

**Joint Mental Health & Substance Abuse Subcommittee
February 3, 2017**

Present: David Saffer; Jennifer Neifeld, Sue Roberts, Cliff Green, Rick Demers, Melissa Jenks, Dave Alloy, Maureen Schmidt, Sue Snyder, Joanne Schneider, Charles Moak, Ashley Townsend-Burch, Marybeth Gilligan, Gina Cantanucci-Mitchell, Stephanie Ball, Susan Dornan, Keith Davis

Staff: Crystal Lawrence; Robert York; Linda Wright, Carrie Wright, Harry Carlson

Agenda Item		Action
Introductions	Introductions were made around the table.	N/A
Agency/Program Presentation: Adult Mobile Crisis Team, Parsons Child and Family Center	<p>Melissa Jenks from Parsons Child and Family Center provided a presentation on the 5-County Regional Adult Mobile Team (RAMT). The team is operational in Rensselaer, Schenectady, Saratoga, Warren and Washington Counties. She provided a packet highlighting the availability of services provided by the Adult Mobile Crisis Team. They are a State Aid funded program that has been live since October 2015. They are available Monday through Friday 12pm to 9pm. They also operate a Tri-County (Warren, Washington, Saratoga) Children's Mobile Crisis Team, which is available 11am to 7:30pm. Both teams are currently accessed through "gatekeepers". Glens Falls Hospital is the "gatekeeper" for the Warren/Washington RAMT teams. Their pager number is the best to give out to clients/families reaching out for help which can be found on the flyers that were provided in the packet along with further instruction.</p> <p>This program, being completed in phases, provides crisis consultation, information, assessment, intervention, stabilization, a linkage to community services, and the facilitation of alternate levels of care. All crisis services are provided by a team consisting of master's level clinicians, along with case managers and peer support specialists. J. Schneider added that they cross-train the children and adult team staff and send them out on calls together, which has been very helpful. Phase 1 targeted adults at the highest risk of psychiatric hospitalization, those being recently discharged from State Psychiatric Hospitals or State Prisons and those on Assisted Outpatient Treatment (AOT). Now, Phase 2, the program is expanding to include individuals with an increased need of support as indicated by frequent utilization of the local Emergency Departments, inpatient units, or other community</p>	N/A

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Agency/Program Presentation: Adult Mobile Crisis Team, Parsons Child and Family Center (continued)	<p>services. The focus of the consultation can include clarifying the nature of the crisis, identifying options for responding, providing recommendations for intervention, making a referral to a service agency, or formulating a plan for preventing future crises. Following a screening for appropriateness, they can provide a face-to-face assessment of an adult experiencing a crisis at their location in the community. This assessment involves the evaluation of any immediate needs for which emergency services are required. In combination with the assessment, crisis intervention and de-escalation services can also be provided on site. This type of intervention is intended to address the immediate safety and crisis issues, relieve the individual's distress and provide a safety plan with a follow up the next day to ensure linkage to community based treatment services. In the event an adult does not respond to interventions provided and does not require inpatient treatment, the Mobile Crisis Service can assess for appropriateness to refer to peer respite services. Glens Falls Hospital is actively sending wellness check requests to the RAMT to follow up with the clients who go into the Emergency Department and may not meet criteria for admission but are in need of their services.</p> <p>D. Alloy asked if RAMT is a clinical service and are there any consenting requirements. Yes, providing a clinical assessment with the anticipation of crisis services becoming billable, all clinicians are licensed and will continue to get specialized training. Adults must sign releases to receive their services. They also they operate under the expectation that within 24 hours it is a crisis situation and that they have the ability to share information if it can help resolve the crisis situation, such as reaching out to a therapist or the police, however once past the 24 hours they cannot share any information without consent. Every emergency episode is a new one and a new consent must be obtained. This helps maintain contact with the other providers.</p>	
OASAS Funding Award: Opioid Diversion Challenge Program (18-25 years old)	<p>D. Saffer stated OASAS awarded new funding starting February 1st to the Council for Prevention & Center for Recovery for the Opioid Diversion Program. This diversion program provides for young adults ages 18 to 25 (possibly extending to 30) with substance abuse issues, particularly opiate and heroin abuse, who are arrested with low level,</p>	

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OASAS Funding Award: Opioid Diversion Challenge Program (18-25 years old) (continued)	<p>non-violent charges to be diverted into this Challenge program, which includes treatment, adventure-based challenge programming, vocational education, and other activities instead of jail. This 4-month program is a closed group program with about 10 participants per cycle. They are working with both Counties to put together legal protocols for diversion. They will be working with Alternative Sentencing in Washington County and the Probation Department in Warren County. Also, they are working with the District Attorney, Sheriff Office, and Social Services for both Counties and the State Police with the goal to minimize the number of people going to jail. This is a 4-month program having involvement with MAT (Medicated Assisted Treatment). The University of Albany will be helping with evaluating the program, looking for very specific outcomes, as OASAS is viewing this as a pilot that could potentially be replicated elsewhere, if successful. Further discussion is needed with Town Magistrates. Once additional details are worked out, an informational brochure will be developed and distributed.</p>	
NY Connects- No Wrong Door Washington County Office for the Aging & Disabilities Resource Center	<p>G. Cantanucci-Mitchell provided and discussed a PowerPoint handout outlining NY Connects. NY Connects involves a person-centered screening process that results in free objective information and assistance to individuals of all ages and disability on the full range of available Long Term Services and Supports (LTSS). Their goal is to streamline access to information and assistance, reduce fragmentation within service delivery, and empower individuals to make informed choices and support independent living. Balancing Incentive Program (BIP) provides financial incentives to states to offer community-based LTSS and reinforces NYS's ongoing efforts to improve access for people of any age with physical, behavioral health needs, and intellectual and/or developmental disabilities (ID/DD). BIP requires 3 structural changes; No Wrong Door (NWD) system, Core Standardized Assessment instrument, and Conflict Free Case Management. These requirements apply to all Medicaid populations in need of LTSS and involve four State Agencies; Department of Health (DOH), New York State Office for the Aging (NYSOFA), Office for People with Developmental Disabilities (OPWDD), and Office of Mental Health</p>	

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<p>NY Connects- No Wrong Door Washington County Office for the Aging & Disabilities Resource Center (continued)</p>	<p>(OMH). NWD/NY Connects includes comprehensive information, assistance, and linkage to LTSS services for individuals (whether eligible for Medicaid or not), Statewide coverage, and a website with a resource directory inclusive of all types of LTSS resources. This helps create a streamlined, user-friendly experience for individuals seeking LTSS in order to avoid duplication and inefficiencies and promotes cross-agency sharing of expertise, resources, and data by utilizing the Uniform Assessment System for New York (UAS-NY) technology that is already in place. NWD provides a basis for the next steps; direction to the most appropriate service agency, linkage to resources for help if needed, options for people to choose assistance with applications or referrals that they need either with NY Connects or another agency with the overall goal to empower the individuals to make informed choices and support independent living. A key element of NY Connects is the implementation teams and Long term Care Councils with their goal being to improve access to LTSS by fostering collaborative working relationships and identify and work on barriers that may be impending implementation. More meetings to come regarding the referral and screening process.</p>	
<p>Medicaid Managed Care Issues: ✓ DSRIP Project Updates</p>	<p>R. York scheduled a presentation from Adirondack Health Institute (AHI) at the next meeting to provide organizational, staffing and project updates. AHI has hired a new project coordinator for the Crisis Stabilization Project, Eric Plank. For the southern sub-region, a local Crisis Coordination Committee has been established by the Office of Community Services and that group also comprises the sub-regional Crisis Stabilization Project workgroup. Active meetings have started again, now that there is a coordinator in place.</p> <p>S. Roberts provided an update on the GFH Behavioral Health Crisis Center. They are looking at breaking ground date of September 2017 with a go live date of 2018 on moving and rebuilding express care within (ED) Emergency Department and building a Crisis Unit of about 1200 Sq Ft. She is also working on the Integration of Behavioral Health into Primary Health Care. Glens Falls Hospital Community Based programs would be looking to expanding the Behavioral Health piece to</p>	

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<p>✓ Regional Planning Consortium Update</p>	<p>There is a handout in the packet that lists the composition of the RPC Board. The primary focus, at least initially, is on issues related to the transition of the behavioral health system to Medicaid Managed Care. Stakeholder groups will meet independently and solicit issues for cross-stakeholder resolution at the regional RPC level. For issues that cannot be resolved locally, there is an RPC Co-Chairs meeting quarterly with the State Agencies to examine Statewide policy-level issues.</p>	
<p>Hometown vs. Heroin and Addiction Updates</p>	<p>There are some community forums happening within the next couple weeks. Flyers were distributed. Narcan (Naloxone) training is available the third Wednesday of every month. Additional information can be obtained through the Council for Prevention.</p>	
<p>Informational Items</p> <p>2017-18 Executive Budget Proposal (handout)</p> <p>Recovery Center Advisory Committee</p> <p>OASAS RFAs: Family Navigator, Peer Advocate</p>	<p>R. York referenced a memo from the NYS Conference of Local Mental Hygiene Directors, which provided some analysis of the Executive budget proposal.</p> <p>R. York noted that the Prevention Council of Saratoga was awarded OASAS funding to develop a regional Recovery Center service, which includes a main site in Saratoga, and satellite locations in Montgomery County and Warren or Washington County. A local Advisory Committee has been established to assist with development/implementation. Anyone interested in participating on the committee should contact R. York or Janine Stuchin at the Prevention Council of Saratoga.</p> <p>R. York stated that Saratoga County is applying for the OASAS Family Navigator funding, together with the Prevention Council of Saratoga, with the concept being to imbed the Family Navigator services within the regional Recovery Center locations. This would include the Recovery Center location in our Counties.</p>	

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2017 CSB/Subcommittee presentations	R. York stated that he is working with the contract agencies to arrange for Community Services Board and Subcommittee presentations. Anyone interested in highlighting a particular program should contact him.	
Agency Updates:	Those in attendance were given the opportunity to provide updates pertaining to their agency.	
Association For Mental Health	A. Townsend-Burch stated there have been some staffing changes within AMH. Caleo Counseling has recently hired two part-time Psychiatric Nurse Practitioners (NPPs).	
Center for Recovery	S. Roberts is also having staffing issues and changes. She also reviewed various staffing changes elsewhere within their Behavioral Health Services, including the adult Outpatient Clinic.	
Baywood Center	J. Neifeld provided a flyer with new times and phone number. Also stating they are extremely successful with 187 clients and climbing. Updated and added to their schedules. Alumni groups have been meeting to stay connected. They have also implemented an open access model, with walk-in access.	
Employee Assistance Program	R. Demers talked about legal and financial issues and how people can be in touch with the Employee Assistance Program.	
Adjournment and Next Meeting	<i>Meeting adjourned at 12pm. The next meeting of the Mental Health / Substance Abuse Subcommittees of the Warren and Washington County Community Services Boards is scheduled for Friday, April 7, 2017 10a-12 noon at 230 Maple St., Glens Falls.</i>	N/A

Minutes respectively submitted by Crystal Lawrence, Secretary to the Boards