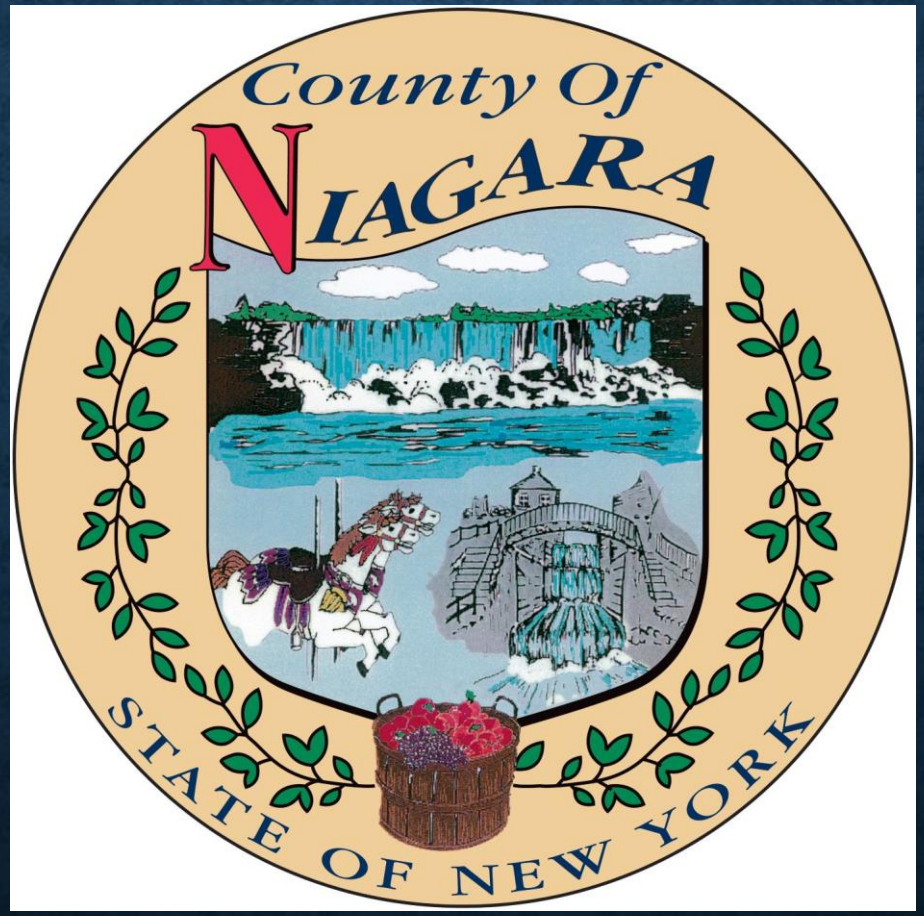
Welcome to the Niagara County Legislature



County of Niagara
Opioid Settlement Funds

Round Table and Planning Report

October 12, 2022

Facilitated by: Laura Kelemen, LCSW-R

Director, Niagara County Department of Mental Health & Substance Abuse Services

Presented by

Laura Kelemen, LCSW-R
Director
Niagara County Dept. of Mental Health & Substance Abuse Services

Acknowledgements

Niagara County Legislature

Rebecca Wydysh – Legislator, 2nd District
Chairman, Niagara County Legislature
Chair, Niagara County Opioid (*OASIS) Task Force
Opioid Addiction/Overdose Strategy Implementation Standing (OASIS) Committee

Legislator Jessie Gooch – 7th District
Community Service Committee Chair

Myrla Gibbons-Doxey, LMFT, Deputy Director
Niagara County Department of Mental Health & Substance Abuse Services

Heather Cruz and Kari Schultz, NCDMH Planning Department

Background: Niagara County Opioid Task Force

- **2016**: Niagara County Opioid Task Force established by Randy Bradt (Niagara County Legislator) in recognition of the broad impact the opioid epidemic was having on our communities.
  - Appointed Chairwoman: Rebecca Wydysh, Legislator
    - *175 confirmed opioid overdose deaths in Niagara County between 2010 – 2016 (Erie County Medical Examiner's Office, closed cases; reported 10/6/16)*
- **2017:** Niagara County designated as a High Intensity Drug Trafficking Area (HIDTA)
- **2018:** Niagara County entered into legal action against opioid manufacturers and distributors.

Background -
Niagara Opioid Task Force Subcommittees: Public Awareness / Involvement Subcommittee

(2017) Established

- **Goal**: To provide local and county wide strategies to raise awareness regarding impact of opioid and heroin use / addiction and to either prevent people from starting use or enable them to access treatment

"There is help. There is hope. Recovery is Possible"

- **Examples of Activities Completed:**
  - Radio Station Campaigns and Bus Benches – Tag Line message
  - Pizza Box Project
  - Project Awareness – Pharmacy Label Campaign

Background

Niagara Opioid Task Force Subcommittees: Law Enforcement/ First Responder Subcommittee

(2018) Established

- **Goal:** Standardize reporting of opioid overdose response so that LE agencies and County Officials can:
  - Understand drug use & trafficking patterns in order to address public safety concerns;
  - Target enforcement efforts; and
  - Develop specific outreach & prevention campaigns in partnership with the public awareness / involvement subcommittee.
- **Examples of Activities Completed:**
  - Development & Implementation of the Niagara County PATH (Presenting Alternatives to Treatment & Healing) Team
    - *Law Enforcement Assisted Diversion (LEAD) program*
    - *Quick Response Post Opioid Overdose (QRT) Team*
  - Standardized overdose reporting process

Background:

Niagara Opioid Task Force Subcommittees: Medical Subcommittee

(2018) Established

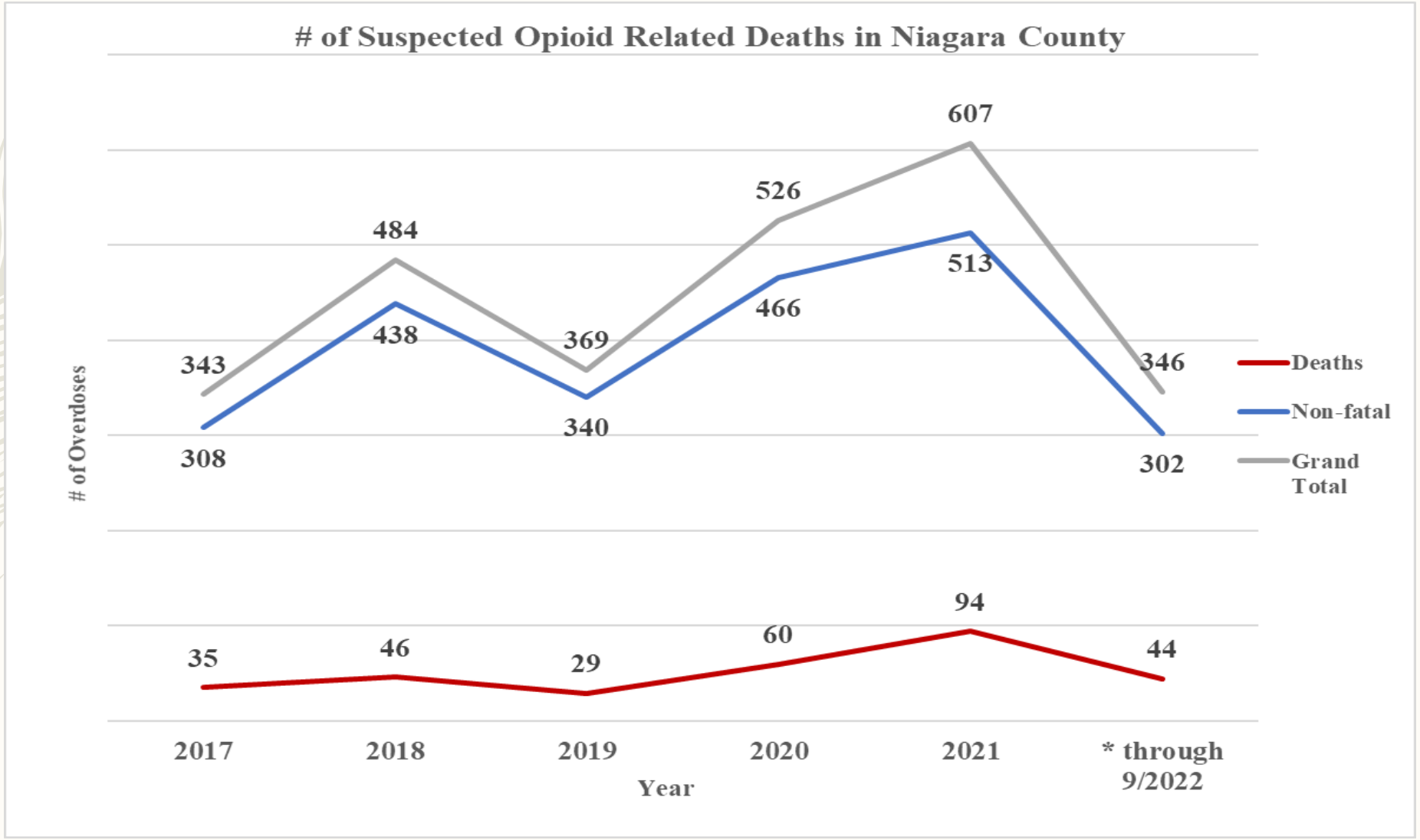
Focus based on grant funding received by NC Pubic Health Dept.

- Expanding local availability of Medication Assisted Treatment (MAT) by having physicians (community-based and in emergency departments) trained in buprenorphine initiation;
- Linkage of individuals served at Emergency Departments with treatment and continued MAT through Buffalo Matters (now NY MATTERS)
- Engaging pregnant women and mothers in care who are using opioids
- Work continues through the Overdose Data 2 Action Grant (DOH Funding Opportunity) administered by NC Mental Health Dept.


HOPE


#END
OVERDOSE

Local Overdose Data Trends



Estimate Opioid Settlement Funds Received

Source of Funds	Amount	Designated Schedule C Use Funds	Undesignated Funds	When	Confirmed Receipt	Comments
McKeson, Cardinal Health, Amerisource "The Distributors"	$318,023.66	$78,832.21	$78,832.21	Apr-22	Yes	** 16 additional annual payments starting Summer 2023
		$160,359.23	$0.00		Yes	
M, CH, Ameri via National Opioid Settlement Fund	$165,697.63	$82,848.81	$82,848.81	Aug - Sept 2022		One time Payment
Janssen	$632,492.52	$316,246.26	$316,246.26	22-May	Yes	6 additional direct payments, staring in 2025 (accelerated payment in 2022)
Endo Health	$238,400.73	$238,400.73	$0.00	22-Jun		One time payment
Allergan	$683,481.96	$341,740.98	$341,740.98	22-Jul		One time payment
	$2,038,096.50	$1,218,428.22	$819,668.26			
	** Limited ongoing funding - McKeson annual for 16 years (less than $100,000 Designated)					
	** Janssen, annual beginning 2025 for 6 years, estimated $100,000					

Framework for Allocation of Designated Schedule C Use Funds

Niagara County Department of Mental Health (NCDMH) – statutory obligation under Mental Hygiene Law 41.13:

- To assess community needs (relative to services/supports addressing mental health, substance use disorder and intellectual/ developmental disabilities needs)
- Develop a local plan (LSP) to meet the needs
- Administer funds in accordance with LSP
- Oversee supports, services, and programs contracted to meet those needs

https://nationalopioidsettlement.com/wp-content/uploads/2021/09/NY-Sharing-Agreement.pdf

Framework for Allocation of Designated Schedule C Use Funds

- Local Funds through these settlements are limited, particularly the ongoing funds.
- Look to address critical gaps and support a range of initiatives that make a meaningful impact.
- Desire to avoid duplication of existing funded efforts or existing grant funds.

Framework for Allocation of Designated Schedule C Use Funds

- How: Gather Stakeholder Input on Key Questions/Priority Areas Roundtable Meeting 9/16/22; Community Service Board 9/26/22 and 10/17/22; Community Services Committee and Public Comment 10/11/22.
- Develop list of recommendations/targeted interventions in key priority/impact areas.
- Identify needs, priorities and strategies that should be referred to NYS and needs, priorities and strategies that can be addressed locally.

Framework for Allocation of Designated Schedule C Use Funds

- Digest and summarize Roundtable, CSB and Public comment/feedback.
- Create Local Opioid Settlement Fund Allocation Plan to address key need areas.
- Present to the Niagara County Legislature for adoption by resolution – target 11/18/22 .
- Where appropriate, streamlined request for proposal (RPF) process for funding requests to meet needs in identified areas (target 1/2023).

Round Table Discussions

- Attendance – 60 individuals over 2 sessions
- Stakeholder groups represented: Peer and Family Peer Staff, Service Recipients, Treatment Agency staff; Community Service Providers; Law Enforcement/First Responders; Hospitals; Employment Services & Economic Development; Social Services; Aging Services; Department of Health; other County Departments, Community Members, etc.

Local Planning Questions

1. What are the gaps in clinical treatment/care?
2. What are the Gaps/Needs/Under Investments in Community Support/Services?
3. What are the workforce training needs? How do we envision we can accomplish this?
4. Are their specific populations or areas that have been under resourced? What are these and what could be specific effective strategies for these populations/areas?
5. What outreach and anti-stigma campaigns or goals do we have? (i.e. any key priorities for the Public Awareness subcomittee)?

Stakeholder Input (so far) - Summarized

Gaps in Clinical Treatment/Care

Theme	Tally	Comments
Multiple Pathways Programs	15	Clinical care for "marginally connected" clients; for people who have attempted treatment before; trauma informed; harm reduction oriented; "multiple pathways"
Increased Flexibility in Services	13	Includes: expanded telehealth; expanded times of service availability; person centered care; less "rigid" treatment structure (eliminated 3 strike rule)
Treatment for individuals with Co-occurring needs	9	This includes MH/SUD – all levels of care. Medical/Physical disabilities – Detox and Inpatient. SUD services for individuals with I/DD was also mentioned.
Detox Beds	9	Also, including services for individuals with co-occurring concerns.
Aftercare/Transition Supports – Peer Supports	7	Jail to community; Inpatient to outpatient; outpatient to "Discharge"

Gaps in Clinical Treatment/Care (con't)

Themes	Tally	Comments
Mobile Services (MAT)	6	Methadone, expanded types of MAT
Medication Management	6	Need more PCP to continue MAT
24 hour access	3	
Native Specific Services	3	
Other Items of Note		Youth supporting services; Clinical Services for youth whose parents use drugs and their caregivers; Grief and Loss support; expanded family education, support, and treatment; rural designed care; Longer lengths of stay (inpatient, Rehab), Medical Follow Up – with doctors who understand SUD; Staffing Enhancements; Coordinated admissions process; continued support for required Jail services

Strategies (In Development)

What are the gaps in Clinical Services/Care?

- **Refer certain items to NYS OASAS and Opioid Settlement Board** including – regulatory flexibilities to support person centered services (multiple pathways); funding pilot projects for emerging best-practices supporting individuals with co-occurring disorders; broad funding for and expansion of peer services; address regulatory barriers for serving individuals with multiple needs (mental health, complex medical, developmental disabilities)
- Local strategies –
  - examine data to support impressions of local need.
  - Support and facilitate the development and implementation of programs in these high need areas

Gaps/needs/under investments in Community Supports and Services

Theme	Tally	Comments
Harm Reduction Services	28	Several Subcategories – or related categories Syringe Exchange – physical location in NF, mobile services or physical location eastern end of NC; Fentanyl Test Strips; Duterra Bags; Outreach; low barrier to information/connection; Multiple pathways, no wrong door approach; expand Quick Response to OD teams to include family support and availability (5)
***Narcan Training/Distribution**	17	Need sustainable local resource for Narcan training and distribution; Narcan availability in public locations; viewed as "first aid"
***Expanded Outreach – focus on basic needs**	4	Engage difficult to engage individuals; provide access to basic needs; mobile outreach; support for unhoused individuals (food, showers, laundry, etc)
	* Related to over arching theme of Harm Reduction Services	
Housing (Transitional/Supportive)	21	Long term Supported/Supportive Housing Financial Aid/Subsidies for Housing Low Barrier Housing

Gaps/needs/under investments in Community Supports and Services (con't)

Broadly Expand Peer Supports	18	Utilize Peers for Transition Supports/Aftercare; "More personal follow up"; Embed Peers in shelters, DSS, public housing, colleges, employment programs; peer to peer for youth; Courts/CJ system
Safe Transportation	18	Can we train cab/uber drivers as recovery coaches? Support for transportation to and from work
Employment and Training Supports	10	Peers in workforce development programs or as job coaches; create career ladders; offering incentives for companies to hire folks in recovery; work with agencies to match qualified candidates with prospective employers; educate on benefits of working – myths on risks of working
#Child Care Access	7	Availability non-traditional hours (supports employment); affordable; education in treatment programs re: access to child care; YMCA/YWCA/Boys & Girls club programs for respite; affordable child care

Gaps/needs/under investments in Community Supports and Services (con't)

Theme	Tally	Comments
Drop In Centers/Recovery Community Centers	9	A place to go during the day that is safe; some place to go when in crisis; a place to go get support
^Sober Recreation Activities	3	Related to or developed from the above
^Safe Respite Locations/After Hours Support	9	A safe place to stay while waiting for a bed; a safe place for overnight; after-hours access to support
^ Youth Focused Services	5	AA/NA run by/geared for youth; youth focused sober activities; after school supports; "a safe place for youth to go"
	^ May be Related to Drop In Center/Recovery Community Centers	
Expanded Family Focused Services/Supports	8	Community/family education re SUD; family peer supports; grief/loss support for overdose survivors (outreach and groups);

Gaps/needs/under investments in Community Supports and Services (con't)

Theme	Tally	Comments
Expand Access to and connections with Services	8	App/QR code to connect to available information and resources (in progress); Maintains confidentiality; better education on resources;
Embracing Prevention	6	Increase available information for families; school based programs; private and confidential access to information (apps/QR codes)
Increase Collaboration between Law Enforcement and Community Partners	4	Resources for Law Enforcement; Link to LE with updated information
820 Reintegration Beds	3	Also, longer lengths of stay; Programs equipped to assist with MH/SUD/Medical/Physical Disabilities
Other Items to Note		"Non-traditional supports for individuals/families "; examine impact of bail reform on engagement; clear need to educate cross systems on services available; translation services for community supports (not just clinical)

Strategies (In Development)
Gaps, needs and/or under investments in community supports/services?

Gaps, needs and/or under investments in community supports/services?

**** Most significant category of needs identified during the gap analysis and roundtable discussions

- Refer the Development of Housing to NYS OASAS/Opioid Settlement Board
- Locally:
  - Focus on availability of Harm Reduction Services – including Narcan training/distribution; outreach/basic needs; low barrier supports
  - Expansion of Peer Supports – support transitions in care and presence in other service settings (i.e. shelters, DSS, public housing)
  - Employment/Training
  - Sober Supports – drop in centers, recreation, youth services, safe environments

What are the Workforce Training Needs?

Three different topic areas emerged:

1. Workforce Recruitment/Retention
2. Training needs of SUD Workforce
3. Training and awareness for other Stakeholders

Workforce Recruitment and Retention

Theme – Staffing	Tally	Comments
Offer Incentives to Attract and Retain Staff	20	Sign-on & Retention Bonuses Scholarships for further education Loan Forgiveness Pool resources for training Special incentives for working in Niagara County Special incentives for 2nd/3rd shifts Supplemental/expanded child care funds for working in this field or working 2nd/3rd shifts Offer Flexibility to staff where possible (i.e. 4 day work weeks) Create Career Ladders
Elevate Pay Scales for Staff working in SUD programs	12	"need to attract and retain"; "fix reimbursement rates"; all highlighted the need for adequate reimbursement for Peer Services. Create/join Insurance Consortium – increate benefits available, decrease costs

Workforce Recruitment and Retention (con't)

Theme – Staffing	Tally	Comments
Draw more individuals into the Field/Support their remaining	11	Create fellowship programs – exposure to multiple levels of care (BA/MA levels), use cohort model to build in support; improve pre-employment training (enhance preparedness); Raise awareness of field/career options – with youth; Share success stories; Expand free Peer Certification (d'youville, NU, NCCC); Provide additional support for peer workforce; More awareness of job openings; Fear of getting sued
Other Comments		There aren't enough nurses and clinicians; Being understaffed with increased need adds pressure and decreases access; Focus groups – identify barriers to accepting jobs or remaining in jobs in the field; Can we braid funding to expand opportunities – avoid duplication of existing

Existing Program Workforce Training

Harm Reduction Models	8	Engaging “marginally engaged individuals”; true person centered models; New and emerging best practices; “updated clinical training”
Trauma Informed Care	7	Needs to be across the board; Highlight success stories; “helps clients understand their own experiences”
Working with individuals w/ complex needs (co-occurring disorders)	6	“Don’t silo treatment”; Desperately need MH cross training Also, I/DD and Physical Health concerns How do we deliver services in a practical, yet
Stigma Challenging Training	3	Include Success Stories
Other Trainings of Note		Cultural Humility/Cultural competent care; Working with youth; Working with older adults; Preventing Burnout; How to prepare recipients for employment opportunities

Existing Program Workforce Training (con't)

Mechanisms to Implement Training
• Leverage existing training resources • Identify funding to support training costs, including staff overtime (back-fills) • Share training across agencies • Centralize training for all agencies • Expand availability of free/low cost Peer Certification • Identify successful best practice models – implement locally

Other Stakeholder – Community Training Needs

Training Topics		Who Needs This Training
Narcan Training	7	Shelter staff; DSS; Churches/Community Centers; Law Enforcement; EMS/Fire/First Responders; Subsidized Housing; Schools/Colleges/Education Administration; Hospital Settings – including Labor & Delivery, EDs, Other settings – E&T, Probation, OFA staffs, etc.
SUD Awareness/Stigma Challenging Training	8	
Resource Availability		
Harm Reduction Approaches	10	
Trauma Informed Care “needs to permeate the whole system” “share success stories”	3	

Other Stakeholder – Community Training Needs

SBIRT/Screening	2	Primary Care Staff; Maternal Health; Medical Specialists; other settings as applicable – County Departments, support programs; Educational Settings
Other Comments		Prepare the community better to recognize and intervene. Huge need to increase awareness of resources! Educate Public on Alternatives to Opioids

Strategies (In Development)

What are the workforce training needs?

1. **Workforce Recruitment/Retention**
   - Refer wages, tuition reimbursement, incentives to NYS OASAS/Opioid Boards
   - Locally – focus on career pipelines, including exposure to human service work early (High school/BOCES); Fellowship programs; expanding local knowledge of current (federal) tuition reimbursement opportunities and pathways
2. **Training needs of Workforce**
   - Leverage existing resources and identify effective methods to train across agencies
   - Key areas: Mental Health; Trauma Informed Care; Harm Reduction Models; “Stigma Challenging Training”; Including success stories
3. **Training and awareness for other Stakeholders**
   - Narcan, SUD awareness, Resource Availability, Harm Reduction, Mental Health First Aid

Specific Populations or areas that have been underserved or under resourced

What could be effective strategies for identified populations or areas?

Specific Populations or areas that have been underserved or under resourced

- Services and supports for people in rural communities are lacking
- Services specific for our Native American population
- Services that meet the needs of Black individuals and Persons of Color
- Youth Focused Services and Supports
- Services and supports for LGBTQ+ Individuals
- Access to and effective use of real time data

Services and Supports for the Rural Community

There are considerably fewer resources (both clinical services and community supports) in rural areas. Clinic Treatment programs can be accessed via telehealth, but not everyone benefits or prefers telehealth and many do not have reliable cell services in rural communities. Stigma or lack of private access to services leads some to seek services outside of the community they reside in.

Specific comments from participants include: Not enough resources in rural areas (4); more challenging to hire staff in rural communities; lack of telehealth and/or reliable cell service (4); stigma leads people to go to Erie County (2); East of Niagara Falls is a service desert (2); recommend augmented funding for rural treatment services (especially community based that require travel).

Strategies are being developed

Services and Supports for our Native American population

There are no Native specific or culturally infused clinical services outside of the Tuscarora Nation territory. Services need to provide diverse staffing that is inclusive of individuals served and ensure treatment plans and services are culturally relevant. Providers must understand current and historical trauma experienced by Native people and work to build trust. Community voices must guide program design.

Specific comments include: “providers need to look like those they are serving”; there are no native specific or culturally appropriate services for the Native American population; “lack governmental trust”; need to connect with Native people and build services that are culturally infused.

Strategies are being developed

Services that meet the needs of Black Individuals and Persons of Color

Even where care and services are available, accessing care has numerous barriers. There is significant stigma related to substance use disorder in the BIPOC community, thus people don't feel encouraged to seek care or will seek care outside of the community they live in for privacy reasons. Having to seek care outside of local community adds barriers related to transportation, child care, or access to adequate technology for telehealth. Workforce lacks diversity and there is distrust of "governmental services" and questions of whether services are culturally appropriate for BIPOC individuals.

Specific comments include: "need to respect what people what"; "people don't go or go elsewhere because of who might see them"; "equity issues related to technology access"; "lack trust"; "staff need to reflect persons served"

Strategies are being developed

Youth Focused Services and Supports

Youth experience challenges when seeking services and supports that appear to be designed for adults. Self-help and sober supports appear geared toward adults and youth don't feel they are relevant to their needs and current life experience or they are simply want to be among their peers. Treatment programs need to take a positive approach, infused with success stories versus youth feeling as if treatment programs (thru attendance and drug testing policies) criminalize them as if they are all mandated by probation or courts to attend treatment (versus voluntarily seeking services).

Specific comments include: "youth are afraid to attend N/A meetings"; "youth want their own meetings"; "drug tests make (them) feel criminalized"; need to include youth voice when designing and carrying out programs; "need to address stigma and provide success stories"; we need more trauma informed care, most youth report using to self-medicate trauma.

Strategies are being developed

Services and Supports for LGBTQ+ Individuals

Double the stigma. LGBTQ+ individuals do not feel accepted or included in local services. Due to stigma and lack of specific or even inclusive treatment programs, LGBTQ+ individuals often go to Erie County for treatment and services when they do seek care.

Specific comments include: “LGBTQ+ individuals do not feel included when developing services; specific treatment programs would be helpful; stigma is causing people to seek services in Erie County”.

Strategies are being developed

Access to and effective use of real time data

We do not have access to or are not using data in the most effective manner. Having access to data to understand the nature of the problem, the gaps, and the current needs would more effectively assist us with planning for services and supports. We need to understand what data we are seeking, what data is potentially available, who holds the data, how, when and with whom it can be shared.

Data was mentioned 27 times in different ways. Types of data requested: information on access; data/information in root cause(s) of missed appointments, treatment withdrawal; examination of zip codes (or census tracts) in relation to gaps in services; access to overdose data to identify high risk areas; Data needs to be readily available and shared in a usable manner; decisions need to be data informed.

Strategies are being developed

What outreach or anti-stigma campaign goals do we have? How can we accomplish this?

Outreach/Anti-stigma/ Prevention	Tally	Comments
Confidential, but Public Access to Information	12	QR Codes in Public Places/Businesses – referring to Resource lists Mobile App – referring to resources "Access points to individual needs"
Narcan Training, Distribution and Visibility	12	Billboards on Narcan should be backed by Niagara (not Erie) County
Education/PR on Harm Reduction Models/Multiple Pathways	7	Courts, CJ system, DSS, Elected Officials, Churches, Teachers, Hospital Staff, Primary Care, Labor and Delivery, Medical specialties
Fentanyl in other drugs	5	
Information and support for families	4	
Embrace and Expand Prevention	6	"ASK" – Awareness starts with knowledge; Alternatives to opioids; general community education

What outreach, anti-stigma campaigns or other goals do we have? How can we accomplish this?

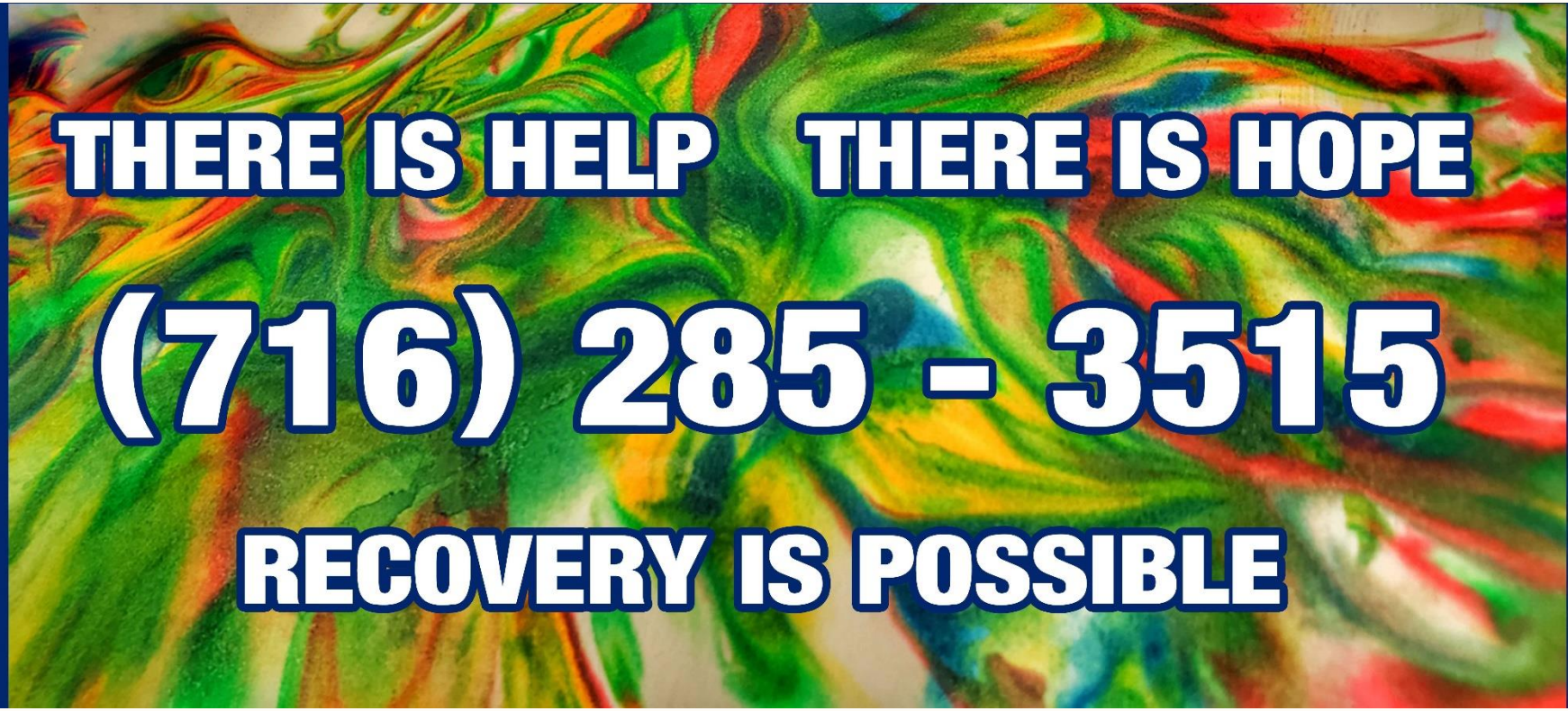
Mechanisms to Implement	
• Use Recognizable Faces in Advertising “Local Champions in the Community” • Methods to deliver information in a confidential manner – i.e. pizza box fliers, stall talks • Outreach to business community and service organizations – Rotary, Lions, Business Associations • Focused outreach with Communities of Color and Rural Communities • Gather peers/consumer input on campaigns • Use data to inform messaging • Outreach Teams – “be present and available in the community”	

Next Steps

- Public Input and Feedback – to NCDMH@niagaracounty.com
- Develop list of recommendations and targeted strategies/interventions in key priority/impact areas.
- Present to the Niagara County Legislature for adoption by resolution – target 11/18/22 .
- Where applicable, streamlined grant application process for funding awards identified in the above plan (1st quarter 2023).

Mental Health Substance Use Concerns?

CALL
Niagara County Crisis Services



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