



Behavioral Health Services Advisory Council
February 16, 2022
Held via WebEx

BHSAC Minutes

Members Attending:

Glenn Liebman, Chair
Hilda Rosario-Escher
Michael Martin
Warren Ng
John Kastan
William LeCates
Patrick Seche
Sabina Lim
Connie Wille
Kathy Gardini
Susan Salomone

Patrice Wallace-Moore
Ian Schaffer
David Woodlock
Donna Mae DePola
Michael Orth
Kerry Whelan-Megley
Diane Blohm
Roxanne Lewin
Carlee Hulsizer
Chacku Mathai
Brianna Gower

Meeting notes:

Chairman, Glenn Liebman welcomed the Council members and called for a motion to approve the minutes from the last full Council meeting. Motion was made, Council voted unanimously to approve the minutes. Chairman Liebman then turned to the Commissioner's Reports. The Chairman noted the Council will be hearing from OASAS Commissioner Chinazo Cunningham first and then OMH Commissioner Ann Sullivan as they discuss the proposed 2022-2023 Executive State Budget. The Chair indicated he was pleased to see the budget request letters have been listened to in the proposed budget.

Commissioner Reports:

OASAS Commissioner Chinazo Cunningham discussed the proposed 2022-2023 OASAS Executive State Budget:

Commissioner Cunningham discussed Governor Hochul's proposed 2022-2023 Executive State Budget and how it impacts OASAS' mission to combat addiction in New York State. She noted the agency will be creating a Division of Harm Reduction, expand naloxone and buprenorphine access and invest in fentanyl test strips, opioid overdose prevention kits, safety kits and resources. The Commissioner also indicated the agency would develop a public awareness campaign, implement a medication-assisted treatment program, and work with DOH to expand access to sterile syringes. In addition, she highlighted the state will expand life saving mediations, modernize outpatient addiction programs and opioid treatment programs, as well as expand mobile services and telehealth services. The agency will be providing individuals with

supportive recovery housing by adopting a voluntary certification process. Associate Commissioner of Fiscal Administration Deborah Davis then outlined further budget details impact on OASAS. OASAS then opened the discussion to questions,

OMH Commissioner Ann Sullivan discussed the proposed 2022-2023 OASAS Executive State Budget:

Commissioner Sullivan discussed the Executive Budget highlighted noting an increase of \$577.21 million or 17.2% from last year and the positive impact on prevention initiatives, will support strengthening and expanding workforce with the 5.4% COLA and \$3k bonus, provide access to treatment and services, as well as reach special populations and communities in most need. Commissioner Sullivan indicated the budget will decrease disparities with workforce diversity, data on need and performance, and through collaboration with marginalized communities. Commissioner Sullivan then provided the update and tremendous outcomes on Project Hope and opened it up to questions.

Regulations:

NO OMH Regulations

OASAS Regulations:

It was noted, OASAS is amending various regulations to provide updates to regulatory language in accordance with person-centered, trauma informed care, to restrict the ability to conduct cavity searches in OASAS certified programs and to address the provision of medication for addiction treatment in all OASAS certified settings. OASAS is also adding the Adolescent Program Endorsement and Ancillary Withdrawal designation to Part 830.

Part 836: Incident Reporting in OASAS Certified, Licensed, Funded or Operated Services

The legislature has authorized OASAS to establish standards and regulations governing incident management and oversight of addiction services in certified, funded or otherwise authorized programs, consistent with various NYS laws, regulations and rules for the protection of individuals seeking and receiving services in the OASAS system. Members asked for hospital-based programs with body cavity search provisions, which provisions apply. OASAS will clarify in guidance. In addition, Members asked if there a regulatory requirement that patient deaths be reported to OASAS in addition to the Justice Center. Carmelita will confirm guidance and regulatory provisions relevant to patient death while admitted to a program. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 830: Designated Services

The provisions of this Part are applicable to all OASAS certified, approved or otherwise authorized programs seeking to offer or provide certain services or therapies including, but not limited to, acupuncture and telehealth, or other such services, therapies or program endorsements as may be defined in this Part. Such services may require application for an operating certificate “designation” indicating approval by the Office to provide such services. The Members asked, will programs with an ancillary withdrawal designation need to reapply for the designation? No. OASAS will clarify in guidance. They also asked, will OPs providing services to adolescents

need to apply? No. The program endorsement designation is optional. There was a comment OASAS should consider the development of either a designation or explicit standards for the provision of services consistent with appropriately serving the needs of the BIPOC. OASAS will look at the development of these standards. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 822: General Service Standards for Substance Use Disorder Outpatient Services

Adds reference to person centered, trauma informed services. Updated provisions regarding medication for addiction treatment for substance use disorder and overdose prevention education and training and naloxone access. Patient records/treatment planning. Removed list of non-discrimination categories and added reference to Part 815. Added reference to requirement for post-discharge appointment(s) to continue medication access. Members asked why the move to using Medication for Addiction Treatment rather than Medication Assisted Treatment? And, have we consulted with impacted persons on the appropriate terminology use (medication for assisted recovery, medication for addiction recovery, medication assisted treatment, medication for addiction treatment)? Comments from Members included some members found use of the amended terminology to be more stigmatizing. There was a recommendation to consult with impacted persons in developing appropriate terminology in the future. In addition, there were concerns expressed that there was too much emphasis placed on medication and not enough on the access to other supportive services. OASAS will address in guidance and ensure that equal significance is attributed to all services and that service availability is dependent upon the patient's self-direction and goals and subject to their consent. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 800: General Provisions

In addition to technical amendments updating this regulation consistent with Title 14, the Proposed Rule amends Part 800 as follows: Incorporation by Reference. Adds incorporation by reference of Standards related to the Adolescent Endorsement proposed in Part 830 of this Title; add and updates various definitions; adds individuals recently released from criminal justice settings to the list of individuals for which providers shall have priority admission policies; and updates and clarifies provider expectations regarding the provision of medication for addiction treatment for substance use disorder and overdose prevention education and training. Recommendations included to end MAT definition after "prescribing professional" and add a new subparagraph to 800.6 to address programs not implementing barriers or conditions on participation in counseling and other supportive services to access medication. In addition, a recommendation was made to add to guidance that all services provided in OASAS programs – medication, counseling, peer services etc – have value and there should not be an emphasis placed on any one service over another. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 818: Substance Use Disorder Inpatient Rehabilitation

In addition to technical amendments and updating terminology used across all regulations for consistency in Title 14, the Proposed Rule amends Part 818 as follows: Added references to the provision of person centered, trauma informed care; updated provisions regarding medication for addiction treatment for substance use disorder and naloxone access consistent with the needs of

the program; removed list of non-discrimination categories and added reference to Part 815; added reference to requirement for post-discharge appointment(s) to continue medication access; and removed the savings and renewal clause. The Members commented they would like to ensure consistency of language. They voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 817: Substance Use Disorder Residential Rehabilitation Services for Youth

In addition to technical amendments and updating terminology used across all regulations for consistency in Title 14, the Proposed Rule amends Part 817 as follows: Added references to the provision of person centered, trauma informed care. Updated provisions regarding medication for addiction treatment for substance use disorder and naloxone access consistent with the needs of the program; removed list of non-discrimination categories and added reference to Part 815; and added reference to requirement for post-discharge appointment(s) to continue medication access. The Members commented they would like to ensure consistency of language. Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 815: Patient Right's

In addition to technical amendments updating this regulation consistent with Title 14, the Proposed Rule amends Part 815 as follows: Updates to utilize appropriate language. Addition of reference to NYS Human Rights Law; updates to utilize appropriate language, include references to person-centered and trauma informed care delivery. Clarification that providers may not base program admission on specific identification requirements. Clarification on the requirement for providers to have policies related to the provision of medication for addiction treatment for substance use disorder; updates to utilize appropriate language, include references to person-centered and trauma informed care delivery. Addition of provisions relating to non-discrimination in program admission. Clarification on a patient's right to access medication for addiction treatment for substance use disorder. In addition, updates to utilize appropriate language, include references to person-centered and trauma informed care delivery; updates to utilize appropriate language, include references to person-centered and trauma informed care delivery; updates to utilize appropriate language, include references to person-centered and trauma informed care delivery and consistent with OASAS guidance; updates to utilize appropriate language, include references to person-centered and trauma informed care delivery; along with patient screening, research subjects and staff and client relationships.

Recommendations were made to separate the provisions of Part 815.4(a)(5). Another recommendation to add language to 815.5 Patient Rights to address a patient's right to consent or refuse treatment recommendations and services while admitted to a treatment program without fear of discharge. As well as, with 815.10 remove reference to extended close observation and reference consistent with guidance issued by the Office to allow for multiple alternatives where a program may have sought to perform a body cavity search. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 816: Substance Use Disorder Withdrawal and Stabilization Services

In addition to technical amendments updating this regulation consistent with Title 14, the Proposed Rule amends Part 816 as follows: OASAS is removing the certification for medically monitored withdrawal and stabilization services and clarifying expectations, which are already included in guidance, for linkages to supportive services and other levels of care and the delivery

of person centered, trauma informed services; clarifies that detox services may be under the supervision of a nurse practitioner consistent with federal authority. Eliminates the definition for medically monitored withdrawal and stabilization services; and updates standards applicable to all withdrawal and stabilization services. In addition, updates additional requirements for medically supervised inpatient withdrawal and stabilization services, and additional requirements for medically supervised outpatient withdrawal and stabilization services. Deletes additional requirements for medically monitored services. The Members commented they would like to ensure consistency of language. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 820: Residential Services

In addition to technical amendments and updating terminology used across all regulations for consistency in Title 14, the Proposed Rule amends Part 817 as follows: Adds reference to person centered, trauma informed services; adds definition of patient/resident consistent with this Part.; added references to the provision of person centered, trauma informed care. Updated provisions regarding medication for addiction treatment for substance use disorder and naloxone access consistent with the needs of the program. In addition, removed list of non-discrimination categories and added reference to Part 815; added reference to requirement for post-discharge appointment(s) to continue medication access; added requirement for programs obligation to ensure access to medication for addiction treatment; and updated provisions consistent with Part 841. The Members commented they would like to ensure consistency of language. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Part 819: Chemical Dependence Residential Services

In addition to technical amendments updating this regulation consistent with Title 14, the Proposed Rule amends Part 819 as follows: A new section addressing definitions applicable to this Part is added; adds and updates requirements applicable to residential service providers consistent with other OASAS residential programs including the development of policies and procedures, access to medications for addiction treatment for substance use disorders and service provision; updates consistent with appropriate use of terminology. Provisions relating to non-discrimination are removed and reference is added to compliance with Part 815; updates consistent with appropriate use of terminology related to medical and clinical assessments post-admission. Treatment planning and discharge provisions are updated consistent with OASAS updates to all certified programs. In addition, updates consistent with appropriate use of terminology and record keeping requirements around medications for addiction treatment; and updates consistent with appropriate use of terminology consistent with OASAS regulations. Reference is added to appropriate duties that may fall to residents consistent with OASAS guidance. Staff training requirements are amended to occur every year instead of every three years and the list of appropriate trainings are updated consistent with other certified program requirements. The Members commented they would like to ensure consistency of language. They also commented to support the provisions around former patients/clients not coming back to work in the program in which they received treatment/services. Carmelita will ensure consistent with guidance and other regulations. The Members voted to move to full BHSAC. No abstentions. Approved unanimously by the BHSAC.

Project Reviews:

OASAS Projects:

2021.028– Phoenix Houses of Long Island submitted a Certification Application requesting the approval of the New York State Office of Addiction Services and Supports (OASAS) for a capital project. This proposal is for the acquisition and bond financing of properties currently leased by PHLI from Phoenix House Parkside, LLC (PHP, an arms-length entity). PHLI also intends to make some modest improvements to the properties. This will preserve services in this location for another fifty years with a state aid grant lien. The continuation of both residential and outpatient services will remain in effect without interruption. Phoenix Houses of Long Island holds six OASAS operating certificates, and are in good-standing. The total amount of this project is \$20,000,000.

The New York City Department of Health and Mental Hygiene and the OASAS Regional Office are in support of this capital project and recommended approval. OASAS recommended approval. The Project Review Committee unanimously recommended approval to the BHSAC Full Committee and the Full Committee gave a unanimous recommendation of approval for this application.

2021.039 – Ohel Children’s Home and Family Services Inc. submitted a Certification Application requesting the approval of New York State Office of Addiction Services and Supports (OASAS) to become a new OASAS Provider of Part 822 outpatient services to be co-located within their Article 31 Office of Mental Health licensed clinic at 1268 East 14th Street, Brooklyn. Treatment will include Screening, Brief Intervention and Referral for Treatment (SBIRT); individual and group counseling; brief treatment; care coordination; collateral services; family and marital; medical services; medication management; HIV/Infectious disease awareness; medication supported treatment; peer support services; aftercare and transitional continuum of care; case management; referral services and community integration. Hours of operation will be Monday through Thursday 9:00 am – 5:00 pm and Friday 9:00 am – 1:00 pm. Ohel is a multi-service provider that became established as a not-for-profit corporation more than 50 years ago. Ohel holds 14 operating certificates from the New York State Office of Mental Health (OMH); 10 operating certificates from the New York Office for Persons with Developmental Disabilities (OPWDD) and one operating certificate from the New York State Office of Children’s and Family Services (OCFS) all of which are in good standing. OASAS Fiscal Audit and Review Unit (FARU) reviewed Ohel’s fiscal status and determined they are fiscally viable. The provider will accept Medicaid. The New York City Department of Health and Mental Hygiene and the OASAS New York City Regional Office are in support of this application and recommended approval. OASAS recommended approval with the following contingencies: final approval of sufficient staff, and a copy of the filing receipt from the NYS Department of State indicating that the Amended Certificate of Incorporation containing the OASAS required language was filed. The Project Review Committee unanimously recommended approval to the BHSAC Full Committee and the Full Committee gave a unanimous recommendation of approval for this application.

2021.043 – Medical Arts Sanitarium, Inc. Medical Arts Sanitarium, Inc. d/b/a Cornerstone Treatment Facilities Network (Medical Arts) submitted a Certification Application requesting

New York State Office of Addiction Services and Supports' (OASAS) approval for a change in ownership through a 100% stock purchase agreement of their Part 818 Inpatient and Part 816.7 Medically Supervised Inpatient Withdrawal and Stabilization services located at 159-05 Union Turnpike. Thomas Puzo and Joel Landau are requesting to purchase 100% of the stock in Medical Arts Sanitarium, Inc. d/b/a Cornerstone Treatment Facilities Network. Mr. Puzo is a current owner and will retain 10% of the stock in the corporation, and Mr. Landau will become a new owner, with the purchase of the remaining 90% of the stock. Medical Arts has been an OASAS certified provider since at least 1995. They are currently certified to provide Part 818 Inpatient Rehabilitation services, and Part 816.7 Inpatient Withdrawal and Stabilization services and are in good standing with OASAS. Mr. Landau currently has partial ownership in two (other) OASAS certified programs, Elev8 Center New York, LLC, and Success Counseling Services. Both are in good standing with OASAS. Mr. Landau also has ownership interest in five Department of Health licensed Nursing and Rehabilitation Centers. The Department of Health has stated that each of these entities are all currently in good standing with that agency. According to review by OASAS' Fiscal Audit and Review Unit, Medical Arts is fiscally viable. They do not receive OASAS funding. There will be no changes to the population served, the number of clients served, or the current staffing as a result of this application. The New York City Department of Health and Mental Hygiene and the OASAS New York City Regional Office are in support of this application and recommended approval. OASAS recommended approval as well. The Project Review Committee recommended approval, with one abstention to the BHSAC Full Committee and the Full Committee gave a unanimous recommendation of approval for this application.

2021.057 – Carnegie Hill Institute, Inc. submitted a Certification Application requesting the approval of New York State Office of Addiction Services and Supports (OASAS) for a change in ownership of their Part 822 Opioid Treatment and Outpatient programs located at 116 East 92nd Street, New York, New York. Dr. Harvey Karkus and his wife Anna Marie Karkus were co-owners of Carnegie Hill Institute until Dr. Karkus' passing in November of 2017. Upon his passing, Dr. Karkus' shares in Carnegie Hill Institute were transferred to Anna Marie Karkus. Mrs. Karkus will be the sole owner of Carnegie Hill Institute. She has been an Administrator at Carnegie Hill Institute since 1992, became co-owner in 2002, and has been the President and CEO since 2018. Carnegie Hill Institute, Inc. has been providing OASAS Certified Part 822 opioid treatment and outpatient services since at least 1995 and are in good standing with OASAS. The New York City Department of Health and Mental Hygiene and the OASAS New York City Regional Office are in support of this application and recommended approval. OASAS recommended approval with one contingency, a copy of the filing receipt from the New York State Department of State amending the certificate of incorporation to include the required operating language has been filed. The Project Review Committee unanimously recommended approval to the BHSAC Full Committee and the Full Committee gave a unanimous recommendation of approval for this application.

2021.060 – NYU Langone Health System submitted a Certification Application requesting the approval of the New York State Office of Addiction Services and Supports (OASAS) to become the Active Parent (Sponsor) of Brookhaven Memorial Hospital Medical Center, Inc. d/b/a Long Island Community Hospital's (Brookhaven-LICH) OASAS certified Part 822 Outpatient service located at 550 Montauk Highway in Shirley, New York. This change in sponsorship will also

provide Brookhaven-LICH with access to additional capital and NYU Langone Health System's operational efficiencies and strategies and afford Brookhaven-LICH's patients seamless access to care not currently available locally, including the expertise and experience of the psychiatrists, psychologists, and administrative staff in NYU Langone Health System's Department of Psychiatry. Brookhaven Memorial Hospital Medical Center, Inc. d/b/a Long Island Community Hospital has been an OASAS certified provider of outpatient substance use disorder services since at least 1995. They are currently in good standing with OASAS. The Suffolk County Department of Health Services and the OASAS Long Island Regional Office are in support of this application and recommended approval. OASAS recommended approval with two contingencies. Copy of filing receipt from the NYS Department of State indicating that the Amended Certificate of Incorporation containing the OASAS required language was filed, and final approval from the Department of Health. The Project Review Committee unanimously recommended approval to the BHSAC Full Committee and the Full Committee gave a unanimous recommendation of approval for this application.

OMH Projects:

NYU Langone Health System-MH-E-2862

Joint presentation with OASAS.

NYU Langone Health System (the Health System) seeks approval to become the sponsor of Brookhaven Memorial Hospital Medical Center, Inc. dba Long Island Community Hospital (LICH), an Article 28 provider and currently certified to operate a OMH 20-bed inpatient psychiatric unit for adults. Currently, the unit is temporarily closed due to accidental flooding that occurred in March 2021 that rendered the unit non-operational. The unit has been closed since then and has no patients. The applicant is committed to re-opening the unit and is actively seeking to secure the necessary funding to renovate the damaged space and will work closely with OMH to this end. In the meantime, the hospital continues to see patients who come to the Emergency Department and refers them to local area inpatient units or outpatient services. To effect the change of sponsor, LICH will amend its Bylaws to show the Health System as the sole member. The change of sponsor is the first phase of a plan for the Health System to revamp its corporate structure to better manage a network of hospitals and services in the community. In phase 2 of the plan, it will seek to merge with one of its affiliates, NYU Langone Hospitals. There will be no change in authorized services, staffing, the number or type of beds, or utilization from the approval of this project. There is no purchase price and no costs associated with this project. Upon completion, LICH will remain a separate not-for-profit corporation maintaining its discrete Article 28 operating certification. The name of the hospital will also change to Long Island Community Hospital at NYU Langone Health (LICH). The BHSAC member discussion included expectations the Council has of expanding services rather than just maintaining. Sheila Eisenberg indicated that Langone will provide services and financial resources to improve and expand services. Dr Marc Adler indicated that administrative support will be included, as well. All OASAS application reviewers recommend approval. OASAS recommends approval with contingencies of providing a Copy of Filing Receipt from the Dept of State, and confirmation of final approval from DOH for the CON.

There was a motion for approval and it was seconded. All PRC members approved the OASAS project; there were no abstentions.

OMH added that the hospital has confirmed that it will re-open the IP MH unit and has received a \$350K award to renovate, after it experienced extensive water damage in March 2021. The renovation will move forward, and the unit is expected to re-open in the next 4-5 months. All OMH reviewers have recommend approval.

There was a motion for approval and it was seconded. All PRC members approved the OMH project; there were no abstentions. Motion carried.

SUNY Health Science Center-University Hospital-CPAR #94

The applicant proposes to create a division of SUNY Health Science Center-University Hospital (Upstate) to provide inpatient behavioral health services to adolescents and children, expanding its current capacity of 32 (24 adults, 8 adolescents) by 29 for a total of 61. The new beds will be located at 620 Madison Avenue, Syracuse, NY 13210 (at site of Richard H. Hutchings Psychiatric Center), which is less than a half-mile from Upstate. The current 32 bed inpatient psychiatric unit will remain at its current location at 750 East Adams Street, Syracuse, NY. The proposed facility, to be named “Upstate University Hospital at Hutchings”, will house the 29-bed unit, of which 18 will be for adolescents (aged 12 to 17) and 11 for children and adolescents dually diagnosed with psychiatric and developmental disorders (ages 5 to 17). This project will also require capital project renovations and upgrades to bring the proposed space into compliance with Article 28 and OMH standards and codes. The facility had a complete renovation in 2010, which modernized the building, so the needed upgrades will not be as extensive. Proposed renovations to the second and third floors will accommodate programmatic changes favorable to Upstate as operator, provide more treatment and observation spaces, and provide a dedicated seclusion suite with a restroom. Included in the scope of renovations are new doors, hardware upgrades, ligature risk mitigation equipment, and minor space conditioning. The renovations are planned to take place from July to December of 2022, at which time operation of the 29-bed unit will open.

Chairman Glenn Liebman asked for clarification that Upstate will operate new units. Confirmed by Rudy Arias at OMH. Hilda Escher asked how the deficit indicated in budget will be covered. Jennifer Speicher from Upstate indicated that a VAP award of \$4.2M over 4 years has been applied for. Approval is moving forward but will need additional approval by the SUNY Board of Trustees. Dr. Freemont and Dr. Roan indicate that space will be created for seclusion room, and Council members asked if there will be any space dedicated for approaches like comfort rooms, rather than seclusion. The applicant did not respond to this. Per the application, there is a seclusion room planned on the 3rd floor where the larger unit will be. Nothing on the smaller second floor unit, and no indication of alternative approaches to seclusion (i.e., comfort room) on either unit. David Woodlock indicated that dual diagnosis treatment is highly specialized and complicated, and asked the applicant to describe how treatment will be provided. Dr. Roan indicated that there are 40 years of data to support that this kind of treatment is effective. Several other hospitals with successful similar units were consulted to assist with the development of the unit. There was a motion for approval and it was seconded. All PRC members approved; there were no abstentions. Motion carried.

Villa of Hope-CPAR #95

Villa of Hope submitted CPAR 95 to close its 14-bed RTF, citing high fixed costs and projected deficit; no flexibility to providing other services to RTF youth to reduce deficit; limited staff and space; small scope/limited impact compared to other programs such as the clinic; and lack of alignment with their strategy and 2030 vision.

At the time of CPAR submission, the RTF had a census of 7 youth (half of its licensed capacity of 14). Due to a severe staffing shortage, the program had ceased admissions on 6/18/21 when its census was 12. Last patient is expected to be discharged in two days.

Council members asked about dispositions and specifically where youth were being referred. The applicant indicated that some youths have been discharged to home, some to other services. Transition coordinator will follow the youth, especially for those on wait lists. Medication management will continue for some youth through existing or primary care providers. CMHRS services will continue for many. There was a question from Council regarding the staff shortages – where will youth be referred who need RTF level of care? Applicant indicated that there are other nearby RTFs – Hillside in Rochester and Our Lady of Mercy in Buffalo – to which they can refer. Applicant also indicated that there are new programs being established to fill in the gaps, like Crisis Residences, Crisis Stabilization Programs, and CMHRS. Dr. Sarah Kuriakose indicated that OMH is looking at things from multiple vantage points including a rate increase for RTFs (this will enable a potential re-design.) OMH is also committed to stabilizing RTF bed capacity. OMH is also looking at home-based interventions, as well as children's crisis residences. It is likely that the Crisis Stabilization Centers will play a large role, as well. David Woodlock expressed concern, but supported OMH in its strategy, and asked if youth in RTF are moving to IP. Dr. Kuriakose indicated that the largest trend seen by OMH is in EDs and crisis units with youth who have not previously been in the MH system. Ian Schaffer commented that crisis services are extremely important, and staff need more training about the level of services available. Youth ACT, IOP are also important components. Family involvement is very important, as well. More home-based / family-based work will be part of the RTF re-design. Hilda Escher asked about staffing in all of the applicant's OMH-licensed youth programs. Villa indicated that it has increased staff salary and provided more training to direct care staff. They indicated that clinicians and nurses are difficult to retain. Many can be paid much better elsewhere. Villa does indicate that staffing levels have improved on the residential side. There was a motion for approval and it was seconded. All PRC members approved; there were no abstentions. Motion carried.

ABBA Human Services Foundation-MH-C-2858

ABBA is requesting to establish an Article 31 Clinic Treatment Program that will serve Adults in Dutchess County and surrounding areas, including Orange and Ulster counties. ABBA's Board of Directors met in 2019 to identify health care and social service needs in the region. In an effort to expand the availability of mental health services in Dutchess and surrounding counties they created the ABBA Human Services Foundation. Although ABBA is a new entity with no experience providing mental health services, they have ensured their Board of Directors and leadership staff include experienced mental health providers. ABBA's leadership, including the Director of Mental Health Services, Assistant Director of Mental Health Services, Medical Director, and board members have experience working in Article 28 and Article 31 inpatient and

outpatient programs. ABBA is also focused on recruiting clinical staff who have experience working in an Article 31 Clinic setting. OMH and the County have recommended approval. BHSAC members had no questions, comments or discussion. There was a motion for approval and it was seconded. All PRC members approved; there were no abstentions. Motion carried.

CASA-Trinity, Inc.-MH-A-2860

CASA-Trinity, Inc. is requesting to establish a Clinic Treatment Program that will provide mental health services to Adults in Livingston County. CASA-Trinity, Inc. (CASA) is currently licensed by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) to provide addiction recovery and prevention services in outpatient, inpatient, detoxification, residential, and school-based settings. CASA has a history of providing prevention, education, treatment, referral, and recovery services to individuals and families affected by substance use disorders (SUD) since 1974. CASA is requesting to establish an Article 31 Clinic Treatment Program that will be co-located with their OASAS certified clinic and serve Adults in Livingston County. CASA received an expansion grant from Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the availability of behavioral health services through the development of a Certified Community Behavioral Health Clinics (CCBHC). Although CASA does not currently operate programs licensed by OMH their Clinical Operating Officer has over ten years of experience in Article 31 Clinic leadership roles and will provide clinical supervision until a clinical supervisor is hired. OMH and the County have recommended approval. Council member Hilda Escher remarked about the number of migrant workers in the catchment area and asked whether the applicant has experience in this area. Ann Domingos indicated that although CASA has not worked with any migrant workers directly, they have the ability to access the experience and language services needed to meet the needs of migrant workers from other providers. Dr. Lim asked about staffing levels and clinician's expected caseloads as the summary indicates a seemingly heavy caseload. She asked if there are plans to increase staffing. CASA indicated that the projection was based on their prior experience and assured it will be expanded based on need.

There was a motion for approval and it was seconded. All PRC members approved; there were no abstentions. Motion carried.

Closing:

Chairman Glenn Liebman noted he felt the Council members had good discussions with the Commissioners and advised the Council he would be drafting a letter the Council can review and edit regarding further requests for the Executive Budget. The committee then adjourned at 2:30 pm. The next meeting will be scheduled for April 7, 2022.