Community Services Board Meeting Minutes

October 16, 2019

Present: David Andreine, Joe Cevette, Jennifer Emery, Ellen Topping, Heather Hargraves, Michelle Johnson, Michelle Pavillard, Rosemary Anthony (by phone), Alan Yeck, Sean Eagan, Tara Fethers, Brian Hart

Absent: Leisa Alger

Excused: Rene Snyder, Lori Murphy, Dr. Dascalu

Meeting called to order by David. Minutes approved without changes.

Sub-Committee Reports:

➢ Nomination Committee- Jennifer

1. No report

➢ Mental Health Committee- Brian in Lori’s absence

   o Update on New Suicide Prevention Coordinator: There have not been any interviews yet. They have received 2 resumes’ but they both only have backgrounds in substance abuse. One of them use to be a Trinity employee.

   We had a SafeTALK training here at DSS in September for Suicide Prevention Week. There was a Committee meeting last week and they decided to place some orders for water bottles, fidget spinner, hot/cold pads, pens, and clothes to clean your glasses, lanyards and umbrellas that have the logo on them. We also ordered reusable bags for t-shirt distribution day, instead of plastic bags. We ordered teddy bears with t-shirts with the logo to sell for the kids. We also ordered a 3rd Canopy and replacement bags for the other two canopies that were damaged last year.

   They currently have nothing planned for International Suicide Survivor’s Day on the third Saturday in November. In the past they have partnered with Steuben County’s event at are First.

   o DCS Change – Tompkins County: Sharon is leaving this position. They are not sure if they are aligning Public Health with Mental Hygiene, as they have yet to make a decision.

   o PCS 10/21/19 – 10/27/19: Patient Characteristics Survey – this is an online survey for Mental Health agencies. During the identified week (10/21 to 10/27) the agencies go on line or they can print out the form, and track every individual who come to their agency.

   o BREATH Program Update: It is up and operational. They have currently served one individual. This is to be used as a last resort, if they come to the ER and it has been determined that the individual does not need to be admitted. CRISIS is then contacted by the ER as this is the only access point. CRISIS then gets involved to provide respite through the BREATH Program. The individual can stay a maximum of one week. During the week
Arbor staff checks in the individual that is located in a 2 bedroom apartment. The program can only take 2 individuals at a time.

- **Upcoming Meeting with Central Office:** At the end of this month the Mental Hygiene Directors will be meeting with the Central Office. Brian asked if there was anything that you would like him to speak about.

More support services are needed in the community. They are seeing patterns with families that at the time a family member is in need of services, the other family members have their own issues going on and need services as well. Parents need to have quicker access for their own mental health needs. AspireHope NY has funding/transitional dollars to address family needs, trainings, and support groups. The willingness to get individuals into HBCI is not happening and HBCI is being under-utilized. With the C-YES process they are trying to get individuals to stop our services and go with their services. There is confusion as to what they are doing and their automated systems do not allow you to speak to a person. Clients trying to access services are denied high need and are not getting the services they need in a timely manner.

Brian asked if there were any unmet needs to address, and it workforce was mentioned. The State has recognized this, and are now working on Tele-Staffing. There is just not the workforce out there, along with the fact that they are not expressing any interest in the field. The people in need of services have not stopped, and they are getting harder and harder to work with to find the services that are needed.

- **Family Services** – Jennifer shared that as of September 23, 2019 the Agency has decided to start a “Wait List”. They are hoping this is only temporary. They have been struggling with staffing and turn over and until they can get the staffing hired and caseloads down, they will have the wait list in place. They will automatically take Priority 1’s, but Priority 2’s & 3’s will be wait listed. They have moved intake to 9:30am and CRISIS is still available. Priority 2’s are the court mandated individuals. If you feel the individual you are working with needs to be a Priority 1 you can request to speak to a Supervisor to have that discussion. Clients just keep flowing in, and we want to provide quality care. Anyone who is wait listed is offered Care Management immediately. Once they meet face to face with their Care Manager, then the Care Manager can determine if the individual needs to be seen immediately. They are trying to connect with everyone and trying to track them.

- **Substance Abuse - Jennifer:**

  - **Opioid Court** – Lengthy discussion about the Opioid court and how it started without communicating with the county because both OASAS and the Office of Court Administration encouraged obtaining the funds first and discussing it with the Local Governing Unit (LGU) after. While the program is serving 20 people with $150,000, and that is good to hear, the point is, that the money wasn’t needed, and in Brian’s opinion is
supplanting of funds, as the same services could have been provided via discussion locally. That is why regulations exist to define local planning to begin with.

- **Field Office Leadership:** Donna Stott is retiring as Director of the Field Office. They have not said what they are going to do with this position.

- **OASAS Treatment Availability Dashboard:** OASAS has an online dashboard that lists details about all the providers. You should check out the information that they have on your agency to make sure it is accurate, because the information that they have on Trinity needs to be updated.

- **Developmental Disability** - Brian on behalf of Leisa
  - **Out of County Placements – Discussion with the State:** Brian had a phone conversation with Ellen Harding and Bronce (Government Relations person from Central Office). They called him after they heard about his request to discuss placements with agencies within Chemung County. They saw it as an interference in their process of placement. They wanted to know what right I have to do this. Brian said that he informed them of 33.13 in the regulations. He told them that he knows what the needs are for Chemung County, and he wants to make sure we are able to provide for the people in our community. Brian discussed the challenges in the current out of County placement case we have in Chemung County. We are concerned about if we have the proper services for this individual in our County.

- **Upcoming Meeting with Central Office:** At the end of this month the Mental Hygiene Directors will be meeting with the Central Office. There will be multiple people with OPWDD to discuss concerns. Brian asked if there was anything that you would like him to speak about.

  We need Residential Housing and Clinical Supports for high need clients. We need the psychiatric community to understand how to work with Developmentally Disabled individuals, especially children with developmental disabilities.

  Brian asked if Care Coordination was going well. It was stated that the technology is coming around. The Portal is coming out soon, and should help with communication and making connections. They think the organizational charts that Broome County is using are very beneficial and they are trying to get them here. There is still a concern with the time individuals have to wait for care coordination and then to receive services (on average 6 to 8 months). Western NY is struggling with staff but we are very fortunate here. With the transition of going from MSC to CC they have not seen an increase in demand, it has been steady.

  CAS (Consolidated Assessment System) is designed to eventually to take over DBT2’s, the pilot had big hurdles. They use most recent history and not historical history. Care
Managers have to review with the individuals & family within 30 days. They don’t get notified that the assessment is done, only that it’s taking place. CAS is a rate generating document.

➢ Director’s Report

- **PA use:** As expressed through the RPC’s, there is a desire to have OMH approve universally, not simply on a case by case bases via a waiver, the use of Physician Assistants to prescribe in clinics. As Dr. Pavilard pointed out, they do not have specialized training/certification post-graduation in psychiatric care.

- **Threshold Solutions:** Brian distributed a handout about a private practice company that is marketing itself across Western NY as an in home therapy option available within two hours for individuals with fidelis insurance. This may be a viable option to consider with the statewide problem we are experiencing in finding an ample workforce. Perhaps we should also consider telehealth options. Rosemary noted that enrollment in Human Services curriculum is dramatically down at the college level.

- **Suicide Prevention:** Brian noted that lately there has been a rise in law enforcement suicides, especially in NYC, where they experienced 10 suicides, including one this week. EPD had recently worked with the department to have a presentation brought to the community about this issue, so we should be mindful of this, and being looking to work closer with our local law enforcement entities.

Next meeting- December 18, 2019