Mental Health Sub-Committee
April 21, 2021

Present: Brian Hart, Lori Murphy, Christina Sirois, Melissa Stafford, Jennifer Emery, Rebecca Robertshaw, Dina O’Herron, Kate Lewis, Ellen Topping, Dayle-Lynne Williams-Fedoriw, Judith Malik

Excused: Laurie Wert

Minutes:

Approved without changes.

Introductions:

Suicide Prevention Updates – Brian Hart:

- Updates: We are all set for the Walk-A-Mile event on May 1, 2021. This will be a drive-thru event at Chapel Park. As of this morning 320 people have registered and are signed up. Brian did a second order for t-shirts. There are ample volunteers for the event. T-Shirt Distribution day will be Thursday April 29, 2021. Brian stated that there is a glitch in the system when teams are registering – when they hit enter they are asked to enter in how many lunches are needed. We are not serving lunches this year and those teams that signed up and had this issue know that lunches will not be provided. Brian said he has someone looking into why it is doing that, and that he has tried to replicate the issue but he has not been able to do so.

Director of Community Services report - Brian Hart:

- State Updates: The Governors 5% cut was rejected by the Legislature and that money has been restored. The Legislature also rejected merging the offices of MH and OASAS. They are suspending reinvestment and that 22 million dollars in savings will be placed in the General fund. The Legislature rejected the proposed expansion of Kendra’s Law. With the new CRISIS Stabilization Centers across the State and operational 24/7, we are not sure how this is going to affect our local mobile CRISIS program.

- Local Plan: Local needs are housing, transportation, workforce recruitment and retention, inpatient treatment services, other mental health outpatient, and developmental disability children services. We also have two other issues that are identified on the chart as other need 1 and other need 2.

Housing – Background Information – Supply vs. demand continues to be a huge barrier to structured housing option when considering licensed housing across all three disability populations. These needs have been further exacerbated by the eviction moratorium in that individuals are able to stay endlessly in rentals, and therefore, turnover is limited, leaving a gap for those in need. In addition, the chronicity of the individuals in need of emergency housing has dramatically increased with bail reform, closure of the Developmental Centers and fall out from the pandemic.
• The Goal Statement is to continue to explore options for new housing development that either are licensed by one of the three state agencies, or utilize an unlicensed approach for individuals with mental health, substance abuse and/or developmental disability diagnosis including but not limited to mixed-use options.

• Objective Statement - Brian stated that there could only be five objectives, he asked if anyone had any questions or if anyone needed an objective to be changed. They all agreed with what was written in each of the objectives.

• In the next section, they want to know what kind of progress has been made over the past 12 months on each of the objectives. Brian stated that the fifth objective is new (CRISIS Housing) so there is no information on any progress. He went over the progress of the other four objectives. Brian asked everyone if any changes needed to be made to the progress he put for the objectives and everyone agreed with what was written.

Transportation – Background Information - As a result of COVID-19, St. Joe’s ER closed earlier than anticipated, and all 9.39 evaluations are now being directed to Arnot Hospital across town while the psychiatric unit remains at St. Joe’s. The agreed upon transportation methods was to be an internal hospital transport, but instead, the Arnot Healthcare System has been utilizing a local ambulance service and it has been billing for the service to third party payers if not to the individual as well. Brian stated that he is keeping this on the Local Plan, because the agreement that was made was for Arnot to transport internally (per the PAR Application), and not use the ambulance service and charge the individuals. Brian stated that he has learned that OMH has signed off and agrees with the way Arnot is currently handling transports using the Ambulance Service. Brian stated that he does not agree with what they have decided and will keep this in the Local Plan. Transportation to medical appointments require additional time in between the call and the appointment to make arrangements, and there is no viable option for arranging transportation to an urgent appointment. There are also issues with lack of adequate transportation on an as needed basis for individuals with disabilities to go to work.

• The Goal Statement is that NYS OMH has been consulted and awaiting guidance to assure that more compliant method is put in place for these psychiatric transports. Assess barriers to adequate and affordable transportation to work.

• Objective Statement – Brian asked if anyone had any questions or if anyone needed an objective to be changed. They all agreed with what was written in each of the objectives.

• In the next section, they want to know what kind of progress has been made over the past 12 months on each of the objectives. Brian stated that the fourth objective is new (Explore transportation options for hours and locations that are not easily accommodated by the public transit system) so there is no information on any progress. Brian went over the progress of the other three objectives and stated that two of the objectives had no progress. Objective number three’s progress is that Communication continues between the LGU and Arnot as well as the
IGU and OMH Field Office. Brian asked everyone if any changes needed to be made to the progress he put for the objectives and everyone agreed with what was written.

**Workforce Recruitment and Retention – Background Information** – Workforce continues to be a significant issue in all three disability areas for virtually all agencies. The Finger Lakes PPS has made this a priority in their out year, but it will take some effort to coordinate with them as they were focused on the Monroe County region. It has become virtually impossible to find and maintain licensed staff as they either do not exist in the region and/or we are all competing for the same limited staff resources. To that end, some disciplines like nurses, cannot be hired if competing with hospitals and/or the state system. In response to COVID-19, we are receiving more request for staff to remain working from home for both safety as well as assuring that they can meet the needs of their family when needed.

- The Goal Statement is to pursue options for proactively linking to high schools and colleges to promote the field of healthcare. Develop approaches for enticing new staff and sustaining existing employees. Pursue technological approaches to a more viable remote access workforce.
- Objective Statement - Brian asked if anyone had any questions or if anyone needed an objective to be changed. They all agreed with what was written in each of the objectives.
- In the next section, they want to know what kind of progress has been made over the past 12 months on each of the objectives. Brian stated that No Progress has been made in any of the five objectives due to the pandemic. Brian asked everyone if any changes needed to be made to the progress he put for the objectives and everyone agreed with what was written.

**Inpatient Treatment Services – Background Information** – So many of the 1000+ plus admissions to St. Joseph Hospital’s psychiatric unit, and their 350+ plus admissions to their substance abuse rehab unit are dually diagnosed, but are rarely transferred from one department to the other. Likewise, in absence of a duel diagnosis program, they do not receive concurrent treatment during their hospitalization. Trinity of Chemung works closely with the ER through their Centers for Treatment Innovation (COTI) to connect peers to individuals with substance abuse needs as a mechanism to engage in treatment, but it could benefit from enhance promotion of the service. Far too many children and adolescents sit for days in ER gurneys awaiting psychiatric placement, and when that does not occur, they are eventually determined to no longer meet the medical necessity for psychiatric admission.

- Goal Statement is to explore a respectful manner of engaging the chronic mentally ill to choose to become compliant with their medication regime as prescribed without pursuing AOT orders.
- Objective Statement – Brian asked if anyone had any questions or if anyone needed an objective to be changed. A committee member asked if another objective could be added. The need to align policy and procedures with all agencies so they are consistent with OASAS guidelines. As they are struggling with the new drug screening regulations.
In the next section, they want to know what kind of progress has been made over the past 12 months on each of the objectives. Brian asked everyone if any changes needed to be made to the progress he put for the objectives and everyone agreed with what was written.

**Other Mental Health Outpatient Services – Background Information**

There is concern about a pattern amongst some of the chronic mentally ill population with regard to not following their medication regime, resulting in decompensation, and repeated unnecessary hospitalizations. With regard to the provision of substance abuse services, families are rarely actively engaged in the support of their loved ones in treatment, despite the benefits from such. All of which has been further complicated by the pandemic as demand for mental health services in outpatient clinics and private practices has skyrocketed. During the same time, staff have resigned, leaving vacancies. In the substance abuse treatment settings, without regular and consistent face to face contact in person, many individuals have relapsed knowing that there are no drug screenings.

- **Goal Statement** is to explore a respectful manner of engaging the chronic mentally ill to choose to become compliant with their medication regime as prescribed without pursuing AOT orders.

- **Objective Statement** - Brian asked if anyone had any questions or if anyone needed an objective to be changed. A committee member asked if another objective could be added to align policies and procedures to be consistent with the new OASAS guidelines. A committee member asked if another objective could be added to re-educate existing staff and educate new staff who care for individuals in the community so they know all the programs that are available in the County. A committee member asked if another objective could be added to explore enhanced security options so that staff as well as clients are safe. This last objective is due to recent issues at the homeless shelter. There have been staffing issues due to client behaviors and non-compliance. They have had significant issues with the State’s new bail reform. How do we meet the higher demand with bail reform in place, and how do with address staff burnout and their safety. With code-blue, they cannot ask someone to leave, but they need to keep everyone safe. They all agreed with what was written in each of the objectives. Brian stated that he will find a place in the plan for these new objectives.

- **In the next section**, they want to know what kind of progress has been made over the past 12 months on each of the objectives. They all agreed with what was written in each of the objectives.

**Other Need (1)** – Brian went over the assessment and services issue and asked if anything needed to be changed. All agreed to keep it as written.

**Other Need (2)** – Brian went over the tele-med/teleconferencing technology issue and asked if anything needed to be changed. All agreed to keep it as written. Brian stated that infrastructure costs are huge, as people need the broadband internet services in place in order to connect their computer/smart phone.
A committee member asked if another need could be added or if we should just keep an eye on it and assess to see if it needs to be added next year. The issue is with geriatric patients are released from EPC to nursing homes, the providers are not comfortable with the level of meds the individual is on. The provider lowers the medication levels and then the patient ends back up at EPC. Brian asked if there was physician to physician contact to discuss the individual and the committee member stated that there was a nurse to nurse contact that was completed, but not sure on the physician to physician. Brian stated that it might help if there was physician-to-physician communication on the importance of the medication levels it might help. Another committee member stated that it is just not geriatric patients that this is happening with and that prescribers need to have training on the use of Clozapine. It was decided that we would keep an eye on this issue and if there is a need to add it to our Local Plan in the future.

Motion to approve the Proposed Local Plan and have it presented to the Community Services Board was made by Lori Murphy; and seconded. All in Favor – Everyone in Attendance, Motion passed.

Sharing by Community Members:

- **Catholic Charities** – They are collaborating with Chemung County and the City of Elmira on the funds that have become available to assist individuals who are eligible for rental assistance. They are waiting for the rent moratorium to expire to move forward and make changes to the pots of money available, as OTDA has put a hold on these funds until the moratorium has been lifted.

The next meeting is scheduled for June 16, 2021.