Present for Tele-Conference: Rene Snyder, Leisa Alger, Ellen Topping, Dr. Michelle Pavillard, David Andreine, Lori Murphy, Sean Eagan, Jennifer Emery, Michelle Johnson, Jeff Eaton, Rebecca Robertshaw, Brian Hart

Excused: Joe Cevette, Dr. Mihai Dascalu,

Absent: Rosemary Anthony

Meeting called to order by David. Minutes approved without changes.

Sub-Committee Reports:

- **Mental Health Committee**- Lori Murphy
  1. **Suicide Prevention Walk**- No update as there was not a meeting this month. Committee will start working on the 2021 walk in January.

  2. **Vaccine schedule**: The state continues to identify who is in Phases 1A, B and C including staff in hospitals, and licensed homes. They hadn’t thought about mobile crisis until it was brought up to them, but will consider including them.

  3. **BREATHT**: This program is closing at the end of the year due to low utilization and the funds will be returned to OMH.

  4. **System of Care Expansion**- While is has been many years since our community has looked at this model, we were out reached by Dr. Kazi to reconsider it as the rules have changed again allowing counties to apply for this federal 5 million over 5 year funding opportunity vs. only the state being allowed to apply. Brian had indicated that because it is due in February that was too soon, but encouraged the committee to look at the SOC model as a possible approach to consider for submission in early 2022.

  5. **Meeting Frequency**- Concurrence to move to every other month at this point unless the need increases based on relevant issues.

- **Substance Abuse**-Jennifer deferred to Brian based on audio issues
  1. **Vaccine schedule**: The state continues to identify who is in Phases 1A, B and C including staff in hospitals, and licensed homes. They hadn’t thought about mobile crisis until it was brought up to them, but will consider including them.

  2. **Meeting Frequency**- Concurrence to move to every other month at this point unless the need increases based on relevant issues.

  3. **Vivitrol**- New dawn has started to provide this as an option during rehab, and has been successful with 5 patients so far. Three of these patients were discharged with follow-up
locally at Trinity following the same protocols, and the other two were discharged outside the community.

4. **SARA**- The SARA met and reported that there have been 96 Narcan reversals YTD, with one fatality. There is an increase in overdoses at hotels and retail locations **locally**, and there was one overdose of a minor.

The Collations in Bradford County and the local Prevention Collation continuing to have success in conducting surveys and connecting to the community virtually.

5. **Fidelis**- Fidelis is ending its pharmacy benefit at Walgreens and CVS effective the first of the year. This is significant in that they are the largest managed Medicaid Company in Chemung requiring them to switch their prescriptions.

6. **Steuben County ODMAP-Peers**- AIM Peers have started a process where in Steuben County they access data from the ODMAP system about overdoses that gives the general area on a street of an overdose. They then go knocking on the doors and inquire if there was an emergency response recently, and try to connect with the person so that they can help that individual engage in treatment. Thus far they have helped a handful of people engage.

- **Developmental Disability**- Leisa deferred to Brian based on audio issues
  1. **START Resource Center**: ARC’s Resource Center that provides respite for the IDD population that are enrolled in START has informed OPWDD of their intent to close due to limited use causing fiscal challenges.
  2. **HCBS Waiver Amendment**- In reviewing this document that was put out for public comment Brian noted that there are segments that with recommendations that would potentially impact the issue noted above. Specifically, it is proposing to allow individuals who reside in a certified setting to utilize Intensive Respite provided in a Resource Center and both the operator of the Center and the certified residential setting would be eligible for Medicaid reimbursement.
  3. **Website**- The OPPWD website seems to have been both upgrade with content and power behind the scene allowing for much more ease of access to information.
  4. **Vaccine plan**- OPWDD has indicated that it intends to start with 414 homes that have 5 or more residents over the age of 65. They have not resolved the issue of informed consent.
  5. **Fiscal Intermediary (FI)**- The committee spent quite some time listening to the details about many of the FI organizations in the region were organizing together in the region with the purpose of both passing on the 20% withhold to DD consumers, and to inform them that they shouldn’t change to an FI who doesn’t pass the 20% cost down to them. Concerned were raised about the ethics of this in taking advantage of individuals with intellectual challenges, as well as the legality of such actions in forming such a group. It was
shared that a letter describing the pass down of the 20% was sent out to over 4,000 recipients. Brian offered to share this with the Regional DCS’ and OPWDD regional staff.

**Director’s report:**

1. **Workforce**- Brian shared that following a recent personal experience of his daughter at a college in the Finger Lakes in which the college was struggling to successfully match graduate level students with agencies for internships, Brian began communicating with them. Long story short, both agreed that they need placements, and the region needs OT, social work, nursing and education students coming into their workforce that this college has. In addition, FLPPS has a project working on this issue with regional Community Colleges. We need to keep these efforts moving forward as a win/win for all.

2. **Police Reform Committee**- As part of the Governor’s order to bring about Police Reform and Reinvention, Brian was asked to join a group of individuals working on this issue. Part of the task at hand is to address enhanced education of law enforcement staff in dealing with individuals that have mental illness, so we are evaluating options for that along with some sensitivity training. Lastly, we are looking to broaden and existing group of law enforcement leaders and crisis administrators to include the hospital and Erway leadership in continued discussions with Brian’s office about improved communication, missed opportunities, and areas of improvement.

3. **safeACT**- Brian received a very pleasant call from OMH Counsel’s office wanting to make sure that he understood the safeACT law because they had noticed that he recently declined to accept a referral for an 11 year old. He indicated that yes he understood gun ownership to be limited to adults, and that OMH believes that we should report youth to the Division of Criminal Justice Services, keeping them on a list for 5 years because they could join the military, get out quickly, and be automatically entitled to a permitted weapon. He indicated that he doesn’t believe in that premise, but OMH wanted to make sure he understood it and that had legal counsel locally. No CSB member felt that we should be approving referrals for youth.

4. **Services demand**- David inquired if there has been a demand for more services since COVID? Rebecca indicated demand is down, and both Lori and Jennifer indicated that their numbers are EPC and Family Services respectfully have remained stable. Brian indicated he had not heard of increased demand, but his private practice is a totally different story as demand is way up and this is the time of year when it normally goes down. Dr. Pavillard indicated that she is trying to prepare to retire and in doing so has attempt to start transferring cases, but the Arnot practice is booked out for 6 months. She indicated we desperately need psychiatrists, and Jennifer echoed that they have only been able to find Nurse Practitioners lately.

**Next meeting February 17, 2021**