

Mental Health Sub-Committee
February 16, 2022

Present: Brian Hart, Melissa Stafford, Kellie Traugott-Knoll, Jennifer Emery, Emily Lopez, Lori Murphy, Laurie Wert, Rebecca Robertshaw, Melissa Streeter, Judith Malik, Heather Holmes

Excused: Michelle Grover

Minutes:

Approved without changes – Melissa Stafford – 1st, Kellie Traugott-Knoll – 2nd

Introductions:

Suicide Prevention Updates – Brian Hart:

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. They are waiting to hear from the City if they have Eldridge Park, but they do have Chapel Park as a back-up. Brian will follow up with the Survivor piece as we can't control the impact it has on individuals. It was said that resources would be attached to the link and where to seek help. Brian said he will not be at the Walk-A-Mile Event this year. There is plenty of funds from previous events, and we need to spend some of it on anything devoted to Suicide Prevention.

Director of Community Services report - Brian Hart:

- **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.

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 have been taking CRISIS individuals to a General Hospital instead of the 939 Hospital in our County. Law Enforcement need to follow the law and take them to the nearest 939 Hospital.

- **Local Plan:** Brian asked the Committee Members what they felt needed to be on our Local Plan. A Committee member agrees that they are seeing more and

more individuals present at the ER with signs of MH issues and behaviors. This can be potentially dangerous, but attention seeking at times. What does the person really want and need? We get 15-20 people on emails talking about one person, trying to do everything under the sun. Where do we draw the line and stop doing more of our fair share and have the individual take the lead. For those who present at the ER with MH issues, stable housing is critical. MH housing is limited, due to less movement in licensed housing.

A Committee member stated that we need to continue to look at dual diagnosis. They can be treated for both, with staff who are trained in dual recovery.

A committee member spoke about a family member who needed MH services. She stated it so long to get him into the system and get the help he needed. He didn't want to comply, he would end up in the hospital and then released. A week or more would go by before Family Services would set things up, but he was already showing signs of behaviors that would make him go back to the ER. It was a revolving door, and there has to be a way to get services and get things addressed earlier. One day he went to the ER three times and then walked across the street into a home and did harm. When he was admitted he requested to not be on all the medications. It was the amount and he felt over medicated. The doctor did not listen to him and they kept over medicating him.

A Committee member Covid has greatly impacted communication, staffing, and a greater need for housing. There were staffing issues before Covid, but now we are at a critical point. We need to be successful at hiring and retaining staff. We also need to have better communication between programs/agencies.

A Committee member spoke about families who have children that are on wait lists for residential. These families need extra help and it is just not available.

A Committee member stated that lower end services are in needed in the homes. There is a 6 to 9 month wait list for respite services. It is difficult not having EPC Respite due to their staffing issues. Maybe these families need to look at other family members who could help and be a resource for them.

A Committee member stated that if Glove House group homes have open beds, they can be used for respite. Sense EPC is closed we will be having more discussions with Glove House. It was mentioned that there are beds currently available and they are revamping their program to be more therapeutic.

A Committee member stated that youth in the Group Home who are taken to the ER are discharged because they are being classified as Behavioral and not MH. Due to the staffing shortage, the group homes are struggling.

A Committee member stated that they have been struggling with housing placement for discharge. She said individuals are admitted and have housing, but then lose it while they are in treatment and become homeless. We have one right now that asked where they can drop off the person's belongings as they are evicting the person. Brian stated that there is an eviction process.

They cannot take advantage of a person who is admitted for treatment and kick them out of their apartment. Brian wants to be notified when this happens.

A Committee member stated that there seems to be a common thread of staffing issues, trouble accessing services, more acute individuals, and less beds available. It is very challenging to hire and retain staff to meet the needs of mental health patients. There has been some headway made in their budget but they still need help.

We need to look at the length of stay in supported housing, inpatient and outpatient. We need to manage people with less services. Some don't want to discharge because they are worried that they will not have enough demand to fill an empty slot. What are these people doing that are not being served? We need to be working on a discharge plan when they are admitted.

Brian stated that he will send out the list of ideas along with last year's local plan goals to everyone on the Committee and he would like each one of you to rate the top three. When we come together to have our meeting in April we will then put the top 3 into the Local Plan.

Sharing by Community Members:

- No one had anything to share.

The next meeting is scheduled for April 20, 2022 via ZOOM.