



Behavioral Health Services Advisory Council

June 28, 2023

Held at OASAS locations in Albany, NYC, and OMH Syracuse

BHSAC Minutes

Members Attending:

Glenn Liebman, Chair
David Woodlock
Joe Turner
Kathy Gardini
Sabina Lim
Chacku Mathai
Debra Pantin
Ian Shaffer
Angelica Paige
Diane Blohm

Kerry Whelan-Megley
Patrick Seche
Michael Orth
Hilda Rosario Escher
Laura Kelemen
Donna Mae DePola
Michael Martin
Connie Wille

Received Notification Not Able to Attend:

Warren Ng
Roxanne Lewin
Sabina Lim
John Kastan
Robert Russell

No Notification Received: Not Able to Attend

Brianna Gower
Carlee Hulsizer

Meeting notes:

Chair Glenn Liebman welcomed the members to the Full Council meeting. Chair Liebman called for a vote on the February 15th BHSAC Minutes. Minutes were seconded and fully approved. The Chair then called for a vote on the April 26th BHSAC Minutes and they were seconded and fully approved. The Chair introduced Keith McCarthy, OASAS Associate Commissioner of the Division of Quality Assurance and Performance Improvement, for his presentation on “Overview of OASAS Provider Corporate Structures”

Keith McCarthy Presentation on “Overview of OASAS Provider Corporate Structures”

Keith began his powerpoint presentation by noting at the December 2022 meeting of the Behavioral Health Services Advisory Council (BHSAC), members of the Project Review Committee made a request of OASAS to gather data on the number of applications received to establish new *For-Profit* vs. *Not-for-Profit* providers. Keith presented the data to the members indicating the data and the analysis and how many certification applications were reviewed over a set period of time. He defined the Statutory Authority of the NYS Mental Hygiene Law Section 32.05 (c), the Regulations for the Standards for Approval of a Certification Application and the Regulations for Entities eligible to file Certificates of Approval for an OASAS Operating Certificate. Keith discussed the findings of Providers by Operator Type and Year, and the Programs by Operator Type and Year. He then indicated the types of programs when examining the findings that For-Profit providers operate and those the Not-for-Profit providers have operated over the past 5 years. Keith discussed in detail the programs by Ownership and Program Type with further detail on Crisis Programs by Operator Type and Year and Inpatient Programs by Operator Type and Year. He went over the key takeaways as: The number of *For-Profit* providers and programs is growing, both in terms of raw numbers and relative to the overall number of programs and providers; Even with this growth, *For-Profit* providers and programs still only comprise a small portion of the overall number of providers and programs; the growth of *For-Profit* providers has not been equal across all program types; and the two program types most affected by the growth of *For-Profit* providers has been Crisis and Inpatient services. Members were interested in knowing further information in looking at the data For-Profits, how many % operate outside of NYS, and any Not-for Profits in rest of state. Members asked if there is a new application needed when a For-Profit sells it to a Not-for-Profit and it was answered that yes, this would be then a new provider taking over for another. The Members indicated the changes in data could be from the infrastructure struggles and workforce issues. They shared they would like a similar presentation by OMH.

Regulations:

OASAS Regulations: None discussed.

OMH Regulations:

Repeal of Title 14 NYCRR 557: OMH proposed the repeal of Title 14 NYCRR Part 557, which implemented a COVID-19 vaccination program. At present, COVID-19 vaccinations are safe and effective and this regulation increased the percentage of health care workers who were vaccinated against COVID-19. However, federal regulations for COVID-19 have changed as COVID-19 rates have steadily declined, and hospitalizations due to COVID-19 have substantially decreased. In response to changes in the federal regulation, this regulation will repeal the requirement that facilities ensure that personnel are fully vaccinated against COVID-19, as well as repeal the requirement that facilities document evidence thereof in appropriate records. The BHSAC accepted OMH's recommendation.

Project Reviews:

OASAS Projects: None discussed.

OMH Projects:

CPAR # 127: ASTOR SERVICES FOR CHILDREN & FAMILIES

Astor Services for Children & Families (Astor) requests approval to close Astor Home for Children, a 16 bed RTF program located in Rhinebeck. The decision to close the RTF comes after 2 years of staffing challenges, making it difficult to effectively fill the RTF beds to capacity, which has in turn impacted revenue and program viability. The staff vacancy rate increased from 19% in 2019 to 37% in 2020, and 75% in 2021 and 2022. In alignment with Federal and State initiatives focused on enhanced programming and maintaining children in their communities, Astor is enhancing their community-based programs and educational services to better meet the needs of the populations being served. Astor is exploring the establishment of an additional Children and Family Treatment and Support Services (CFTSS) program, a Partial Hospital Program (PHP), and a Youth Assertive Community Treatment (ACT) program. Astor is working with OMH Hudson River Field Office and the children's family division to find appropriate placement for six children who are currently enrolled at the RTF. Reviewers are recommending approval with the following condition: Provide a final disposition list that indicates all youth have been discharged and connected with services.

Comments from BHSAC PRC Members:

- Astor is the second largest RTF closure in the Hudson Valley recently. Does OMH have any data on the negative consequences in the Jewish Board closure on complicated kids and families? Are there any programs to compensate for the closures?
- The Mid-Hudson Directors of Community Services have seen an increase in hospitalizations, youth going to Residential Treatment Centers (RTC), and denials from RTFs in other NYS regions (e.g., Rochester). RTF is not the same level of care as Youth ACT or other community-based services. There are challenges with the timeliness of the PACC process and the business for RTFs.
- Has the Astor considered a reduction in capacity prior to coming to the decision to close?
- The program model does not work financially and needs to be retooled.

Comments from Provider:

- Astor indicated they were at a capacity of 20, reduced the capacity to 16, and per regulation they can only reduce to a capacity of 14. The agency did not feel a reduction of 2 beds would create a significant difference with the \$2 million deficit.

Comments from OMH:

- OMH is committed to expanding services including procuring new RTFs, particularly in the Hudson River region, making changes to the RTF rate methodology to create a more fiscally viable model, and expanding other services (10 new Youth ACT teams and 13 new HBCI programs).

Comments from BHSAC PRC Members:

- How can the council have a better understanding in advance of right-sizing the RTF system.
- Emphasized the importance of the state to obtain input from BHSAC members, family members, local governmental units, and RTF providers in the redesign of the RTF model.
- Recommend the state take a global look at RTFs from the perspective of families, community, and providers because a change to the rate alone won't change this problem.
- Limited cost of living allowance (COLA) also contributes to staffing challenges. The council will continue to request COLA/pay increases.

Comments from Provider:

- The program faced huge challenge to retain employees especially once the pandemic hit.
- Staff felt strongly that they didn't have much of an option with how the work with the children due to the Justice Center and the regulations.

Motion to approve and seconded: In Favor: All; Abstained: 0; Opposed: 0

MH-D-2887: HARLEM FAMILY SERVICES, INC.

Harlem Family Services, Inc. requests approval to establish a new MHOTRS program serving children, adolescent, and adults in New York and Bronx counties. Harlem Family Services, which was originally The Harlem Family Institute, has been providing free or low-fee psychotherapeutic services in Harlem for more than 30 years as a training institute authorized by the New York State Education Department to educate aspiring psychoanalysts and provide clinical services to the public. It was established in 1991 at an independent Harlem elementary school to help children and families but has expanded its mission to work with all ages. The applicant indicated that the need for mental health services in the community is greater than ever and that many Article 31 MHOTRS in Manhattan have waitlists. They identified a strong and significant unmet need to serve children ages 0-5 and indicated that many individuals of all ages within the Harlem community are experiencing a plethora of mental-health crises, psychological traumas, and pandemic-induced stress, with many untreated citizens. Through the proposed program Harlem Family Services wants to help children, adolescents and adults with mental health issues rebuild their resilience and hope and teach coping skills, despite payment source. Many of the families served will be immigrants, and their children, first-generation Americans. The program proposes to employ staff from diverse backgrounds from the neighborhoods served. Reviewers are recommending approval with the following conditions: designate staff to complete the OMH required pre-employment checks, provide revised Telehealth and Crisis policies, and complete a pre-occupancy visit.

Questions and Comments from BHSAC PRC Members:

1. Will there be any Peer Support providers on staff?
 - a. Agency indicated they will bridge to the community using consultation services and allowing parents to be involved in programming.
2. What programming will be available for youth ages 0 – 5?
 - a. Agency indicated that their leadership team has extensive experience serving youth ages 0 – 5. They will engage parents in the treatment process.
3. There is a difference between a peer explaining the process to a parent than a social worker explaining the process.

- a. Agency indicated they will have Parent Support Groups led by parents and social workers.
- 4. What relationships do they have with other providers in the area
 - a. Agency indicated they have developed a number of relationships with other providers (e.g., Exodus), schools, and clergy. Their established entity provides trainings on trauma-informed practices to clergy and school staff.
- 5. Will they be employing licensed clinicians or mostly students?
 - a. Agency indicated they will mostly employ licensed clinicians, but they want to also bring on trainees from their Harlem Family Institute who are interested in expanding their training in the MH field (e.g., MHCs looking to become licensed).

Motion to approve and seconded: In Favor: All; Abstained: 0; Opposed: 0

MH-C-2883: COMMUNITY MEDICAL AND DENTAL CARE, INC.

Community Medical and Dental Care, Inc. (CMDC) requests approval to establish a new MHOTRS program serving children, adolescent, and adults in Rockland. CMDC is a recognized FQHC serving Monsey and surrounding areas of Spring Valley, Suffern, and Haverstraw. CMDC facilities provide primary care, dental, behavioral health, and specialty services (obstetrics, gynecology, dermatology, optometry, cardiology, etc.) to patients of all ages regardless of their ability to pay. CMDC’s overall mission is to serve individuals and families that fall below 100% of the federal poverty level, have limited English language proficiency and are uninsured. The proposed program has a sliding fee scale for patients based on their family size and income, and will offer evening hours Sunday to Thursday, and employ multicultural staff that speak the primary language of the patients (Yiddish, Creole, Spanish, Hebrew, and English). Reviewers are recommending approval with the following conditions: designate staff to complete OMH required pre-employment checks; provide admission, discharge, and high priority referral policy and procedures; and complete a preoccupation visit.

Questions and Comments from BHSAC PRC Members:

- 1. Social workers will not be providing counseling but instead assisting with case management. Why?
 - a. Agency indicated the case management social workers are in addition to clinical social workers who will provide counseling.
- 2. What is an FQHC look-alike?
 - a. Agency indicated they operate like an FQHC and receive cost-based reimbursement however, they do not receive the additional grant funding. They are also a Patient Centered Medical Home (PCMH).
- 3. Why are they applying for an Article 31 license?
 - a. DOH required them to obtain an Article 31 license since they met the licensure threshold limit for the provision of mental health services.

Motion to approve and seconded: In Favor: All; Abstained: 0; Opposed: 0

MH-E-2886: SELF INITIATED LIVING OPTIONS, INC.

SILO requests approval to establish a new MHOTRS program serving children, adolescents, and adults in Suffolk County. SILO is authorized by the NYS Department of Education as an

Independent Living Center. They have mainly contracted and subcontracted to deliver transition or diversion services to assist people leaving Long Term Care Facilities. Over the past decade SILO's programming has grown exponentially, including but not limited to a food pantry, housing assistance, advocacy, counseling, peer services, support groups, and providing community-based resources to individuals with mental health needs. In Suffolk County, the community is in great need of psychiatric availability. The average wait time for a psychiatric appointment is three months or more. Children in need of a psychiatric appointment can wait up to nine months for an appointment and private therapists are either completely booked or not accepting insurance. SILO's proposed MHOTRS program will provide complex care management and will utilize their NY Connects program to connect individuals served at the MHOTRS program with medical and other community-based services. By utilizing SILOs community relationships and programming as an Independent Living Center, the proposed program will be able to reach and engage with members of their community who have mental health needs. Reviewers are recommending approval with the following conditions: designate staff to complete OMH required pre-employment checks and complete a preoccupancy visit.

Questions and Comments from BHSAC PRC members:

1. The budget shows a \$1 million revenue, surplus of only \$140,000 which means \$300,000 is unaccounted for.
 - a. The agency had revised the budget based on feedback from OMH to look at the total revenue and base their projections on 60% productivity (not 100%).
2. How will they utilize the MSW interns?
 - a. The agency will have MSW students and LCSWs working together with clients.
3. Does the staffing ration include the MSWs?
 - a. The agency indicated it does but that the MSWs will be working on a case-by-case basis not as much direct care as licensed clinicians.
4. Will "John Doe" be served by an LMSW but also have interactions with an MSW?
 - a. The agency indicated that is correct. Staffing has been a challenge and they are looking to create pipelines with colleges via internships, etc.
5. Do you offer tuition reimbursement?
 - a. The agency indicated they are looking into this for the future. In the meantime, they will use other incentives (e.g., modeling services around the school district calendar so staff can be with their kids on school holidays and breaks, reimburse for licensure exam and CEUs).
6. What is your mechanism for ensuring staff are bilingual in Spanish?
 - a. The agency indicated they collaborate with over 250 organizations in Suffolk County, some work especially with the huge migrant population. They tap into this pipeline. They also have connections with a bilingual program where the leadership previously worked.
7. What is the program's model for addressing co-occurring disorders?
 - a. The agency indicated they plan to serve as many people as possible but may refer out when they can't meet an individual's specific SUD needs. Their goal is to begin working with co-occurring individuals immediately and in the future expand to obtain OASAS certification. They will follow a harm reduction approach and ensure they have a CASAC on staff.

Motion to approve and seconded: In Favor: All; Abstained: 0; Opposed: 0

Treatment Equity Committee

Members of the Treatment Equity Council: Joe Turner (NYC); Debbie Pantin (NYC); Hilda Rosario Escher (Albany); Laura Kelemen (Albany); Angel Paige (Albany); Chackapurackal Mathai (virtual). Attended by Glen Liebman, Chair, BHSAC

Absent:

Roxanne Lewin

OASAS: Carmelita Cruz (Albany); Jennifer Farrell (Albany); Janeth Quintero (virtual)
OMH: Elisa Santangelo (Albany)

Public Attendees:

Blake Baldwin, Cicero Consulting

Review of the final report:

Council members reviewed and made recommendations for edits which were incorporated into the final report. OASAS noted that Roxanne (Co-Chair) shared feedback prior to the meeting. Much of the conversation centered on the Council's recommendation to OASAS to create a grassroots provider equity advisory council, charged with coordinating with this Council and the Multicultural Advisory Council at the Office of Mental Health (OMH). The Council also made recommendations for statutory changes to the charge and composition of the Treatment Equity Council. The Council also discussed and finalized the recommendation for review and evaluation of current and future regulations for impact on racial and ethnic minoritized communities. The Council added an additional recommendation on increasing funding and staffing the equity focused divisions of OASAS and OMH. The Council finalized the context for a recommendation about Daniel's Law, which will be shared with OMH as well.

Motion to approve recommendations by Debbie Pantin. Second by Hilda Rosario Escher. All in favor. No opposed. No abstentions.

New Business and Closing:

Chairman Liebman highlighted his appreciation for the Governor's dedication to youth mental health and the Youth Mental Health Forum was informative, impressive and had high quality workshops. Indicated it is laudable for the Governor and OMH Commissioner dedicated to the issues and can't wait to see the future action steps. The Chair will be sending a BHSAC letter to the Governor complimenting her and moving youth issues forward. He noted the Daniel's Law was not passed "as is" and BHSAC can help frame it as a Council to write a letter. Importance was to elevate the law enforcements finding, the 4th finding Civil Rights Violation when you send police to a mental health crisis response when it needs a non-police response.

The Council adjourned at 2:30 pm. The next meeting will be scheduled for September 21, 2023.