Developmental Disabilities Sub-Committee
October 16, 2019

Present: Brian Hart, Pamela Overdurf, Craig Mennig, Leisa Alger, AJ Kircher, Jamie Gold, David Andreine, Carey Peters

Excused: Rene’ Snyder, Kellie Traugott-Knoll, Sean Eagen

Minutes:

Approved without changes.

Director of Community Services Report – Brian Hart

- **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. He told them that the discussions that the agencies will be having with him on placements should only be 5-10 minutes with feedback. It is by no means a way to prevent someone from out of county placement here. When a person is placed in our County we need to make sure we have services in place. At the end of the 40 minute conversation with the State, everyone was in agreement that we have everyone’s best interest in mind. Brian stated that we are not trying to keep people out of Chemung County.

Corresponding on referral is very beneficial for the agency as well as the individual who is in need of placement. We are not going to be putting individuals into places that are unable to provide the correct services to meet the individual needs. If an agency is closing or reducing the number of individuals placed in their agencies they need to speak with the County Officials (LGU) so they can gain much needed information. They want to make sure they are matching up the right services with each individual, as well as the placed environment which includes staff and other clients who are living in the same home.

- **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. None of the information in DBT2 is aligning with CAS. There is a lot of frustration with asking all these questions and not receiving services. The CAS can be used as a tool in part of the life plan, and health/medical needs. What about the IM Assessment (Sections 2 & 3). It’s long (3 hours) and will push forward information. It’s important that you know the individual on your case load. To do the DBT2/IM/CAS to create a life plan takes about 7 to 8 hours. This cannot happen all in one day. CAS is a rate generating document. It is not person centered and is needs driven. It is also needs document and not a planning document. There needs to be a reflection of the whole person over time not the most recent. Providers are concerned with the added layers and wasted dollars. Maximus is an outside agency that works with CAS. What if someone should have a dual diagnosis, but they have had nothing in the last 72 hours? Will they receive the correct medications and treatment? Maximus does call Care Managers to ask for updated physical exams. The CCO’s pull out of CHOICES to do their life plans. In the OPWDD world with all its attempts to streamline, it’s hurry up and wait for services.

- **Sharing by Community Members:**

  **Nothing to Share.**

  The next meeting is scheduled for **December 14, 2019**.