Community Services Board Meeting
Minutes of June 20, 2018

Present: Brian Hart, Joseph Cevette, Dr. Michelle Pavilard, Jennifer Emery, Amy Jones, Melanie Rahr, David Andreine, Dr. John Alves, Pam Overdurf, Leisa Alger, Rosemary Anthony, Lori Murphy

Excused: Rene Snyder

Absent: Michelle Johnson

Minutes:
Approved without changes:

Sub-Committee Reports

- **Mental Health:** Brian reported:
  a. **Suicide prevention:** Shannon had reported that there will be a public viewing of *Suicide The Ripple Effect*, a story about Golden Gate suicide attempt survivor the Kevin Hines’ will be shown on August 12th. Shannon will be participating in health fairs at both local hospitals and going back to the YWCA teen lock down at the Steele Memorial Library. In addition, in September, we will be offering safeTALK as part of suicide prevention week.
  b. **St. Joe’s changes:** Brian reported that Cindy ("CC") will be leaving the BSU. She indicated that she will be working in the ECSD. Dr. Fidan is leaving in mid-July, and at the same time Glenn Jarvis has replaced Jeanne Chapple at New Dawn as the director, so there could be some struggles during this transition, so patience is recommended.
  c. **The Governor's Task Force on Suicide Prevention:** The final meeting was held this week to discuss the high priorities to be recommended to the Governor. Chemung was specifically noted in a couple of areas as examples of successes, which met with some objection amongst at least one of the task Force members as she felt that other counties or programs are equally worthy of noting. Reminded that our task as a Task Force is to present a 10,000 foot level to the Governor, and the details will follow after the recommendations are formally released.
  d. **Geri-Psych NP Pilot:** The OMH field office had proposed an idea about 1 ½ years ago to hire a psychiatric Nurse Practitioner to serve the local nursing homes with a particular focus on residents with a history of state psychiatric care. While the number was known to be small, all were in agreement that the balance of this part time position would be occupied in consulting on other mental health cases at SNFs.
to assist at keeping them out of the hospital. The majority of the time is being spent on the latter so the field office is having second thoughts about the project.

e. **Geri-Psych Acute:** Ira Davenport Hospital, as part of the Arnot Healthcare System, is proposing that they submit for the opening of an acute geri-psychiatric unit. Their consultants recommend that this is good way to fill beds and draw down Medicare, but don’t appear to have surveyed EPC, the BSU or SNF in the region to determine possible referrals that could support the need as the previous proposal for St. Joe’s several years ago was rejected for this very reason.

f. **HARP/HCBS:** Brian reported on a recently issued spreadsheet from OMH indicating that in the 1st qtr. of this year there are 980 HARP eligible individuals with 648 (66%) enrolled) and that means they are all automatically eligible for health homes care management, but only 117 are enrolled in HHCM. Of those 117, 44 are eligible for Home and Community Based Services (HCBS), but in the last 9 months there have only been nine services billed for. Not sure what the barriers are, but suspect that the system is far too complicated in design. Brian suggested that perhaps it would be helpful to have a meeting with the HHCM and HCBS agencies to discuss this further.

> **Substance Abuse:** Jennifer Reported:

a. **New Dawn:** Glenn Jarvis took over for Jeanne starting this week.

b. **i-Matter House:** The Foundation has opened a new unlicensed home for up to 7 woman in recovery along with a house parent. The open house went well and all residents appeared very happy to have a safe place to live during their recovery. The program, similar to the one for men, is staffed by volunteers.

c. **Salvation Army:** SA plans to submit an ESHHI grant proposal to build a 40 bed supportive living environment with 15 of the beds being for individuals with substance abuse issues. They are also looking at possibilities to expand beds at the half-way house to meet demand.

d. **Recovery School:** Rosemary and Brian reported that they accompanied staff from Corning Community College and Trinity to a recovery High School in New Jersey. The program serves approximately 60 kids a day, and most of which reside there. It is paid for by billing for clinical services, and the home school districts paying for the education. We are hoping to bring a similar model here in partnership with these three entities, ECSD, BOCES and others to offer a safe and sober environment for youth in recovery to stay engaged in their educational pursuits.

e. **OASAS Memo:** A memo was sent to some providers instructing them that if they did urine samples, that they had to pursue certification/licensure as a Lab or they could be fined up to $500 per occurrences of none compliance with this DOH regulation. After a multitude of calls to OASAS, they issued a correspondence indicating that this warranted further investigation.

f. **Rob Kent message:** Brian reported that for the first time, OASAS stated that especially during this epidemic, they are willing to give
serious consideration to any proposal even if it appears to not align
with historical practices and or regulations.

g. **Jail based services:** Brian reported that Chemung was not amongst
the 17 counties chosen to be awarded a portion of the 3.75 million to
provide substance abuse services in the jail.

➢ **Development Disability** - Reported by Pam

a. **AIM Housing:** AIM is in the process of submitting an application for a
mixed use housing project focusing on homeless veterans, but with 5 of
the beds being set aside for persons with developmental disabilities.

b. **Complex Case:** There was a review of an individual with co-occurring
DD and mental health issues that was discussed at length without PHI to
point to the fact that on these cases, more communication and cross
system collaboration is key. This case involved multiple agencies,
multiple systems, multiple counties, and it didn’t appear that
communication was occurring as it could have been. Brian will be
notified going forward upon admission to the hospital of such cases, so
that appropriate stakeholders are brought to the table, solutions are
determined, and we stayed focused on the person’s needs first and
foremost.

c. **MSC Transition:** Care Coordination is scheduled to take over MSC
services July 1st, and the DD committee talked about potential problems,
but it appears that even though staff are carrying a heavy burden in
preparation, the system is well designed for a smooth transition without
breaks in supports.

d. **Supports**-for-Health: Leisa reported on this new program that is NOT
restricted to the IDD population but intended to utilize a voucher system
to obtain transportation for health related issues that aren’t considered a
medical transport. (see attachments)

➢ **Nominating**

a. Jennifer shared that April O’Laughlin has relocated out of state, so we
need to fill her position. Brian had sent an e-mail with three possible
candidates; Katrina Stanton form Capabilities, Ellen Topping from
Catholic Charities and Robin Stawasz from Carefirst. Barb Vandine as a
retired ECSD staff person was also recommended. Brian reminded the
board that to serve the person is supposed to live in and or their agency
does work in the county.

**Director’s report**

a. **Possible PAR:** Brian had received an inquiry from OMH about a
possible PAR being considered for a clinic in the Arnot Healthcare
System, but he knew nothing about this. Dr. Pavilard noted that she,
with the residents have established a private practice office model
that is very busy, but she is about to leave this position, so others will
take over for her. She went on to report that many other changes are
happening including Dr. Lambert stepping down as the
President/CEO, and Johnathan Lawerence will serve as Acting until a replacement can be hired.

b. **Law Enforcement/Crisis**: based on what has been occurring in the last few months with regard to refusals to do pick up orders, or requests for open ended pick-up orders…. There is an urgent need to have crisis and law enforcement get back together with Brian to discuss the issues as a group so Family Services is arranging that.

c. **DSRIP proposals**: Brian is concerned that as the PPS are doing more accepting and approving of special projects, that they are doing so without requiring the provider to demonstrate need and/or even more importantly to attest to the fact that what they are looking to fund is not already paid for in some other fashion, as this is considered supplanting of funds. He has spoken to both FLPPS and CCN about this at length and it appears they are listening.

The next meeting is scheduled for **August 15, 2018 at 1:00**.