Present: Brian Hart, Pam Overdurf, Michelle Nicholas, Madison Saufley, Rene’ Snyder, AJ Kircher

Excused: Leisa Alger

Minutes:

Approved without changes.

Director of Community Services Report – Brian Hart

- Agency downsizing-updates?:
  Chemung-Schuyler ARC has done some suspensions in Schuyler County, they are still looking into Chemung County to figure out if they will be consolidating housing.

  AIM does not have any residential but they are working on recruitment of staff and working on salaries to retain staff. In their home care services, the consumers didn’t want services in their homes. It has been a roller coaster to provide services to consumers and providing the tools to staff to support themselves and others during this time.

  Capabilities has not suspended any services. They have had low enrollment due to people not working or looking for work. They have not had a lot of turnover, but have not been able to fill a few positions and have had to outsource. The Janitorial Services have skyrocketed but they want fully vaccinated staff.

  Person Centered Services is fully staffed and are meeting with individuals in person as much as possible and are social distancing.

  Southern Tier Connect has had a little staff turnover but are able to keep things consistent. They are meeting with individuals by phone/video and as much as possible in-person.

  Able 2 does not anticipate specific program closures, or any further efforts at consolidation in the near future. They are maintaining residential services across all sites, but we anticipate maintaining an overall census that tracks about 10 persons lower than certified capacity over the coming year. We will not seek to de-certify those bed, but we anticipate our staffing limitations and the current composition of the Emergency Needs waitlist along with the need-mix of those already being served will necessitate holding between 8–10 beds vacant for at least the first half of the new year. The Site-based Day Hab is operating at its full COVID-limited capacity (until OPWDD spacing and transportation restrictions are lifted).

  A committee member stated that the State has not increased their rates. They are still working on the 2019 rates, and it is getting really tight financially for providers. If the State does not catch up on the rates, there may be some pull back on services.
Brian stated that most likely will need to triage and the neediest will receive the services, while the others will need to figure out another way. They will learn the buzz words to get the services they need.

**Emergency Department Updates?** There have been some problems and misperceptions on services. It has been complex to try to get services with bail reform and training for law enforcement, as well as being in a pandemic and workforce shortages. There are new staff in the ER, and the BSU is now down to ten beds. If there are no openings at the St. Joes BSU then they need to find an available bed at some other facility. They do not understand how to work with the developmentally disabled population. This is why Brian wants agencies to contact him when they are taking an individual to the ER, so that he can assist.

A committee member stated that we need opportunities as a community to learn together. We are all seeing individuals from more than one dynamic area, so we need more opportunities to get together and talk about them.

Brian stated that OMH has a pilot project MAP that is putting ipads in the hands of law enforcement as well as CRISIS so that they can communicate with each other much more quickly. OMH also has reached out to Brian to send in a proposal for some block grant funding. They are concerned that our County disproportionate 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.

We can always do more to educate all parties involved. We work with a unique population. We need to figure out how we can provide technical assistance to the ER and law enforcement.

A committee member stated that the ER thinks Care Coordinators should be providing services, but they don’t understand that they have the right to refuse services. Care Coordinators cannot make decisions for them, they do not have that authority.

Everyone needs to be notified and included as a team if there is an admission, so they are informed through the entire process of the person’s stay and involved in the discharge plan.

Brian stated that sense agencies have been notifying him/sending reports of ER visits, there has not been anyone in the ER over 24 hours. Everyone has different ideas of where individuals should be, we can’t have varying differences in care. It is important to bring all the players to the table to discuss a plan. If an individual is going in and out of the ER in one day, there really is no discharge plan. In the ER a discharge plan is a challenge because the physician is saying discharge now. This does not mean
they have a good understanding of what is available in the community to support the individual. Brian stated that he receives 2 or 3 calls/texts from the ER each week, with a difficult case, and with no discharge plan. We are all on the same team to support these individuals in our community. It is not all bad, as we do have some success stories, but the difficult cases overshadow them.

➢ **Sharing by Community Members:**

**AIM** – They have used the COVID funding to develop a Nutrition Service. This is to support food insecurities by having a grocery delivery service for those in need. This is funded by the Federal government, so it is available for whomever calls and requests it. They are eligible for delivery every 2 weeks. The Food Bank and some other are helping to support it. We have not advertised this program as we do not want to be overwhelmed. They do not have to be an AIM consumer to be eligible. If you have someone in your program who needs this program please contact AIM.

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