Community Services Board Meeting
Minutes of August 15, 2018

Present: Brian Hart, Joseph Cevette, Amy Jones, Pam Overdurf, Lori Murphy, Michelle Johnson, Alan Yeck

Excused: Rene Snyder, Jennifer Emery, Melanie Rahr, David Andreine, Leisa Alger

Absent: Rosemary Anthony, Dr. Michelle Pavilard, Dr. John Alves

Minutes:
Approved without changes:

Sub-Committee Reports

- **Mental Health**- Brian reported:
  a. **Suicide prevention**: Shannon had reported that OMH was recently promoting the suicide prevention text line at 741-741 by encouraging people to type “Got5” to that number to engage in a dialogue. She also noted that the upcoming safeTALK class is full so another will be scheduled as she had already turned away almost a dozen individuals. The Committee is starting to plan for National Survivor’s Day on the Saturday prior to Thanksgiving.
  b. **Psych NP Pilot**- OMH has decided that we shouldn’t be providing this service with state aid being that it is billable, despite them being told that from the beginning. Therefore, we are in discussions with Family Services and the various local SNF to offer the service as a contracted billable service and to try and make this transition by October 1st. Brian is seeking proposals for what to do with the $108,000 in state aid. Lori mentioned that one of the problems they are finding is that individuals in need of maintenance outpatient ECT need a companion to travel to Binghamton or the treatment, so perhaps we could use the funding for that. Brian suggested that she reach out to the retired volunteers at Cornell Cooperative Extension (formerly RSVP) for that purpose).
  c. **Arnot/St. Joe’s Par**- The initial plan is already in the works to have a full asset merger that would result in the two hospitals being under one National Provider Identification (NPI) number. Step two, which they have a multi-million dollar grant for, is to expand the Arnot ER with a devoted area for psychiatric beds, but leave the BSU at the St. Joe’s location. This presents several potential challenges for increased elopements, as well as the fact that there is no legal psychiatric status for them to be on as a transport. It is complicated to the point that even OMH has been unable to offer guidance to date on the issue.
  d. **Project TEACH**- This program has been around for many years as a mechanism to train PCPs treating children to recognize mental health
symptomology, and to have the availability of psychiatric consultations available to them. However, it is now being expanded to the OBGYN physicians as well to target postpartum depression.

e. safeTALK T4T- Brian is arranging for a safeTALK train the trainer in October as the closet one on the east coast is in West Virginia, and we are in need of trainers. This is being done primarily because he is one of if not the only trainer left in the community, and EPC would like to have a trainer.

➢ Substance Abuse: Brian Reported:

a. Opioid and Pain Mgmt. Training - The national Institute on Drug Abuse is offering an online training with CME and CEU’s for prescribers and other clinicians wanting to learn about practical guidance for prescribing of these medications.

b. I-Matter festival- Joel and Brian attended the festival this past weekend. This was Joel first time, and he participated as a vendor reporting how impressive it was to have so many people stop at their table, including band members. Brian reported that both the commercials and the beta version of the app that the Substance Abuse regional Alliance (SARA) are working on, were released at the festival on jumbo screens with very positive results, as there were nearly 1000 downloads of the app alone.

c. Narcan- As an update, we have had 57 administrations of Narcan YTD with two fatalities. Use of opioids is rising again, and there is a recent uptick in occurrences in Horseheads.

d. Acute after hour admissions- Glenn will be looking at the number of requests for after hour admissions they receive as the current system only allows for day time admissions vs. an on call attending choosing to admit the individual and call in admission orders to the nurse on the unit.

➢ Development Disability- Reported by Pam

a. Health homes- The IDD population has formally been added to meet health home care management criteria. However, the guidance doesn’t note the need for OPWDD to determine eligibility.

b. Dual Psych unit- Buffalo Psychiatric Center has opened a unit for adolescents with co-occurring mental health and developmental disabilities. Similar co-occurring services are under development with some the voluntary agencies in the region.

c. Acute psychiatric needs- Problems continue with complex co-occurring cases that involve not only multiple systems, and multiple agencies, but a number of physicians with a variety of opinions. At the end of the day, it certainly appears that we can do a better job at coming to the table and communicating sooner than later.

d. ICF to IRA conversion- This process is progressing for some, but not for others, and seems to be based on expenses associated with outstanding mortgages on properties vs. the rates.

e. Two or Three CCO’s?- In addition to Primary Care and Person centered Services as the Care Coordinating Organizations, Southern Tier Connect is claiming Chemung as well, but little is known about them, as they seem to be coming late to the game. Therefore, it appears
that all former MSC staff have been re-assigned, and consumers have made their choices. There are some minor issues with the transition that seem to be linked to the sole source billing system.

f. **AIM housing** - Their 40 bed 55+ mixed use facility with 10 IDD beds is due to open before the end of the year on Maple Ave... They still are accepting applications for individuals with developmental disabilities at this location as they have had three YTD. They have another project they are working on of a similar nature to primarily serve veterans, with 5 IDD beds set aside in that project.

**Nominating**

a. In Jennifer's absence, Brian noted that Ellen Topping from Catholic Charities had expressed an interest in becoming a CSB member. She has worked there for many years in a multitude of capacities, and is currently part of the management team. Pam made a motion to accept this nomination, and is was seconded by Michelle. Unanimous vote in favor of accepting this nomination.

**Director's report**

a. **Possible PAR** - Brian spoke with Mary Vosburgh who had questions about pursuing an outpatient clinic license, but I told her it would be a big leap in that according to the regulations, they would first have to prove an unmet need for me to bring forward to the CSB, and if approved, they would need to be prepared to take any and all individuals regardless of ability to pay.

b. **Health Home+ issues** - While the program started as a way to offer a higher rate for carrying a smaller case load if a care manager served individuals on AOT orders, it has now expanded above and beyond what was once known as ICM and SCM care management services allowing for many more individuals to be served. However, any CAMs can provide the services as long as they attest to having a relationship with the local SPOA, and the Health Home is held accountable to assuring that their staff have appropriate credentials and training to serve this population. Being that health home are a DOH design, Brian is very concerned about who will be providing these care management services, and if the LGU is not providing oversight vis the SPAO, and the individual stops receiving care management for whatever reason, we will have no mechanism to know that they may be heading for disaster.

c. **Project TEACH in ER** - Brian has been talking with OMH for several years about expanding this project to include the training of ER physicians and mid-levels in the ER’s especially knowing that with limited psychiatric beds for youth across the state, these individuals often sit for days untreated in the ERs and/or are poorly diagnosed to begin with. After some recent email exchanges, this is getting some traction, and looks like we will be the first to offer this before the end of the year.

d. **HARP utilization** - While Chemung County has approximately 1,000 individuals who meet criteria for this Behavioral Health and recovery
Plan, making the same amount automatically health home eligible, only 60 have been assessed and offered a variety of Home and Community Based Services (HCBS) with only 19 billable services being provided in the last year. Therefore, Brian is bringing the health home CMAs and HCBS providers together to discuss the barriers and a plan of action.

e. **CISD**- Four-5 times a year Brian receives requests for “Critical Incident Stress Debriefings” that are really more secondary trauma responses typically handled by and EAP service if one existed for all employers. For example, a school, ER, or CPS may call because their staff were impacted by the death of a youth in the community. However, a CISD model is truly for the first responders, so we don’t have a good solution for this and unfortunately the previous Crisis Director took it upon himself to offer services of support under this nomenclature. We need a different solution.

⚠️ **The next meeting is scheduled for October 17, 2018 at 1:00.**