Present: Brian Hart, Pam Overdurf, Sean Eagen, Rene’ Snyder, Ed Lukomski, David Andreine, Andy Yaniga,

Excused: Leisa Alger, Kellie Traugott-Knoll

Minutes:

Approved without changes.

Director of Community Services Report – Brian Hart

- **Regional Enrollment**: 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.

- **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.

- **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:
  

- **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 1, 2018. The rent for the 10 Units sets aside for IDD is 30% AMI. So if the individuals work a part time job, they are over income. The rent for the other 40 units that they have available for 55+Seniors is 30/50/60 AMI sliding scale. They have asked OPWDD why can’t they have a sliding scale, and they agreed. They are looking to adjust IDD to 50% AMI. They are going to go back through the four applications they received for IDD (that were denied) to see if they are now eligible. They already have two of the ten units rented. They are going to work on a rolling move in date so that everyone isn’t moving in at the same time.
There is funding for another project – homeless veterans. Data was collected and they stated we had ZERO homeless veterans in our area. Last year we (includes five counties) had 100 and now they are saying we don’t have any. Not sure how they collected their data. Chemung County has the highest amount of returning veterans, and they need housing/jobs/support systems.

In our plan we are going to support Home Health Care. They have expanded Home Health Care for those with DD. With the new case management, not sure if they can have both because of Medicaid funding. Level 3 Primary Care sites are required to have care managers on site. By having Home Health available, this allows people to be more comfortable with their care. A Bridger’s roll in Health Home is to connect you with services. A Bridger can also help transition to OPWDD. You will see more and more individuals in managed care as they are moving forward to VBP.

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.

Has there been any clarification on outcomes and what they are looking for with VBP? They are looking to use HETUS (which has little to do with behavioral health) and DSRIP measures. They have left it wide open for managed care to choose at will whatever areas they want reported on. There won’t be many as managed care would have to also change their data collection. The best thing to do is to have an electronic medical records system. The system needs to be flexible to add in different data and outcomes. Is this something that each agency is financially about to do? It cost Family Services $25,000.00 to add 5 data points to their system. If the agencies cannot collect and report out what is being required, then they will have no outcomes and will not get paid. The state is looking at putting much more into VBP. This can lead to a ton of potential problems if computer systems are set up to “talk to each other”.

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. Care Coordinators are not always notifying the guardians. Hospital Social Workers need to know the resources out in the community. There are some issues with the discharge planners, as they need to know what the individuals actually need. They need to explore all options. The people we are servicing are suffering and we need to find a long term solution. It is important that everyone is making a collaborative effort and they know who to contact.
Sharing by Community Members:

- **AIM**: A 5 year support services contract will be ending in June. The Services Access piece will be going away.

  The next meeting is scheduled for December 19, 2018.