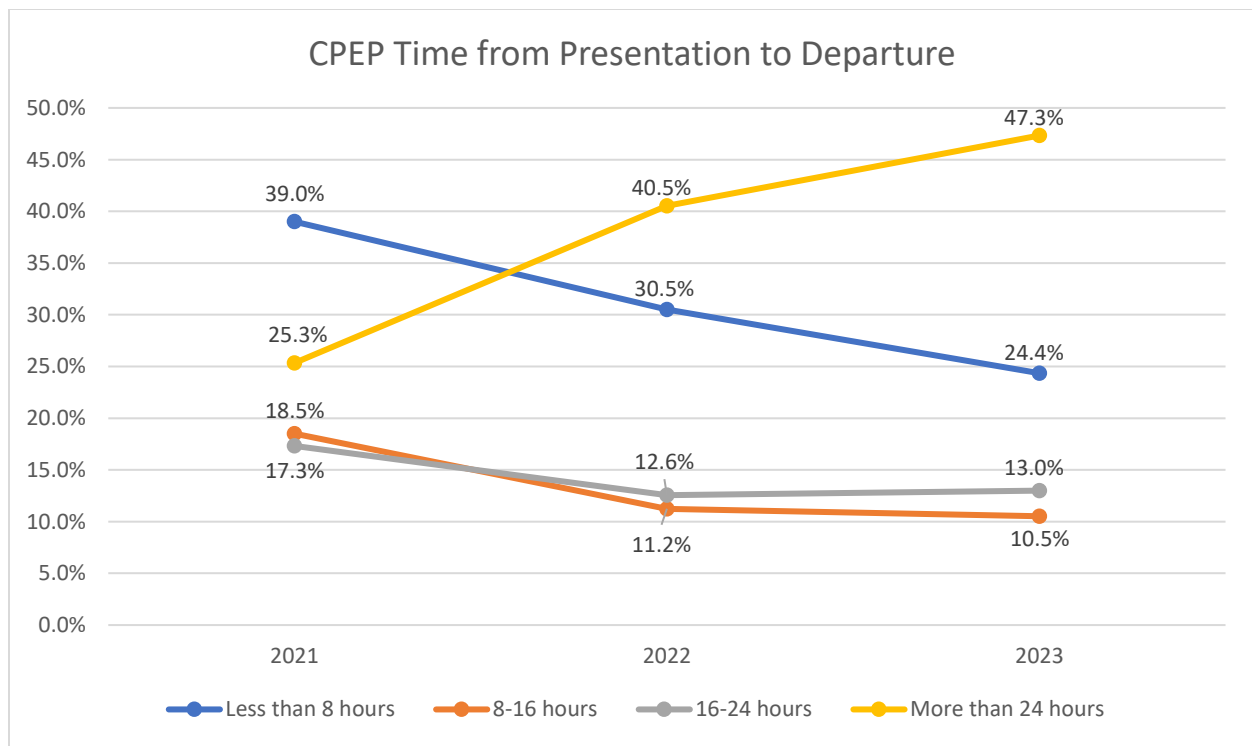
2) The ECDMH will assess the effectiveness of the 2023 Behavior Health and Human Services Career Fair to determine next steps.

Update: After review of the outcomes of the 2023 Career Fair, including number of individuals that participated and number of hires, the ECDMH decided not to hold the event in 2024.

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.

Update: The ECDMH did conduct a 2024 Workforce Survey and received thirty-one (31) responses from community providers. The Department has not yet completed the analysis of the data or released the final report.

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.

Update: In 2023 ECDMH hosted ten training sessions covering topics including Emergency Preparedness, Alzheimer's and Dementia, Equity, Continuous Quality Improvement, Cultural Humility and Gender-Affirming Care, Self-Care, Reentry, Making a Care Management SPOA Referral, Developing your Therapeutic Style, and Prevalent Drugs Used in WNY. There were a total of 976 participants in these trainings and 419 views of the training recordings in 2023. In 2024, ECDMH hosted 4 trainings through May, reaching 360 participants. The 2024 topics to date have included Anxiety and Panic Disorders, IDD and Multiple Diagnosis, The Art of Advocacy, and the Dark Side of Social Media.

5) The ECDMH will continue to advocate for more funding to support salaries for existing positions in the Systems of Care.

Update: $1.4 million per year for five (5) years of Opiate Settlement Funds is allocated to support recruitment and retention for eligible agencies.

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

Erie County Medical Center (ECMC) Comprehensive Psychiatric Emergency Program (CPEP) had 10,358 visits in 2021; 9,825 in 2022; and 9,704 in 2023. The number of visits to CPEP has decreased 6.3% in the past two (2) years and the number of unique patients has declined almost 9% from 2021 to 2023, from 7,064 in 2021 to 6,433 in 2023. 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 two (2) years. **The following table shows the CPEP Time from Presentation to Departure from 2021 to 2023**. The percentage of presentations from arrival time to discharge or inpatient admission that are 24 hours or less have decreased since 2021. Conversely, the percentage that are there for more than 24 hours has nearly doubled over the past two (2) years.

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 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 due to 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. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and CPEP). The Center opened in May 2023 and services that are available include Short-Term 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. Since relocating to the Kirsten Vincent Respite and Recovery Center, both the Respite and Renewal Centers have been able to serve many more guests. Recovery Options Made Easy has received approval to open an Intensive Crisis Respite and once they are able to hire the needed staff, that will provide an additional service at this site.

- **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, Hamburg, and the

Niagara Frontier Transit Authority (NFTA). From 2021 through 2023, the Behavioral Health Teams were deployed 1,889 times and successfully diverted individuals from the hospital or jail on 67% of the calls. 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. In the past year, two (2) departments that were previously involved in this project have pulled out. West Seneca and the Town of Tonawanda have decided to directly hire a clinician to work with their officers. The ECDMH is reaching out to these two departments to better understand their decision and how they envision the future of this version of a co-response team.

- **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. Service hours have expanded and are now available for walk-ins every day, including weekends and holidays, from 8 a.m. – 12 a.m. Services are also available virtually Monday through Friday from 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; in 2022 they had 1,215 visits; and in 2023 they had 1,531 visits and served 1,188 unique individuals (data is not available for 2020). There was a 26% increase in visits to the Help Center from 2022 to 2023. During 2023, 93% 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, launched a 911 Call Diversion program in October 2021. 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. In Quarter 4 of 2022, the 911 Call Diversion Program received one call, which the program was able to resolve without further action. In 2023, the program received sixteen (16) calls; half of which were from the City of Buffalo. Thirteen (13) of these calls were able to be resolved by the program, and three (3) required Mobile Outreach involvement.

- **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. BestSelf is in the final phase of securing the capital funds needed for this project and are hoping to be able to complete renovations by the end of 2024. The Center is expected to open in Quarter 1 of 2025.

- **Endeavor Stabilization Center:** EAST Haven, also known as the Healing Center, is a walk-in center for individuals experiencing distress or crisis in their life. EAST stands for: Encourage, Assist, Support, Together. Current hours are Monday through Friday, 9 a.m. to 5

p.m., with plans to expand service hours into the evening and weekends. They work with all individuals regardless of ability to pay. Individuals coming to the Center meet with a counselor and a peer specialist. The staff meets with the individual to discuss and deescalate current concerns, options and linkages for services. EAST Haven also provides screening and linkage services at community agencies where a care coordination agreement has been developed. The Center is funded through a grant from the Substance Abuse and Mental Health Services Administration (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 the summer of 2024, a clubhouse program is scheduled to open at this site which will expand the availability of services to those visiting EAST Haven.

OPWDD funded 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. Partners on the pilot included CSIDD, mental health crisis teams, and LGUs. The pilot involved 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. Implementation of the model launched in March 2023 and the planning group was closely monitoring implementation to resolve issues as they arose. The final report for this project is expected to be released shortly. The Final Report will include: information about the model, demographics of those served, lessons learned, strengths and opportunities, outcome data, and a Crisis Response Team Tool Kit for those interested in implementing the model.

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.

In addition to the diversion programs mentioned above, the ECDMH is also looking at opportunities to build system capacity that could provide diversion to a crisis earlier in the sequential intercept

continuum. The initial focus of these efforts is to explore solutions that would build agency and program capacity to respond to and mitigate crises for residential and housing programs.

The 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:

1. Monitor and evaluate the effectiveness of the interventions to determine the number of diversions and outcomes of the interventions.
   Update: Out of the CPEP diversion workgroup, there is now a larger community wide diversion work group that has emerged. This workgroup is exploring diversion services beyond its impact to CPEP. This group's assessment of services and workflow is in its initial stages.

2. The ECDMH will participate in workgroups to identify successes and challenges, work collaboratively to overcome barriers and challenges, and maximize the success of each intervention.
   Update: The ECDMH continues to facilitate and/or be a critical partner in 911 diversion call project designed to steer behavioral health calls to a behavioral health response instead of law enforcement when appropriate. In addition, a crisis response committee is mapping existing services and gaps. This is designed to better inform the community of existing services so that individuals are directed and/or elect the most appropriate level of care rather than defaulting to a CPEP presentation.

3. The 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.
   Update: As the various workgroups continue their resource and gaps analysis, the data review has not yet occurred.

4. 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.
   Update: The workgroup continues to meet and includes representatives of Erie County Medical Center (ECMC), providers offering diversion services, ECDMH, family members and past recipients of services. At the meeting of April 26, 2024, ECMC reported several measures which have been taken or are planned. These include, but are not necessarily limited to the following:

   - Furnishings to improve patient comfort have been put in place;
   - Additional agency nurses have been hired;

- Physical space is being addressed with a 2-million-dollar project that will improve office space, patient area expansion, physical space configured to facilitate a greater team approach and quiet areas;
- Capital funding request for CPEP was submitted on April 24, 2024;
- Staff of Mental Health Advocates Bridger collaboration have been given space and on-site computer access;
- As of May 1, 2024, alternative treatment interventions such as mindfulness exercises, trauma informed yoga, emotional freedom techniques, visualization and meditation exercises, energizing practices, occupational and recreational therapy have also been added;
- Recreational games and activities geared for adolescents are available; and
- The triage process has been modified and now includes social work staff.
  - The triage waiting room has been utilized to help shorten transfer time.

ECMC CPEP is tracking satisfaction and transfer time. There are early indications of progress, but more time is needed to properly assess outcomes.

5. The 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. See prior bullet for update.

6. Conduct community education about diversionary services and options. See prior bullet for update.

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."[4] 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. The repercussions of this shooting continue to affect our community.

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 Urban League, with funding from NYS, to work with community members and victims within a one-block radius of the grocery store. In 2023, the Community Health Center of Buffalo received a grant from the Department of Justice, Office for Victims of Crime, to serve the victims of this event and the families of the deceased, injured, and those present. These two organizations will work together and with other community partners to address the needs of those affected. The Buffalo United Resiliency Center will serve as a hub for victims, 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 14th 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 the ECDMH's ongoing and near-term initiatives.

Recognizing the critical importance of addressing racial equity at the systemic level, the 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 were integrated into the 2024 Local Planning cycle across the counties of New York State.

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

The 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, the 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. The 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 or hindering racial equity and which need to be changed to ensure equitable access. During 2022 and 2023, 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 (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 conducting deeper analysis of the available data and planning 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 (A-SPOA) 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.

Erie Path, an internet/smartphone app that provides a robust database of programs and services as well as informational material, has Google Translate built in so users can view all content in all of the languages available through Google Translate. In addition, promotional materials will be available in Spanish in the coming months. These materials are currently available in English.

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."[5] 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, 2022 and 2023 as well as Census data for Erie County is displayed in the table that follows**.

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

Contract Agency Personnel Report	2021		2022		2023		Erie County
	Count	Percent	Count	Percent	Count*	Percent	Census[6]
Number of ECDMH Funded Current Employees	1388	100%	1361	100%	1428	100%	
Number of Funded Current Employees by Race – Total	1388	100%	1361	100.0%	1425	100%	
Number of Funded Current Employees by Race – Asian	16	1.2%	25	1.8%	23	1.6%	4.8%
Number of Funded Current Employees by Race – Black/African American	367	26.4%	358	26.3%	408	28.6%	14.1%
Number of Funded Current Employees by Race – Declined to Answer	34	2.4%	17	1.2%	49	3.4%	n/a
Number of Funded Current Employees by Race – Native American or Alaskan Native	3	0.2%	5	0.4%	6	.42%	0.8%
Number of Funded Current Employees by Race – Native Hawaiian or Other Pacific Islander	3	0.2%	1	0.1%	0	0	0.1%
Number of Funded Current Employees by Race – Two or more races	63	4.5%	88	6.5%	74	5.2%	2.3%
Number of Funded Current Employees by Race – White	902	65.0%	867	63.7%	865	60.7%	77.9%
Number of Funded Current Employees by Ethnicity – Total	1388	100.0%	1361	100.0%	1428	100%	
Number of Funded Current Employees by Ethnicity – Hispanic or Latino	65	4.7%	74	5.4%	86	6.0%	6.1%
Number of Funded Current Employees by Ethnicity – Not Hispanic or Latino	1316	94.8%	1282	94.2%	1300	91%	73.5%
Number of Funded Current Employees by Ethnicity – Declined to Answer	5	0.4%	5	0.4%	42	2.9%	n/a
Number of Funded Current Employees by Gender – Total	1389	100.0%	1361	100.0%	1423	100%	
Number of Funded Current Employees by Gender – Male	344	24.8%	347	25.5%	366	25.7%	48.8%
Number of Funded Current Employees by Gender – Female	1044	75.2%	1012	74.4%	1054	74.1%	51.2%
Number of Funded Current Employees by Gender – Transgender/Gender non-conforming	1	0.1%	0	0.0%	2	.14%	n/a
Number of Funded Current Employees by Gender – Declined to Answer	0	0.0%	2	0.1%	1	.07%	n/a

Totals do not match because of slight inconsistencies with the data received.

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 almost 1,400 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.

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[6] https://www.census.gov/quickfacts/fact/table/eriecountynewyork,US/RHI725221#RHI725221 accessed 5/16/2024.

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 by 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.** In 2023, the most notable information is that the number of clients served who responded "Declined to Answer" for race increased three-fold. The ECDMH will follow up with agencies to better understand why this is happening.

Clients Served by Race	2021		2022		2023	
	Clients Served	Positive Outcome	Clients Served	Positive Outcome	Clients Served	Positive Outcome
Asian	2.0%	0.8%	1.9%	0.9%	1.0%	0.7%
Black/African American	22.0%	30.6%	21.5%	34.8%	19.7%	35.8%
Native American or Alaska Native	0.9%	0.8%	0.9%	0.9%	0.7%	1.5%
Native Hawaiian or Pacific Islander	0.1%	0.0%	0.2%	0.2%	<0.01%	2.1%
Two or More Races	5.9%	1.8%	5.7%	1.7%	3.4%	2.9%
White	61.8%	57.7%	61.7%	53.2%	47.8%	50%
Declined to Answer	7.2%	8.2%	8.0%	8.4%	27.4%	8.9%

Clients Served by Ethnicity	2021		2022		2023	
	Clients Served	Positive Outcome	Clients Served	Positive Outcome	Clients Served	Positive Outcome
Hispanic or Latino	8.3%	5.3%	8.1%	5.4%	6.0%	5.5%
Not Hispanic or Latino	82.3%	82.0%	78.9%	84.4%	76.3%	80.9%
Declined to answer	9.4%	12.6%	13.0%	10.3%	17.7%	13.6%

Based on the personnel and the client demographic data, the percentages of staff and clients by race are relatively close and largely stable over time. 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 worked 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 was accomplished by comparing treatment locations to the racial/ethnic and poverty level demographic data of the City of Buffalo and Erie County. The Racial Equity Analyses for Treatment System Reports, including maps, for chemical dependency and mental health services are available at www.erieridb.org under the Reports tab. These reports and maps are being 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 to 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, Erie County Government created the Office of Health Equity in 2021whose vision is,
> *"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 is,
> *"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."*

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.
   Update: The ECDMH Commissioner is a co-chair of the Reentry Coalition. The Coalition is a working group of the Greater Buffalo Racial Equity Roundtable. The Service Link Stop (SLS) is a multi-resource hub providing a judgement free environment for individuals to access programs and services that empower and help returning citizens, other justice involved individuals, and others in need or resources to facilitate their stability and thriving engagement in the community. Its goal is to improve outcomes for reentering citizens. While the operation of this service has transitioned to the Erie County Sheriff's Office, the ECDMH provided leadership, staffing, and oversight to the implementation and operations of the Service Link Stop (SLS) during its first three (3) years of operation. In 2023, 703 individuals (not unique) sought services at the SLS. This was a slight decrease from 717 in 2022.

2) The ECDMH will conduct data analysis of the A-SPOA and housing data and develop plan for next steps.
   Update: As of May 2024, A-SPOA has developed an Equity tool that will capture data related to race/ethnicity and gender to determine if there are apparent inequities in referrals to AOT, length of time on AOT and final disposition. This has become an aspect of A-SPOA operational data review. Once enough data is gathered, information will be shared with the community collaborative for discussion and action where indicated. A-SPOA Housing is collecting data regarding disposition of housing referrals by race and ethnicity for unlicensed, licensed, and emergency housing. Once

enough data is gathered, information will be shared with the community collaborative for discussion and action where indicated.

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, the ECDMH will review/analyze data for Diversion Services, Housing, and Clinics

Update: As there is a significant lag in receiving this data from community providers and the data collection platform has not been particularly easy to create and pull reports from, these efforts have been delayed. The ECDMH is exploring alternative tools for creating meaningful reports and displaying these reports in easily understandable ways. The ECDMH is also trying to reduce the labor required to generate and extract usable data. The ECDMH will work with the data available through the end of 2023 to conduct some preliminary analysis.

3) In collaboration with the Institute of Community Health Promotion Center for Health and Social Research at Buffalo State University, the ECDMH worked to 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.

Update: The ECDMH commissioned Racial Equity and Poverty Maps that illustrate outpatient clinic types for mental health, substance use and integrated services in Erie County. These maps and summary analysis were presented at a Behavioral Health Leadership meeting attended by behavioral health service providers and State representatives during the last Quarter of 2023. The maps, summary analysis and related detailed downloadable tables are publicly available at https://www4.buffalostate.edu/centers/chsr/ridb/ under the "Reports" function.

Reduce Overdose Deaths

Because of the ongoing crisis and the increase in overdose deaths, this priority has been added to the Erie County Department of Mental Health Local Services Plan. The Erie County Department of Mental Health (ECDMH), in partnership with the County Executive, the Erie County Department of Health (ECDOH), 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 increased use of Fentanyl, its derivatives, and increase in other drugs of abuse being laced with Fentanyl and its derivatives, deaths have increased every year since 2020.

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 and 2023 has been the worst yet.

The following table shows the number of opioid related deaths from 2014 through 2023 (Erie County Medical Examiner's Office, data as of 4/30/24).

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Opioid Related Overdose Deaths	127	256	301	251	191	156	246	286	307	366
All Fatal Overdoses		289	325	285	238	207	299	330	379	435

Over the past five (5) years there has been an increase in opioid deaths in Erie County related to Fentanyl. Further, the increase in Fentanyl related deaths with cocaine has increased significantly since 2017. Cocaine and Fentanyl were detected in 55% of all overdose deaths in 2023. Cocaine with no Fentanyl present was detected in 16% of overdose deaths. This means that cocaine was present in 71% of all the overdose deaths in 2023. This represents a notable shift as heroin and Fentanyl previously accounted for the vast majority of overdose deaths. In addition, 18 of the deaths in 2023 involved Xylazine and 36 involved methamphetamine. Because of the shift, the Erie County Opiate Epidemic Task Force has been renamed to the Erie County Overdose Prevention Task Force.

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 32% from 2018 to 2023. There has been a decrease in deaths among Whites from 79% to 65% in this same time period. There has been a decrease in deaths among individuals aged 20-29 years from 29% to 8% from 2018 to 2023 and an increase among persons aged 40-49 years from 14% to 21%, persons aged 50-59 from 17% to 23% and for those 60+ years of age from 8% to 22% from 2018 to 2023. The demographic of those dying from overdoses has swung to affect significantly more Blacks and older residents.

The table below shows the percentage of overdose deaths by Race/Ethnicity, Gender and Age from 2018 through Q1 of 2024.

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=307)	2023 Overdose % (N=366)	2024* Overdose % (N=144)
Race/Ethnicity								
White alone	79%	79%	78%	79%	73%	68%	65%	57%
Black or African American alone	14%	10%	10%	19%	22%	28%	32%	39%
Native Amer / Alaskan Native	.7%	N/A	N/A	2%	4%	2%	2%	4%
Hispanic	6%	7%	8%	10%	9%	12%	12%	10%
Gender								
Female	52%	30%	27%	30%	27%	31%	29%	31%
Male	48%	70%	73%	70%	73%	69%	71%	69%
Age								
20-29	14%	29%	22%	17%	19%	15%	8%	13%
30-39	13%	30%	29%	29%	30%	30%	29%	26%
40-49	11%	14%	19%	22%	23%	24%	21%	19%
50-59	14%	17%	21%	19%	18%	22%	23%	21%
60+	25%	8%	8%	12%	9%	10%	22%	20%

The ECDMH continues to be an active leader in the Erie County Overdose Prevention Task Force, formerly known as the Erie County Opiate Task Force, most notably serving as the Chair of the Treatment Subcommittee. The Department has also committed a significant portion of Opiate Settlement Funds awarded to the County to support workforce recruitment and retention to help address the staffing shortages that affect access to treatment and services for those suffering with addiction.

Reduce Overdose Deaths Goal
The ECDMH will work with providers and partners to reduce the number of deaths by overdose in Erie County.

Reduce Overdose Deaths Objectives:
1) The Erie County Department of Mental Health will continue to convene and facilitate the Treatment Subcommittee of the Erie County Overdose Prevention Task Force. This function also supports ongoing maintenance of the SUD Housing Inventory and efforts to identify and support additional housing resources for individuals in recovery.
2) The Department will continue to provide additional financial support using Opiate Settlement Fund dollars to ECDMH contract agencies receiving OASAS funding for the purpose of strengthening and stabilizing the workforce providing opiate abatement services. Further, the

Department will begin collecting data from these agencies to evaluate the impact of these funds in recruiting and retaining staff.

3) The Department will continue to participate and support the larger efforts of the Erie County Overdose Prevention Task Force, provide consultation and input in the County's decisions related to use of the Opiate Settlement Fund dollars, and advocacy to meet the community needs that contribute to overdoses in Erie County.

Update to 2024-2027 Goals and Objectives
Erie County Department of Mental Health

Amy Rockwood, Director of Planning and Evaluation
amy.rockwood@erie.gov

Goal 1

Title	OMH Housing
Update	

OBJECTIVES

Coordination of Housing resources to assist in the OMH Housing Transition of Care	Ongoing
Work collaboratively with the provider community to improve targeted outcomes in supportive housing	Ongoing

OBJECTIVE UPDATES

Goal 2

Title	SUD Housing
Update	

OBJECTIVES

Transitional Services	Ongoing
Housing Inventory	Ongoing
Additional SUD Housing Resources	Ongoing

OBJECTIVE UPDATES

Goal 3

Title	OPWDD Housing
Update	

OBJECTIVES

Support and Advocate	Ongoing
Collaboration with OPWDD	Ongoing

OBJECTIVE UPDATES

Goal 4

Title	Workforce
Update	

OBJECTIVES	
New Opportunities and Strategies	Ongoing
Career Fair	Complete
Workforce Survey	Ongoing
Training Series	Ongoing
Advocacy for Salaries	Ongoing
OBJECTIVE UPDATES	

Goal #5

Title	Diversion
Update	

OBJECTIVES	
Monitor Impact of Interventions	Ongoing
Community Collaboration	Ongoing
Impact on CPEP Utilization	Ongoing
Solution Focused Actions	Ongoing
Decision Tree	Ongoing
Community Education	Ongoing
OBJECTIVE UPDATES	

Goal #6

Title	Racial Equity and Diversity
Update	

OBJECTIVES	
County-wide Efforts	Ongoing
Adult SPOA and Housing	Ongoing
Data Analysis	Ongoing
Access to Services	Ongoing
OBJECTIVE UPDATES	

Local Services Plan 2025

Erie County Department of Mental Health

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

June 2024

Table of Contents

Executive Summary

Erie County has experienced significant challenges over the past several years including the pandemic, racial inequities and police violence, a racially motivated mass shooting at a grocery store in the City of Buffalo, and extreme weather events. 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. Each of these challenges has demonstrated that Erie County providers and the entire mental hygiene systems of care can quickly and effectively respond to the needs of the community.

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 staffing continues to be at crisis levels. 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 due to 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 few years, the cost of housing has increased 10% each year (https://www.realtor.com/realestateandhomes-search/Erie-County_NY/overview), demand outpaces the limited inventory, and the increases in interest rates have created an environment with few options for people in need of affordable housing.

Racial equity is also a significant issue in Erie County. Our community continues to heal after the racially motivated shooting on May 14, 2022, when a white man entered a busy grocery store in East Buffalo with his AK-47 and killed ten (10) Black people. This 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 accessing services in the mental hygiene of care. While many systems recognized the need for additional focus on racial equity prior to this and other race related incidents, these events elevated the need and priority to examine the factors contributing to systemic racial disparities and equity.

As with all of the issues described above, the COVID-19 pandemic shined 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, cross-system collaborations, and new services.

In Erie County we are also seeing a significant increase in the number of opioid related overdose deaths due to Fentanyl. Over the past few 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. The demographics of those dying from overdose deaths now include many more individuals aged 40 and above. In addition, we are also seeing Xylazine, in the street drug supply. While we had made significant strides in reducing the number of drug overdose deaths prior to COVID-19, the progress made has been lost over the past few 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 challenges that exist in the mental hygiene systems of care through partnership, collaboration, expanded use of data, and advocacy.

Mental Health Needs Assessment

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.

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 forty-seven (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.

New York State has recognized the challenges faced by communities to address the increased need for mental health and related services. In January 2024, the Centers for Medicare and Medicaid Services (CMS) approved the New York Health Equity Reform 1115 Waiver Amendment. This amendment expands the existing waiver to add the following goal: Advancing health equity, reducing health disparities, and supporting the delivery of health-related social needs (HRSN) services. HRSN are also known as social determinants of health-related needs. Under this waiver amendment, there will be additional investments in social care networks and strengthening the workforce and population health. The Social Care Networks component includes the creation of cooperative regional networks that will provide HRSN screening and referral services in the domains of housing, nutrition, transportation, and case management. The Strengthen the Workforce component includes a Career Pathways Training Program to create a reliable workforce pipeline through training and career advancement as well as establishing a Student Loan Repayment program for qualified providers who commit to serve Medicaid members or the uninsured. The Population Health initiatives include incentives for certain financially distressed not-for-profit hospitals to improve health outcomes, enhanced payments for Patient-Centered Medical Home primary care practices, Substance Use Disorder treatment services, creation of a Health Equity Organization to advance health equity, and continuous enrollment for eligible children aged 0-6 in Medicaid and Child Health Plus.

Even prior to the pandemic, providers told us that workforce shortages and the lack of qualified staff were 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 mental hygiene systems of care. Staffing continues to be reported as the greatest area of need by many providers. In Quarter 2 of 2022, the Erie County Department of Mental Health (ECDMH) conducted a Workforce Survey and received responses from thirty-three (33) provider agencies. The goal was to better understand the scale and scope of the challenges that providers were facing. In Quarter 1 of 2024, the ECDMH released the 2024 Workforce Survey to assess any changes over time. The ECDMH has not completed the full analysis of the 2024 data. The full 2022 Workforce

Survey   report   is   available   at:
https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf. The 2024 Workforce Survey report will be posted on the ECDMH's website and shared with our providers once it is completed.

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 one hundred fifty-five (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 fifty (50) agencies registered to participate. Upon review of the outcomes of the Career Fair, which did result in some hires, the overall impact was not sufficient to support the ECDMH facilitating another Job / Career Fair in 2024.

It is encouraging that New York State has funded workforce measures as part of the budget and the 1115 Waiver has committed $646 million in funding to support Career Pathways Training for eligible healthcare titles, many of which are within the behavioral health arena.

In 2023 the New York State Office of Mental Health (NYS OMH) announced that they will be requiring additional beds to 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 seventy-nine (79) new beds (fifty-three (53) will be in Erie County, and twenty-six (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. NYS OMH has been working with these hospitals to bring back this licensed capacity. While this increase in inpatient beds will help with throughput from Comprehensive Psychiatric Emergency Programs (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 for mental health and behavioral health admissions have been consistently trending downward over the past several years. While the percentages have had modest decreases year over year, the trend is in the right direction.

Readmissions at 30 days from any hospital for 2018-2023 are presented below (PSYCKES as of 4/1/2024 pulled 5/10/2024 and these are presented as the 2023 data) in the following table.

Indicator: Readmission (30d) from any Hospital								
	Erie				Statewide			
	2019	2021	2022	2023	2019	2021	2022	2023
MH to MH	10.29%	9.07%	8.8%	8.03%	12.27%	11.94%	11.3%	7.9%
MH to All Cause	13.69%	12.1%	11.0%	10.75%	15.87%	15.4%	14.2%	10.57%
Medical to Medical	9.91%	9.67%	9.7%	10.03%	9.65%	9.73%	9.8%	9.92%
Medical to All Cause	10.64%	10.43%	10.3%	10.64%	10.32%	10.36%	10.4%	10.54%
BH to BH	11.98%	11.84%	11.6%	11.2%	13.85%	13.55%	13.5%	11.07%
BH to All Cause	14.9%	14.79%	14.5%	14.26%	17.5%	17.13%	17.1%	14.07%
All Cause to All Cause	11.68%	11.32%	11.2%	11.31%	11.48%	11.37%	11.3%	11.19%

Avoiding readmissions is obviously important, but 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. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and CPEP). The Center opened in May 2023 and services that are available include Short-Term 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. Since relocating to the Kirsten Vincent Respite and Recovery Center, both the Respite and Renewal Centers have been able to serve many more guests. Recovery Options Made Easy has received approval to open an Intensive Crisis Respite and once they are able to hire the needed staff, that will provide an additional service at this site.

- **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, Hamburg, and the Niagara Frontier Transit Authority (NFTA). From 2021 through 2023, the Behavioral Health Teams were deployed 1,889 times and successfully diverted individuals from the hospital or jail on 67% of the calls. 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. In the past year, two (2) departments that were previously involved in this project have pulled out. West Seneca and the Town of Tonawanda have decided to directly hire a clinician to work with their officers. The ECDMH is reaching out to these two departments to better understand their decision and how they envision the future of this version of a co-response team.

- **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. Service hours have expanded and are now available for walk-ins every day, including weekends and holidays, from 8 a.m. – 12 a.m. Services are also available virtually Monday through Friday from 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; in 2022 they had 1,215 visits; and in 2023 they had 1,531 visits and served 1,188 unique individuals (data is not available for 2020). There was a 26% increase in visits to the Help Center from 2022 to 2023. During 2023, 93% 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, launched a 911 Call Diversion program in October 2021. 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. In Quarter 4 of 2022, the 911 Call Diversion Program received one call, which the program was able to resolve without further action. In 2023, the program received sixteen (16) calls; half of which were from the City of Buffalo. Thirteen (13) of these calls were able to be resolved by the program, and three (3) required Mobile Outreach involvement.

- **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. BestSelf is in the final phase of securing the capital funds needed for this project and are hoping to be able to complete renovations by the end of 2024. The Center is expected to open in Quarter 1 of 2025.

- **Endeavor Stabilization Center:** EAST Haven, also known as the Healing Center, is a walk-in center for individuals experiencing distress or crisis in their life. EAST stands for: Encourage, Assist, Support, Together. Current hours are Monday through Friday, 9 a.m. to 5 p.m., with plans to expand service hours into the evening and weekends. They work with all individuals regardless of ability to pay. Individuals coming to the Center meet with a counselor and a peer specialist. The staff meets with the individual to discuss and deescalate current concerns, options and linkages for services. EAST Haven also provides screening and linkage services at community agencies where a care coordination agreement has been developed. The

Center is funded through a grant from the Substance Abuse and Mental Health Services Administration (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 the summer of 2024, a clubhouse program is scheduled to open at this site which will expand the availability of services to those visiting EAST Haven.

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, "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 Workgroup is making good strides and is looking at internal (CPEP) and external opportunities for improvement.

In addition to the diversion programs mentioned above, the ECDMH is also looking at opportunities to build system capacity that could provide diversion to a crisis earlier in the sequential intercept continuum. The initial focus of these efforts is to explore solutions that would build agency and program capacity to respond to and mitigate crises for residential and housing programs.

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) all program types have high levels of occupancy. It should also be noted that the data provided for Supported Housing Community Services available from the state for 2022 and 2023 is inaccurate largely due to the lack of reporting by the provider agencies. For this reason, this data has not been included. **Percentage of occupancy by housing program types from 2017 through 2023 is shown in the following table**.

Program Type	2017	2018	2019	2020	2021	2022	2023
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%	88.9%	90.0%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%	87.1%	100%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%	93.6%	87.9%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%	94.3%	94.8%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%		

There continues to be a significant gap in requests for housing and an actual ability to house. There is inadequate affordable housing inventory and more risk aversion among landlords since the eviction moratorium. Practices such as credit checks and background checks are more widespread and can make housing more unobtainable for people who have difficult experiences in their past. Unlicensed supportive housing providers report that apartments whose costs are within the HUD Fair Market Guidelines more frequently do not meet HUD Housing Quality Standards, which further limits the options available to them.

In April 2024, OMH awarded a provider agency in Erie County fourteen (14) short-term transitional beds for adults with serious mental illness. This will be a new construction and a site has been identified

in Cheektowaga, close to the City of Buffalo border. This program is intended to serve adults with serious mental illness who require enhanced clinical and rehabilitative supports to secure more permanent housing. The program may accept referrals for individuals discharging from an Article 28 or 31 hospital, individuals discharging from State PC Extended Treatment Units (ETUs), individuals who are experiencing street or sheltered homelessness, individuals who are reentering the community from state prison, individuals 18 or older discharging from Residential Treatment Facilities (RTFs), and individuals currently enrolled in and are at risk of losing OMH funded or licensed housing without a period of added supports. Referrals for individuals discharging from hospitals (Article 28 or 31, or ETUs) should be given priority access. Referrals from other sources should be waitlisted in deference to any hospital referrals. Within this target population group, individuals with an Assisted Outpatient Treatment (AOT) must receive priority access. This program may serve individuals with residency in other counties, provided they can access services in their home county.

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 as well as circumstances that are unsuitable for licensed housing. 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. The ECDMH is working towards strategies to improve employment outcomes for housing programs contracted through the ECDMH. Priorities of this work include changing the mindset that people with serious mental illness (SMI) cannot work and promote a culture of workforce development.

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 may also keep some people from entering the field.

Stigma around mental illness continues to be a challenge. The ECDMH, in partnership with sixteen (16) other organizations, was a founding member of 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 113 members. The Erie County Anti-Stigma Coalition has created a highly interactive website at https://letstalkstigma.org/, and is creating a community conversation about mental illness and stigma. As of May 13, 2024, 4,117 people have taken the Pledge to End Stigma. In 2023, there were almost 10,000 visitors to the website. The Coalition also has a Facebook page on which they host live events. In 2023, they hosted eight (8) Facebook Live events which had a total of nearly 187,000 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 the COVID-19 pandemic, 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. In March 2020, within a matter of just a few weeks into the pandemic, NYS Medicaid claims for mental health services went from less than 1% for telemental health, to over 85% for telemental health. The percentage of telemental 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. In 2023, 37% of claims for Erie County residents were for telehealth services (data provided by request from NYS OMH). While the percentage of services delivered via telehealth has been declining, it is still a commonly used method for delivering mental health care.

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 2023, the FMH Department had upwards of 15,000 documented interactions with incarcerated individuals including medication clinics, mental health, and co-occurring substance abuse disorder (SUD) treatment; this is up 50% from 2022. To meet these 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 conducts groups to provide treatment for the unique needs of those with serious mental illness, individuals with disciplinary sanctions, those with substance abuse disorders, and individuals with co-occurring disorders, to name a few. In collaboration with the Erie County Sherriff'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 connects individuals leaving custody with a comprehensive set of services to help them stabilize in the community and lead better, healthier lives. The Department of Mental Health served as the lead since the launch of the SLS. In late 2023, the Erie County Sherrif's Department took over operations and will continue to offer this important service to individuals leaving custody.

While the SLS represents one end of the Sequential Intercept Model, Crisis Services provides Crisis Intervention Training (CIT) 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. This grant will be ending in September 2024 and Crisis Services is in the process of identifying funding to support the CIT Trainer going forward.

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.

In 2023, a collaboration was established to address the increase of students/youth of all age groups experiencing increased anxiety and behavioral health issues at school and home. The SMART Collaborative, which stands for, "Supporting Mental Health by Advocating for Resources Together," 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, social, and 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 that 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. Initially the program was awarded funds for forty-eight (48) slots to be shared between Erie and Niagara Counties, but due to staffing issues slots have been reduced to thirty-six (36). Youth Act intake has been closed for several weeks this year due to staff shortages.

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 HHSC through the Medicaid Analytics Provider Portal (MAPP). The Children's SPOA also prepares HHSC 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 to early 2024.

Children's SPOA continues 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.

Additionally, Erie County Mental Health Children's division has been a member of the SMART (Supporting Mental Health by Advocating for Resources Together) Collaborative Steering Committee since its inception in late 2022. The mission of SMART is to promote interagency collaborations that champion supports for the mental health of all youth and families in Erie County.

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 saw increases in the number of referrals in the years leading up to COVID-19. In 2020, the number of referrals fell 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 Homeless Services Collaborative had an increase in referrals in 2021, which could be related to the financial hardships of COVID-19 on families, particularly those affected by mental health challenges, but those referral numbers lessened in 2022. In 2023, the number of referrals started to increase; although modestly.

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. During the 2022-2023 academic school year, about 700 students received individual counseling through one of these satellite school-based clinics. Pre and post assessments revealed that the top presenting problems for students receiving mental health treatment were: Adjustment Disorders, Traumatic Events & PTSD, and Generalized Anxiety Disorder. Providers have shared that students and families continue to experience the long-term impact of COVID-19 and isolation of the pandemic, as well as the racially motivated mass shooting that occurred on May 14, 2022. To accommodate families, clinical staff have continued strong collaborations with school personnel to identify students and families in need of services, and work alongside each other to make sure those students receive services successfully.

Since the pandemic, outpatient clinics have continued to struggle to maintain clinical staff. Though there was some improvement during the 2023-2024 academic school year, clinics continue to have vacancies or turnover of clinicians, which directly impacts the students and families receiving services through the clinics. To address this, Say Yes Buffalo in partnership with the members of the Mental Health Task Force, have worked to add on new partnerships and services that can supplement schools with vacancies. For example, through the support of NYS OMH, children's psychiatrists have had the ability to provide psychiatric case consultation and professional development during the school day or on Superintendent Conference Days. This has resulted in systematic changes and increased preventive measures within school buildings to address the mental health needs of students. Youth Peer Advocates are also available for individual mentoring and group mentoring services, and some private practitioners have also modified their service delivery to help fill the gaps where schools have clinician vacancies.
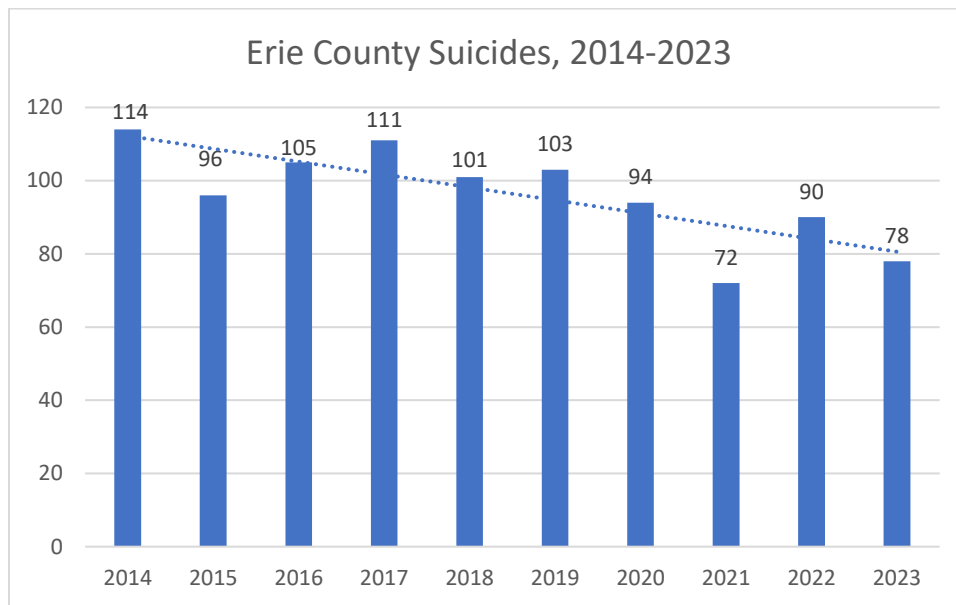
Looking ahead to the summer of 2024, the Buffalo Public School District is considering a partnership with Say Yes Buffalo and all the outpatient mental health clinics to invest in group counseling sessions for students attending Say Yes Buffalo summer camps. Clinicians from the partnering agencies, already embedded in the Buffalo Public Schools, would provide these services based on the presenting needs of students. Group sessions would also take place throughout the 2024-2025 school year during the school day across the entire school district. Additionally, Say Yes Buffalo has applied for, and been awarded, supplemental funds for the satellite clinics to increase success of service delivery within clinics and reduce staff attrition. The supplemental funds could be used for hiring / mid-year bonuses, to supplement "no-show" appointments for when students are absent, the purchase of materials and equipment, etc.

During the 2021-2022 academic school year, there were 2,466 unique clients served by the seven (7) school-based clinics. In the 2022-2023 school year, 3,756 unique clients were served. This is a 52% increase. To date, for the 2023-2024 academic year, the school-based clinics have served 1,359 unique individuals.

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," was launched in October 2023 and provides a user-friendly platform to find programs and services as well as informational materials. While the initial intent was to include services to help children and young people, the database also includes resources for adults. To date, Erie Path includes nearly 700 programs and services, and over 1200 informational materials. Within the first six (6) months, Erie Path had over 107,000 visitors with almost 9.4 million hits. Erie Path has been extremely well-received by the community and the ECDMH continues to refine the app and build the databases of resources.

An issue that affects both young people and adults is suicide. **The following table shows the numbers of suicides per year in Erie County from 2014 to 2023**. Data was provided by the Erie County Department of Health Medical Examiner's Office. The overall trend continues to be decreasing despite the increase from 2021 to 2022. The County remains vigilant and continues to work to prevent suicide.

As has been the case in previous years, deaths by suicide are much higher for males than females. In 2023, 69% of suicide deaths were male and 31% were female. It should be noted that the percentage of deaths by suicide overall has been decreasing over the past few years and this is largely due to a decrease in the number of deaths by suicide by males. In 2023, the age groups with the highest number of suicides are those aged 30-39 and aged 60-69. There was also an increase in suicide deaths for individuals aged 70-79. The most common methods were gunshot wounds (28 deaths) and hanging (27 deaths). Drug overdoses accounted for nine (9) of the suicide deaths in Erie County in 2023.

The Suicide Prevention Coalition of Erie County ("the Coalition") was established in 2012. The ECDMH provides partial funding for 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.

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 2023, firearms accounted for 36% 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 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, and 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/.

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. In 2023, 6,645 988 calls were answered in Erie County.

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 updated 5/10/2024). Please note that Western NY includes nineteen (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	5/2024
Erie County	231	257	265	258	238	226	204
Western NY	558	625	590	653	616	592	545
Statewide	3,261	3,340	3,174	3,363	3,484	3,559	3,469

There appears to be disparity in those who are receiving AOT services based on race and ethnicity. According to the NYS OMH AOT Report as of May 2024, in Erie County: 48% of recipients are White, 37% are Black, 12% are Hispanic, 1% are Asian, and 2% are classified as Other. The percentage of Blacks receiving AOT is significantly higher than their representation in the overall population. These percentages are very similar to the 2023 data.

The ECDMH Adult Single Point of Access (Adult SPOA / 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 share the data and educate referral sources and community providers 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 dedicated SPOA dashboard website has been developed and the purpose of this site is to report 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 SPOA 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 sixty-seven (67) active monthly clients that benefit from this service. This has increased from the prior year when there was an average of forty-three (43) active monthly clients receiving 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 the Community Services Board (CSB) and the Mental Health Subcommittee for this plan as well as incorporated input received from providers and consumers throughout the past year.

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

1) 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;
   d. 988; and
   e. Increased community supports for crisis prevention.
2) Workforce
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/or projects that the department 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 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 new services help to address many

service gaps, workforce shortages 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. The ECDMH and our community of providers will continue to move the system forward to ensure access to appropriate services and quality care.

Substance Use Disorder Needs Assessment

The Erie County Department of Mental Health (ECDMH), in partnership with the County Executive, the Erie County Department of Health (ECDOH), 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 increased use of Fentanyl, its derivatives, and increase in other drugs of abuse being laced with Fentanyl and its derivatives, deaths have increased every year since 2020.

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 and 2023 has been the worst yet.

The following table shows the number of opioid related deaths from 2014 through 2023 (Erie County Medical Examiner's Office, data as of 4/30/24).

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Opioid Related Overdose Deaths	127	256	301	251	191	156	246	286	307	366
All Fatal Overdoses		289	325	285	238	207	299	330	379	435

Over the past five (5) years there has been an increase in opioid deaths in Erie County related to Fentanyl. Further, the increase in Fentanyl related deaths with cocaine has increased significantly since 2017. Cocaine and Fentanyl were detected in 55% of all overdose deaths in 2023. Cocaine with no Fentanyl present was detected in 16% of overdose deaths. This means that cocaine was present in 71% of all the overdose deaths in 2023. This represents a notable shift as heroin and Fentanyl previously accounted for the vast majority of overdose deaths. In addition, 18 of the deaths in 2023 involved Xylazine and 36 involved methamphetamines. Because of the shift, the Erie County Opiate Epidemic Task Force has been renamed to the Erie County Overdose Prevention Task Force.

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 32% from 2018 to 2023. There has been a decrease in deaths among Whites from 79% to 65% in this same time period. There has been a decrease in deaths among individuals aged 20-29 years from 29% to 8% from 2018 to 2023 and an increase among persons aged 40-49 years from 14% to 21%, persons aged 50-59 from 17% to 23% and for those 60+ years of age from 8% to 22% from 2018 to 2023. The demographic of those dying from overdoses has swung to affect significantly more Blacks and older residents.

The table below shows the percentage of overdose deaths by Race/Ethnicity, Gender and Age from 2018 through Q1 of 2024.

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=307)	2023 Overdose % (N=366)	2024* Overdose % (N=144)
Race/Ethnicity								
White alone	79%	79%	78%	79%	73%	68%	65%	57%
Black or African American alone	14%	10%	10%	19%	22%	28%	32%	39%
Native Amer / Alaskan Native	.7%	N/A	N/A	2%	4%	2%	2%	4%
Hispanic	6%	7%	8%	10%	9%	12%	12%	10%
Gender								
Female	52%	30%	27%	30%	27%	31%	29%	31%
Male	48%	70%	73%	70%	73%	69%	71%	69%
Age								
20-29	14%	29%	22%	17%	19%	15%	8%	13%
30-39	13%	30%	29%	29%	30%	30%	29%	26%
40-49	11%	14%	19%	22%	23%	24%	21%	19%
50-59	14%	17%	21%	19%	18%	22%	23%	21%
60+	25%	8%	8%	12%	9%	10%	22%	20%

Treatment access and availability are very important to the overall prevention 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. Please note that starting in 2019 and 2020 the way data was collected has changed. For example, with the conversion to Part 820 only one (1) intake is counted per person even when they transition to other levels of care. Previously, an intake would have been counted for each transition. While this appears to have reduced the number of individuals accessing residential services, this is not the case. In 2023 there was a significant increase in the number of intakes to inpatient and outpatient treatment. **The following table displays Admissions to various treatment types for Erie County residents from 2015-2023** (https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS/InquiryReports accessed 5/16/2024).

County Residents Report Admission Transactions

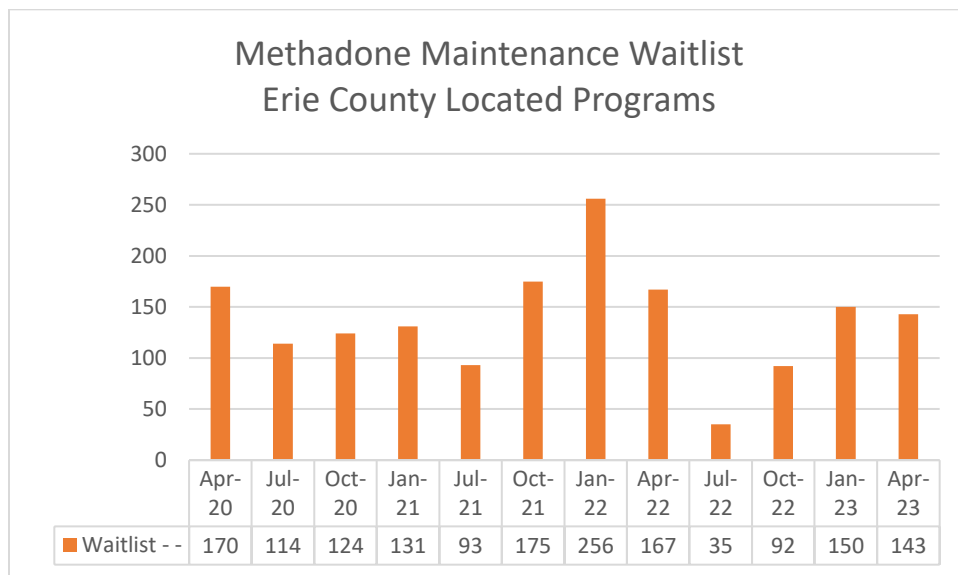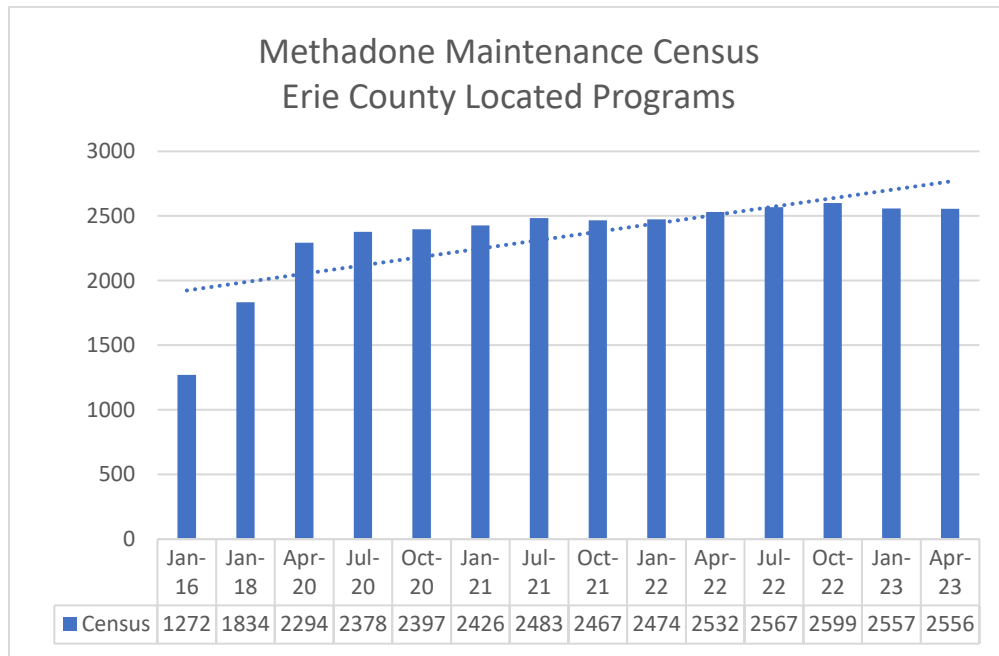| Erie County	2015	2016	2017	2018	2019	2020	2021	2022	2023
Inpatient	1176	1102	743	721	674	458	269	258	388
Methadone	404	538	437	396	538	304	297	771	240
Outpatient	9014	8777	9789	9245	8052	5590	4657	3429	5498
Residential	606	685	1065	1069	1095	962	1058	568	651
Crisis	3232	2479	1502	1896	2406	2378	2411	1872	1934
Total	14432	13581	13536	13327	12765	9692	8692	6896	8711

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 forty (40) new inpatient beds at their St. Joe's Campus, which will greatly assist with access to SUD inpatient care. Utilization of these beds has been approximately half of capacity.

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 ten (10) Medically Supervised Detoxification beds at Horizon Health on Elm Street. Horizon Health also has 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. Capacity for Methadone Maintenance has been increased over the past several years and previously had significant waitlists. Capacity increases are largely due to new programs coming online as well as regulatory relief that more readily allowed for an expanding census. As of May 31, 2024, according to the data available in OASAS Apps, the total census for the Erie County methadone treatment providers was 2,267, which is lower than previous reports. The reduction in the census may be at least partly related to a new clinic that opened in 2023 in Cattaraugus County. There are only five (5) people currently on a waitlist. **The following charts display the census and number of individuals on a waitlist for Methadone maintenance from 2020 through April of 2023.**

Methadone Maintenance Census
Erie County Located Programs

	Jan-16	Jan-18	Apr-20	Jul-20	Oct-20	Jan-21	Jul-21	Oct-21	Jan-22	Apr-22	Jul-22	Oct-22	Jan-23	Apr-23
Census	1272	1834	2294	2378	2397	2426	2483	2467	2474	2532	2567	2599	2557	2556

Methadone Maintenance Waitlist
Erie County Located Programs

	Apr-20	Jul-20	Oct-20	Jan-21	Jul-21	Oct-21	Jan-22	Apr-22	Jul-22	Oct-22	Jan-23	Apr-23
Waitlist - -	170	114	124	131	93	175	256	167	35	92	150	143

When the survey was conducted in 2023, 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. As of May 31, 2024, according to the OASAS Apps data, the five (5) individuals on a waitlist were all Erie County residents. Changes have been made regarding the transportation rules since the 2023 survey was conducted.

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 five (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 as well.

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. The ECDMH has allocated $1.4 million per year for five (5) years 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. In 2024, we will start to collect data regarding the impact of these funds on stabilizing the workforce. Additional

funds are being made available through Requests for Proposal (RFP) processes to support the approved uses of the Opioid Settlement Fund (OSF) dollars. To date, awards have been made to support a County-wide media awareness campaign and to support harm reduction projects. In June 2024, the County announced that $5.9 million of OSF dollars have been awarded to support programs and services including, but not limited to, case management, CASAC scholarships, legal services, peer training, drop in services, parenting programs, re-entry, motivational interviewing training, and housing.

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 were 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, now known as the Erie County Overdose Prevention Task Force. Fentanyl and Xylazine 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. 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 two (2) years, 48 SUD specific beds have come on-line or soon will become active, twelve (12) of these beds are funded by the ECDMH and utilize the best practice of Critical Time Intervention (CTI).
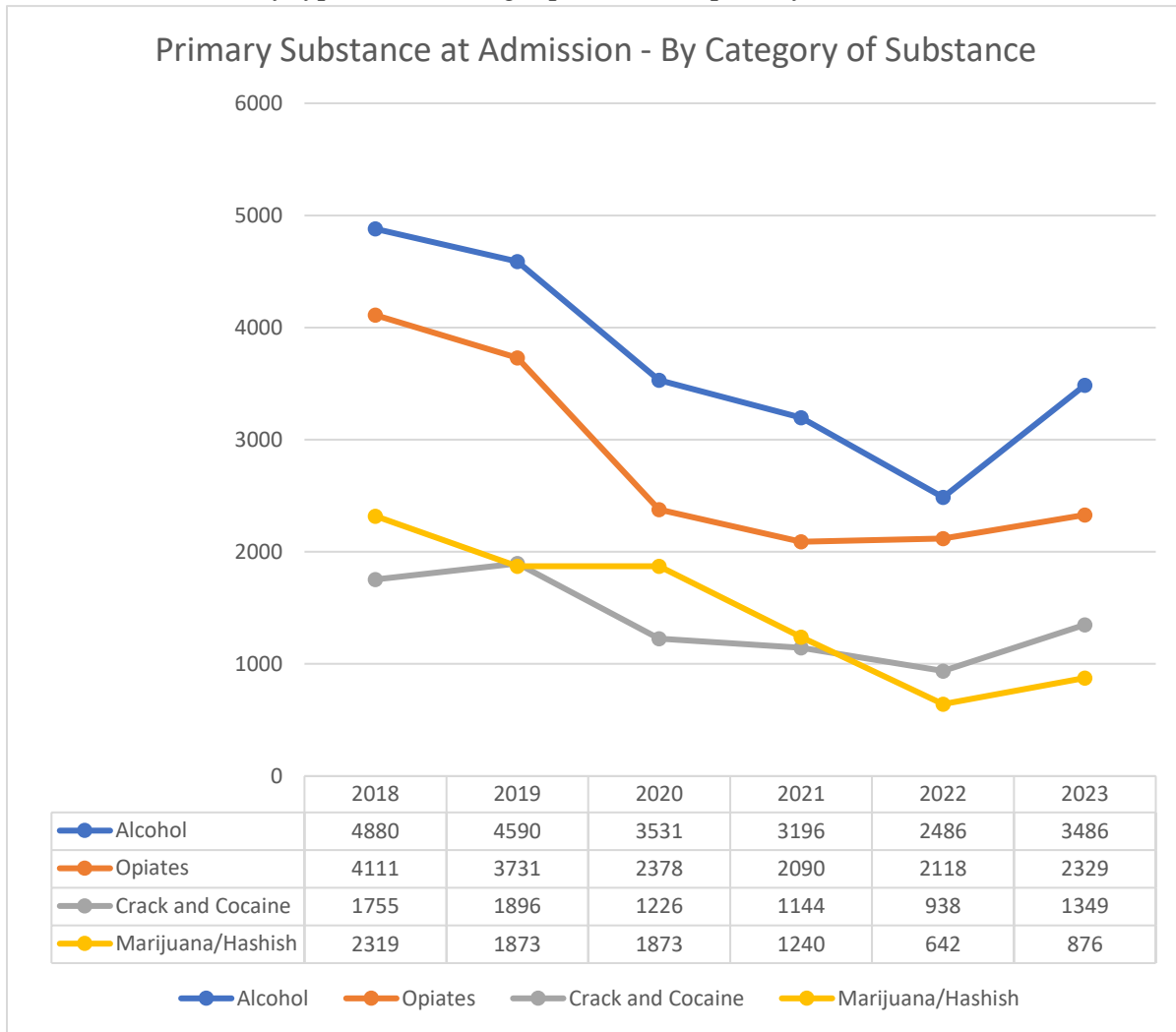
In addition, there is currently an NYS Empire State Supportive Housing Initiative (ESSHI) project under construction with Living Opportunities of DePaul that will dedicate six (6) beds to the SUD population with additional beds available, if needed. This is expected to be completed in March of 2025. 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.
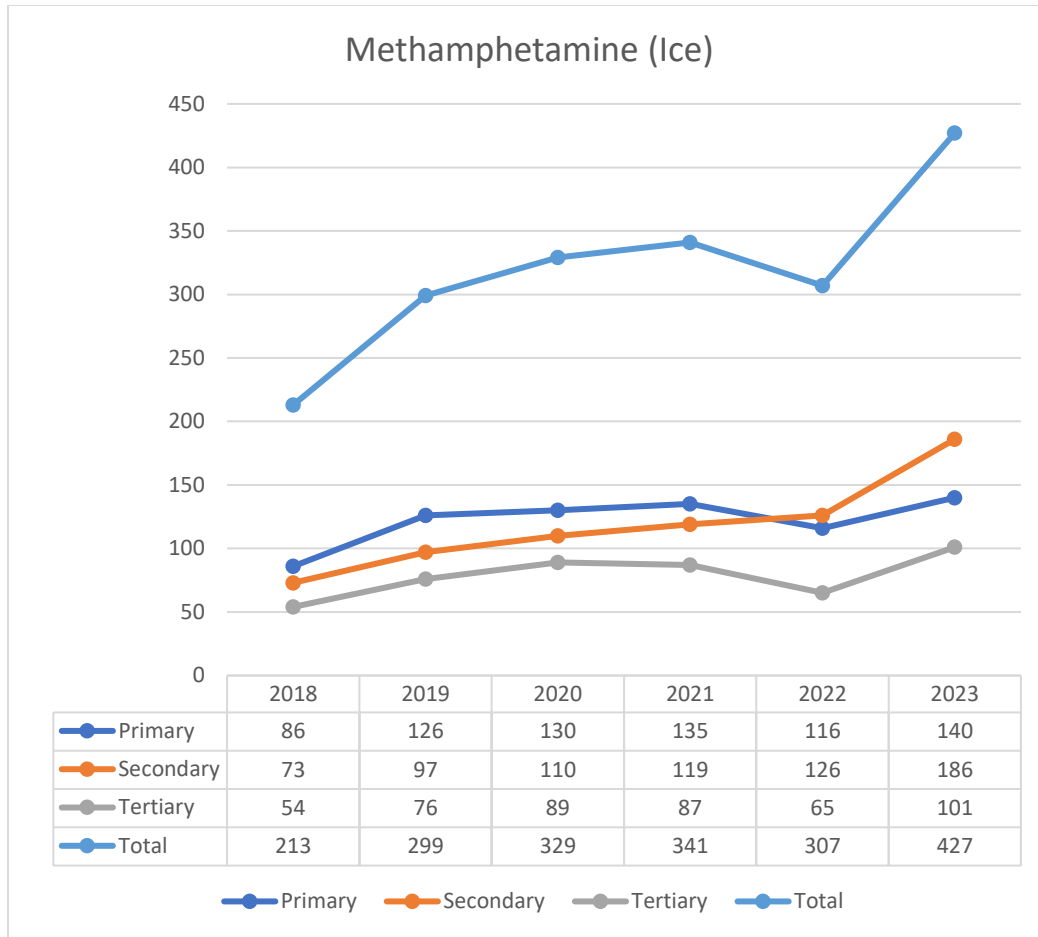
Over the past few years, NYS OASAS has implemented Designations for treatment providers for Gambling and working with LGBTQ+ individuals. Recently, OASAS has announced that it will be rolling out a new designation, one that will focus on the needs of Adolescents. The Adolescent Program Designation will be an optional operating-system enhancement for OASAS-certified programs delivering high quality, evidence-based treatment services to adolescents with a substance use disorder. This designation will demonstrate a program's commitment to adolescent best practices and will help families locate providers who specialize in adolescent treatment with greater ease. Providers will need to apply for this designation.

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 2018 through 2023**. *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 Category of Substance

	2018	2019	2020	2021	2022	2023
Alcohol	4880	4590	3531	3196	2486	3486
Opiates	4111	3731	2378	2090	2118	2329
Crack and Cocaine	1755	1896	1226	1144	938	1349
Marijuana/Hashish	2319	1873	1873	1240	642	876

A substance that is being watched is Methamphetamine. Over the past ten (10) years, the number of admissions involving methamphetamine has gone from 29 in 2012 to 427 in 2023. While the numbers are comparatively small compared to all admissions, we will continue to watch this data point as it may signal the next emerging crisis in our community. **The following graph shows the changes over time and if methamphetamine is identified as the primary, secondary or tertiary substance**. Methamphetamine is now most often reported as the secondary substance at admission.

Methamphetamine (Ice)

	2018	2019	2020	2021	2022	2023
Primary	86	126	130	135	116	140
Secondary	73	97	110	119	126	186
Tertiary	54	76	89	87	65	101
Total	213	299	329	341	307	427

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, school districts, and the services currently available, so providers can target new service sites to those 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 is below. The Gaps and Barriers Analysis has not been fully updated for 2024 yet but is anticipated to be completed by August 2024.

- 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.

The vast majority of prevention services are evidence-based classroom programs provided in local Erie County School Districts. Since COVID-19, 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 that occurred 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.

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 21st 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. Another service (not previously referenced) is being implemented to address the crisis. The ECDMH applied for and was awarded, an **Adult Drug Treatment Courts (ADTC)** grant funded by the Bureau of Justice Assistance (BJA) to implement the

MISSION-CJ case management model in five (5) drug courts in the 8th Judicial District. MISSION-CJ (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking for Criminal Justice), is an integrated set of evidence-based practices that incorporates Critical Time Intervention (CTI), case management, Dual Recovery Therapy, Peer Support, and Trauma Informed Care as the core treatment elements. This program focuses on high-risk opiate users in Erie County. This program blends high intensity case management and therapy, with additional community supports. The ADTC grant started in October 2022 and runs through September 2026. This project also uses the Brief Trauma Questionnaire which is showing promise as a therapeutic tool.

In order to collect community input for the plan, the ECDMH consulted with dozens of agencies and program leaders, facilitated a discussion with the Prevention and Addiction Services and Supports Subcommittee (formerly the ASA Subcommittee), and facilitated focused discussions around the Opioid Settlement Funds.

The Prevention and Addiction Services and Supports Subcommittee (PASSS) of the Community Services Board was asked to identify their top priorities for the coming year. They identified the following:

1) Workforce;
2) Opioid epidemic;
3) Overdoses;
4) Stimulant use
5) Older populations
6) Monitoring what is happening with cannabis as more stores are opening

The priorities have shifted since last year as the demographics of those who are overdosing on opiates has changed to cocaine users and an older population.

During the discussion with the PASSS Subcommittee, the group recommended adding a priority addressing the increase in overdose deaths in Erie County. This priority has been added to the priority areas identified by the County.

Previously, the PASSS has also expressed 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 PASSS 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.

For the 2024 Local Services Plan, 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 was repeated in 2024 to assess if there have been any improvements. The responses are currently being analyzed and a full report, including comparisons with 2022 Workforce Survey results, will be posted as soon as it is completed.

In order to assist with the workforce 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 fifty (50) provider agencies. Based on the positive response to the 2022 event, the ECDMH sponsored a Behavioral Health and Human Services Career Fair in June of 2023, which targeted recruitment of new graduates. While both of these events yielded some new hires, the ECDMH decided not to sponsor a Career Fair in 2024 as the costs and effort required outweighed the benefits.

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

The COVID-19 pandemic had a profound impact on persons receiving Office for People with Developmental Disabilities (OPWDD) services. The pandemic brought on social isolation, increased anxiety and many other mental health concerns for this population. Many OPWDD service recipients lost services, experienced delays in accessing services, or were unable to access services. Telehealth services were helpful to some, particularly for those who face barriers due to transportation issues, but for many others, telehealth was not found to be an adequate method for delivering the services that people with intellectual and / or developmentally disabilities 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 the 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 (CSB) and the Intellectual/Developmental Disabilities (I/DD)Subcommittee have identified a number of priorities for the 2025 Local Services Plan related to the Intellectual and Developmental Disability (I/DD) System of Care. The I/DD Subcommittee priorities are the same as last year. The top priorities that they identified include:

1. Workforce Crisis;
2. Creating available, affordable, and accessible universal housing;
3. Crisis management for families;
4. Access to MH services including suicide prevention, dual diagnosis;
5. Criminal Justice-Forensic numbers increasing;
6. Advocacy- Significant cuts to services including residential, CCOs;
7. Continue CPEP Workgroup;
8. Stigma;
9. Transportation;
10. Early Intervention; and
11. OPWDD Promotion of available services.

Through discussions with the I/DD Subcommittee, there is consensus that all of the services, or lack of services, are interconnected and directly affect the wellbeing of the individuals served. Many of the services, if not all, are impacted 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, that individual may need crisis intervention or have to go to CPEP which could result in a long-term stay in the hospital 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 worsened, 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 due to the funding code and requirement for a voluntary match. While the agencies appreciated the much-needed COLA, the voluntary match requirement offsets the intended benefit. Agencies and the ECDMH continue to advocate so that the OPWDD can rectify this funding code issue so a voluntary match would no longer 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. At that time, I/DD agencies were struggling the most because of vacancies in the Direct Care, Associate's Degree or no degree required roles. Six (6) of the respondents represented I/DD providers and reported that they have nearly 3,500 Direct Care, Associate Degree or no degree required positions and had 748 vacancies in these roles, which were 21.4% of their direct care staff. The full 2022 Workforce Survey Report is available at https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf. The ECDMH repeated the Workforce Survey in 2024 to determine if there have been any improvements. The data is still being analyzed and the 2024 Workforce Survey will be released and shared as soon as it has been completed. The 2024 Workforce Survey will include a comparison to the 2022 results.

In order to assist with the workforce crisis, the ECDMH hosted and facilitated a Behavioral Health and Human Services Job Fair in collaboration with the provider community, in September of 2022 that was attended by fifty (50) hiring provider agencies. Because of the positive response, in June 2023 the ECDMH hosted the Behavioral Health and Human Services Career Fair. Again, Fifty (50) hiring provider agencies signed up to participate. The 2023 Career Fair was targeted to new graduates, as well as the general population. Upon review of the outcomes from the Career Fair, which did result in some hires; the overall impact was not sufficient to support the ECDMH facilitating another Career Fair in 2024.

Based on data provided by OPWDD, there were 8,064 individuals in Erie County receiving OPWDD services through June 2023. This is an increase from 2022 (7,804) and 2021 (7,712). The number of individuals served has been increasing incrementally since 2018. Total Medicaid payments in 2023 for these services were $470,862,640, up 11% from 2022 ($422,480,8840). In 2023, the average Medicaid payments per person was $58,391, this is up from $55,779 in 2022 marking an increase of nearly 5%.

Crisis Intervention: OPWDD funded 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. Partners on the pilot included New York Systemic, Therapeutic, Assessment Resources and Treatment (NYSTART) / Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD), mental health crisis teams, and LGUs. The pilot involved 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. Implementation of the model launched in March 2023 and the planning group was closely

monitoring implementation to resolve issues as they arose. The final report for this project is expected to be released shortly. The Final Report will include information about the model, demographics of those served, lessons learned, strengths and opportunities, outcome data, and a Crisis Response Team Tool Kit for those interested in implementing the model.

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 2023, there were 1,254 recipients of respite services in Erie County. This is an increase from 2022 (1,067 recipients) and 2021 (1,043 recipients).

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. The I/DD 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 2023, 2,327 individuals received Certified Residential Services. In 2022, 2,343 individuals received this service. There seems to be a slow decline over the past several years; down from 2,449 in 2018.

Certified Residential Services have had serious staffing shortages, and this affects the number of slots that are available. Also, the housing market and the time it takes to obtain OPWDD approvals has made acquiring new properties very difficult. Provider agencies have tried to be creative in making beds available, often by consolidating beds at fewer locations to reduce the impact of workforce shortages. For individuals seeking a Certified Residential placement, there is a very long wait list. There are not enough Certified Residential slots and few new opportunities have been added. People on the 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 would be 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. 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. In 2023, 1,520 individuals in Erie County received Self-Directed Supports. This is an increase from 2022, when 1,215 individuals received this service.

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

Individuals on the I/DD 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.

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

This may contribute to stigma, or at the very least, a misunderstanding regarding the needs of people with I/DD.

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 7,932 individuals in Erie County that received Care Coordination services in 2023. This is an increase from 2022, when 7,699 individuals in Erie County received this service.

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, Erie County Department of Health (ECDOH), NYS Office of Addiction Services and Supports (NYS OASAS), and NYS OMH.

Prevention and Early Intervention
The Erie County Early Intervention Program has reported an increase in referrals with approximately 3,000 referrals received in 2023. Of these, approximately 85% receive an evaluation. Of those that do not receive an evaluation, most change their mind or do not respond to follow up from the program. Typically, two (2) in three (3) children evaluated for Early Intervention are found to be eligible for services.

Early Intervention is still facing significant challenges keeping service providers. These providers cite inadequate reimbursement for these services as a reason they are leaving or not choosing to serve this population. There was advocacy to increase reimbursement by 11% in order to maintain an adequate service provider base, but the increase in the State budget was only for 4%. To further compound the challenges for providers, the NYS Bureau of Early Intervention is implementing a new software system which is causing concern.

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.

Forensic Mental Health
The Forensic Mental Health Unit (FMH), which serves the Erie County Holding Center and Erie County 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.

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 decreased significantly since 2018, most significantly for the 0-17 age group. **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 and the 2021-2023 data was retrieved from ClearPoint). This data includes 1,238 individuals served from Erie County and 162 from other counties. Note that UPP changed how they were collecting data in 2022 to more accurately reflect the number of individuals they are serving.

Age Group	Total Patients/Families Served						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
0-17	250	440	178	71	58	145	248
18-64	191	291	261	188	145	564	1,101
65 +	0	2	11	4	11	17	51
Total	441	733	453	263	214	630	1,400

During 2019, the APIC team completed 152 home visits with participants. In 2020, there were 194 visits completed; in 2021, 246 visits were completed; in 2022, there were 126 completed visits; and in 2023, there were 117 completed home visits. Starting in 2020, visits include both telepsychiatry and face to face 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 was a 4-fold increase in the number of people who were not eligible for OPWDD services in 2022, and in 2023, only 28% of the cases were eligible for OPWDD. APIC is now reporting a significantly higher volume

of services delivered 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 and the 2021, 2022 and 2023 data was retrieved from ClearPoint.

OPWDD Status	Total Caseload 2017	Total Caseload 2018	Total Caseload 2019	Total Caseload 2020	Total Caseload 2021	Total Caseload 2022	Total Caseload 2023
Eligible	299	420	232	198	110	302	397
Not Eligible	91	213	156	65	103	424	1,003
Pending/Unknown	12	100	65	0	1	0	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 continue to be problematic; including workforce shortages, the cost and availability of housing, transportation, and limited resources. The ECDMH is committed to working with providers, consumers, families, and the community to the degree possible, to try and improve the factors affecting this population and the organizations that serve them.

Priority Areas

Housing

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

OMH

Access to housing continues to be a challenge for mental health consumers in Erie County, particularly those who have other overlapping service needs that do not neatly fit into pre-existing service models. 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.

In April 2024, NYS OMH awarded a provider agency in Erie County fourteen (14) short-term transitional beds for adults with serious mental illness. This will be a new construction and a site has been identified in Cheektowaga, close to the City of Buffalo border. This program is intended to serve adults with serious mental illness who require enhanced clinical and rehabilitative supports to secure more permanent housing. The program may accept referrals for individuals discharging from an Article 28 or 31 hospital, individuals discharging from State PC Extended Treatment Units (ETUs), individuals who are experiencing street or sheltered homelessness, individuals who are reentering the community from state prison, individuals 18 or older discharging from Residential Treatment Facilities (RTFs), and individuals currently enrolled in and are at risk of losing OMH funded or licensed housing without a period of added supports. Referrals for individuals discharging from hospitals (Article 28 or 31, or ETUs) should be given priority access. Referrals from other sources should be waitlisted in deference to any hospital referrals. Within this target population group, individuals with an Assisted Outpatient Treatment (AOT) must receive priority access. This program may serve individuals with residency in other counties, provided they can access services in their home county.

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. 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 the community is 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 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. It should also be noted that the data provided for Supported Housing Community Services available from the state for 2022 and 2023 is inaccurate largely due to the lack of reporting by the provider agencies. For this reason, this data has not been included. **Percentage of occupancy by housing program types from 2017 through 2023 is shown in the following table**.

Program Type	2017	2018	2019	2020	2021	2022	2023
Apartment Treatment	96.6%	89.5%	90.1%	90.7%	89.5%	88.9%	90.0%
Congregate/Support	140.5%	85.2%	93.9%	65.4%	68.3%	87.1%	100%
Congregate/Treatment	96.3%	95.0%	96.2%	95.8%	96.2%	93.6%	87.9%
SRO Community Residence	92.6%	94.4%	95.0%	94.7%	94.1%	94.3%	94.8%
Supported Housing Community Services	91.5%	92.2%	92.1%	93.5%	93.3%		

Despite these valued resources, there continues to be many people who need housing services and support. 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.

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 in unlicensed supportive housing. From 1/1/2022-June 2023, the average days to house for both OMH and HUD Permanent Supportive Housing was 61 days. That has increased to 66 days from June 2023-May 2024. Our goal has consistently been to house people within thirty (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).

Time Frame	1/1/22-6/22/23 Percent Housed	6/1/2023-5/31/24 Percent Housed
30 Days	31%	20.12%
45 Days	47%	37.20%
60 Days	62%	51.83%
75 Days	71%	65.24%
90 Days	79%	77.44%
115 Days	89%	86.59%

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. The ECDMH is working towards strategies to improve employment outcomes for housing programs contracted through the ECDMH. Priorities of this work include changing the mindset that people with serious mental illness (SMI) cannot work and promote a culture of workforce development. These efforts had some success 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. 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, NYS 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 two years, forty-eight (48) SUD specific beds have come on-line or are soon due to become active, twelve (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 ESHHI project under construction with Living Opportunities of DePaul that will dedicate six (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 need 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 ESHHI 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.

<u>Housing Goals</u>

<u>OMH Housing Goal</u>

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

<u>OMH Housing Objectives:</u>

      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.

Update: These meetings occur each week and are well attended by the above-referenced stakeholders. During the meetings transition plans are developed and revised as needed/appropriate as identified in b) and c) below.

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.

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

Update: Data is reviewed annually, and areas identified. This past year, it was determined that in 2022 over 50% of referrals for housing from one provider were cancelled. This put an unnecessary strain on the system. The issue was identified, cause discussed, and as a result it was determined that the provider would wait until individuals were more certain to have a clear and likely discharge date prior to making a referral. As a result, in 2023 this had seen a modest improvement such that the percentage of referrals cancelled decreased to 38%.

2) Work collaboratively with the provider community to improve targeted outcomes in supportive housing.

a. Seventy-five percent (75%) of clients will be housed within sixty (60) days of contact with the provider.
Update**: Of clients in HUD-funded Permanent Supported Housing referred in this year**, 54% were housed in 2023. As of April 2024, this figure has increased to 66%. While not meeting the target, given challenges in housing due in part, to shortages in safe affordable housing and landlord hesitancies, this is not unexpected.
Of all supportive housing clients, 62% were housed by 60 days in 2023. As of early 2024 this has decreased to 47%.

b. The provider will spend at least to the targeted 96% but not more than 100% of their budget.
Update: All HUD Homeless providers are meeting this goal.

c. Occupancy will remain higher than 95%.
Update: All HUD housing providers except one are at a minimum of the 95% occupancy level. The one that is not is a specialty target population which has been a historical challenge to fill. This service was recently awarded to a new provider.

d. Providers will increase their HUD Homeless Housing clients that have earned income by 5%.
Update: We are working to obtain the data from the Homeless Alliance of Western New York, but it was not available at the time of submission for this Local Services Plan update.

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.
Update: There were two programs that Erie County Department of Mental Health directly implemented to help address this gap.
The first is a Critical Time Intervention (CTI) program serving individuals with a substance use disorder diagnosis transitioning out of Part 820 residential programs or NYS OASAS supportive housing. This service is designed to provide longer-term support and to establish stable housing that facilitates recovery. The past two year's discharges are as follows:

- In 2022 the program experienced 5 discharges, 2 of which were successful.
- In 2023 this increased significantly whereby 8 of 9 discharges were successful. It is believed that 2022's numbers were impacted by COVID's negative effect on housing availability and access to other community resources/supports.

The second program offers transitional supported housing with a 12-bed capacity for those recovering from a substance use related disorder. The service is designed to provide those 18 years or older with a primary diagnosis of SUD as indicated by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* whose documented housing status clearly and specifically indicates that it is not supportive of recovery and unlikely to become so. A review of the discharge data back to 2022 indicates the following:

- In 2022 the program had 3 discharges, 1 of which was successful.
- In 2023 the program had 6 discharges, 1 of which was successful
- In 2024 (through May 29) the program had 2 discharges, both of which were successful. In fact, not only were both successful in stable housing, but both also achieved full-time employment.

The earlier discharge data is somewhat skewed because, given the program's 2-year anticipated length of stay, recipients are only now reaching that timeframe. Therefore, even if doing well in the program their positive discharge status is only now beginning to be recorded. In addition, we've learned over this period that for some of the admissions over the first year, this service was not commensurate with their needs. As a result, the screening and admission process was altered to maximize the fit between individual needs and the ability to meet those needs within the scope of this service.

More recent data for both services is promising and will continue to be monitored for trends and to help guide programmatic revisions where indicated.

2) Continue to monitor and expand the housing inventory list.
Update: An SUD specific Housing Inventory list is available which includes the following fields: Provider and program name, housing type, target population, eligibility and exclusionary criteria, location, number of beds available, intended length of stay, contact information, and waitlist status. This resource can be found at: sud_housing_matrix_2023-08-25.xlsx (live.com). Additional beds are due to come online in 2024.

3) Continue to work to identify additional housing resources for individuals with SUD.
Update: ECDMH continues to facilitate an SUD Housing Workgroup and when new resources are identified they are distributed to the community. Community providers have directly implemented several programs and/or have additional beds in development. Newer services are reflected in the SUD Housing Matrix referenced in the above bullet. Support is provided wherever appropriate.

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.
Update: While no specific new resources have been implemented with respect to these two objectives, the Erie County Department of Mental Health and the Regional Office of OPWDD have developed a positive relationship by establishing regular meetings. The two areas referenced above are frequently discussed and opportunities for improved resources, access, community education regarding navigation of these and other resources are consistent agenda items. Both parties continue to dialogue and are currently planning for a community resource navigation training, tentatively planned for Fall 2024.

Workforce

All across the United States, communities are grappling with workforce shortages in 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."[2]

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

In Quarter one 2024, the ECDMH released the 2024 Workforce Survey to assess any changes over time. The ECDMH has not completed the full analysis of the 2024 data. The full 2022 Workforce Survey Report is available at: https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2022-09/2022_workforce_survey_report_final.pdf. The 2024 Workforce Survey report will be posted on the Department's website and shared with our providers once it is completed.

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[2] https://www.samhsa.gov/workforce

The ECDMH received thirty-three (33) responses to the 2022 Workforce Survey. The 33 respondents reported that they had 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.

The 2022 Workforce Survey also found that the variations in starting salaries across agencies were significant and put some agencies at a disadvantage when seeking to recruit and retain staff. Also notable was the tenure of staff in various roles, particularly the tenure of staff who left in the past twelve (12) months. The data showed that many individuals in high need roles were leaving after two (2) years or less of service. This rapid turnover suggested that agencies should either plan for this regular turnover or continue to explore new strategies for retention.

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. Agencies also reported that the impact of staffing shortages affected the current workforce, agencies, and individuals being served. In 2022, agencies reported that the existing workforce was experiencing more burnout and increased caseloads to cover for vacancies.

The 2024 Workforce Survey added an additional question regarding vacancies and tenure of fiscal staff as agencies have expressed challenges in filling these roles. The 2024 Workforce Survey final report will include the evaluation of the 2024 data as well as a comparison to the 2022 findings.

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. In addition, NYS has also implemented a number of workforce related measures including Career Pathways Training and Student Loan Repayment components within the proposed 1115 Waiver. While all this is welcome and represents a move in the right direction, it is likely not enough to fix a long, evolving structural 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. Eligible agencies will receive a total of $1.4 million per year for five (5) years. 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

2023-2024 Budget included a 4% COLA. The 2024-2025 State Budget includes a 2.84% COLA for programs at OMH, OASAS and OPWDD which includes a 1.7% target salary increase for specific support, direct care, clinical and non-executive administrative staff.[3] The state also 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 an effort to contribute to recruitment of staff, 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 fifty (50) hiring provider agencies registered to participate. Upon review of the outcomes of the Career Fair, which did result in some hires, the overall impact was not sufficient to support the ECDMH facilitating another Career Fair in 2024.

Providing training opportunities is often suggested as a retention strategy. In January of 2021, the ECDMH launched a monthly online collaborative 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 training 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 2023, the trainings had 2,682 attendees and over 1,300 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.

            Update: Once the final report of the 2024 Workforce Survey is completed, the ECDMH

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[3] https://www.nysenate.gov/newsroom/press-releases/2024/senate-passes-2024-25-budget-addressing-critical-priorities-new#:~:text=The%20successful%20Senate%20inclusion%20of,the%20Executive's%201.5%25%20COLA%20proposal. Accessed 6/25/2024.

and provider agencies will review the results to determine if there are actionable strategies that can be implemented to support recruitment and retention.
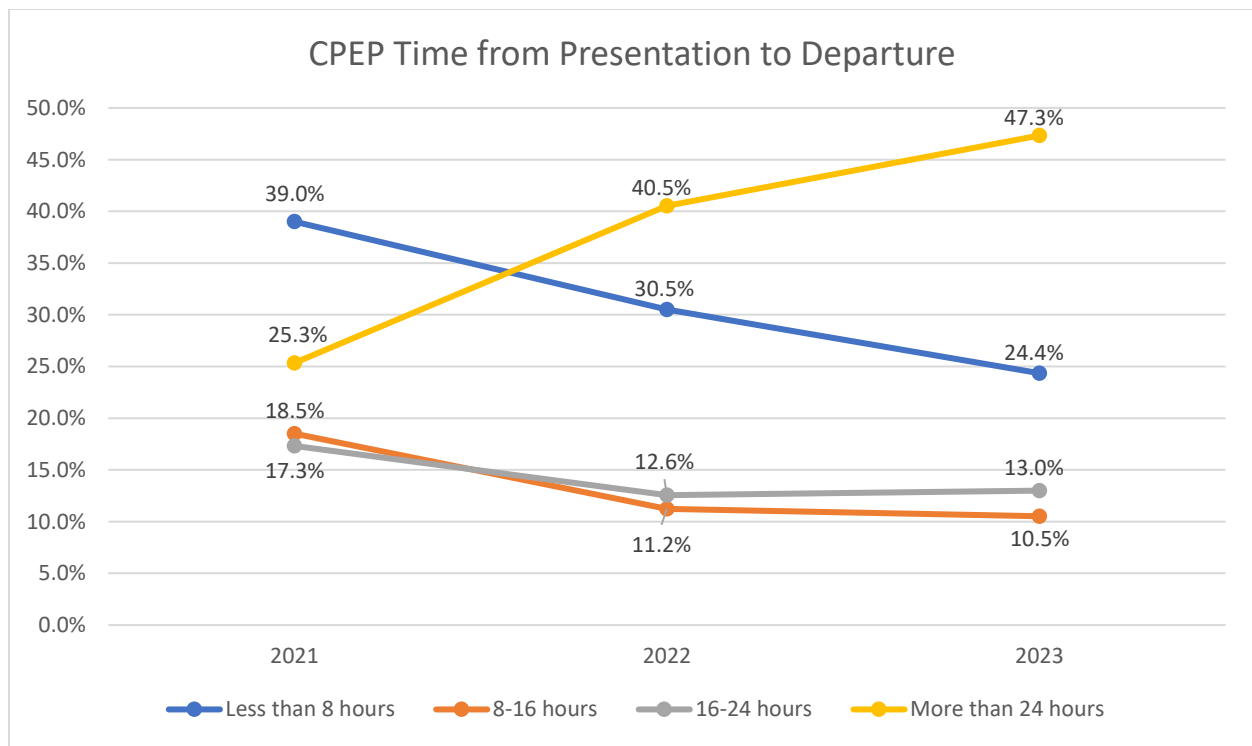
2)   The ECDMH will assess the effectiveness of the 2023 Behavior Health and Human Services Career Fair to determine next steps.

Update: After review of the outcomes of the 2023 Career Fair, including number of individuals that participated and number of hires, the ECDMH decided not to hold the event in 2024.

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.

Update: The ECDMH did conduct a 2024 Workforce Survey and received thirty-one (31) responses from community providers. The Department has not yet completed the analysis of the data or released the final report.

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.

Update: In 2023 ECDMH hosted ten training sessions covering topics including Emergency Preparedness, Alzheimer's and Dementia, Equity, Continuous Quality Improvement, Cultural Humility and Gender-Affirming Care, Self-Care, Reentry, Making a Care Management SPOA Referral, Developing your Therapeutic Style, and Prevalent Drugs Used in WNY. There were a total of 976 participants in these trainings and 419 views of the training recordings in 2023. In 2024, ECDMH hosted 4 trainings through May, reaching 360 participants. The 2024 topics to date have included Anxiety and Panic Disorders, IDD and Multiple Diagnosis, The Art of Advocacy, and the Dark Side of Social Media.

5)   The ECDMH will continue to advocate for more funding to support salaries for existing positions in the Systems of Care.

Update: $1.4 million per year for five (5) years of Opiate Settlement Funds is allocated to support recruitment and retention for eligible agencies.

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

Erie County Medical Center (ECMC) Comprehensive Psychiatric Emergency Program (CPEP) had 10,358 visits in 2021; 9,825 in 2022; and 9,704 in 2023. The number of visits to CPEP has decreased 6.3% in the past two (2) years and the number of unique patients has declined almost 9% from 2021 to 2023, from 7,064 in 2021 to 6,433 in 2023. 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 two (2) years. **The following table shows the CPEP Time from Presentation to Departure from 2021 to 2023**. The percentage of presentations from arrival time to discharge or inpatient admission that are 24 hours or less have decreased since 2021. Conversely, the percentage that are there for more than 24 hours has nearly doubled over the past two (2) years.

CPEP Time from Presentation to Departure

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 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 due to 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. The goal of this project is to support those in recovery and divert from higher levels of care (hospitalizations and CPEP). The Center opened in May 2023 and services that are available include Short-Term 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. Since relocating to the Kirsten Vincent Respite and Recovery Center, both the Respite and Renewal Centers have been able to serve many more guests. Recovery Options Made Easy has received approval to open an Intensive Crisis Respite and once they are able to hire the needed staff, that will provide an additional service at this site.

- **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, Hamburg, and the

Niagara Frontier Transit Authority (NFTA). From 2021 through 2023, the Behavioral Health Teams were deployed 1,889 times and successfully diverted individuals from the hospital or jail on 67% of the calls. 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. In the past year, two (2) departments that were previously involved in this project have pulled out. West Seneca and the Town of Tonawanda have decided to directly hire a clinician to work with their officers. The ECDMH is reaching out to these two departments to better understand their decision and how they envision the future of this version of a co-response team.

- **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. Service hours have expanded and are now available for walk-ins every day, including weekends and holidays, from 8 a.m. – 12 a.m. Services are also available virtually Monday through Friday from 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; in 2022 they had 1,215 visits; and in 2023 they had 1,531 visits and served 1,188 unique individuals (data is not available for 2020). There was a 26% increase in visits to the Help Center from 2022 to 2023. During 2023, 93% 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, launched a 911 Call Diversion program in October 2021. 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. In Quarter 4 of 2022, the 911 Call Diversion Program received one call, which the program was able to resolve without further action. In 2023, the program received sixteen (16) calls; half of which were from the City of Buffalo. Thirteen (13) of these calls were able to be resolved by the program, and three (3) required Mobile Outreach involvement.

- **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. BestSelf is in the final phase of securing the capital funds needed for this project and are hoping to be able to complete renovations by the end of 2024. The Center is expected to open in Quarter 1 of 2025.

- **Endeavor Stabilization Center:** EAST Haven, also known as the Healing Center, is a walk-in center for individuals experiencing distress or crisis in their life. EAST stands for: Encourage, Assist, Support, Together. Current hours are Monday through Friday, 9 a.m. to 5

p.m., with plans to expand service hours into the evening and weekends. They work with all individuals regardless of ability to pay. Individuals coming to the Center meet with a counselor and a peer specialist. The staff meets with the individual to discuss and deescalate current concerns, options and linkages for services. EAST Haven also provides screening and linkage services at community agencies where a care coordination agreement has been developed. The Center is funded through a grant from the Substance Abuse and Mental Health Services Administration (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 the summer of 2024, a clubhouse program is scheduled to open at this site which will expand the availability of services to those visiting EAST Haven.

OPWDD funded 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. Partners on the pilot included CSIDD, mental health crisis teams, and LGUs. The pilot involved 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. Implementation of the model launched in March 2023 and the planning group was closely monitoring implementation to resolve issues as they arose. The final report for this project is expected to be released shortly. The Final Report will include: information about the model, demographics of those served, lessons learned, strengths and opportunities, outcome data, and a Crisis Response Team Tool Kit for those interested in implementing the model.

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.

In addition to the diversion programs mentioned above, the ECDMH is also looking at opportunities to build system capacity that could provide diversion to a crisis earlier in the sequential intercept

continuum. The initial focus of these efforts is to explore solutions that would build agency and program capacity to respond to and mitigate crises for residential and housing programs.

The 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:
1. Monitor and evaluate the effectiveness of the interventions to determine the number of diversions and outcomes of the interventions.
   Update: Out of the CPEP diversion workgroup, there is now a larger community wide diversion work group that has emerged. This workgroup is exploring diversion services beyond its impact to CPEP. This group's assessment of services and workflow is in its initial stages.

2. The ECDMH will participate in workgroups to identify successes and challenges, work collaboratively to overcome barriers and challenges, and maximize the success of each intervention.
   Update: The ECDMH continues to facilitate and/or be a critical partner in 911 diversion call project designed to steer behavioral health calls to a behavioral health response instead of law enforcement when appropriate. In addition, a crisis response committee is mapping existing services and gaps. This is designed to better inform the community of existing services so that individuals are directed and/or elect the most appropriate level of care rather than defaulting to a CPEP presentation.

3. The 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.
   Update: As the various workgroups continue their resource and gaps analysis, the data review has not yet occurred.

4. 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.
   Update: The workgroup continues to meet and includes representatives of Erie County Medical Center (ECMC), providers offering diversion services, ECDMH, family members and past recipients of services. At the meeting of April 26, 2024, ECMC reported several measures which have been taken or are planned. These include, but are not necessarily limited to the following:

   - Furnishings to improve patient comfort have been put in place;
   - Additional agency nurses have been hired;

- Physical space is being addressed with a 2-million-dollar project that will improve office space, patient area expansion, physical space configured to facilitate a greater team approach and quiet areas;
- Capital funding request for CPEP was submitted on April 24, 2024;
- Staff of Mental Health Advocates Bridger collaboration have been given space and on-site computer access;
- As of May 1, 2024, alternative treatment interventions such as mindfulness exercises, trauma informed yoga, emotional freedom techniques, visualization and meditation exercises, energizing practices, occupational and recreational therapy have also been added;
- Recreational games and activities geared for adolescents are available; and
- The triage process has been modified and now includes social work staff.
  - The triage waiting room has been utilized to help shorten transfer time.

ECMC CPEP is tracking satisfaction and transfer time. There are early indications of progress, but more time is needed to properly assess outcomes.

5. The 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. See prior bullet for update.

6. Conduct community education about diversionary services and options.
   See prior bullet for update.

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."[4] 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. The repercussions of this shooting continue to affect our community.

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 Urban League, with funding from NYS, to work with community members and victims within a one-block radius of the grocery store. In 2023, the Community Health Center of Buffalo received a grant from the Department of Justice, Office for Victims of Crime, to serve the victims of this event and the families of the deceased, injured, and those present. These two organizations will work together and with other community partners to address the needs of those affected. The Buffalo United Resiliency Center will serve as a hub for victims, 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 14th 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 the ECDMH's ongoing and near-term initiatives.

Recognizing the critical importance of addressing racial equity at the systemic level, the 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 were integrated into the 2024 Local Planning cycle across the counties of New York State.

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

The 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, the 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. The 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 or hindering racial equity and which need to be changed to ensure equitable access. During 2022 and 2023, 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 (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 conducting deeper analysis of the available data and planning 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 (A-SPOA) 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.

Erie Path, an internet/smartphone app that provides a robust database of programs and services as well as informational material, has Google Translate built in so users can view all content in all of the languages available through Google Translate. In addition, promotional materials will be available in Spanish in the coming months. These materials are currently available in English.

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."[5] 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, 2022 and 2023 as well as Census data for Erie County is displayed in the table that follows**.

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

Contract Agency Personnel Report	2021		2022		2023		Erie County Census[6]
	Count	Percent	Count	Percent	Count*	Percent	
Number of ECDMH Funded Current Employees	1388	100%	1361	100%	1428	100%	
Number of Funded Current Employees by Race – Total	1388	100%	1361	100.0%	1425	100%	
Number of Funded Current Employees by Race – Asian	16	1.2%	25	1.8%	23	1.6%	4.8%
Number of Funded Current Employees by Race – Black/African American	367	26.4%	358	26.3%	408	28.6%	14.1%
Number of Funded Current Employees by Race – Declined to Answer	34	2.4%	17	1.2%	49	3.4%	n/a
Number of Funded Current Employees by Race – Native American or Alaskan Native	3	0.2%	5	0.4%	6	.42%	0.8%
Number of Funded Current Employees by Race – Native Hawaiian or Other Pacific Islander	3	0.2%	1	0.1%	0	0	0.1%
Number of Funded Current Employees by Race – Two or more races	63	4.5%	88	6.5%	74	5.2%	2.3%
Number of Funded Current Employees by Race – White	902	65.0%	867	63.7%	865	60.7%	77.9%
Number of Funded Current Employees by Ethnicity – Total	1388	100.0%	1361	100.0%	1428	100%	
Number of Funded Current Employees by Ethnicity – Hispanic or Latino	65	4.7%	74	5.4%	86	6.0%	6.1%
Number of Funded Current Employees by Ethnicity – Not Hispanic or Latino	1316	94.8%	1282	94.2%	1300	91%	73.5%
Number of Funded Current Employees by Ethnicity – Declined to Answer	5	0.4%	5	0.4%	42	2.9%	n/a
Number of Funded Current Employees by Gender – Total	1389	100.0%	1361	100.0%	1423	100%	
Number of Funded Current Employees by Gender – Male	344	24.8%	347	25.5%	366	25.7%	48.8%
Number of Funded Current Employees by Gender – Female	1044	75.2%	1012	74.4%	1054	74.1%	51.2%
Number of Funded Current Employees by Gender – Transgender/Gender non-conforming	1	0.1%	0	0.0%	2	.14%	n/a
Number of Funded Current Employees by Gender – Declined to Answer	0	0.0%	2	0.1%	1	.07%	n/a

Totals do not match because of slight inconsistencies with the data received.

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 almost 1,400 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.

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[6] https://www.census.gov/quickfacts/fact/table/eriecountynewyork,US/RHI725221#RHI725221 accessed 5/16/2024.

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 by 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.** In 2023, the most notable information is that the number of clients served who responded "Declined to Answer" for race increased three-fold. The ECDMH will follow up with agencies to better understand why this is happening.

Clients Served by Race	2021		2022		2023	
	Clients Served	Positive Outcome	Clients Served	Positive Outcome	Clients Served	Positive Outcome
Asian	2.0%	0.8%	1.9%	0.9%	1.0%	0.7%
Black/African American	22.0%	30.6%	21.5%	34.8%	19.7%	35.8%
Native American or Alaska Native	0.9%	0.8%	0.9%	0.9%	0.7%	1.5%
Native Hawaiian or Pacific Islander	0.1%	0.0%	0.2%	0.2%	<0.01%	2.1%
Two or More Races	5.9%	1.8%	5.7%	1.7%	3.4%	2.9%
White	61.8%	57.7%	61.7%	53.2%	47.8%	50%
Declined to Answer	7.2%	8.2%	8.0%	8.4%	27.4%	8.9%

Clients Served by Ethnicity	2021		2022		2023	
	Clients Served	Positive Outcome	Clients Served	Positive Outcome	Clients Served	Positive Outcome
Hispanic or Latino	8.3%	5.3%	8.1%	5.4%	6.0%	5.5%
Not Hispanic or Latino	82.3%	82.0%	78.9%	84.4%	76.3%	80.9%
Declined to answer	9.4%	12.6%	13.0%	10.3%	17.7%	13.6%

Based on the personnel and the client demographic data, the percentages of staff and clients by race are relatively close and largely stable over time. 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 worked 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 was accomplished by comparing treatment locations to the racial/ethnic and poverty level demographic data of the City of Buffalo and Erie County. The Racial Equity Analyses for Treatment System Reports, including maps, for chemical dependency and mental health services are available at www.erieridb.org under the Reports tab. These reports and maps are being 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 to 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, Erie County Government created the Office of Health Equity in 2021whose vision is,
> *"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 is,
> *"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."*

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.
Update: The ECDMH Commissioner is a co-chair of the Reentry Coalition. The Coalition is a working group of the Greater Buffalo Racial Equity Roundtable. The Service Link Stop (SLS) is a multi-resource hub providing a judgement free environment for individuals to access programs and services that empower and help returning citizens, other justice involved individuals, and others in need or resources to facilitate their stability and thriving engagement in the community. Its goal is to improve outcomes for reentering citizens. While the operation of this service has transitioned to the Erie County Sheriff's Office, the ECDMH provided leadership, staffing, and oversight to the implementation and operations of the Service Link Stop (SLS) during its first three (3) years of operation. In 2023, 703 individuals (not unique) sought services at the SLS. This was a slight decrease from 717 in 2022.

2)   The ECDMH will conduct data analysis of the A-SPOA and housing data and develop plan for next steps.
Update: As of May 2024, A-SPOA has developed an Equity tool that will capture data related to race/ethnicity and gender to determine if there are apparent inequities in referrals to AOT, length of time on AOT and final disposition. This has become an aspect of A-SPOA operational data review. Once enough data is gathered, information will be shared with the community collaborative for discussion and action where indicated. A-SPOA Housing is collecting data regarding disposition of housing referrals by race and ethnicity for unlicensed, licensed, and emergency housing. Once

enough data is gathered, information will be shared with the community collaborative for discussion and action where indicated.

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, the ECDMH will review/analyze data for Diversion Services, Housing, and Clinics

Update: As there is a significant lag in receiving this data from community providers and the data collection platform has not been particularly easy to create and pull reports from, these efforts have been delayed. The ECDMH is exploring alternative tools for creating meaningful reports and displaying these reports in easily understandable ways. The ECDMH is also trying to reduce the labor required to generate and extract usable data. The ECDMH will work with the data available through the end of 2023 to conduct some preliminary analysis.

3) In collaboration with the Institute of Community Health Promotion Center for Health and Social Research at Buffalo State University, the ECDMH worked to 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.

Update: The ECDMH commissioned Racial Equity and Poverty Maps that illustrate outpatient clinic types for mental health, substance use and integrated services in Erie County. These maps and summary analysis were presented at a Behavioral Health Leadership meeting attended by behavioral health service providers and State representatives during the last Quarter of 2023. The maps, summary analysis and related detailed downloadable tables are publicly available at https://www4.buffalostate.edu/centers/chsr/ridb/ under the "Reports" function.

Reduce Overdose Deaths

Because of the ongoing crisis and the increase in overdose deaths, this priority has been added to the Erie County Department of Mental Health Local Services Plan. The Erie County Department of Mental Health (ECDMH), in partnership with the County Executive, the Erie County Department of Health (ECDOH), 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 increased use of Fentanyl, its derivatives, and increase in other drugs of abuse being laced with Fentanyl and its derivatives, deaths have increased every year since 2020.

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 and 2023 has been the worst yet.

The following table shows the number of opioid related deaths from 2014 through 2023 (Erie County Medical Examiner's Office, data as of 4/30/24).

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Opioid Related Overdose Deaths	127	256	301	251	191	156	246	286	307	366
All Fatal Overdoses		289	325	285	238	207	299	330	379	435

Over the past five (5) years there has been an increase in opioid deaths in Erie County related to Fentanyl. Further, the increase in Fentanyl related deaths with cocaine has increased significantly since 2017. Cocaine and Fentanyl were detected in 55% of all overdose deaths in 2023. Cocaine with no Fentanyl present was detected in 16% of overdose deaths. This means that cocaine was present in 71% of all the overdose deaths in 2023. This represents a notable shift as heroin and Fentanyl previously accounted for the vast majority of overdose deaths. In addition, 18 of the deaths in 2023 involved Xylazine and 36 involved methamphetamine. Because of the shift, the Erie County Opiate Epidemic Task Force has been renamed to the Erie County Overdose Prevention Task Force.

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 32% from 2018 to 2023. There has been a decrease in deaths among Whites from 79% to 65% in this same time period. There has been a decrease in deaths among individuals aged 20-29 years from 29% to 8% from 2018 to 2023 and an increase among persons aged 40-49 years from 14% to 21%, persons aged 50-59 from 17% to 23% and for those 60+ years of age from 8% to 22% from 2018 to 2023. The demographic of those dying from overdoses has swung to affect significantly more Blacks and older residents.

The table below shows the percentage of overdose deaths by Race/Ethnicity, Gender and Age from 2018 through Q1 of 2024.

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=307)	2023 Overdose % (N=366)	2024* Overdose % (N=144)
Race/Ethnicity								
White alone	79%	79%	78%	79%	73%	68%	65%	57%
Black or African American alone	14%	10%	10%	19%	22%	28%	32%	39%
Native Amer / Alaskan Native	.7%	N/A	N/A	2%	4%	2%	2%	4%
Hispanic	6%	7%	8%	10%	9%	12%	12%	10%
Gender								
Female	52%	30%	27%	30%	27%	31%	29%	31%
Male	48%	70%	73%	70%	73%	69%	71%	69%
Age								
20-29	14%	29%	22%	17%	19%	15%	8%	13%
30-39	13%	30%	29%	29%	30%	30%	29%	26%
40-49	11%	14%	19%	22%	23%	24%	21%	19%
50-59	14%	17%	21%	19%	18%	22%	23%	21%
60+	25%	8%	8%	12%	9%	10%	22%	20%

The ECDMH continues to be an active leader in the Erie County Overdose Prevention Task Force, formerly known as the Erie County Opiate Task Force, most notably serving as the Chair of the Treatment Subcommittee. The Department has also committed a significant portion of Opiate Settlement Funds awarded to the County to support workforce recruitment and retention to help address the staffing shortages that affect access to treatment and services for those suffering with addiction.

Reduce Overdose Deaths Goal
The ECDMH will work with providers and partners to reduce the number of deaths by overdose in Erie County.

Reduce Overdose Deaths Objectives:
1) The Erie County Department of Mental Health will continue to convene and facilitate the Treatment Subcommittee of the Erie County Overdose Prevention Task Force. This function also supports ongoing maintenance of the SUD Housing Inventory and efforts to identify and support additional housing resources for individuals in recovery.
2) The Department will continue to provide additional financial support using Opiate Settlement Fund dollars to ECDMH contract agencies receiving OASAS funding for the purpose of strengthening and stabilizing the workforce providing opiate abatement services. Further, the

Department will begin collecting data from these agencies to evaluate the impact of these funds in recruiting and retaining staff.

3) The Department will continue to participate and support the larger efforts of the Erie County Overdose Prevention Task Force, provide consultation and input in the County's decisions related to use of the Opiate Settlement Fund dollars, and advocacy to meet the community needs that contribute to overdoses in Erie County.

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

2025 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? No
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):

Reduce Overdose Deaths Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
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

Agency Name	Program Name	Program Type Name
Baker Hall dba OLV Human Services	Baker Hall dba OLV Human Services CMHRS Program	CFTSS: Children's Mental Health Rehabilitation Services
Baker Hall dba OLV Human Services	Baker Victory Services RTF Case Management	Residential Treatment Facility Transition Coordinator -
Baker Hall dba OLV Human Services	CFTSS-Community Psychiatric Support and Treatment	CFTSS: Community Psychiatric Support and Treatment (CPST)
Baker Hall dba OLV Human Services	CFTSS-Family Peer Support Services	CFTSS: Family Peer Support Services (FPSS)
Baker Hall dba OLV Human Services	CFTSS-Other Licensed Practitioner	CFTSS: Other Licensed Practitioner (OLP)
Baker Hall dba OLV Human Services	CFTSS: Psychosocial Rehabilitation	CFTSS: Psychosocial Rehabilitation (PSR)
Baker Hall dba OLV Human Services	CORE PSR	CORE Psychosocial Rehabilitation (PSR)
Baker Hall dba OLV Human Services	HCBS Education Support Services	Adult BH HCBS Education Support Services (ESS)
Baker Hall dba OLV Human Services	HCBS Habilitation	Adult BH HCBS Habilitation
Baker Hall dba OLV Human Services	HCBS Intensive Supported Employment	Adult BH HCBS Intensive Supported Employment (ISE)
Baker Hall dba OLV Human Services	HCBS Ongoing Supported Employement	Adult BH HCBS Ongoing Supported Employment (OSE)
Baker Hall dba OLV Human Services	HCBS Pre-Vocational Services	Adult BH HCBS Pre-Vocational Services
Baker Hall dba OLV Human Services	OLV Outpatient Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Baker Hall dba OLV Human Services	OLV Residential Treatment Facility	Residential Treatment Facility - Children & Youth
BestSelf Behavioral Health, Inc.	2620-Health Homes Non-Medicaid Care Management c&Y	Health Home Non-Medicaid Care Management
BestSelf Behavioral Health, Inc.	2730-Health Home Care Management - C&Y	Health Home Care Management
BestSelf Behavioral Health, Inc.	ACT Empower - Young Adult ACT	Assertive Community Treatment (ACT)
BestSelf Behavioral Health, Inc.	ACT Renew	Assertive Community Treatment (ACT)
BestSelf Behavioral Health, Inc.	Abbott Corners PROS	Comprehensive PROS with Clinical Treatment
BestSelf Behavioral Health, Inc.	Abbott PROS Employment	PROS Employment Initiative
BestSelf Behavioral Health, Inc.	Aspire	Assertive Community Treatment (ACT)
BestSelf Behavioral Health, Inc.	BestSelf - Lower West Side Counseling	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
BestSelf Behavioral Health, Inc.	BestSelf - Supported Housing/S+C I Rental	Transient Housing - THP, some PHP and some S+C

BestSelf Behavioral Health, Inc.	BestSelf Behavioral Health - HH	Health Home Care Management
BestSelf Behavioral Health, Inc.	BestSelf Behavioral Health - HH NonMed CM	Health Home Non-Medicaid Care Management
BestSelf Behavioral Health, Inc.	BestSelf Behavioral Health, Inc. SMH CMA (AOT)	Specialty Mental Health Care Management
BestSelf Behavioral Health, Inc.	BestSelf- Supported Housing/COC I - Comm. Svcs-Comm.Svcs	Supportive Housing
BestSelf Behavioral Health, Inc.	BestSelf-Supported Housing/Erie County-Comm.Svcs.-Comm.Svcs	Supportive Housing
BestSelf Behavioral Health, Inc.	Disaster Recovery	FEMA Crisis Counseling Assistance and Training
BestSelf Behavioral Health, Inc.	Franklin Employment Initative	PROS Employment Initiative
BestSelf Behavioral Health, Inc.	Franklin Recovery PROS	Comprehensive PROS with Clinical Treatment
BestSelf Behavioral Health, Inc.	Homeless MICA Outreach	Outreach
BestSelf Behavioral Health, Inc.	Homeless Services Program	Non-Medicaid Care Coordination
BestSelf Behavioral Health, Inc.	Housing Coordinator	Advocacy/Support Services
BestSelf Behavioral Health, Inc.	Impact	Assertive Community Treatment (ACT)
BestSelf Behavioral Health, Inc.	North Collins Employment	PROS Employment Initiative
BestSelf Behavioral Health, Inc.	North Collins PROS	Comprehensive PROS with Clinical Treatment
BestSelf Behavioral Health, Inc.	OnTrack@BestSelf	OnTrackNY Coordinated Specialty Care First Episode Psychosis
BestSelf Behavioral Health, Inc.	School Based Mental Health	School Mental Health Program
Brylin Hospitals, Inc.	Brylin Mental Health Program	Private Inpatient Psychiatric
Buffalo Federation/Neighborhood Centers, Inc.	BFNC - HH CM - New Options	Health Home Care Management
Buffalo Federation/Neighborhood Centers, Inc.	BFNC - HH NonMed CM - New Options	Health Home Non-Medicaid Care Management
Buffalo Federation/Neighborhood Centers, Inc.	BFNC Fruitbelt Towers	Apartment/Treatment
Buffalo Federation/Neighborhood Centers, Inc.	BFNC Glenwood Community Residence	Congregate/Treatment
Buffalo Federation/Neighborhood Centers, Inc.	BFNC Monroe Community Residence	Congregate/Treatment
Buffalo Federation/Neighborhood Centers, Inc.	BFNC Supp Housing/Transformation SH Erie	Supportive Housing
Buffalo Federation/Neighborhood Centers, Inc.	BFNC Supported Housing/Erie County - Comm. Svcs	Supportive Housing
Buffalo Federation/Neighborhood Centers, Inc.	BFNC WESTY PDG 14 SMH CMA	Specialty Mental Health Care Management
Buffalo Federation/Neighborhood Centers, Inc.	Buffalo Federation Treatment Apartments	Apartment/Treatment
Buffalo Federation/Neighborhood Centers, Inc.	Buffalo Federation of Neighborhood Centers, Inc.SMH	Specialty Mental Health Care Management

Buffalo Federation/Neighborhood Centers, Inc.	Non-Medicaid Care Coordination	Non-Medicaid Care Coordination
Buffalo Federation/Neighborhood Centers, Inc.	Wende Street Community Residence	Congregate/Treatment
Buffalo Federation/Neighborhood Centers, Inc.	Westminster Commons ESSHI	Supportive Single Room Occupancy (SP-SRO)
Buffalo Urban League	Community Support Teams	Advocacy/Support Services
Buffalo Psychiatric Center	Buffalo Psychiatric Center	Clinic
Buffalo Psychiatric Center	Buffalo Psychiatric Center	ACT
Buffalo Psychiatric Center	Buffalo Psychiatric Center	State Psychiatric Center Inpatient
Brylin Hospitals, Inc.	Adult and Youth Inpatient	Inpatient
Catholic Charities of Buffalo	Project HOPE	Advocacy/Support Services
Catholic Charities of Buffalo	Promise Zone	Promise Zone
Child and Family Services of Erie County	Child and Family Services of Erie County Youth ACT Team	Children and Youth Assertive Community Treatment
Child and Family Services of Erie County	Conners Residential Treatment Facility	Residential Treatment Facility - Children & Youth
Child and Family Services of Erie County	Family Mental Health Unit	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Child and Family Services of Erie County	Health Home Care Management	Health Home Care Management
Child and Family Services of Erie County	Home and Community Support Services	CFTSS: Children's Mental Health Rehabilitation Services
Child and Family Services of Erie County	Home and Community Support Services	CFTSS: Community Psychiatric Support and Treatment (CPST)
Child and Family Services of Erie County	Home and Community Support Services	CFTSS: Family Peer Support Services (FPSS)
Child and Family Services of Erie County	Home and Community Support Services	CFTSS: Other Licensed Practitioner (OLP)
Child and Family Services of Erie County	Lee Randall Jones Community Residence	Children & Youth Community Residence
Child and Family Services of Erie County	RTF Transition Coordinator	Residential Treatment Facility Transition Coordinator -
CINQ-NY, Health Home IPA, LLC	CINQ CARE SMH CMA	Specialty Mental Health Care Management
Community Connections of NY,	Adult System of Care	Advocacy/Support Services
Community Connections of NY, Inc.	CCNY Vendor Management	Coordinated Children's Service Initiative
Community Connections of NY, Inc.	Child Wrap Reform EBP, Data and QI Support	Coordinated Children's Service Initiative
Community Connections of NY, Inc.	Childrens System of Care Training and Support	Advocacy/Support Services
Community Connections of NY,	Forensics Mental Health	Advocacy/Support Services
Community Connections of NY,	Parent App Prep	Advocacy/Support Services
Community Connections of NY,	Technology (Arounja, Family	Advocacy/Support Services

Community Services for Every1, Inc.	Adult HCBS - Family Support and Training	CORE Family Support and Training (FST)
Community Services for Every1, Inc.	Adult HCBS - Habilitation	Adult BH HCBS Habilitation
Community Services for Every1, Inc.	Adult HCBS - Intensive Supported Employment	Adult BH HCBS Intensive Supported Employment (ISE)
Community Services for Every1, Inc.	Adult HCBS - Ongoing Supported Employment	Adult BH HCBS Ongoing Supported Employment (OSE)
Community Services for Every1, Inc.	Adult HCBS - Pre-vocational Services	Adult BH HCBS Pre-Vocational Services
Community Services for Every1, Inc.	Adult HCBS PSR	CORE Psychosocial Rehabilitation (PSR)
Community Services for Every1, Inc.	Community Services for Every1, Inc. SMH CM	Specialty Mental Health Care Management
Compeer West	Adult	Advocacy/Support Services
Compeer West	Children	Advocacy/Support Services
Compeer West	Compeer NYS	Advocacy/Support Services
Compeer West	Compeer NYS	Advocacy/Support Services
Coordinated Care Services, Inc.	Erie County Housing Coordination	Advocacy/Support Services
Coordinated Care Services, Inc.	Erie County Community Integeration and Dual Recovery	Advocacy/Support Services
DePaul Community Services, Inc.	Apple Blossom ESSHI SMI	Supportive Single Room Occupancy (SP-SRO)
EHS, Inc.	EHS, Inc. SMH CMA	Specialty Mental Health Care Management
EHS, Inc.	Evergreen Mental Health	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
EPIC - Every Person Influences Children	Parenting Support - Families in Transition	Advocacy/Support Services
Erie County Department of Mental Health	Funding support for Probation Officer (ERUS)	Non-Medicaid Care Coordination
Erie County Department of Mental Health	Monitoring and Evaluation - CSS	Monitoring and Evaluation, CSS
Erie County Department of Mental Health	Outreach - Forensic	Outreach
Erie County Department of Mental Health	Transition Case Management	Transition Management Services
Erie County Department of Senior Services	Erie County Dept. of Senior Services	Non-Medicaid Care Coordination
Erie County Medical Center	Adult & Family Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Erie County Medical Center	Children and Youth Support in	Advocacy/Support Services
Erie County Medical Center	ECMC Outpatient Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Erie County Medical Center	Erie County Medical Center CPEP	CPEP Crisis Intervention

Erie County Medical Center	Erie County Medical Center Department of Psychiatry	Inpatient Psychiatric Unit of a General Hospital
Erie County Medical Center	Erie County Medical Center Partial Hospital Program	Partial Hospitalization
Erie County Medical Center	Extended Observation Beds	CPEP Extended Observation Beds
Erie County Medical Center	Mobile Crisis Outreach	CPEP Crisis Outreach
Evans-Brant (Lake Shore) CSD	Mitigating Trauma in Schools	School Mental Health Program
Evans-Brant (Lake Shore) CSD	Mitigating Trauma in Schools	School Mental Health Program
Family Help Center	Youth Leadership Development	Advocacy/Support Services
Gateway-Longview, Inc.	Community Psychiatric Supports and Treatment Services	CFTSS: Community Psychiatric Support and Treatment (CPST)
Gateway-Longview, Inc.	Gateway-Longview CFTSS Program	CFTSS: Children's Mental Health Rehabilitation Services
Gateway-Longview, Inc.	Gateway-Longview Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Gateway-Longview, Inc.	Other Licensed Practitioner	CFTSS: Other Licensed Practitioner (OLP)
Gateway-Longview, Inc.	Wrap Care Coordination	Coordinated Children's Service Initiative
Greenwood Residences, Inc.	Greenwood Community	Congregate/Treatment
Greenwood Residences, Inc.	Greenwood Community	Congregate/Treatment
Harmonia Collaborative Care, Inc.	Harmonia Collaborative Care-Main Site	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Harmonia Collaborative Care, Inc.	Harmonia Collobrative Care	Specialty Mental Health Care Management
Hillside Children's Center	Hillside SMH CMA - Western Erie	Specialty Mental Health Care Management
Hope of Buffalo, Inc.	Case management	Non-Medicaid Care Coordination
Horizon Health Services, Inc.	Bailey Recovery Center	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Horizon Health Services, Inc.	Horizon Health Services - HH CM - City Market	Health Home Care Management
Horizon Health Services, Inc.	Horizon SMH CMA Erie	Specialty Mental Health Care Management
Housing Options Made Easy, Inc. dba ROME	Community Reintegration Services for Long Stay BPC	Advocacy/Support Services
Housing Options Made Easy, Inc. dba ROME	Maple Street Crisis Residence	Residential Crisis Support
Housing Options Made Easy, Inc. dba ROME	Peer Advocacy	Advocacy/Support Services
Housing Options Made Easy, Inc. dba ROME	Self Help Program	Self-Help Programs
Jewish Family Service of Western New York	GAP	Advocacy/Support Services

Jewish Family Service of Western New York	Jewish Family Services of Western New York SMH CMA	Specialty Mental Health Care Management
Jewish Family Service of Western New York	Psychiatric Clinic of Jewish Family Service	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Kaleida Hlth dba John R Oishei Children's Hos	The Children's Psychiatry Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Living Opportunities of DePaul,	Apple Blossom Apartment	Apartment/Treatment
Living Opportunities of DePaul,	Ebenezer Square	SRO Community Residence
Living Opportunities of DePaul, Inc.	Kensington Square Community Residence	SRO Community Residence
Living Opportunities of DePaul, Inc.	LO DePaul SH/OMH Transitional Housing Erie Cty - Comm Svcs	Supportive Housing
Living Opportunities of DePaul, Inc.	LO DePaul SH/Transformation SOCR Reduction - Comm Svcs	Supportive Housing
Living Opportunities of DePaul, Inc.	LO-DePaul SH/Erie County - Comm. Svcs	Supportive Housing
Living Opportunities of DePaul, Inc.	Living Opportunities of DePaul - HH CM	Health Home Care Management
Living Opportunities of DePaul, Inc.	Living Opportunities of DePaul, Inc. SMH CMA	Specialty Mental Health Care Management
Living Opportunities of DePaul,	McKinley Square SRO	SRO Community Residence
Living Opportunities of DePaul,	Reintegration Enhanced Supports	Outreach
Living Opportunities of DePaul, Inc.	Riverside Treatment Apartment Program	Apartment/Treatment
Living Opportunities of DePaul, Inc.	Rutherford Place Community Residence	Congregate/Treatment
Living Opportunities of DePaul,	Seneca Street Service Enriched	SRO Community Residence
Living Opportunities of DePaul,	UB Educational Grant	Advocacy/Support Services
Main Buffalo Pediatrics, L.L.P.	Healthy Steps at Main Pediatrics	Advocacy/Support Services
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Advocacy Support Services	Advocacy/Support Services
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	CARES CFTSS	CFTSS: Mobile Crisis Intervention (CI)
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Center for Employment Opportunities	Work Program
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Crisis and Re-Stabilization Emergency Services	Mobile Crisis Services
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Crisis and Re-Stabilization Emergency Services	Crisis Intervention
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Crossroad PROS	PROS Employment Initiative
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	ESSHI State Contract - Forensic 10 Beds-Comm.Svcs	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Early Recognition Coordination & Screening Services	Early Recognition Coordination and Screening Services

MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Genesee County Crisis Intervention Program	Crisis Intervention
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	MH Servs-Erie Co/Spectrum - HH CM	Health Home Care Management
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	MH Servs-Erie Co/Spectrum - HH NonMed CM	Health Home Non-Medicaid Care Management
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Non Medicaid Care Coordination	Non-Medicaid Care Coordination
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	South Buffalo Counseling Center	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Housing Options SH/Erie Co. PC Long Stay-Comm. Svcs.	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Housing Options Supported Housing/Erie County - Comm.	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum HS Supp Housing/RCE Erie County SH - Comm Svcs	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum HS Supp Housing/Transformation SH - Comm Svcs	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum HSvcs SH/Forensic SH Erie County - Comm Svcs	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum HSvcs SH/Forensic SPtoPCtoComm.Comm Svcs	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum Health and Human Services 38 Bed Traditio-	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum Health and Human Services BPC Long Stay B-	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum Health and Human Services Erie SMH CMA (AOT)	Specialty Mental Health Care Management
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum Human Services ACT Program	Assertive Community Treatment (ACT)
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum Human Services COC 2 Supp Housing-Comm. Svcs.	Outreach
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Spectrum Human Services COC 2 Supp Housing-Comm. Svcs.	Supportive Housing
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Supportive Housing Rental Assistance (HUD Funded)	Transient Housing - THP, some PHP and some S+C
MH Servs-Erie Co SE Corp V dba Spectrum HSvcs	Transitional Case Management	Transition Management Services
MH Svs Erie Cnty NW Corp I dba Envision	Envision Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
MH Svs Erie Cnty NW Corp I dba Envision	Envision PROS	Comprehensive PROS without Clinical Treatment
MH Svs Erie Cnty NW Corp I dba Envision	Envision PROS Employment Initative	PROS Employment Initiative

MH Svs Erie Cnty NW Corp I dba Envision	Wellness Community CDT Program	Continuing Day Treatment
MHA Erie County dba MH Advocates WNY	Adult Family	Advocacy/Support Services
MHA Erie County dba MH Advocates WNY	Advocacy - CSS	Advocacy/Support Services
MHA Erie County dba MH Advocates WNY	Children & Families	Family Peer Support Services - Children & Family
MHA Erie County dba MH Advocates WNY	MH ASSN/ERIE CO-PC & E	Advocacy/Support Services
MHA Erie County dba MH Advocates WNY	Peer Advocacy	Advocacy/Support Services
MHA Erie County dba MH Advocates WNY	Respite	Respite Services
MHA Erie County dba MH Advocates WNY	Too Good for Violence	Coordinated Children's Service Initiative
Mid-Erie Mental Health Services, Inc. dba EHS	Academy School at #44	School Mental Health Program
Mid-Erie Mental Health Services, Inc. dba EHS	Behavioral Health Teams	Crisis Intervention
Mid-Erie Mental Health Services, Inc. dba EHS	Health Home Care Management	Health Home Care Management
Mid-Erie Mental Health Services, Inc. dba EHS	Heath Home Non-Medicaid Care Management	Health Home Non-Medicaid Care Management
Mid-Erie Mental Health Services, Inc. dba EHS	Mid-Erie - Health Mall Children's Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Mid-Erie Mental Health Services, Inc. dba EHS	Mid-Erie Center for Self-Development (PROS)	Comprehensive PROS with Clinical Treatment
Mid-Erie Mental Health Services, Inc. dba EHS	Mid-Erie Counseling & Tx Svcs Child Non-Medicaid Care Coord.	Non-Medicaid Care Coordination
Mid-Erie Mental Health Services, Inc. dba EHS	Mid-Erie Mental Health Services, Inc. SafeOpt ST	Safe Options Support Team
Mid-Erie Mental Health Services, Inc. dba EHS	Mid-Erie School Based Programs	School Mental Health Program
Mid-Erie Mental Health Services, Inc. dba EHS	PROS Employment Initiative Program	PROS Employment Initiative
Mid-Erie Mental Health Services, Inc. dba EHS	Walden Avenue Mental Health Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
The Monroe Plan for Medical Care	Health Home Care Managment	Health Home Care Managment
Monsignor Carr Institute, Inc.	Catholic Charities Monsignor Carr Institute @ Humboldt	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Narins Eating Disorder Center,	Narins Eating Disorder Center	Partial Hospitalization
New Directions Youth & Family Services, Inc.	Family Peer Advocacy (Erie County)	Family Peer Support Services - Children & Family

New Directions Youth & Family Services, Inc.	Family Peer Advocacy (Erie)	Advocacy/Support Services
New Directions Youth & Family Services, Inc.	Health Home Care Managment	Health Home Care Management
New Frontiers in T.B.I. Inc. dba AllWel	Adult Behavior Health Home and Community Based	Adult BH HCBS Intensive Supported Employment (ISE)
New Frontiers in T.B.I. Inc. dba AllWel	Adult Behavior Health Home and Community Based Services	Adult BH HCBS Education Support Services (ESS)
New Frontiers in T.B.I. Inc. dba AllWel	Adult Behavior Health Home and Community Based Services	Adult BH HCBS Habilitation
New Frontiers in T.B.I. Inc. dba AllWel	Adult Behavior Health Home and Community Based Services	Adult BH HCBS Ongoing Supported Employment (OSE)
New Frontiers in T.B.I. Inc. dba AllWel	Adult Behavior Health Home and Community Based Services	CORE Community Psychiatric Support and Treatment (CPST)
New Frontiers in T.B.I. Inc. dba AllWel	Adult Behavior Health Home and Community Based Services	CORE Empowerment Services - Peer Supports
New Frontiers in T.B.I. Inc. dba AllWel	Adult Behavior Health Home and Community Based Services	CORE Family Support and Training (FST)
New Frontiers in T.B.I. Inc. dba AllWel	Adult HCBS PSR	CORE Psychosocial Rehabilitation (PSR)
New Frontiers in T.B.I. Inc. dba AllWel	HCBS Pre-Vocational Services	Adult BH HCBS Pre-Vocational Services
Research Foundation (SUNY Buffalo)	Healthy Outcomes Partnership & Education	Advocacy/Support Services
Research Foundation (SUNY Buffalo)	Healthy Outcomes Partnership & Education	Non-Medicaid Care Coordination
Restoration Society Inc.	Adult BH HCBS Family Support	CORE Family Support and Training (FST)
Restoration Society Inc.	Adult BH HCBS Habilitation	Adult BH HCBS Habilitation
Restoration Society Inc.	Adult BH HCBS Intensive Supported Employment	Adult BH HCBS Intensive Supported Employment (ISE)
Restoration Society Inc.	Adult BH HCBS Ongoing Supported Employment	Adult BH HCBS Ongoing Supported Employment (OSE)
Restoration Society Inc.	HCBS Education	Adult BH HCBS Education Support Services (ESS)
Restoration Society Inc.	HCBS Family Support	CORE Family Support and Training (FST)
Restoration Society Inc.	HCBS Habilitation	Adult BH HCBS Habilitation
Restoration Society Inc.	HCBS ISEmployment	Adult BH HCBS Intensive Supported Employment (ISE)
Restoration Society Inc.	HCBS Peer Supports	CORE Empowerment Services - Peer Supports
Restoration Society Inc.	HCBS Pre-Voc	Adult BH HCBS Pre-Vocational Services
Restoration Society Inc.	HCBS Psy Rehab	CORE Psychosocial Rehabilitation (PSR)

Restoration Society Inc.	HCBS Transitional Employment	Adult BH HCBS Transitional Employment
Restoration Society Inc.	HUD Supported Housing Rental	Transient Housing - THP, some PHP and some S+C
Restoration Society Inc.	Harbor House	Drop In Centers
Restoration Society Inc.	OISES (OMH/VESID Follow Along)	Ongoing Integrated Supported Employment Services
Restoration Society Inc.	Outreach	Outreach
Restoration Society Inc.	Recovery Center	Recovery Center
Restoration Society Inc.	Restoration Society HUD COC2 SH - Comm.Svcs	Supportive Housing
Restoration Society Inc.	Restoration Society SH/ MRT Supp Hsing Erie Cty - Comm Svcs	Supportive Housing
Restoration Society Inc.	Restoration Society Supp Housing/High Neds Initiat-Comm.Svcs	Supportive Housing
Saving Grace Ministries, Inc.	Erie County Reentry	Non-Medicaid Care Coordination
Saving Grace Ministries, Inc.	Resource Council	Advocacy/Support Services
Southern Tier Environments for Living, Inc.	Aldrich Community Residence	Congregate/Treatment
Southern Tier Environments for Living, Inc.	STEL Gowanda Residence	Congregate/Treatment
Southern Tier Environments for Living, Inc.	STEL Perkins Hall Residence	Congregate/Treatment
Southern Tier Environments for Living, Inc.	STEL Supported Housing/Erie County-Comm.Svcs.	Supportive Housing
Suicide Prevention & Crisis Service, Inc.	Crisis Intervention Team	Crisis Intervention
Suicide Prevention & Crisis Service, Inc.	Mobile Transitional Support	Crisis Intervention
Suicide Prevention & Crisis Service, Inc.	Suicide Prev - Outreach Service	Mobile Crisis Services
Suicide Prevention & Crisis Service, Inc.	Suicide Prev - Telephone Couns	Advocacy/Support Services
Suicide Prevention & Crisis Service, Inc.	Suicide Prevention Coalition	Crisis Intervention
The Rural Outreach Center	The Rural Outreach Center	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Transitional Services, Inc.	Amherst Residence	Congregate/Treatment
Transitional Services, Inc.	Berg Road Estate	Congregate/Treatment
Transitional Services, Inc.	Community Living Apartment Program	Apartment/Treatment
Transitional Services, Inc.	Community Living Level I -	Congregate/Treatment
Transitional Services, Inc.	Delaware-Hertel Apartment	Apartment/Treatment
Transitional Services, Inc.	ESSHI - Erie County-Comm.Svcs	Supportive Housing
Transitional Services, Inc.	ESSHI - Niagara-Comm.Svcs	Supportive Housing

Transitional Services, Inc.	Ellicott Creek Community	Congregate/Treatment
Transitional Services, Inc.	Emergency Housing Services	Crisis Intervention
Transitional Services, Inc.	Etaria Community Residence	Congregate/Treatment
Transitional Services, Inc.	Lakeshore House	Congregate/Treatment
Transitional Services, Inc.	TSI SH CoC 1 rental	Transient Housing - THP, some PHP and some S+C
Transitional Services, Inc.	TSI SH CoCIIb rental	Transient Housing - THP, some PHP and some S+C
Transitional Services, Inc.	TSI Supported Housing - Erie Co. (CORE SHP)	Supportive Housing
Transitional Services, Inc.	TSI Supported Housing SHP I (CoC II) - Comm. Svcs-Comm.Svcs	Supportive Housing
Transitional Services, Inc.	TSI Supported Housing/CoC I - Comm. Svcs.-Comm.Svcs	Supportive Housing
Transitional Services, Inc.	Transitional Living - On the Strip	Apartment/Treatment
Transitional Services, Inc.	Transitional Living - West Hertel	Apartment/Treatment
Transitional Services, Inc.	Transitional Living Level I	Congregate/Treatment
Transitional Services, Inc.	Transitional Services Inc. SMH CMA Erie	Specialty Mental Health Care Management
Transitional Services, Inc.	Transitional Services, Inc. - HH	Health Home Care Management
Transitional Services, Inc.	Transitional Services, Inc. - HH NonMed CM	Health Home Non-Medicaid Care Management
Transitional Services, Inc.	Vulcan Street Apartment	Apartment/Treatment
University Psychiatric Practice, Inc.	Coordinated Child Services	Coordinated Children's Service Initiative
University Psychiatric Practice, Inc.	Coordinated Children's Services	Coordinated Children's Service Initiative
University Psychiatric Practice,	Crisis Intervention OMH	Crisis Intervention
University Psychiatric Practice,	Forensic Fellowship	Advocacy/Support Services
University Psychiatric Practice,	Forensic Services	Advocacy/Support Services
University Psychiatric Practice,	Project TEACH	Advocacy/Support Services
University Psychiatric Practice,	Psychiatric Consultation/Forensic	Advocacy/Support Services
University Psychiatric Practice, Inc.	Psychiatric Consultation/Holding Center	Advocacy/Support Services
Venture Forthe, Inc.	Venture Forthe SMH CMA	Specialty Mental Health Care Management
West Side Community Services,	WSCS Prevention & Education	Advocacy/Support Services
Western New York Children's Psychiatric Center	Western New York Children's Psychiatric Center	State Psychiatric Center Inpatient
WNY Independent Living, Inc.	Benefits Advisement	Advocacy/Support Services
WNY Independent Living, Inc.	Empowerment Peer Support	CORE Empowerment Services - Peer Supports
WNY Independent Living, Inc.	Family Support Training	CORE Family Support and Training (FST)
WNY Independent Living, Inc.	Habilitation Services	Adult BH HCBS Habilitation
WNY Independent Living, Inc.	Life Coaching	Advocacy/Support Services
WNY Independent Living, Inc.	Living Room Crisis Center	Crisis Intervention

WNY Independent Living, Inc.	Pre-Vocational Services	Adult BH HCBS Pre-Vocational Services
WNY Independent Living, Inc.	Psychosocial Rehabilitation	CORE Psychosocial Rehabilitation (PSR)
WNY Independent Living, Inc.	Work Support	Assisted Competitive Employment