Community Services Board Meeting  
Minutes of October 17, 2018

Present: Brian Hart, Joseph Cevette, Pam Overdorf, Lori Murphy, Alan Yeck, David Andreine, Dr. Michelle Pavilard, Jennifer Emery

Excused: Leisa Alger, Ellen Topping

Absent: Dr. John Alves, Amy Jones, Michelle Johnson, Rene Snyder, Rosemary Anthony

Minutes:
Approved without changes:

Sub-Committee Reports

- Mental Health- Brian reported:
  a. Suicide prevention: Shannon has two ASIST trainings coming up with space available at the local course on November 7th and 8th. Brian recently provided two safeTALK trainings and we will be hosting a safeTALK train the trainer in October.
  b. The Governor’s Suicide Prevention Task Force on Suicide: Report is not officially out yet form the governor’s office, but the report was reviewed publically at the recent state-wide prevention conference and Chemung County was mention several times as a county of distinction.
  c. BBM: The 6th annual Breath Body and Mind conference will be held October 19-21st in Horseheads with approximately 30 individuals registered.
  d. Transformation update: The June OMH report to the State Legislature is available online. It is just a little difficult to understand as you have to look closely at start dates of programs and understand that some of the programs are shared between EPC and GBHC, and you would only know that if you looked at the column noting the county as Southern Tier Area. Still not sure what the MIT does locally, but this has prompted a statewide conference call with county directors and OMH Central Office as many regions have similar questions.
  e. CR Conversions: Apparently there is a plan to convert some Community Residences to supported housing, and about 50% of those have been completed including in Monroe and Erie Counties. Unaware of any plans in the Finger Lakes.
  f. Geriatric Nurse Practitioner changes: This funding is ending, but the funding is staying presuming we can submit a plan that is approved for services that ultimately promotes psychiatric stabilization, decreased ER utilization…. Brian has had a brain storming session with the Field Office about the possibility of four options including; in home respite for
adults, a secondary trauma response system, clinical services for hoarders, and expansion of TEACH locally.

- **Substance Abuse:** Jennifer Reported:
  a. **Recovery Schools – What’s Up:** Brian Hart shared that he met with CCC, Trinity, and the Superintendent of BOCES. It was his understanding that they were waiting for the Superintendent to meet with all the school district Superintendents involved to discuss the program and come to an agreement. The Feedback that Brian received from the President of CCC was that he ran it by the I-86 Corridor group in hopes they would approve it. Brian asked why that would need to be done. The school districts need to come to an agreement and Trinity would bill for the services. It will be a win-win for everyone. The CCC President then said that we can move things forward and we don’t have to wait for them to approve. We are still waiting for the school districts to approve.
  b. **S2ay Network Coalition:** The S2ay Network is doing a Gap Analysis. They did an analysis in which 300 people replied and approximately 130 of them were from Chemung County. They decided that to get their message out using media companies and billboards. They want to focus on proper disposal of medications. Hospitals now have a safe place for individuals to dispose of medications from their homes. Ontario County has a community café. They provide community medical sessions to educate the community. They are providing needle exchanges. We have this in our area, and it’s done in a quiet and discreet area. Narcan - working with Pharmacies. You receive one or two doses free if you go through the Narcan training. Otherwise you need to pay for it, as it is not given out for free.
  c. **Updates from the State:** The housing project with Trinity and I-Matter is in flux – the state wants it slightly moved on the property, but who is going to fund it? Are the Church and Trinity willing to take out a loan? We will just have to wait and see what happens.
  d. **Arnot update:** Brian met with Jonathan Lawrence who is the new CEO at Arnot. He oversees Arnot/St. Joes/Ira. They discussed several topics and one of the items was a New Dawn expansion. They have begun the RFP process to merge Arnot and St. Joes under one tax ID. They are working on a grant to expand the existing ER at Arnot. The long term plan is to close St. Joes ER. Looking at being assessed at Arnot ER and if the individual meets the criteria, then they would be transported to St. Joes to enter into the BSU or New Dawn for treatment. The referral system from detox to treatment – some are not fully detoxed and move to New Dawn and they are not in great shape. There is an understanding in the meeting that Arnot had already submitted for an article 28 outpatient clinic license and had been turned down once, but many staff are talking publically that this is going to be happening. Brian clarified that a license for such
requires his approval, along with the Field office, and he has not received a proposal.

e. **Bradford Recovery:** There has been some rumors going around that one of the co-creators of Bradford Recovery, the Clinical Director, and the Chef left the organization. So there are now in transition.

➢ **Development Disability** - Reported by Pam

a. **Regional data:** Brian Hart handed out copies of a page from the OPWDD website (Attachment A) that showed the agency enrollment data for the Western NY Region 1. By looking at the information it is not helpful to our needs and has raised more questions than answers. They are pushing for data and tracking systems, but what is the purpose of this data? Are they doing this to answer to the Legislature? Not sure what this means. How many people are waiting for these services? Did they move from one service to another? What was the time frame of this data? Brian Hart is going to reach out and ask questions.

b. **EmployAbility:** On the OPWDD website they put a message out to potential employers to hire DD individuals. It is a great message and Brian Hart was glad he saw that on the website, as he had not heard about it when he met with the State.

c. **Public Comment on Specialized Managed Care Plan – Final Day:**
Today is the last day to make any comments about the Specialized Managed Care Plan to the State. You can go to: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/1115/final_revised_draft_transition_plan_feb_2018_for_publication.pdf

d. **Local Plan:** We stated in our plan that we wanted to develop more Supportive Housing for DD individuals. That is being done, as AIM (10 units set aside) and Chemung Crossing (7 units set aside) are building more housing. AIM should be receiving their Certificate of Occupancy on Friday and those who have been approved to move in can do so on November 15, 2018. They are in the process of working on an Open House for November. The rent for the 10 Units sets aside for IDD is 30% AMI. There is funding for another project.

In our plan we want to make sure that CPSE and CSE make a connection with OPWDD services. Any updates? The children who are not able to receive speech services don’t have them in the community (issue of resources). There continues to be ongoing communication with the districts as people come and go.

ej. **Hospital Admission Protocol:** Brian Hart does not know how to easily solve this issue. He is asking all of you that if you have
someone with DD that has behavioral health issues and is being admitted to the hospital to please notify him as soon as possible. Please don’t assume that someone else has notified him. He would rather have several people notify him, then not have anyone notify him and then he gets a frantic phone call from the hospital. Because of the lack of communication this seems to be the only solution for right now. We are not the only area that has this problem; there are others throughout the state. We need to work together to help thing move along more quickly and better serve DD individuals with behavioral health issues. There have been some complicated cases lately.

➢ **Director’s report**
   a. **CSB Terms**- Brian indicated that Pam’s second 4 year consecutive term is ending in December and thanked her for her years of service on the board. In handing out copies of the By-Laws he reminded the CSB members that Officers are supposed to be one year terms and not supposed to serve more than two consecutive terms, so we will need to elected new officers. In addition, with Pam coming off the board, The Developmental Disability Committee will need a new Chairperson. Brian suggested that the chairperson for each committee be a CSB member so that he is not the person reporting out on the committee discussions, as three CSB members are supposed to be involved in each committee per mental hygiene law and the By-Laws, so it only makes sense to have the Chairperson be one of those individuals.

   b. **Role of State and LGU**- As the state moves the Medicaid system to Value Based Payments, its intention is to shift as much as possible under Managed Care Organizations, therefore leaving the role of OMH, OPWDD, OASAS and local county Mental Hygiene Departments tenuous at best in the future. Unless mental hygiene law is revised, the role will continue to exist for those not on Medicaid, but be minimized otherwise. This has many quite nervous across the state, as clearly MCO organizations don’t have a local understanding of the needs of the individuals in the communities.

   c. **Forensic Admission**: There was a recent admission from the county jail to OMH forensic services for someone who decompensated psychiatrically, and was returned in less than 30 days. Upon his return the courts dismissed the charges, but he was still psychiatrically unstable, so he was immediately admitted to St. Joes. This prompted a discussion with Central Office who claims that they treated him for Dementia, and restored him before his return, further claiming that the environment of the county jail in the 1 ½ days he lasted post release, must have caused his decompensation.

   d. **EPC changes**: OMH Central Office has decided to return to having a separate Executive Director for each EPC and GBHC, so David Peppel will be staying with GBHC, and they have posted for a new director at EPC.

   e. **FLPPS Proposal**: A regional proposal was approved for multiple agencies to receive funding for telemedicine. The criteria was that
they have an existing electronic medical record system that needed expansion, were already using telemedicine that needed enhancement, or were close to one or both of these. Oddly enough Catholic Charities was one of the agencies approved, but they don’t meet any of that criteria, and when Brian raised the question with FLPPS he was initially told all entities were closely vetted, then this was further clarified as an error on the list after he had brought back information to the FLPPS Executive Director indicating confirmation that they didn’t meet criteria.

f. **SPOA Standardization:** A group of county LGU representatives are working on the development of a standardized children’s SPOA application as DOH repeatedly claims that the SPOA process slows down access to services for children and youth.

The next meeting is scheduled for December 19, 2018 at 1:00.