

STEUBEN COUNTY HUMAN SERVICES, HEALTH & EDUCATION COMMITTEE

Wednesday, April 5, 2023

9:00 a.m.

*Legislative Chambers, 3rd Floor, Annex Building
Bath, New York*

****MINUTES****

- COMMITTEE:** Carol A. Ferratella, Chair K. Michael Hanna, Vice Chair James Kuhl
 Aaron Mullen Paul E. Van Caeseele

- STAFF:** Jack Wheeler Christopher Brewer Jennifer Prossick
 Lise Reynolds Kathy Muller Nate Alderman
 Darlene Smith Tammy Hurd-Harvey Hank Chapman
 Patty Baroody

- LEGISLATORS:** Scott J. Van Etten Kelly H. Fitzpatrick Jeffrey P. Horton
 Hilda T. Lando Wendy Lozo Robert V. Nichols
 Nicholas D. Pelham Frederick G. Potter

- OTHERS:** Cheryll Moore, Director, Erie County Department of Health Opioid Committee
 Mary Perham
 Elisa Tobia

I. CALL TO ORDER

Mrs. Ferratella called the meeting to order at 9:00 a.m. and asked Mr. Kuhl to lead the Pledge of Allegiance.

II. APPROVAL OF MINUTES

MOTION: APPROVING THE MINUTES OF THE MARCH 1, 2023, MEETING MADE BY MR. KUHL. SECONDED BY MR. VAN CAESELEE. ALL BEING IN FAVOR. MOTION CARRIES 5-0.

III. PRESENTATIONS

A. **Erie County Public Health Opioid Program** – Mrs. Ferratella introduced Cheryll Moore, Director of the Erie County Department of Health Opioid Committee. She stated Ms. Moore is here to talk to us today about how they have managed the opioid crisis in Erie County.

Ms. Moore stated they formalized the meetings of their committee in 2014 and meet quarterly. They are just now going back to in-person meetings which include Law Enforcement, medical, family members who have lost loved ones, peers in recovery, etc. We recorded 301 opioid deaths in 2016 and that had decreased to 156 by 2019. COVID and the resulting isolation increased our numbers drastically. Now opioid addiction is hitting a different population and there are different drugs. We pride ourselves on being flexible to the changing needs.

Ms. Moore stated they focus on harm reduction and distribute Naloxone. Since COVID, we have increased the number of Narcan wall units and we now have 1,900 in the community. We also have a Fentanyl strip program. The majority of deaths are from Cocaine and Fentanyl. The stimulants are out there and our users are not anticipating that they will be taking an opioid. We are seeing more in Methamphetamines. Ms. Moore stated they are revamping their messaging and are going out to the community; churches, etc. to get the message out to the community from the community. We tried to track down all of the barriers and the big key is keeping people alive. Treatment is virtually accessible through Matters NY and they will do medical visits. We will link people to medication assisted treatment and link them up with a peer and set them up with an appointment for a long-term care provider within two weeks of our initial contact. We are

aggressively reaching out to bars, restaurants, country clubs and other places where people gather. This tends to affect people who are a little older and it is important to track your data.

Ms. Moore stated when they first began, the average age of a user was 38 years old and today individuals are in their 50's. We are losing people in two age groups; 40 – 49 and 50 – 55. We are working with the Better Business Bureau of Western New York and are looking to implement a program in the workplace. Additionally we have the Live Well Erie program where we use a box truck and we offer services on the spot based on community requests. That helps to make things much more effective. We are changing what we are doing to help individuals actively access treatment. She stated they also have a team of peers in recovery. Police reports are publicly available and you can FOIL those as they are not medical records. Our peers reach out to individuals and offer to link them to care. We are in contact within 24 to 72 hours after initial contact and then we follow-up after 90 days. These are client led interactions and we provide patient centered care. With all of these programs in place we have been able to decrease our death numbers. We also will do surveys out on the street. Ms. Moore stated her biggest suggestion is to go out and ask; people will tell you their stories.

Mr. Mullen asked what do you do with the police reports? Ms. Moore replied for overdoses that occur in the county, law enforcement is the documenter. That report may have information on the individual who overdosed including the surrounding area. Our peers will reach out to the individual that suffered the overdose event. If they are not in their home, we will contact them by phone or mail them a letter.

Mr. Mullen asked do you provide Narcan units inside businesses? Ms. Moore replied yes we provide them to bars, restaurants, municipal buildings, schools, bait shops, country clubs, parks, buildings, fire halls, churches, etc. These are also very popular at universities and we are working with our colleges and universities to train RA's and RD's and to install units in the dorms.

Mr. Mullen asked what establishments are you seeing the Narcan units being most effective? Ms. Moore replied any of them as they are self-selected by individuals. We have a full restaurant program and provide bags and coasters to help get the word out. In the municipal buildings, we are filling those units nearly every day. We cannot pick and choose who we think we are affecting. Our goal is to get the safety tool out to them.

Mr. Mullen asked do you have data on the number of lives you think the Narcan units have saved? Ms. Moore replied we have about 5 – 7 saves for each potential death.

Mr. Mullen stated you mentioned that it is important to partner with anyone you can find. What other programs or partnerships have you had? Ms. Moore replied we are working with the emergency rooms to change how people access care and they cannot wait for care. When an opioid user overdoses it is about them not being sick. We try to problem-solve our way through that. As bad as the behaviors are, it is important to get treatment and then those crazy events go away.

Mr. Kuhl stated he read about how overdoses are not just occurring with illicit substances. Are you finding that is also a useful scenario for the use of Narcan to responding to students that have taken too many Adderall pills? Ms. Moore replied Narcan would help with that, Xanax, Klonopin, Oxycodone, Vicodin, Percocet. If you purchase any of those on the street, they will have Fentanyl in them. The discussion about Adderall is important and it has been difficult to find prescriptions. Parents will do anything for their children but she would advise against purchasing online as you do not know what you are getting. She noted that Methamphetamine is also cut with Fentanyl.

Mr. Van Caesele asked why has there been a shortage of Adderall? Ms. Moore replied she has no idea. They are saying it is a supply chain issue and there may be an ingredient that has become difficult to obtain. Mr. Van Caesele asked is there a substitute that is available to prescribe? Ms. Moore replied yes, there are generic versions. Some people only want a name brand. Many students use Adderall to stay up to study and that is a message that needs to get out. My biggest concern is Cocaine and getting that message out to people is difficult.

Mr. Van Caesele asked do you have any concerns with the Narcan boxes and kids taking doses to parties so they can do drugs? Ms. Moore replied that is not real and it is not true. I have never heard of that happening ever. That is just not

true. The problem right now is the overdose rates of people in their 60's. There has been a tendency to categorize those as cardiac events when they are really overdoses.

Mrs. Ferratella asked what tools do you use to get information out to the community? Ms. Moore replied we use our task force. We do mailings with the Health Department as they do all the permitting and we mail direct to them. We go door to door and we also have a billboard campaign. We are working to get people to understand that Narcan is only first aid. Narcan tastes terrible and does not hurt you. We will see Narcan being available over-the-counter by the end of summer and the FDA has done extensive testing.

Mr. Van Etten stated earlier you made a comment regarding employers and tying that into the stigma that is associated with drug use. It is good to hear that employers are interested in bringing this into the workplace. Ms. Moore stated employers have reached out to us. About seven years ago, Ford identified a problem in their plant. We have also worked with the Better Business Bureau for a number of years and we are training employers how to reverse overdoses. Right now the Better Business Bureau covers your area and she would be happy to link the president of that association with you.

Ms. Moore stated there are many people that we talk to every day that are struggling or are in recovery. We need to have supports and medical policies. This is also about safety. There are a lot of factors and a lot of unknowns. We are losing our working population.

Mrs. Ferratella thanked Ms. Moore for join us and sharing her knowledge. Ms. Moore thanked the committee for everything they are doing.

IV. DEPARTMENTAL REQUESTS

A. Public Health

1. **Authorization to Solicit Bids for Preschool Transportation** – Mrs. Smith requested authorization to solicit bids for preschool transportation services.

MOTION: AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH AND NURSING SERVICES, IN CONJUNCTION WITH THE PURCHASING DIRECTOR, TO SOLICIT BIDS FOR PRESCHOOL TRANSPORTATION SERVICES MADE BY MR. MULLEN. SECONDED BY MR. KUHL. ALL BEING IN FAVOR. MOTION CARRIES 4-0.

2. **2023 Preschool Contracts** – Mrs. Smith requested authorization to renew the 2023 preschool contracts.

MOTION: AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH AND NURSING SERVICES TO RENEW THE 2023 PRESCHOOL CONTRACTS MADE BY MR. VAN CAESELE. SECONDED BY MR. KUHL. ALL BEING IN FAVOR. MOTION CARRIES 4-0.

B. Community Services

1. **Pretaa Contract** – Dr. Chapman stated a few months ago he, Mr. Wheeler and Mr. Kuhl met with representatives from Pretaa to talk about their use of Fitbits to aid people in recovery. The Fitbits monitor biometric data to help clients understand triggers, cravings, etc. This also provides information to the providers. The Fitbits can also be set up with a geographical fence which will alert the individual if they are getting into a location where they might be tempted to use.

Dr. Chapman requested authorization to enter into a contract with Pretaa for a pilot program of 10 clients. The cost for one year would be \$10,000. He also requested that \$10,000 be allocated from the State's portion of the Opioid Settlement Funds for this purpose.

MOTION: AUTHORIZING THE DIRECTOR OF COMMUNITY SERVICES TO ENTER INTO A NEW CONTRACT WITH PRETAA FOR A PILOT PROGRAM CONSISTING OF 10 CLIENTS FOR A ONE YEAR COST OF \$10,000 AND AUTHORIZING THE APPROPRIATION OF \$10,000 FROM THE STATE'S ALLOCATION OF OPIOID SETTLEMENT FUNDS FOR THIS PURPOSE MADE BY MR. KUHL. SECONDED BY MR. VAN CAESEELE.

Mr. Swackhamer asked what about the client privacy? Dr. Chapman replied none of this is done without the client's permission. Mr. Swackhamer asked this Fitbit tracks them 24 hours a day? Dr. Chapman replied the watch will track everything as long as the watch is being worn.

Mr. Van Caeseele asked do you have clients that are willing to sign on to this? Dr. Chapman replied I think so. This is something that we have never offered before and it will be interesting to see how well it is received. Approximately 75 – 80 percent of the population has smartwatches or smartphones and we anticipate there will be some interest. This will be a pilot program for the next 12 months. Dr. Chapman explained this cost will be incurred by the County. If any of the clients on the pilot program want to continue, they can work directly with the company and the cost to them would be \$50.00 per month.

Mr. Mullen asked has this program been done elsewhere? Dr. Chapman replied yes, however, this is still relatively new to the field. Upwards of 60 – 65 percent of the individuals that have used the Fitbit remained sober for twelve months after their treatment ended. That is pretty significant because with addictions in general, it is upwards of 50 – 55 percent that relapse within that first year after treatment. I'm of the opinion that anything we can do to try to aid people from relapse is a good thing.

Mrs. Ferratella asked if they are having feelings of depression or anything, this allows them to have instant, almost immediate contact with their support system? Dr. Chapman replied yes. Stress is a primary factor that causes people to relapse.

VOTE ON PREVIOUS MOTION: ALL BEING IN FAVOR. MOTION CARRIES 4-0. Resolution Required.

C. Personnel

1. **Public Health** – Mr. Alderman requested authorization to waive Rule 16B and authorize the creation of one full-time Office Manager position, CSEA Grade K in Public Health. With the changes that have happened in Public Health, they have lost some long-term clerical support as well as supervision. This will allow the office to be supervised and managed in a very efficient manner. This position was budgeted for and additionally Public Health has received an increase in State aid that will help cover the cost of the position.

MOTION: AUTHORIZING WAIVING RULE 16B AND CREATING ONE FULL-TIME OFFICE MANAGER POSITION, CSEA GRADE K, IN PUBLIC HEALTH AND NURSING SERVICES MADE BY MR. VAN CAESEELE. SECONDED BY MR. KUHL.

Mr. Swackhamer asked this is a new position? Mr. Alderman replied yes. Mr. Swackhamer asked why are we filling a retired position? Mrs. Smith explained we are losing people to retirement, and some of those are very long tenured employees. This is not to backfill a retirement title. This is a new position; a hybrid position which will provide overall support for many of the functions within the department, mainly the accountant as she could use some extra help, and the job spec for Office Manager fits that nicely. This position will help with clerical support until we can backfill those positions. Mr. Swackhamer commented he has no problem with this, but was just wondering why we were not backfilling. Mrs. Smith stated we are attempting to do that. Mr. Alderman explained we really looked at the duties and Public Health has been one department where the duties have been the same for everyone. This is a unique opportunity to make the organization run more efficiently.

Mrs. Ferratella asked is this position in alignment with the new grant you received? Mrs. Smith replied the funding is coming from different sources. With the infrastructure grant, one of the main tenants of that is to

encourage local departments to recruit and retain Public Health staff. We have lost a lot of staff and it is along the lines of doing what we can to shore up our infrastructure.

VOTE ON PREVIOUS MOTION: ALL BEING IN FAVOR. MOTION CARRIES 4-0. Resolution Required.

2. **Department of Social Services** – Mr. Alderman requested authorization to reclassify one zero-based Transportation Coordinator position, CSEA Grade 12 to a Case Supervisor Grade B, which is CSEA Grade N.

Ms. Muller explained over the last two years we have had an increase in our Adult Protective Services cases; anywhere from our guardianship cases, our protective and preventive cases and our home care cases. Many of the regulations have changed in our home care, which is driven by the State. We used to have to do those assessments within 30 days and now we have two processes; we have to start the initial assessment and have to see all the referrals within three days. The initial assessment has to be done within ten days and then a personal care plan has to be developed within fourteen days and then updated every 30 days. It often takes six months to get individuals set up with in-home care services because of the staffing shortages out there. Our referrals have gone upwards of 60 per month on top of their caseloads they are currently carrying. The other change is that assessments have to be done by someone with a minimum of a Bachelor level degree. This position is 100 percent Medicaid funded, so there will be no local share. I strongly feel, given the increase in all of the services that have come our way, that we need to do some reorganization with the whole unit and this position will greatly assist staff.

Mr. Van Caesele asked have you budgeted for this position? Ms. Muller replied not specifically, but we have enough unused personal services dollars to cover the expense for this year. We will also be able to allocate the 100 percent Medicaid funding should we need to for this year's budget. At this point I don't believe that we will need to adjust that.

MOTION: AUTHORIZING THE RECLASSIFICATION OF ONE ZERO-BASED TRANSPORTATION COORDINATOR POSITION, CSEA GRADE 12 TO CASE SUPERVISOR GRADE B, CSEA GRADE N MADE BY MR. VAN CAESELE. SECONDED BY MR. KUHL. ALL BEING IN FAVOR. MOTION CARRIES 4-0. Resolution Required.

V. OTHER BUSINESS

A. *Transportation* - Mr. Van Caesele stated he met with HATs in Hornell and there is a new program through Medicaid where they have to download an app and anytime someone goes to a medical appointment they have to log that person in when they get on the bus and log them off when they get off the bus. They said this is run through the County. Do you know anything about that? Ms. Muller explained our transportation services for the County are now operated through the Institute for Human Services, and that is State driven because they contract with a provider, MOS, and they provide transportation services across the State. We advocated for our local Institute for Human Services to coordinate the transportation services in Steuben County as we felt they would provide better services to our consumers. The State has now mandated the way they are required to log those trips and is requiring new software and that is all done through the Institute for Human Services. They really do not have a choice in how that is done now and that is a mechanism for reimbursement.

Mr. Van Caesele commented a couple of other concerns were the app doesn't always work with regard to the GPS locations and it is not always identifying the location and then they cannot process. Additionally, the drivers are having to use their own phones and they may not have an unlimited plan and that is costing them money. Those are just a couple of the concerns they have. I am not sure if there is anything we can do about it, but I wanted to bring those concerns up.

Ms. Muller commented the State really forced this plan and they had 60 days to implement it. She will pass along these concerns to the Executive Director of the Institute for Human Services.

B. *Special Committee Meetings* – Mrs. Ferratella stated in May she would like to talk about holding special committee meetings to talk about the Opioid Settlement Funds and how those are distributed. She is looking to do something similar to what was done with the EMS discussion and holding special meetings.

MOTION: TO ADJOURN MADE BY MR. KUHL. SECONDED BY MR. VAN CAESELE. ALL BEING IN FAVOR. MOTION CARRIES 4-0.

Respectfully Submitted by

Amanda L. Chapman
Deputy Clerk
Steuben County Legislature

****NEXT MEETING SCHEDULED FOR****

Wednesday, May 3, 2023

9:00 a.m.

Please send agenda items to the Clerk of the Legislature's Office

NO LATER THAN NOON

Wednesday, April 26, 2023