Mental Health Sub-Committee
October 16, 2019

Present:  Brian Hart, Christina Sirois, Rebecca Robertshaw, Ellen Topping, Jennifer Hollenbeck, Lois Bocchicchio, Tara Fethers, Jennifer Emery

Excused:  Lori Murphy, Kellie Traugott-Knoll, Tarry Jochem, Sean Eagen

Minutes:

Approved without changes.

Introductions:

Suicide Prevention Updates – Brian Hart:

➢ Update on New Suicide Prevention Coordinator:  There have not been any interviews yet. They have received 2 resumes’ but they both only have backgrounds in substance abuse. One of them use to be a Trinity employee. There is one from Family Services – internal, that Pam Deprimo is going to talk to and she has a BSW. Brian stated that he does not require a MSW for this position. Brian is hoping to have someone hired soon, so they can take care of the social media part of the job.

We had a SafeTALK training here at DSS in September for Suicide Prevention Week. We also had a Committee meeting last week and they decided to place some orders for water bottles, fidget spinner, hot/cold pads, pens, and clothes to clean your glasses, lanyards and umbrellas that have the logo on them. Some of these items are to give away at different community events and others are to sell. We also ordered reusable bags for t-shirt distribution day, instead of plastic bags. We ordered teddy bears with t-shirts with the logo to sell for the kids. We also ordered a 3rd Canopy and replacement bags for the other two canopies that were damaged last year.

They currently have nothing planned for International Suicide Survivor’s Day on the third Saturday in November. In the past they have partnered with Steuben County’s event at Care First.

Director of Community Services report - Brian Hart:

➢ DCS Change – Tompkins County:  Sharon is leaving this position. They are not sure if they are aligning Public Health with Mental Hygiene, as they have yet to make a decision.

➢ PCS 10/21/19 – 10/27/19:  Patient Characteristics Survey – this is an online survey for Mental Health agencies. During the identified week (10/21 to 10/27) the agencies go on line or they can print out the form, and track every individual who come to their agency. If “Johnny” comes in more than one, you only track
him once. It is for inpatient and outpatient. You have to participate, as it is required by the State. If you are a Mental Health funded program, you have to have someone from your agency to be identified as the administrator of your agency. It is that person’s job to make sure your agency has the right data. Brian does not know what the State does with the information because he has never seen a report or outcomes generated from it. Brian stated that he has to do this for some programs such as BOCES. If OFA happens to do a Mental Health training this specific week, then he will have to do one for them as well. He only does for those that fall under the LGU.

- **BREATH Program Update:** It is up and operational. They have currently served one individual. This is to be used as a last resort, if they come to the ER and it has been determined that the individual does not need to be admitted. CRISIS is then contacted by the ER as this is the only access point. CRISIS then gets involved to provide respite through the BREATH Program. The individual can stay a maximum of one week. During the week Arbor staff checks in the individual that is located in a 2 bedroom apartment. The program can only take 2 individuals at a time.

- **Upcoming Meeting with Central Office:** At the end of this month the Mental Hygiene Directors will be meeting with the Central Office. Brian asked if there was anything that you would like him to speak about. More support services are needed in the community. They are seeing patterns with families that at the time a family member is in need of services, the other family members have their own issues going on and need services as well. Parents need to have quicker access for their own mental health needs. AspireHope NY has funding/transitional dollars to address family needs, trainings, and support groups. The willingness to get individuals into HBCI is not happening and HBCI is being under-utilized. With the C-YES process they are trying to get individuals to stop our services and go with their services. There is confusion as to what they are doing and their automated systems do not allow you to speak to a person. Clients trying to access services are denied high need and are not getting the services they need in a timely manner. If you look at the list of HBCI Providers it shows AspireHope NY, Wyoming Conference and someone out of Rochester for Chemung County. The list is either total wrong or we don’t have any local providers. Pathways is an approved HBCI provider. There needs to be specific declinations when talking about children and helping them identify what they can work toward. We need to continue to follow up with SPOA coordinators as this has been very helpful.

Brian asked if everyone is finding services, and it was mentioned that the lists are not lining up. There are new care managers coming in to the BSU. Have any providers added any services as Regional players? This is why we have local planning, because we need to know what is needed for our community, who the players are, and can we meet individual needs. How can we help them and who can we refer them to? We need to do it better. If Health Homes aren’t going to be here then don’t associate with Chemung County. When a client has an unsuccessful experience with an agency, then they will not take part in it and choose another agency.
Brian asked if there were any unmet needs to address, and it workforce was mentioned. The State has recognized this, and are now working on Tele-Staffing. There is just not the workforce out there, along with the fact that they are not expressing any interest in the field. The people in need of services have not stopped, and they are getting harder and harder to work with to find the services that are needed.

Sharing by Community Members:

- **Family Services** – As of September 23, 2019 the Agency has decided to start a “Wait List”. They are hoping this is only temporary. They have been struggling with staffing and turn over and until they can get the staffing hired and caseloads down, they will have the wait list in place. They will automatically take Priority 1’s, but Priority 2’s & 3’s will be wait listed. They have moved intake to 9:30am and CRISIS is still available. Priority 2’s are the court mandated individuals. If you feel the individual you are working with needs to be a Priority 1 you can request to speak to a Supervisor to have that discussion. Clients just keep flowing in, and we want to provide quality care. Anyone who is wait listed is offered Care Management immediately. Once they meet face to face with their Care Manager, then the Care Manager can determine if the individual needs to be seen immediately. They are trying to connect with everyone and trying to track them. The question was asked if this would impact Primary Physicians, and it was stated that only if there was a med issue. Primary Physicians will only prescribe mood stabilizers/anti-depressants, not psychotics. Sometimes the Primary Physician will cover the medication if there is an end date.

- **Arnot/St. Joseph’s** – They have a new Emergency Department Medical Director. They have a new Provider Team for the BSU and ED departments. The team consists of Physicians and Mid-Levels. Physicians are the only ones on this team who can be a designee.

The next meeting is scheduled for November 20, 2019.