

HUMAN SERVICES COMMITTEE

March 6, 2023

Committee members: Carlie Chilson, Terry Button (absent), Ed Bronson, Jesse Jayne, Dick Harper

Others present: Bonnie Percy, Leslie Church, Rick Willson, Dan Banach, Mark Morris, Doug Paddock, Nonie Flynn, Emilee Miller, Amy Miller, Steve Hampsey, Dr. Doug Sinclair, George Roets, Doug Gibbs, Phil Rouin

Carlie & Ed will do the audit this month.

Minutes of the February meeting were approved as presented.

Tim VanDamme, Executive Director, the Council on Alcoholism and Addictions of the Finger



The SAMHSA Community Outreach Grant for Screening, Brief Intervention and Referral to Treatment (SBIRT) awarded the  Office of Addiction Services and Supports  \$158,000 per year for five years to provide SBIRT services.

Four areas of New York State were selected by OASAS to deliver SBIRT Services to underserved adolescent and adult populations within community based settings by trained outreach workers from the target population.

- New York City
- Five Towns, Long Island
- St. Regis Mohawk Reservation
- Finger Lakes Region

The Council on Alcoholism and Addictions of the Finger Lakes, Inc. (CAAFL) is proud and excited to announce that we are representing the Finger Lakes Region, specifically Ontario and Yates Counties, as SBIRT Services providers and thank you for taking a few moments to learn more about the program

Lakes, Inc. (CAAFL), SBIRT Presentation:

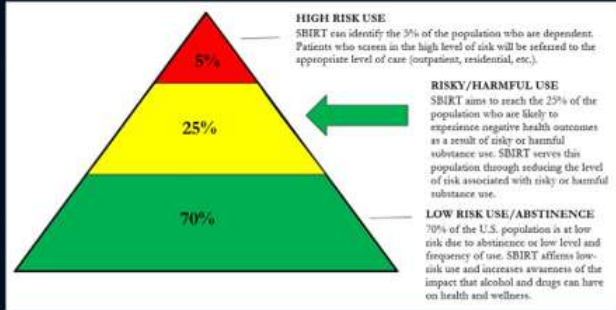
What is SBIRT?

The primary goal of SBIRT is to identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use

- SBIRT is a research-based framework that gives trained providers specific skills to confidentially discuss health behavior habits with individuals utilizing "motivational interviewing" strategies.
- SBIRT is proactive. Using SBIRT as an early intervention may reduce risky alcohol and drug use before it leads to more severe consequences or substance use disorder.

SBIRT is NOT an evaluation or treatment. It is a progressive process that utilizes the following components:

- Screening:** Universal screening for quickly assessing use and severity of alcohol, illicit drugs, and prescription drug use, misuse
- An intervention based on "motivational interviewing" strategies**
- Brief Intervention:** Brief motivational and awareness-raising intervention given to moderate or high risk substance users
- Referral to Treatment:** Referrals to specialty care for people with high risk of substance use



<https://www.indianabirt.org/professionals/research>

What is Brief Intervention (BI)?



- A time limited, individual educational session.
- A conversation about client's substance use, screening feedback, readiness to change and plans to change.
- Brief Negotiated Interview:
 - Build rapport
 - Pros & cons
 - Feedback
 - Readiness
 - Action plan

SBIRT Effectiveness

<p>Implementing SBIRT in emergency departments show reduced alcohol use & successful referral to & participation in treatment</p>	<p>Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences</p>	<p>At six-month follow-up, illicit drug use was 68% lower and heavy alcohol consumption was 39% lower among individuals who had screened positive for hazardous drug and alcohol use</p>
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6-month follow-up source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC381039/>
 Outcome data and emergency dept. and implementing in ED Based on review of SBIRT GPRA data (2007-2012)

Why SBIRT is important: Health, financial & social costs

<p> Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.</p>
<p> The costs to society are more than \$600 billion annually.</p>
<p> Investing in SBIRT can result in healthcare cost savings that range from \$3.81 to \$5.60 for each \$1.00 spent.</p>
<p> Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.</p>

* Investing in SBIRT can result in healthcare cost savings that range from \$3.81 to \$5.60 for each \$1.00 spent. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC381039/>)

Community Outreach

- Proactive vs reactive
 - Bring SBIRT to places where people tend to congregate i.e. meals, events and other community residence activities
 - Meet people where people are at, literally and figuratively
- Gives an opportunity to:
 - Reach those less likely to be screened
 - Build rapport & trust & comfort with SBIRT services
 - Make improvements based on interactions with and feedback from community

Advisory Committee

- Include key stakeholders & community members
- Responsibilities
 - Meet monthly during year 1 & at least quarterly years 2-5
 - Provide recommendations & feedback
 - Decrease health disparities
 - Identify cultural modifications
 - Billing/reimbursement
 - Success & barriers
 - Annual presentation to stakeholders and community members
 - Share outcomes & characteristics impacting the health & wellbeing of the identified underserved population
 - Update OASAS Policy Advisory Committee quarterly

Government Progress and Reporting Act (GPRA) What is GPRA?

- Data collected from interviews of clients served
 - Intake (initial), 6 Month Follow-up & Discharge interview
 - Questions involve substance use, family history, income, crime, demographics, & social connectedness.
- Client participation is voluntary
- Completely anonymous to OASAS & SAMHSA

"It's a quick and it's free!"



the
trajectory
of a life forever

- Screening effectiveness is best when face-to-face but alternative arrangements may be scheduled when necessary
- SBIRT Data is confidential

We welcome and encourage collaboration with:

- Health Providers (physicians, hospitals, etc.)
- Human Service Agencies (DSS, Mental Health Clinics, etc.)
- Schools, Colleges
- Criminal Justice/ Law Enforcement
- Community-based Organizations

Because everyone should get asked

If you or your organization can benefit from the SBIRT Program please contact our Community Outreach SBIRT Specialists:

In Ontario County, 315-789-0310

In Yates County, Lynne Zazzara 315-651-1884



SOCIAL SERVICES: Amy Miller

Amy reviewed the following regarding HEAP:

Heating Type	Second Emergency Benefit Amount
Heat Related Domestic	\$185
Natural Gas Heat Only	\$400
Natural Gas – Heat Combined with Heat-Related Domestic	\$585
Electric Heat	\$585
Oil, Kerosene, Propane	\$900
Wood, Pellets, Coal, Corn, Other	\$635

Amy reported that the Finger Lakes Community College will be on site for informational sessions on March 9th and March 15th. The proposed classes are HVAC, Comp TIA A+, Medical Assistant, Pharmacy Technician and Patient Care technical.

Amy reviewed the following Burial Rates:

	Current Rates	Proposed Rates
Fetal/Stillborn	\$600	\$600
Child Burial	\$960	\$960
Adult burial 6 years and up	\$2,436	\$2,709
Cremation	\$2,346	\$2,709 additional at cost for over 300 pounds
Oversized casket	At cost	\$300
Grave space	At cost	At cost
Grave liner	At cost	At cost
Use of hearse	\$100	Included in burial/cremation above
Mileage	\$1.50 per mile	\$2.00 per mile
Hairdressing	\$60	NA
Clergy	\$100	NA
Obituary	At cost	NA

Amy reviewed the referrals made to the YCSO in 2022. The numbers in parentheses are the days that the case was active before disposition.

	Fraud	Feds
January	2 (351, 1 still pending)	3 (11, 10, 1 still pending)
February	2 (365, 32)	2 (13, 9)
March	3 (373, 25, 1 still pending)	5 (6, 15, 32, 18, 11)
April	2 (2 still pending)	3 (14,18, 24)
May	2 (23, 24)	2 (21,22)
June	0	3 (24, 26, 15)

	Fraud	Feds
July	1 (1 pending)	1 (29)
August	2 (2 pending)	1 (10)
September	2 (2 pending)	1 (10)
October	1 (1 pending)	4 (11, 15, 16, 26)
November	0	2 (13, 8)
December	1 (1 pending)	6 (31, 23, 23, 22,23, 16)

Amy reviewed the following resolutions that would be needed. After discussion the Committee approved.

- Authorize Burial and Cremation Rates
- Authorize Chair to Sign Memorandum of Understanding for Allocation of Funding
- Authorize Contract with Safe Harbors
- Authorize Chair to Sign Resource Allocation Plan (2023)
- Authorize Contract with Child and Family Resources
- Authorize Contract with LabCorp

PUBLIC DEFENDER: Steve Hampsey

Steve reviewed the Grant Status Report and Statistic Report.

PUBLIC HEALTH: Dr. Doug Sinclair

Doug reported that the New York Department of Health State Aid Application was submitted February 24.

Doug reported that he attended the public meeting for proposed new facility February 22. There will be open microphone on WFLR with County Administrator on same topic March 14.

Doug reported that Brittany Czworcka completed Cornell’s New York State Public Health Essentials certificate program and will shortly begin training on Clear Impact performance management software for regional data collection and reporting.

Doug reviewed the following Prevention Programs Updates:

- Health Education
- Communicable Disease Prevention and Control
- Immunization
- Rabies

Doug reviewed his 2023 Goals.

Doug reviewed the following resolution that would be needed. After discussion the Committee approved.

- Sign Amendment 1 to the Agreement with Health Research Inc. (HRI) (Public Health Corps Fellowship Program)

COMMUNITY SERVICES: George Roets

George reported that they received and investigated 4 SAFE Act reports and 1 was reported to DCJS.

George reported that they are managing the budget.

George reported that there weren't any AOT cases or investigations for this month.

George reviewed program updates, highlighting, INSYGHT, Outpatient Behavioral Health Work Group, Yates County Stigma Initiative(s), Crisis Intervention Training (CIT), Columbia University HEALing Communities Study (HCS), Crisis Services Plan, Mozaic/Catholic Charities Developmental Services, Yates Prevention Coalition, and Single Point of Access (C-SPOA).

VETERANS: Douglas Gibbs & Phil Rouin

Doug provided an update for the PFC Dwyer Veteran Suicide Prevention Program.

Doug reviewed the Personnel and Training Updates.

Doug reviewed the Statistical Report.

Doug reviewed upcoming Veteran-Related Training, Meetings and Community Events.

Doug reported that their monthly services report for February shows 193 services were provided.

Doug reported that they made arrangements for 14 Veteran transports during the month of February: Yates County Veterans transported = 0; VSA Volunteer Transport Trips = 14

Doug reported that the monthly total compensation for VA claims settled in the last month was \$8,646.00 with year-to-date total compensation and disbursements being \$90,696.05.

OFFICE FOR THE AGING: Zack Housworth

Zack was not present, but the Committee reviewed his report.

Meeting adjourned at 4:43 p.m.