

Health & Human Services Committee
July 30, 2013
Minutes

Members Present: Committee Chair James Nabywaniec, Legislators Robert Thomas, Michael Montigelli, John Peck, Anthony Doldo, Chairwoman of the Board Carolyn Fitzpatrick

Others Present: Legislators Allen Drake, Barry Ormsby, Robert Ferris and Jennie Adsit, County Administrator Robert Hagemann, County Attorney David Paulsen, Information Technologies Director Gregory Hudson, Community Services Director Roger Ambrose, Community Services Mental Health Coordinator Tim Ruetten, Public Health Director Ginger Hall, Public Health Educator Steve Jennings, EMS Coordinator Charlie Brenon, Watertown Daily Times Reporter Daniel Flatley, Confidential Secretary Jill Jones

Chairman Nabywaniec called the meeting to order at 6:30 p.m.

Anita Seefried-Brown, Alcohol & Substance Abuse Council, and Rapid Response Work Group, outlined the priorities of the Work Group relative to addiction issues in the community and programs they have accomplished to date, such as coordination of the collection and disposition of old prescription drug medications. She outlined many statistics related to the use and effectiveness of Narcan in cities and communities throughout the United States and encouraged legislators to adopt a resolution in support of the program.

The Committee approved the minutes of the June meeting, as written. Legislator Peck arrived at the meeting.

Chairman Nabywaniec introduced a resolution amending the 2013 County Budget relative to Mental Hygiene/Community Services and authorizing amended agreements in relation thereto and entertained a motion for consideration. A motion was duly made by Legislator Doldo seconded by Legislator Montigelli and there being no discussion, the Committee agreed to sponsor the resolution as presented.

Chairman Nabywaniec introduced a resolution authorizing amended agreement for home health care services to Public Health in relation to NYS Department of Health (NYSDOH) workforce development funding and entertained a motion for consideration. A motion was duly made by Legislator Doldo seconded by Legislator Montigelli and there being no discussion, the Committee agreed to sponsor the resolution as presented.

Chairman Nabywaniec introduced a resolution authorizing agreement in connection with long term home health care waived services and entertained a motion for consideration. A motion was duly made by Legislator Thomas seconded by Legislator Montigelli and there being no discussion, the Committee agreed to sponsor the resolution as presented.

Chairman Nabywaniec introduced a resolution authorizing an amended agreement with Erie County for toxicology testing services and entertained a motion for consideration. A motion was

duly made by Legislator Peck seconded by Legislator Thomas and there being no discussion, the Committee agreed to sponsor the resolution as presented.

Chairman Nabywaniec advised that Community Services Director Ambrose hosted a meeting last week to discuss the local impact of changes to mental health services at the St. Lawrence Psychiatric Center and asked Mr. Ambrose to address the Committee in that regard.

Mr. Ambrose advised that the NYS Office of Mental Health (OMH) conducted a listening tour with a stop at the St. Lawrence Psychiatric Center and subsequently issued a Regional Center of Excellence Plan which included downsizing inpatient mental health facilities in the State from 24 to 15. This includes closure of the inpatient mental health hospital at St. Lawrence within the next two years; adults will go to a new Regional Center of Excellence in Syracuse and children will go to the Regional Center of Excellence in Utica. He expressed concern about patient care and the 500+ jobs that will be lost or relocated from St. Lawrence County, and said a St. Lawrence County Task Force has been formed to address the matter.

Mr. Ambrose reported that he hosted a well attended meeting last week with mental health professionals in the community to assess what the community will need in order to be prepared for the drastic closure of beds and the more significant cases in the community without inpatient support. He said of particular concern is that 30% of the bed capacity in the State will be closed, and it is difficult *now* to get patients into inpatient care and their stays are shorter so they are not as stable when they are released. Possible needs discussed were: a place where individuals could stay sometimes that is not a hospital or with 24 hr coverage, additional intensive case management services, increased outpatient capacity, stable affordable housing, and some level of support across the service continuum of care including a partial stay hospitalization program. He said the initial group will be pared down to help develop a proposal that will be submitted to the State Office of Mental Health (OMH) relating the additional mental health needs of the community including funding, if the State moves forward with the closures. He stated that they have already approached the State OMH to discuss increasing outpatient capacity for three providers who have expressed an interest in doing so. Samaritan Medical Center mental health unit currently has a 30 bed capacity and a request was submitted to State OMH to increase that amount but it is currently shelved by the State.

Mr. Ambrose stated that help from the Board of Legislators could come in the form of contact with State legislators to encourage the State Office of Mental Health to be flexible and cooperative in turning over some new programs, license requirements, and funding so the additional need can be addressed.

Mr. Ambrose answered questions of the legislators relating that the State views these changes as a cost savings, an improvement in care as people can receive treatment in their own community and believe the hospital setting is archaic. He said they compared the paired down number of hospitals in New York State to other states with that number of facilities, however none of those states were rated as well as New York in taking care of their mental health population. The State has said that the savings realized will be returned to the community some how either in services or reinvestment, but they have not provided any clarity in that regard; the only known is that Ogdensburg will be the hub for providing outpatient services. The counties around us will be experiencing the same situation with patients, but Jefferson County has more people to take care of

because of the Fort Drum population. He said travel to the Centers of Excellence in Syracuse (adult) or Utica (children) are not too bad for Jefferson County families of inpatient clients but it may be more of an issue for those in Franklin or Clinton counties. Along with planning for the closure, definite efforts will also be made to keep the Psychiatric Center open. He suggested that a couple Jefferson County representatives sit on the St. Lawrence County Task Force to make sure we are part of the process to have the State rescind or at least re-examine the Plan as it was put together hastily and with little thought as to how it would impact peoples lives. He particularly noted that the St. Lawrence Psychiatric Center is the only inpatient facility North of the Thruway. He said outside inpatient care there may be a few crossovers, but generally mental health programming stays within the borders of its county.

County Attorney Paulsen informed that his research concerning the use of narcan by the Jefferson County Sheriff's Department revealed that narcan is a prescription drug and needs to be prescribed by a doctor and administered by a patient or medical professional acting within the scope of their license. In order to alleviate the requirement that a professional administer the opiate antagonist(s) the NYS DOH has to enact an exception to those rules under Public Health Law 3309 which says that anyone that follows the rules receives three benefits of the regulation: it creates a procedure for training people to administer Narcan or similar drugs, it creates an exemption to the rules of licensing for anyone who is administering it, and creates partial immunity from liability. Those regulations were enacted in 2006 following the statute going into effect, and they were enacted on an emergency basis meaning that they did not have to go through the regular publication process to make them permanent. He advised that they have been re-enacted about 6 times on an emergency basis, but he couldn't tell if they were ever made permanent, however the NYS DOH continues to publish them as they are permanent and act as though they are.

Mr. Paulsen stated that the section of law also requires NYS DOH to enact regulations establishing a criteria for setting up overdose prevention programs. The regulations further require that the overdose prevention program be sponsored by one of four types of agencies; a healthcare facility, a physician (a physicians assistant or nurse practitioner), a drug treatment program or local health department. The program has to have a program director, a clinical director, a State DOH authorized training program and is responsible to train responders (the persons who are authorized to give the drug) and the responders have to retrain every two years. The program is also responsible for keeping records of training, usage and inventory of supplies and materials; i.e. they keep track of the drugs including expiration dates, and they record every use of the medication and report it to the DOH. He wondered who was going to absorb the administrative burden and establish the program as he has no knowledge of any contact being made with the DOH.

Attorney Paulsen said the statute gives some partial liability, it treats the administration of Narcan as giving first aid or emergency medical care, however that is not to say that you can not be held responsible if you administer it in a poor or negligent manner, but it is a much lower burden than practicing medicine. It also means that you can be held responsible for gross negligence or reckless conduct in administering the medication. He reached out to an anesthesiologist for his opinion as to whether this medication is safe to be given by a lay person, and the anesthesiologist's opinion was that it should be done under clinical circumstances. Outreach to several other physicians to get a variety of opinions was done but no one else returned his call. Mr. Paulsen advised that this is beyond his scope as a lawyer as he is not a medical professional and he is not comfortable rendering an opinion on it. He was concerned that whatever training a County

employee is given it is thorough enough that they will administer it with full knowledge of the drug and are under circumstances where they have every resource available to them to give it knowingly and safely. He understood that one side effect that can be experienced by a known user of opiates when given this drug is heart arrhythmias. He wondered if the drug is given in the field without proper equipment to monitor heart and breathing, is that going to be considered gross negligence or not.

Mr. Paulsen said that as far as the next steps, we need to identify who will be the sponsor agency before we go any further and have the program set up, determine who will be doing the training, and suggested getting medical professionals on a panel to make determinations about who is appropriate to be trained in the field with these drugs. He said it is a policy question as to whether this is an investment for the County or the community in general to make.

Discussion ensued with regard to who is appropriate to administer and receive the training, and the liability incurred if Deputy Sheriff's administer the drug. Chairman Nabywaniec advised that Charlie Brenon had expressed a willingness to be the one to provide the training to others and that according to the regulations Public Health would need to register with the State to sponsor the overdose prevention program. He said due diligence is needed as we do not want to expose a Deputy Sheriff/the County to liability issues.

Legislator Peck advised that following his discussion on this subject with a Level 3 paramedic who works for a local rescue squad and on Fort Drum, he had concerns about the possible violent behavior of a patient as they are brought out of an overdose, who will be writing the prescriptions for the drug, if the Sheriff's Department is interested and willing to participate in the program, is there a risk to the patient if the drug is administered in a rural location and the ambulance is still 20 minutes out, and administration of the drug in the nasal spray is effective, but is not as strong as the shot. He noted that the medical person said it will not affect any other health issue, i.e. heart issues, it will only bring the individual out of the opiate induced overdose. This medical person also wondered why the County can get the medication for free when everyone else has to pay for it. Attorney Paulsen added that the clinical/medical director of the overdose prevention program would be the person to write the scripts to obtain the narcan for the program, and he only spoke to the Undersheriff but their concerns were about proper training if they will be using this drug. The Sheriff advised that with the proper training, they would not have a problem with the program, and the drug will be kept in their duty bags which are brought inside every day. Legislator Ferris expressed support for moving forward with the program if the Sheriff's Department is in favor of it.

Charlie Brenon explained the difference between the narcan dosage in the i.v. version which is faster and is administered at a slow pace, and the nasal cavity version which is less potent and acts slower; the nasal version will support life but the likelihood of violent behavior is minimized as the person is not brought fully awake. He advised that while a possible side effect is heart arrhythmia there is a danger of that in everyday life. He pointed out that many of the protocols for the overdose prevention program are similar to the requirements they already perform with the IED devices. He said the narcan program is supported by the American Medical Association, Dr. Gray at Samaritan Medical Center, and it will not be difficult to set up. He advised that the Harm Reduction Coalition out of New York City has offered to provide the initial supply of narcan to the County free of charge. Mr. Brenon added that the Public Health Medical Director (a physician) is more than willing to

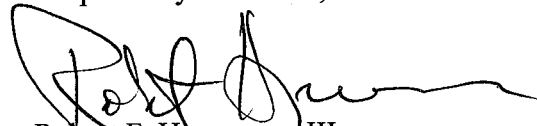
become part of the overdose prevention program, and they have checked the training requirements and the EMS training coordinators and he are both qualified to do the training for the law enforcement officers. The cost of the drug can range from \$22.00-\$27.00/dose, and we should not have to replace the initial supply for two years as that is the drugs shelf life. Legislator Doldo added that in Quincy, MA out of 179 times they were able to reverse 170 overdoses, and the dosage deputies would use is only enough to return the individual breathing until an ambulance arrives.

Chairman Nabywaniec advised that there are details concerning the program such as administrative costs that need to be finalized as part of our due diligence before the program can be adopted, and he assumed from the discussion that it is the desire of the Committee to have the record keeping and program sponsor in house. Once the program complete and presented for review by the Committee, it can be approved. He reminded legislators of the importance in setting up the program properly as this is a new program and there are other municipalities that are waiting for us to set up the program so it can be used as a model. Mr. Hagemann added that once program details are worked out concerning training, liability, and costs, including the cost to restock the supply in two years, then the approval of the Committee will be sought. He pointed out that in Suffolk County where this program is implemented all the deputies are EMTs but that is not the case in this County so you really can't make comparisons.

In response to questions Anita Siefred-Brown and Charlie Brenon recalled the overdose death statistics and calls for assistance stating that deputies are dispatched to every overdose, however they did not have statistics as to how many times deputies were first on the scene; the majority of the overdoses occur in the City of Watertown, and in clusters around Fort Drum and along the St. Lawrence River; Sheriff Burns stated that deputies do not respond to overdoses in the City unless they are specifically asked for assistance. Chairman Nabywaniec advised that it may not look like it but the issue is being moved along, there is a lot of passion for it and the Committee will work their way through it to make sure what we do is the right thing to do.

There being no further business of the Committee, on a motion by Legislator Doldo seconded by Legislator Peck and unanimously carried, the meeting was adjourned at 7:35 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R. Hagemann, III', written in a cursive style.

Robert F. Hagemann, III
Clerk of the Board