



NY Daniel's Law Task Force

Task Force Meeting Minutes August 30, 2023- 11am-2pm

Committee Attendees (Full Committee member list below): Ann Sullivan, MD, Chinazo Cunningham, MD, Rossana Rosado, Chacku Mathai, Rohsennase Dalton LaBarge, MD (virtual attendee), Mark Deavers, Rachel Morrison, Darcie Miller, Christina Sparrock

Topic	Discussion	Next Steps
<p>Welcome and Opening Remarks (10 minutes)</p>	<p>Commissioner Sullivan welcomed all Committee members, those attending from other agencies and organizations, as well as those on the live stream. Commissioner Sullivan noted the function of the Task Force and thanked the Committee members for their participation</p> <ol style="list-style-type: none"> 1) Gather statewide input from the community, governments, public 2) Look at models statewide, nationally, and internationally to review best practices for those in crisis, keeping a lens of equity. 3) Identify how NYS should move forward and provide recommendations. <p>Commissioner Cunningham- Noted the importance of coming together and partnering between agencies, noting the focus of OASAS as promotion of harm reduction and equity, expressing that both are imperative to be infused in the work of this Committee.</p> <p>Commissioner Rosado- DCJS provides training and education to the law enforcement sector, noting the importance of enhancing education of law enforcement and awareness for the public of the roles and responsibilities of different sectors. DCJS is prepared to allocate funds and resources towards these efforts.</p> <p>Other Committee members introduced themselves, highlighting the Olmstead law, harm reduction model, advocacy, lived experience, necessary change to the crisis response, the need to include these efforts in the budget for next year. Putting services in place to meet the needs of the 3 service areas, DCJS, mental health and substance use. We can be creative and are only limited by the resources towards these efforts. The task force needs to infuse best practices to make change. The pandemic response utilized police officers to perform wellness checks vs. peers or other human services support staff. Importance of making change now and changing the process for public health and crisis response. The Buffalo 24-hour crisis hotline may be a model to refer to as a best practice alternative to 911 response. Longstanding effects of generational and intergenerational trauma. Bringing minds</p>	



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	<p>together to build consensus and make decisions on some very big topics. Striving for the shared goal of everyone’s safety.</p>	
<p>Daniel’s Law Task Force Charge (30 minutes)</p>	<ol style="list-style-type: none"> 1) Dr. Sullivan holds the role of facilitator as the Committee Chair. 2) Meetings will be live streamed and accessible virtually. There will be recordings of the meetings on the website. 3) All suggestions about agenda topics will be considered. Robert’s Rules of Order will be utilized as a guideline. Any voting will follow this structure. <p>The summary of the Legislation was reviewed (Laws of New York, 2023 Chapter 57 Part 00)</p> <p>Task Force charge #1:</p> <ul style="list-style-type: none"> • Legislation indicates there should be engagement of stakeholders and a minimum of 3 town hall events. • Discussion about engaging stakeholders: <ul style="list-style-type: none"> ○ People with lived experience should be emphasized as stakeholders. Those experiences should be central to deliberations. Stakeholders should be heard versus being told what to do. There are various communities and settings that should be considered (rural, urban, suburban) ○ The Committee should hear from those with lived experience and their families directly. Orange County has a co-located an interoperable crisis 988 center that has been imperative in determining who should respond. The challenge has been having enough first responders. Feedback from first responders is that they do not have enough support. ○ Sending police, an ambulance, paramedics for a crisis is not effective. The 911 Diversion plans push to a social worker and many calls are resolved over the phone. The phone and/or in person response helps divert from the ER. Rural counties have difficulty sustaining social workers long term. Resources of these communities to ensure response are imperative. ○ It is a challenge to get individuals to self-identify due to stigma. Anonymous types of surveys and forums for feedback may help to produce answers for this Committee’s work and ensure we get the broadest representation possible. 	<p>Summary:</p> <ul style="list-style-type: none"> • Importance of including different groups, grandmas, aunties, religious leaders. • Look for groups that already exist and illicit their feedback e.g. mayors, county organizations. • Coordinate with grassroots and community groups to promote anonymous feedback. • First responders- through going to organized groups and by other means. • Anonymity- Anonymous surveys, Google form that does not capture information about someone’s identity, other types of identity protection. • Continuing the connection of stakeholders, peers, possibly via sub-committee meetings. Ongoing, periodic meetings/forums to continue connections. • Consultants will be utilized to help inform carrying out the work of the Committee.



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- Grandmas and Aunties of the community have the real lived experience, understand the culture of the community and awareness of what is happening.
- Meetings that involve multiple police districts and sheriff's offices with crisis hotline center. CIT training- The crisis hotline center trains the police districts. Flow chart for dispatch team to have a guide for types of responses and where to refer/send callers.
- Office of Mental Health will host a webpage with the Committee's materials. There is an e-mail where public comment and feedback can be sent. It is the role of the task force to share and promote awareness about the materials and resources and opportunities for the public's voices to be heard.
- Consider having religious leaders at the table. Many religious communities seek these leaders for counseling and support.
- State Coalition of Mayors and County leaders to promote diverse statewide conversation. Each County has meetings.
- Language access needs to be a consideration. The website materials, survey etc. can be made available in the primary languages.
- Police surveys, risk/threat management teams across the state.
- mechanisms. People tend to be more vulnerable when their personal information is not available.

Task Force charge #2:

- At least 3 statewide Town Hall meetings
- A link is currently available on the OMH website summarizing the task force and their activities.
- The Office of Mental Health will prepare a written report summarizing opinions and recommendations from the Daniel's Law Task Force.

Statewide approach should not be one size fits all but identify and focus on the needs of different settings and urban versus rural environments. The response and approach for mental health vs. substance use may vary.



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	<ul style="list-style-type: none"> • The sequential intercept model has been beneficial • The current state and the standards need to be identified by The Committee to ensure that at least the minimum of what needs to be done is carried out across the state. • Town Halls- The state does not easily divide into 3 sections. This needs to be considered in how the Town Hall meetings are broken out. There needs to be appropriate access to attend and to provide testimony. <p>Funding: 1 million dollars in funds allocated by the Legislature</p> <ul style="list-style-type: none"> • Consultants • Town Hall meetings • Sub Committee meetings 	
<p>Public Comment (30 minutes)</p>	<p>Luke Sikinyi of NYAPRS- and Daniel’s Law Coalition:</p> <ul style="list-style-type: none"> • Have been behind the Bill to get mental health crisis support in NYS on the ground and to help get into programs that will help support individuals in their recovery. • The current Minnesota Response to crisis was determined to be an ADA violation because there were only police available to respond to individuals with special needs. • NY can be a leader and have a full, statewide approach. The Committee’s report ideally would come in 2024 so that there can be programs, policies, procedures put into place so they can be evaluated properly. • Peers should be included throughout the process as much as possible. Those with lived experience and first responders, such as EMTs should have their feedback prioritized. There are thousands of New Yorkers and stakeholders who will benefit from this work. 	
	<p>Statewide Town Halls: The Legislation talks to 3 Statewide Town Halls.</p> <ul style="list-style-type: none"> • The definition of Town Hall is not specifically defined in legislation. There are some models that exist where stakeholder feedback and problem-solving orientation, learning what has already been done could be helpful. • Every community is going to have feed back about what has not been enough and where response has been lacking. Town Halls should focus on how people are reimagining things. 	<ul style="list-style-type: none"> • Consensus on whatever is developed should have training/take aways for those who attend. • More than 3 Town Hall sessions. Larger statewide



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<p>Task Force Structure (45 minutes)</p>	<ul style="list-style-type: none"> • Feedback from how the community itself responds in crisis situations and maintains control over crisis type situations. The ability to be in the neighborhood and have a type of intervention where the community can turn to each other is important. • Is it worth doing a Town Hall that is “targeted” e.g., at First responders, mental health professionals, public health etc. where we can ask for input? • What should a Town Hall look like? Gatekeeper training, QPR (Question, Persuade, Refer) training, incorporates from leadership, down to the community members themselves. Fosters empowerment and a more of a piece of what’s needed to help keep someone engage and help keep the community safe, without being the primary contact/responder. Provides some type of resource and information for gatekeepers vs. those who did not attend. This provides these community members the ability to walk away with something from the session. There could be a certification. Allows for more buy in and support for those who are trained Gatekeepers. • Town Halls are traditionally an open forum for those to give their feedback, thoughts, suggestions. There could potentially be a Town Hall in conjunction with a Gatekeeper training. Gatekeeper training would allow for community members to tailor the type of response to their specific community. • Naloxone kits and training could be part of the session. • Partnership with the library system to train e.g., Opioid training. Need to make the session creative to ensure that people attend. • What is the platform? - In person only, virtual component, etc. The community is not going to drive a far distance to attend in person. • Could be re-named. Something other than “Town Hall”. • Design- There is some healing- and grieving opportunity. • Targeted approach- Could focus on the groups who are already doing the work. Could piggyback on meetings already occurring. Can focus on both giving and getting information. • Using data to identify where the most need is. Getting feedback from the grass roots organizations. 	<p>sessions and then more targeted sessions.</p> <ul style="list-style-type: none"> • Hybrid approach with some community-based component. Need to identify targeted groups. • Need to further define who first responders are. • Using data (e.g., overdose, ER utilization) <p>Regions: (With a member of the task force at each session)</p> <ul style="list-style-type: none"> ○ NYC ○ Long Island ○ Upstate- Rochester, Syracuse, Buffalo (Rochester and Buffalo should have an in-person component) ○ Albany/Mid-Hudson <p>A meeting schedule/list can go out and task force members can commit to the session(s) they can attend. Ideally the sessions will occur in Fall 2023.</p> <p>The flier can contain suggested questions/topics and can connect with something that is given as well (training, information, resources)</p>
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- Targeted towards those who are on the streets responding (mobile responders).
- Targeted discussions with law enforcement. Change in the culture around using force e.g., when someone is barricaded in home.
- Need to further define who first responders are. (Police, EMS, Fire, School Personnel, Families, Mobile response teams)
- Community responder model- Community response team in schools instead of School Resource Officers responding.
- Challenge around Police presence and the willingness/comfort level for community members to provide feedback.
- Regions: (With a member of the task force at each session)
 - NYC
 - Long Island
 - Upstate- Rochester, Syracuse, Buffalo (Rochester and Buffalo should have an in-person component)
 - Albany/Mid-Hudson
- A meeting schedule/list can go out and task force members can commit to the session(s) they can attend. Ideally the sessions will occur in Fall 2023.
- Should gain the sense of legislature participation in the Town Hall sessions.

Associated Funding-Consultants:

- The 1 million dollars in funding is for operational costs and for consultants.
- Once the structure and timeline are determined, there will be a sense of what is remaining for consultants.
- The RFP (Request for Proposal) process to hire consultants can take 3-6 months. Ideally the consultants can start in early 2024.
- All counties have submitted their crisis plans to OMH and OASAS. There have been surveys regarding what is currently being used.
- The consultants can help to draft and develop the final product.

Surveys and follow up e-mails will help gather information from The Committee between meetings.



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- Should the consultants be present at the Town Halls? OMH can track Town Hall feedback and information to bring back to The Committee.
- Consultants could potentially help conduct interviews to obtain information and people's stories. There could be a set of questions constructed to obtain this more detailed qualitative information.
- Consultants could help identify peer and advocacy agencies around the state. This could help identify where there are already connections to peer and advocacy programs.
- The consultants will have a role in drafting the report.
- Consultants can review financial aspects and how people pay for things.
- Consultants can look at models of other states, possibly other countries.
- Training- consultants can look at program design and what trainings have been shown to be helpful for specific groups. Can identify best practice trainings.
- Accountability structures
- Consultants to implement standardized care in ERs for mental health and substance use treatment. Are there models out there that can be implemented? e.g., process of calling 311 before discharging the patient to the community.
- Department of Health has not been identified as a member of the Committee. May be important to include DOH in meetings.
- Could funding be put towards a pilot? This could potentially be part of the recommendations that come from The Committee.

Stakeholder engagement- potential subcommittees:

- Bringing in others and the consultants. There could also be Task Force members on sub committees.
- An opportunity to keep more stakeholder involvement.
- Sub Committee meetings could be mainly virtual. The Task Force members can make recommendations for Sub Committee members.
- Youth Sub Committee- Gathering information on best practices for youth that the consultants identify. Consultants and sub-committee would do some pre-work.



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	<ul style="list-style-type: none"> Some Committees are already established. Could tap into some of the expertise already out there. Consultants can bring together the wealth of information and data that already exists. <p>Potential presentations:</p> <ul style="list-style-type: none"> Presentations of NY models Consultants can help gather and present on other models that are out there. 	
<p>Wrap up and Next Steps (15 minutes)</p>	<p>Meeting schedule:</p> <ul style="list-style-type: none"> Frequency: <ul style="list-style-type: none"> Depends on whether there are sub committees. Work and communications should occur between formal Task Force meetings. The follow up Task Force meetings can include a report out on the progress between meetings. The next meetings may make sense for October and November. (Presentations of NY models) Town Hall/stakeholder meeting coordination should happen immediately. Virtual vs. in person: <ul style="list-style-type: none"> Convenience to virtual but tends to move at a much slower speed. Combination of virtual and in person 	<p>Town Hall/Stakeholder meeting coordination should be an immediate next step.</p> <ul style="list-style-type: none"> Next meeting- in October or early November-in person, with possible hybrid if needed. Brief Presentations on NY models. Summary of where NY is at with the crisis response system, the OASAS system and 2 NY Models. Discuss Town Halls Discuss where things are at with the RFP <p>Questions and Surveys for Task Force to help inform Town Hall content/topics and the RFP content.</p> <p>Distribute report from County Mental Health Directors.</p> <p>SharePoint for information and resources. Patty Bowes can help to catalogue information shared by the group.</p>



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New York Daniel's Law Task Force Membership

Ann Sullivan, MD, Commissioner of the NYS Office of Mental Health, Chair of the New York Daniel's Law Task Force

Chinazo Cunningham, MD, Commissioner of the NYS Office of Addiction Services and Supports

Rossana Rosado, Commissioner of the NYS Division of Criminal Justice Services

Chacku Mathai, appointed by the Temporary President of the Senate, Member of Daniel's Law Coalition, and person with lived experience of mental health and substance use conditions

Rohsennase Dalton LaBarge, MD, appointed by the Speaker of the Assembly

Mark Deavers, BS, Representative with expertise in crisis response through the State Emergency Medical Services Council, Director of Emergency Medical Services at St. Lawrence Health, and Chair of the New York State Emergency Medical Services Council (SEMSCO) Systems Committee

Jonathan McLean, LCSW, Representative working as a licensed mental health professional, Chief Executive Officer at Center for Alternative Sentencing and Employment Services (CASES)

Rachel Morrison, MAMHC, Representative who is employed as a crisis response call center personnel or crisis intervention personnel, Program Director of 24-hour Crisis Hotline at Crisis Services, Buffalo

Darcie Miller, LCSW-R, Representative of the New York Conference of Local Mental Hygiene Directors, Commissioner of the Orange County Departments of Mental Health, and Social Services

Christina Sparrock, CPA, Representative with lived experience mental health, Member of Daniel's Law Coalition, behavior