

**Community Services Board Meeting**  
Minutes of February 21, 2018

**Present:** Brian Hart, Joseph Cevette, Dr. Michelle Pavilard, Jennifer Emery, Amy Jones, Melanie Rahr, David Andreine, Dr. John Alves, Pam Overdurf, April O’Laughlin

**Excused:** Leisa Alger, Rene Snyder

**Absent:** Rosemary Anthony, Michelle Johnson, Lori Murphy

**Guests:**

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**Minutes:**

Approved with changes as noted below:

**Sub-Committee Reports**

➤ **Nominating**

- a. Jennifer shared three names that Leisa had e-mailed her about. She discussed; Brian McConnell who comes from a perspective emergency management, Laurie Sweeny who has a long history in assisted living, and Akan Yeck from the local Corning Community College site. Melanie has also recommended Milissa Cerio as a private practitioner. After discussion, it was recommended with consensus to have Jennifer reach out to them one at a time in the order presented.
- b. Bran noted that we need to nominate and elect a new Vice-Chairperson. Pam nominated Joe, and the vote was unanimous in favor.

➤ **Mental Health**

- a. **5.07 Planning:** Melanie reported that the majority of the discussion was spent brainstorming with regard to the unmet needs for this population in our community.

➤ **Substance Abuse**

- a. **3.25% increase:** Jennifer noted that during the meeting the state’s 3.25% increase was discussed, but it is a little deceiving as it only relates to a portion of staff salaries and fringe, so for example, Salvation Army and Trinity received a combined total of approximately \$11,500.
- b. **5.07 Planning:** The majority of the discussion was spent brainstorming with regard to the unmet needs for this population in our community.

➤ **Development Disability**

- a. **5.07 Planning:** Pam noted that this committee, like the other two, spent the majority of the discussion was spent brainstorming with regard to the unmet needs for this population in our community.

**Director's report**

- b. **CSB:** Brian reminded the board that by regulation we do need to officially have three identified individuals in each of the sub-committees as well as two consumers and two family members in the mental health committee. Therefore, please consider your ability to participate. He then spoke of a piece of mental hygiene legislation that we haven't been following since before he came to the county 15 years ago. The attorney for the Conference of Local Mental Hygiene Directors ("The Conference") noted that there are supposed to be term limits for committee members, not just the CSB. However, because we are a charter county or CSB is an advisory board and therefore this isn't that significant. He further noted that if the board recommends we follow that, we need to change the by-laws and he will need to start tracking the resolution of each member of the committees. The discussion that ensued focused on how that would be a great deal of work with the fluidity of the committee members. Therefore, by consensus, they decided to keep things as they are. Lastly, the issue of when the meetings are was brought up, but all agreed to leave them on the same date and times as well as keep them during the day instead of the evening.
- c. **Common Ground Report:** Brian discussed the report issued by this agency to the media without any discussions with county mental hygiene departments in the region. Within the 10 page report, there are 5 pages of charts, and most of which are presenting different pieces of the opioid epidemic for the Finger Lakes region, but there are two reports that breakout data by county. The first of which denotes that Chemung is #1 with regard to opioid related ER visits, and the second chart shows Chemung tied for one of the lowest opioid related fatality rates. Brian noted he would much rather people went to the ER than died, but the media sources that verified their source information by talking-to the writer, and local DOH used a headline mistakenly noting that Chemung is #1 For opioid abuse. Brian had an email exchange with Common Ground staff and a phone conversation with their Executive Director, who personally accepted responsibility for allowing this to go out the door in this fashion.
- d. **Substance Used Disorder services in the jail:** Brian reported that the Conference has put together a proposal that is also supported by the Sheriff's Association to request 12.8 million dollars to fund these services in the jail for upstate counties. Currently Trinity provides such for free as it is not a billable service, but if as an agency their productivity

goes down below the state's threshold, then Trinity will be flagged for corrective action.

- e. **5.07 Plan:** Brian reviewed the following recommendations so issues to consider for this year's plan from each committee. **One item was suggested for all to consider, and that was a need to be at the table with a voice regarding the outcomes to be measured under the upcoming value based payment process.**

**Substance Abuse Committee:**

1. Transitional housing
2. Increase in Suboxone prescribers
3. Assistance for consumers with employment opportunities
4. Licensed detox vs. scatter bed approach
5. Immediate access to acute services
6. Address workforce needs
7. Additional funding to support individuals in unlicensed housing
8. Inpatient dual recovery services
9. Community collaboration/co-location
10. Funding to support required expansion of Clubhouse hours
11. More comprehensive after care planning (offer all available services)
12. Expand substance abuse services at PCP locations
13. Access to peers and assure peers are addressing all possible needs
14. Explore use of local low frequency radio station messaging to address addiction related issues
15. **Be at the table with a voice regarding the outcomes to be measured under the upcoming value based payment process.**

**Developmental Disability Committee:**

1. Address need of kids who don't meet OPWDD eligibility criteria, and aren't eligible for CPSE/CSE services through the school system, but have clinical support needs (paid for out of pocket)
2. Issues related to transitioning from school to competitive employment options
3. Issues related to the conversion from ICF to IRA removing bundled clinical supports
4. Housing expansion
5. Strategic planning for individuals returning to the community following lengthy placements and are a high risk to the community
6. **Be at the table with a voice regarding the outcomes to be measured under the upcoming value based payment process.**

Recommended by Leisa via e-mail:

7. **Workforce development**
8. **Non-certified housing**
9. **Telemedicine for those living in non-certified sites**
10. **Expand clinical supports for youth**

## **Mental Health Committee:**

1. Need for decreased caseloads in clinics
2. Address documentation duplication issues
3. Need for pediatric psychiatry specialty
4. Geri psychiatric unit being proposed at Ira Davenport
5. Need for community based triage mechanism to avoid ER visits
  - a. Enhance ER assessments/discharge planning
  - b. Readily identify acting out youth vs. need for admission
6. Safe and affordable housing
7. Enhance collaboration
8. Mass shooting response (add after the meeting by David C.)

## **Added by the CSB:**

9. Telepsychiatry
10. Children's acute beds
11. Funding to sustain BHAT team

🕒 **The next meeting is scheduled for April 18, 2018 at 1:00.**