Mental Health Sub-Committee  
December 15, 2021

Present: Brian Hart, Melissa Stafford, Laurie Wert, Kellie Traugott-Knoll, Jennifer Emery, Kellie Traugott-Knoll, Denne Santacroce

Excused: Lori Murphy

Minutes:

Approved without changes.

Introductions:

Suicide Prevention Updates – Brian Hart:

No updates.

Director of Community Services report - Brian Hart:

➢ EPC Update on Children and Youth Beds: Several programs have been dramatically impacted with staffing shortages. The Children and Youth Beds were closed for a while, but they are now open. The Youth Respite is not back open yet, as they are still trying to work on staffing.

➢ Family Services Leadership Changes: Jennifer Emery has left and is with CASA Trinity. Dina O’Herron will be leaving on 12/17/2021, and Family Services will be posting the positions soon.

➢ Local Plan Updates: Overall we are doing ok. We need to revisit housing once we are through with the pandemic. All programs have been affected by workforce shortages, including the homeless shelter.

➢ Police Reform Updates: Training has begun, and the MAP project has put i-pads in the hands of law enforcement as well as CRISIS so that they can communicate with each other much more quickly. I-pads were given to CRISIS, the Sheriff Department and Elmira Police Department. There are a limited number so they are transferred shift to shift so there can be quick access when dealing with mental health issues.

OMH also has reached out to Brian to send in a proposal for some block grant funding. They are concerned that our County disproportionately about of MH/DD in our jail. After writing it up they said no a few times, then finally agreed to two things with one time funding. One is to have a PEER involved with our mobile CRISIS team, and the other is to have intercept mapping CIM come in and analyze our services and find any gap in services.

One last thing that is happening is that they are offering a training for law enforcement and first responders that is free through SAMSA. The training is for 1 ½ hours and does not have to be done all at once. They can start the
training, and stop it to go out on a call, then come back and resume where they left off to finish the training.

➢ **AOT Problems:** Assisted Outpatient Treatment – Brian stated that he is not a big fan of AOT’s, and the Attorney General’s office is also aware. With this order, if someone is not following the order and is in danger of hurting themselves or others they can do a pick-up order. Section 9.41 and 9.45 of the mental health law can do this as well. Brian stated that he does informal DCS plans instead of AOT’s. They had a case recently from another county in which they did an AOT to discharge to Chemung County. They did not do an assessment within ten days, they discharged the person to a hotel, and the discharge plan used HH+ not legacy providers. Mental Health legal services did not represent the client very well. Chemung had the AOT order Vacated. The ACT team had no openings and Counties and Providers are not following the rules. We do not need to violate people’s rights.

AOT’s are not being used as a last resort. We need to try the least restrictive plan. A community member stated that felt like they had been planning this for months, and did not know if everyone there was aware of what was being done. They didn’t even give the correct information. The Petitioner was the same physician who did the assessment, and that is against the law. Legal services did not represent the client’s best interest. OMH needs to be overseeing this, as rights were violated with this case. Brian has changed the referral form, they have to say if it is for an AOT order.

**Sharing by Community Members:**

➢ **None**

The next meeting is scheduled for **February 16, 2021 via ZOOM.**