

Community Services Board
February 16, 2022

Present: Dr. Pavillard, Lori M., Michele J., Rene S., Rosemary A., Jennifer E., Susan B., Dr. Dascalu, Joe C., Anthony Alvernaz, Bailey J., Sean E., Lori M., Leisa A., Brian H.

Excused:

Absent: Rebecca R., Ellen T.

Guests: David Andreine, David Shaprio

Minutes: Motion to approve by Leisa and seconded by Sean. All in favor of approval.

Special Presentation: David Shapiro

- As the CEO of Family Services, David provided an oral report of what they are proposing to add as a new service. He reported that they have a grant from OMH to expand children's services, and plan to open an intensive Community Based program focusing on a trauma informed care model.

David was asked to send an electronic version of the proposal they developed, as nothing was provided to share at the time of his presentation. Brian will send on to all board members once received for their collective feedback.

David is facilitating several stakeholder meetings to discuss how best to structure the program in terms of operational needs and functionality. Encouraging any and or all that are interested to attend.

Brian expressed some reservations about actual need for this service and how it will likely pull youth from the clinic-based services in the school where the schools pay a portion of the costs.

Mental Health Committee: Lori

- **Suicide Prevention** The Journey Center has taken the lead with the meetings, and the Walk-A-Mile Event. They have a lot of great ideas. They have handed in the permits and are waiting to hear if Vitamin L will be attending the event. They are looking for other ways to advertise throughout the community besides social media. They have discussed maybe having an inspirational word, and the link to the website on a t-shirt. They were also discussing a link where survivors could share their stories. They discussed bracelets that have the inspirational word, the website (walkamile.net), and Journey Center on it. **CRISIS:** There is an RFP with OMH and OASAS coming together to form Regional CRISIS Centers. Our Region is from Chemung County to Delaware County. The County that uses this Center the most will be the County in which the actual Center will be located. We will have to see how they try to coordinate with Emergency Rooms and our Mobile CRISIS unit.

- **ER Presentations:** There have been issues with Mental Health patients presenting at the ER. When someone goes to the ER presenting MH issues the ER has been evaluating them quickly and then releasing them. They need to do a better job to make sure they have the patients make connections with services out in the community. There has also been an issue of unavailable beds. Recently some law enforcement has been taking CRISIS individuals to a General Hospital instead of the 939 Hospital in our County.
- **Local Plan:** the committee has started the process of reviewing the local needs to be prioritized into the 5.07 plan. He will send out the list of recommendations for feedback.

Substance Abuse Committee: Jennifer

- **Mandated MAT:** This was an option and is now becoming an unfunded mandate. The numbers are down in the jail. A meeting was held with Ann Domingos (Trinity) and Sheriff Schrom to put a plan in place. There is a need to identify the appropriate medications and connect the individual with outpatient providers. The OASAS money will pay for the provider's staff in the jail, but will not cover the medications.
- **Regional CRISIS Centers:** There is an RFP with OMH and OASAS coming together to form Regional CRISIS Centers. Our Region is from Chemung County to Delaware County. The County that uses this Center the most will be the County in which the actual Center will be located. There will be 9 proposed Centers in the State. This is bringing Mental Health and Substance Abuse together.
- **Local Plan:** the committee has started the process of reviewing the local needs to be prioritized into the 5.07 plan. He will send out the list of recommendations for feedback.

Developmental Disability Committee: Renee on behalf of Leisa's

- **Effects of COVID on programing:**
 - **Person Center Services** – due to staffing shortages those who have been waitlisted are only getting a fraction of the services they are eligible to receive. The resources are just not available due to staffing.
 - **AIM** – Things are improving a little. They are having individual apply for jobs but most do not fit the qualifications, so they are having to do a lot more hands-on training. There is a salary competition and compression issue that needs to be fixed. Looking at a consultant to assist with our HR infrastructure and life cycle, and what we can do to attract applicants and keep them.

- **Able2** – There have limitations on resources and the number of clients that can be seen. There have been issues with transportation and space. They have increased the applicant pool with the increase in direct care wages. This has caused a wage chase/compression, which as impacted the clinical and management workforce. The Clinic is still going, but it will only take one person to leave to make a significant impact on it.
 - **Capabilities** – There has been an operational strain, as funding as well as the business side took a hit. Have had an increase in referrals from Access VR. The Business side took a 50/50 hit, and we are hopeful that it will pick up and be back to pre-COVID numbers soon.
- **Local Plan:** the committee has started the process of reviewing the local needs to be prioritized into the 5.07 plan. He will send out the list of recommendations for feedback.

Nominating Committee: Jennifer

- Both Sean and Leisa indicated a willingness to serve as the Vice-Chair. A motion was me to accept Sean as the nominee, seconded by Rosemary. All voted in favor.

Director's Report: Brian

- **730 Evals out of county:** There has been a recent increase in court ordered competency evaluations for individuals in other correctional facilities outside of Elmira. This is because the crimes that they are going to court on were committed in the state prison in Chemung County before it closed, and now the inmates have been transferred. Luckily the evaluations can be done via tele-medicine technology.
- **Housing:** Our community is in a housing crisis. Currently catholic charities is serving over 170 individuals that are considered homeless, and during Code Blue (nights less than 32 degrees outside) we have to serve anyone that presents as homeless regardless of what state they are from, or if they were sanctioned by LDSS. At the same time, there is little movement in licensed mental health housing so many of the individuals with chronic mental illness that should be in an OMH bed are instead placed in hotels as homeless.
- **Guthrie complaint:** Guthrie hospital in Big Flats called the OMH Field Office to complain about law enforcement bringing individuals to their hospital on a psychiatric order. This is a problem as mental hygiene law states that individuals brought under the various sections of part 9 of the mental hygiene laws, have to be taken to the closest 9.39 (one designated as such because it has a psychiatric unit) hospital. Brian followed up with the state police and Guthrie.

The state police indicated that they are simply following a directive from their administration in Albany, so Brian passed this information on to OMH and suggested that perhaps counsels from both state agencies should speak as this is not compliant with the law.

Sharing by others:

- Nothing to share.

Motion to adjourn made by Tony and seconded by Sean. No objections.

Next Meeting- **April 20, 2022**