Substance Abuse Committee
April 21, 2021

Present: Brian Hart, Nicholas Moffe, Glenn Jarvis, Bailey O’Rourke, Erin Doyle, Regan Parshall, Erica Robinson, Rebecca Robertshaw, Jennifer Emery, Desiree Rogers, Kate Lewis, Stanley Newton

Excused:

Minutes:

Approved without changes.

Director of Community Services Report – Brian Hart

- **Local Plan:** Local needs are housing, transportation, workforce recruitment and retention, and inpatient treatment 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 then asked the Salvation Army if they had any updates on Capital Funding/ESHI Funding for their project. It was stated that there was no update, but would try to get one and send it to him. A question was asked about Respite and why Glove House Respite is not available anymore. It was stated that they were not getting any referrals. The same for the BREATH program, as they were not receiving any referrals either. EPC has Respite Services for Mental Health Services. OMH decided to do this with EPC before asking the LGU. 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. 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. 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.

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

➢ Budget Updates: Brian stated that he had good news to share. He stated that the 5% cut that the Governor wanted to do, is being given back. Trinity’s Jail Based Program will be restored in its entirety. The Legislature rejected the idea of combining offices of OASAS and MH. This is most likely going to be done as a stand-alone bill in the future. Broadband is important for tele-med services, so the State will be mandating service providers to have a $15.00 per month internet plan for those who are low income. The only issue with this is there is still work that needs to be done on the internet infrastructure. As there are still areas that have no access to broadband internet and this needs to be resolved. The State is also restoring 1% to Human Service Agencies. Brian stated that because they are combining 2020 and 2021, you would most likely have to give money back to the state. A committee member asked that if money has been given back does that mean they will reduce State Funding in the future. Brian stated no, it typically does not work that way. 2020 and 2021 are unusual because of the pandemic. Brian did say that if you want to spend the money that was restored in creative ways for capital/purchase, expansion with a building, upgrading computers/software, you have to make sure you have permission. A committee member asked if there was any update on a tele-med waiver and Brian stated that he has heard nothing, and does not think it will end soon.

Sharing by Community Members
➢ AIM – The Community Nutrition Store will be open and taking orders as of tomorrow 4/22/2021.
DEA Take Back Day by the Sheriff Departments will be this Saturday 4/24/2021. You can turn in all your unwanted/unused prescription drugs.
➢ **New Dawn** – They have lifted visitation. The patients can now have one person come visit them on Sundays, and it has to be the same person each Sunday. They have also lifted their cap from 10 to 15.

➢ **Drug Courts** – Courts will be reopen on May 24, 2021. All staff will be returning, and there will be limits on how many defendants are in the Court Room. There are no specific on any virtual appearances.

*The next meeting is scheduled for June 16, 2021*