



**Behavioral Health Services Advisory Council**

**September 22, 2021**

**Held via WebEx**

**BHSAC Minutes**

**Members Attending:**

Michael Martin

Warren Ng

John Kastan

William LeCates

Brianna Gower

Deb Pantin

Katherine Alonge-Coons

Susan Salomone

Patrick Seche

Sabina Lim

Connie Wille

Trish Marsik

Patrice Wallace-Moore

Ian Schaffer

Hilda Rosario Escher

David Woodlock

Donna Mae DePola

Michael Orth

Kerry Whelan-Megley

Glenn Liebman

Diane Blohm

Roxanne Lewin

Robert Russell

Kathy Gardini

**Meeting notes:**

The chairman, Glenn Liebman, welcomed the Council members and introduced the OASAS Commissioner to present her report for the meeting. The Commissioner and staff discussed the various grants that OASAS received and explained how the funds would be distributed. The members then asked clarifying questions.

Commissioner Sullivan for OMH was then welcomed to give her report which detailed the key directions that OMH will be moving in going forward. Once again, Council members were given the opportunity to ask questions and offer comments.

**Regulations:**

**OMH Regulations**

**Amendments to 14 NYCRR Part 508**

The Board discussed and unanimously approved proposed amendments to 14 NYCRR Part 508 relating to the inclusion of youth in the ACT program. 14 NYCRR Part 508 establishes the standards and methods for determining the rates of payment to assertive community treatment (ACT) programs for services provided to active clients. The amendments are designed to

include children in the populations eligible to receive ACT and identify services children can access as they transition from ACT.

Specifically the proposed amendments would: (1) Allow eligible youth to receive intensive treatment, which may prevent future psychiatric hospitalization; (2) Provide a definition for Child which clarifies that services are available for an individual up to 21 years of age and that Individuals ages 18-21 years with mental illness may be considered for either Youth ACT or Adult ACT programs for the purposes of receiving services; (3) Define Child Family Treatment and Support services to mean an array of six treatment, rehabilitative and support services to assist children and youth with mental health and/or behavioral challenges to function successfully within their homes and community, primarily provided in nontraditional settings including in the home or community settings.; and (4) Define Children's Home and Community (HCBS) Based Services to mean services provided to individuals in the least restrictive environment possible by providing services and support to children and their families at home and in the community. HCBS are designed for people who, but for these services, would require an institutional level of care such as a long-term care facility or psychiatric inpatient care.

## **OASAS Regulations**

### Add 14 NYCRR PART 808 COVID-19 Mask Wearing Requirements in Certified, Funded or Otherwise Authorized Settings

The Board discussed and unanimously approved the OASAS proposed emergency rule which adds new Part 808 to require masks to be worn in all OASAS certified, funded, or otherwise authorized settings for staff, program participants and visitors. Such amendments are consistent with Centers for Disease Control and Prevention. The new Part sets out all requirements related to mask wearing in these settings. The addition of this rule is necessary to preserve public health and prevent further transmission of COVID-19 to all staff and patients in OASAS settings, as the pandemic continues to present an immediate threat. Board members discussed the guidance on wearing masks while sleeping, as well as surgical masks, cloth masks and goggles.

### 14 NYCRR PART 856 Tobacco-Limited Services

The Board discussed and unanimously approved the OASAS proposed amendments to Part 856 which simply change tobacco-free services to tobacco-limited services, allowing for very limited use of tobacco products in designated areas in programs organized and operating pursuant to Title 14 and certified, funded, or otherwise authorized by OASAS as a provider of prevention, treatment, or recovery substance use disorder services. The reason for this change is to ensure that a completely "tobacco-free environment" is no longer a deterrent to those seeking treatment, while also ensuring that use is very limited to specific settings within the program so as to maintain the health and safety of all staff and patients. The changes throughout the regulation simply replace "tobacco-free" with "tobacco-limited" and also clearly state the settings in which those who wish to use tobacco may do so. The language also adds a provision stating that tobacco-cessation shall be available to those who may wish to stop using tobacco products

(available to both patients and staff). Minor changes throughout update the language in the regulation to use the new terminology for the office: The Office of Addiction Services and Supports. Board members discussed the guidance on who is maintaining the tobacco products in the program and whether the products will be in possession of the client or the program. Counsel's office will be having further discussion on this topic to add guidance. Board members also discussed concern on space compliance and flexibility of waivers as well as staffing compliance policies.

#### 14 NYCRR Part 823 Children and Family Treatment and Support Services

The Board discussed and unanimously approved the OASAS proposed regulation title to be amended and updated consistent with the other state agencies which also provide such services. The proposed rule amends Part 823 to update the regulatory name in accordance with the SPA and other agencies (Children and Family Treatment and Support Services – CFTSS) and moves the incorporation by reference of the SPA Manual to Part 800. Service descriptions are already consistent with those outlined in the Manual published on the Department of Health website and utilized by the other state agencies including the Office of Mental Health and the Office of Children and Family Services. In addition, all documents, such as the Manual referenced herein, are incorporated by reference into Part 800 for clarity and consistency for all OASAS providers.

#### 14 NYCRR Part 836 Incident Reporting in OASAS Certified, Licensed, Funded, or Operated Services

The Board discussed and unanimously approved the OASAS proposed amendments to this rule to bring the regulatory language in Part 841 in alignment with current and less stigmatizing terminology (such as OASAS/Office of Addiction Services and Supports) and clarifies reporting requirements in the regulation. OASAS worked closely in conjunction with the Justice Center to clarify and simplify this language. The clarification of the reporting requirements provides the benefit of enabling providers to better understand the requirements, and therefore better able to follow the requirements. In addition, the proposed rule amends Part 836 to update language consistent with agency statutory and regulatory provisions; adding references to VPCR online reporting availability; extending the time period at which reporting a missing adult client in a residential program from 24 to 48 hours so as to align with current practice, statutory, and regulatory provisions.

#### Amend 14 NYCRR PART 857 Problem Gambling Treatment and Recovery Services

The Board discussed and unanimously approved the OASAS proposed rule which amends Part 857 to update language consistent with agency statutory and regulatory provisions; removes references to “waiver” programs which no longer exist. The changes in the rule amend Part 857 to update language consistent with agency statutory and regulatory provisions; removes references to “waiver” programs which no longer exist; removes, consolidates and updates regulatory definitions; expands the provisions of the regulation to all certified, funded or

otherwise authorized programs rather than those that provide “gambling only” services; requires use of the level of care tool developed for provision of gambling services in OASAS programs and requires the use of a mental health screening for individuals seeking gambling services. Such amendments are consistent with agency guidance and the provision of problem gambling treatment and recovery services as well as mandating use of the OASAS created tool to determine level of care for gambling services. Provision of problem gambling services are optional services which require certified, funded or otherwise authorized programs to seek a designation pursuant to Part 857 in order to provide. Additionally, there no longer exist any “waiver” programs, all such programs are now certified pursuant to Parts 822 or 824.

### REPEAL and REPLACE 14 NYCRR Part 841 Medical Assistance For Addiction Services

The Board discussed and unanimously approved the OASAS proposed repealing old Part 841 and replacing it with new Part 841. The reason that OASAS chose to repeal and replace rather than just make amendments throughout is that the amendments were substantial, and it was more efficient to repeal and replace the language. The changes in this rule remove outdated and irrelevant language and reflect the new State Plan Amendment. Medicaid rules (and therefore the OASAS State Plan) have updated the way OASAS Providers bill for services, and the regulatory language was updated to reflect this. These changes will allow for rate methodologies that promote efficiency, meaning fees rather than cost-based rates, for inpatient services. Overall, the changes provide for more accurate and fair reimbursement as well as add simplicity to the entire regulation.

### Project Reviews:

#### **OASAS Projects**

##### 2021.013 – Long Island Center for Recovery, LLC d/b/a Long Island Treatment Center (LITC)

Long Island Center for Recovery, LLC d/b/a Long Island Treatment Center (LITC) submitted a Certification Application requesting the approval of the New York State Office of Addiction Services and Supports (OASAS) to become a New OASAS Provider of Part 822 Outpatient and Outpatient Rehabilitation services to be located at 100 West Nicholai Street, Oyster Bay, NY 11801. Services will be offered Monday, Wednesday and Thursday, 1PM-9PM, Tuesday, Friday and Saturday, 8AM-4PM. Patients admitted in day rehabilitation will be afforded one meal during treatment and all patients will have access to beverage and healthy snacks. This program will utilize a person-centered approach towards treatment and will offer medical and support services to include: medication assisted treatment, trauma informed individual and group counseling, family counseling, and integrated treatment for individuals dually diagnosed with mental health issues. The proposed program anticipates an initial caseload of 25 treatment slots targeted primarily for residents of Nassau County who have completed inpatient treatment from one of the Providers Florida programs and desire to continue treatment within their treatment network. According to the applicant, “Nassau County has experienced a 44% increase in non-fatal overdoses and a 24.4% increase in fatal overdoses from January 2020 to February 2021. SAMHSA has continued to stand by its decades long surveys and findings showing about 10% of people in need of treatment (22 million plus, pre-pandemic) are receiving treatment, nationwide. Nassau County has a population of 7.6 million people. Interpreting SAMHSA findings would suggest that Nassau residents in

need of treatment total about 382,000.” The need for services is in alignment with the Nassau County Plan for services as outlined in the 2021 County plan. The Nassau County Department of Human Services reviewed and recommended approval of this application on May 26, 2021, noting the identified location is appropriate for addiction treatment services accessible to the residents of Nassau County. The OASAS Long Island Regional Office reviewed and recommended approval of this application on June 28, 2021 noting support for this application. LITC was established as a Domestic Limited Liability Corporation on July 3, 2020 with two owner/members, Jesse Reuter and Alexander Riley, each holding 50% of the shares and voting rights. 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.

#### 2018.087 – Concourse Medical Center

Concourse Medical Center submitted a Certification Application requesting a change in ownership of their Part 822 Opioid Treatment program located at 880 Morris Avenue, Bronx, New York. Concourse Medical Center was originally owned by Mr. Fred Geller (50%) and Dr. Emigdio Bucobo (50%). Upon Mr. Geller’s passing in 2000, his ownership in Concourse reverted to Mrs. Maxine Geller, his wife/heir. In 2013, Dr. Bucobo sold his 50% ownership in Concourse Medical Center to Mrs. Geller, which resulted in Mrs. Geller owning 100% of the shares. The transfer of Mr. Geller’s shares to Mrs. Geller, as his heir, was presented at the February 6, 2003 PHHPC meeting and was approved by the NYS Department of Health on March 26, 2003. The New York State Department of Health approved the transfer of ownership of Dr. Bucobo’s shares to Mrs. Geller on July 5, 2013. This application seeks to make Mrs. Geller’s sole ownership of Concourse Medical Center official by receiving OASAS’ approval. Concourse Medical Center has been an OASAS Certified provider of Part 822 Opioid Treatment services since 2002. Prior to that Concourse Medical Center was certified by OASAS as Concourse Medical P.C. since at least 1995. Mrs. Geller served as the Vice President of Concourse Medical Center since 2003 and has served as its President since 2013. She has been and continues to be involved in the day-to-day operations of Concourse. The New York City Local Governmental Unit recommendation in support of this application was received from the New York City Department of Health and Mental Hygiene on July 16, 2021. OASAS’ New York City Regional Office recommendation in support of this application was received on August 12, 2021. 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.

#### 2020.079- Upstate Caring Partners, Inc. as Active Parent, Upstate Cerebral Palsy, Inc. as Operator

Upstate Caring Partners, Inc. as Active Parent, Upstate Cerebral Palsy, Inc. as Operator submitted a Certification Application requesting to become a new OASAS provider of Part 822 Outpatient services to be located at 1427 Genesee Street, Utica, New York. Upstate Cerebral Palsy currently has an OMH certified outpatient mental health clinic located at this address, as well. The provider has stated that the addition and co-location of the Part 822 Outpatient service to their current OMH certified services will enable them to provide comprehensive behavioral health services to patients presenting with co-occurring disorders. They believe that this integrated approach will allow those seeking mental health services and experiencing a substance use disorder to be treated in a familiar setting. Upstate Cerebral Palsy became a Certified Community Behavioral Health Clinic (CCBHC) in 2020 through a grant funded by SAMHSA, and has committed to increasing access to, and improving the quality of community mental health and substance use disorder treatment services through an integrated service delivery model. The Upstate Cerebral Palsy Board is made up of 19 individuals. One individual on the board has significant addiction disorder experience, having held positions of Clinical Director and Clinical Coordinator since 2009, and

two have some prior addiction disorder experience/education, with one being the Deputy Police Chief for the City of Utica who has taken several courses to prepare him for working with those experiencing mental health or substance use disorder crises. The Oneida County Department of Mental Health provided a recommendation in support of this application on June 29, 2021. OASAS' Central Regional Office provided a recommendation in support of this application on July 23, 2021. 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.

#### 2020.092 – Institute for Community Living, Inc. (ICL)

Institute for Community Living, Inc. (ICL) submitted a Certification Application requesting approval from New York State Office of Addiction Services and Supports (OASAS) to become a new OASAS Provider of Part 822 Outpatient services to be located at 2581 Atlantic Avenue, Brooklyn, New York 12207. The applicant proposes to incorporate adolescent and adult outpatient substance use disorder treatment services at their existing site in East Brooklyn. The current site, named the Hub, offers behavioral health and primary care integrated services. The site includes a Mental Health Clinic, Family Resource Center, Community Healthcare Network Primary Clinic, care coordination, case management and supportive housing assistance. The Hub serves over 6,000 people annually. ICL has specialized services for Veterans and long-standing expertise in offering community-based care to New Yorkers who are homeless. They hold certifications from New York State Department of Mental Health and the New York State Office of People with Developmental Disabilities. The proposed program will cater to the general population with a specific focus for people with co-occurring mental health diagnosis, youth, women, those who are homeless, veterans, and senior citizens. Services will include the full range of medication assisted treatment including naltrexone, and buprenorphine. ICL is a New York based, not-for-profit, human service agency, which provides integrated help to members of their community who need trauma-oriented, recovery-oriented, and person-centered care. They have an active Board of Directors consisting of 13 members, of which one has experience managing Substance Use Disorder treatment services. On June 4, 2021, the New York City Department of Health and Mental Hygiene submitted a recommendation to support this application. David Woodlock recused himself and the balance of 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.

#### 2021.001 – New York Psychotherapy and Counseling Center (NYPCC)

New York Psychotherapy and Counseling Center (NYPCC) submitted a Certification Application requesting New York State Office of Addiction Services and Supports (OASAS) approval to become a new provider of outpatient services. Services will be co-located with the providers New York State Office of Mental Health (OMH) licensed Bushwick Child and Family Mental Health Center at 102 Pilling Street, Brooklyn. The substance use disorder (SUD) program will be available to the existing mental health clinic patients who have co-occurring disorders and would benefit from SUD treatment. The clinic will also be open to community referrals and SUD only patients. NYPCC is a not-for-profit OMH licensed provider that has been serving children, adolescents, and adults throughout the New York City area since 1974. According to OMH, all four outpatient clinics and associated satellites are in good standing. The Board of Directors consists of six members; two of which have experience in management/oversight of substance use disorder treatment and clinical experience in dealing with patients with co-occurring mental health and substance use disorders. The New York City Department of Health and Mental Hygiene 2021 Local Services Plan identifies a substantial need to increase access to substance use disorder treatment as well as the number of individuals, adolescents, and families receiving appropriate recovery-oriented services. The New York City Department of Health and Mental Hygiene

submitted a recommendation to support this application on July 26, 2021, signed by Nilova Saha, Recovery Unit Manager. The OASAS New York City Regional Office submitted their recommendation to support this application on September 9, 2021. 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.

#### 2020.048 – Anchor House, Inc.

Anchor House, Inc. submitted a Certification Application requesting New York State Office of Addiction Services and Supports (OASAS) approval for a Capital Project to increase capacity of the Part 820 Residential Services: Stabilization, Rehabilitation, and Reintegration, in the amount of \$18,995,000. Anchor House will establish the additional 20 beds at their 1041-1047 Bergen Street, Brooklyn facility, which currently houses their Part 820 50-bed men's program. This 29,286 square foot project will consist of an addition and renovation of the existing facility to accommodate the 20 additional beds and bring the existing facility into compliance with current regulations and code standards. The NYCDOHMH continues to identify substance use disorder services as a priority as evidenced in their county plan. The NYCDOHMH submitted their recommendation to approve the proposed action on September 15, 2021. OASAS Regional Office reviewed the application and submitted a recommendation in support, on 9/13/21. 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**

#### MH-D-2852: CHDFS, Inc. (Center for Human Development and Family Services, Inc.):

CHDFS is requesting to establish a licensed Children's Mental Health Rehabilitation Services Program to serve the five boroughs of New York City and five additional counties in the lower Hudson Valley.

The Center for Human Development and Family Services, Inc. (CHDFS) is a non-profit organization founded in 2002 and dedicated to assisting individuals and their families through direct care interventions, advocacy, socialization, community integration, individualized treatment, and education. CHDFS provides several programs and services through which individuals and families can learn and develop to their fullest potential. Specifically, CHDFS operates an Early Intervention Program (EIP) for infants and toddlers (birth to age three) who have developmental disabilities. Since January 2019, has been operating a CMHR program having been designated as a provider for such by OMH and having received OMH waiver approval to provide Other Licensed Practitioner (OLP) and Community Psychiatric Supports and Treatment (CPST) services to operate without a certification.

There is a great need for these services as evidenced by the lack of advocacy available for many families with language barriers. CHDFS has received, and continues to receive, many referrals from other agencies that cannot provide services in Spanish and French Creole. CHDFS has a long history of providing culturally competent services to the community. They have developed strong relationships. The waiver has ensured continued access to services and continuity of care to families and has enabled CHDFS to receive the designation required to provide CMHR services in accordance with all State-issued guidance and manuals until OMH regulations were promulgated. From 2/1/2019 through 8/29/2021 CHDFS has provided services to approximately 303 PSR and CPST clients.

CHDFS operates programs overseen by the Office of Children and Family Services (OCFS) and waiver services for the Office for People with Developmental Disabilities (OPWDD). Both agencies report that CHDFS is in substantial compliance with regulations and/or standards.

Reviewer Recommendations	
Reviewer	Recommendation
Dept of Health & Mental Hygiene (DOHMH) – NYC:	Approve with Conditions
Westchester County	Approve
Rockland County	Approve
Orange County	Approve
Dutchess County	Approve
Putnam County	Approve
Field Office – New York City	Approve with Conditions
Field Office – Hudson River	Approve with Conditions
OMH Central Office Program:	Approve with Conditions
OMH Central Office CBFM:	Approve

Reviewer’s Comments and Conditions:

1. Specify the resources, training, and supports provided for staff in order to support the skills associated with serving the birth to age 21 population. This would relate to treatment practices and trainings that address practitioner competencies to service the breadth of need and developmental range within the identified population, and not just proprietary models.
2. For counties without agency-owned or operated space, describe the plan to provide traditional, therapeutic space if clinically indicated or requested.
3. Resubmit the floorplans for the proposed spaces at 307 West 38th Street (14th floor) in Manhattan and 1840 Grand Concourse in the Bronx, clearly indicating room dimensions for staff/clinical offices.
4. Contact Dwayne Fortune at the NYC Field Office (Dwayne.Fortune@omh.ny.gov) to schedule a pre-occupancy visit for the spaces at 307 West 38th Street and 1840 Grand Concourse.

OMH is recommending conditional approval.

Committee members inquired about specific details regarding how the applicant intends to address the identified language barriers. The applicant responded with the fact that the majority of their staff is bi-lingual to begin with, so they have the structure in place to serve the language needs for those populations indicated. They also confirmed that they have a strong Spanish speaking presence in their programming and that it is a large part of their organization.

Based on the discussions of the Project Review Committee, Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

CPAR #68: Housing Options Made Easy, Inc. d/b/a Recovery Options Made Easy:

Establish a 5-bed MHL Article 31 licensed Crisis Support Program to serve adults in Erie County, and a 4-bed MHL Article 31 licensed Crisis Support Program to serve adults in Chautauqua County. The Chautauqua program will also serve individuals from Cattaraugus County.



Housing Options Made Easy, Inc. d/b/a Recovery Options Made Easy (ROME), is a not-for-profit supported housing and community support services agency incorporated over 30 years ago. It is a peer-run organization and was developed and operated by those who have lived through the recovery process. They have tailored their programs and services to directly benefit participants in mental health services.

ROME is committed to decreasing stigma by increasing awareness of mental health and substance use challenges through information, education, and advocacy. They focus their efforts on participants, family members, community members, and mental health professionals in twenty counties across western New York.

The programs for which ROME is requesting licensure have been operated by the agency as unlicensed, short-term crisis respite programs for the past six years. ROME employs several licensed staff who are familiar with operating licensed programs.

There are many other mental health services in the vicinity of each of these programs. Both are close to a variety of licensed Clinic Treatment, ACT, PROS, inpatient, and housing programs as well as advocacy and respite services.

Both programs have been operated as hospital diversion programs, filling a gap for those individuals who otherwise may need a higher level of care. The programs assist people to manage mental health crises, develop a plan for future crises, and learn skills for crisis avoidance through evidence-based interventions like Wellness Recovery Action Plan (WRAP). The programs assist individuals to maintain connections, including work, through a less traumatizing experience than hospitalization. Post discharge, follow-up occurs for 180 days with a 95% success rate. ROME believes the non-institutional setting these programs offer is important to the recovery process.

ROME operates several OMH unlicensed housing and HCBS programs. Per OMH staff who monitor these programs, there are no concerns with the agency. ROME had a full Adult BH HCBS Oversight Monitoring review, initiated on 11/13/2020, that included review of policies and procedures, staffing and supervisory plans, required trainings, chart reviews, staff interviews, client interviews, as well as the education and credentials of each direct service staff. A summary of findings was issued on 2/25/2021 and their Corrective Action Plan and Required corrections were accepted on 3/30/2021. In addition, ROME has operated one HUD program in Cattaraugus County for over 20 years.

<b>Reviewer Recommendations</b>	
<b>Reviewer</b>	<b>Recommendation</b>
County – Erie:	Approve
County – Chautauqua	Approve
Field Office - Western New York:	Approve with Conditions

Reviewer’s Comments and Conditions:

1. Submit evidence of staff clearances which should include SEL clearance, SCR clearance, and CBCs.
2. Contact the WNYFO to schedule a call for preliminary review of the programs’ policies and procedures.
3. Contact the WNYFO to schedule a pre-occupancy walk-through of both sites.

OMH is recommending conditional approval.

Committee members did not have any questions regarding the application, and there was no discussion, and no objections were noted. Committee Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

CPAR #66: Mental Health Association of the Southern Tier, Inc.:

Council member Glenn Liebman recused himself from the discussion and vote for this application as the applicant is one of his agency's members.

The applicant seeks OMH approval to establish an Article 31 6-bed Residential Crisis Support Program. The target population are, primarily, Broome county residents, 18 and over, experiencing a mental health crisis. When availability allows, services may also be offered to individuals in the surrounding counties of Chenango, Delaware, Otsego, Tioga, and Tompkins.

MHAST is a private not-for-profit organization founded in 1927 and is the oldest continuously operating Mental Health Association in New York State. MHAST is a United Way agency and an affiliate of the National and New York State Mental Health Associations and is one of 300 Mental Health Associations nationwide.

MHAST currently provides various services in Broome County, including a crisis respite residence as an alternative to more intensive levels of care, such as CPEP and inpatient care. The residence is staffed with a network of peers from the County and provides a safe, home-like environment to allow individuals to recover from a crisis and return to their homes thereafter. Among the organization's goals is to reunify individuals with their families and support network through advocacy, educational and referral services. Among many of its services, MHAST provides training to first responders for crisis situations involving the mentally ill. With a strong community partnership between law enforcement, mental health providers, and emergency services personnel, the program diverts individuals experiencing a mental health crisis away from the criminal justice systems and into the behavioral health system where they may obtain more suitable support.

Peer Support Services, a Home and Community Based Services program, is another of their programs which provides peer experienced staff to reduce the isolation and loneliness faced by many individuals recovering from mental illness. This program recruits and trains community volunteers who are matched with community residents to provide friendship, expand support network, and improve participation in the local mental health support system. It targets individuals and families of Broome County.

Its Mobile Crisis Service also provides prevention and intervention services to children and their families when faced with a crisis. All programming is family driven, community based, team supported, and is culturally competent.

The following is a list of MHAST services:

Referral and follow ups

Training for Healthcare professionals and community organizations

Mental Health Evaluations and Counseling at local mental health facilities

Interventions at local Hospital Emergency Departments

Mobile Crisis for all individuals, including Children and Families

Crime Victims Services

Coordination of services with various providers in the County network

These services are provided with the funding and support from Local, County, and community grants.

Current services and this application to expand services to the communities of Broome County have been in response to the Delivery System Reform Incentive Payment (DSRIP) Program. DSRIP is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital and emergency department use by 25% over 5 years.

The County has also identified a need for acute mental health crisis services and indicates that the proposal would support the overall Mental health Crisis Response system of Broome County.

The County reports that MHA is very trusted and valued partner in the provision of mental health crisis services in the County and is an active participant in county mental health planning.

<b>Reviewer Recommendations</b>	
<b>Reviewer</b>	<b>Recommendation</b>
County - Broome:	Approve
Field Office - Central New York:	Approve with Conditions
OMH Central Office Program:	Approve with Conditions

Reviewer's Comments and Conditions:

Field Office approves with the following conditions:

1. Grievance P&P states MHA may discharge client for filing grievance in bad faith. Explain. Note, it should include contact information for NYS Office of Mental Health Customer Relations Line.
2. The Incident Management Policy is not described per 14 NYCRR Part 524. Revise.
3. Provide a Quality Assurance & UR P&P that identifies an individual or group with overall responsibility for monitoring and evaluation of the crisis support program.
4. A satisfactory pre-occupancy report from the Central NY Field Office.

Committee members did not have any questions regarding the application, and there was no discussion, and no objections were noted. Committee Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

CPAR #83: Jewish Board of Family & Children's Services:

Jewish Board of Family and Children Services, Inc. is proposing to transition to a community-based model of care which includes the closure of their three RTF programs. This includes Henry Ittleson Center RTF, located in the Bronx, Goldsmith Center for Adolescent Treatment, and Sally & Anthony Mann Center, both located in Westchester County.

The Jewish Board of Family and Children Services (JBFCS) serves over 43,000 clients in New York City and Westchester within various programs and settings, including shelters, clinics, residential treatment, PROS, ACT, and services for those with intellectual disabilities. The Henry Ittleson Center RTF, in operation since 1984, has a current capacity of 32 and treats children ages 5 through 12. The Sally and

Anthony Mann Center and the Goldsmith Center for Adolescent Treatment, in operation since 1993, have current capacities of 30 and 31, respectively, and treat youth ages 12 through 21.

JBFCs is requesting to close their three RTF programs in an effort to transform the continuum of care and address several challenges the programs have faced. The agency has notified all stakeholders, staff, youth, and families of their plans to close the facilities. The Office of Mental Health (OMH) and JBFCs staff have been working closely to develop a transition plan for the closures and ensure all youth are discharged safely with the appropriate services. OMH and JBFCs have engaged Transition Coordinators to provide additional support to youth and families for six months after the programs are closed.

Over the past five years there has been a steady decline in the RTFs' census. As a result, the agency has decreased the bed capacity at Mann from 64 beds, in 2018, to 30 beds in 2020 and at GCAT from 50 beds, in 2019, to 31 beds in 2020. In addition to the decreasing census, staffing challenges, cost to maintain and repair the facilities, and annual budget deficits the three RTF programs have faced additional challenges. Some of these programmatic concerns include a high rate, excessive duration, and lack of physician involvement in restraints; ongoing serious incidents including AWOL youth; youth in the community; allegations of abuse; and medication and consent practices. Due to these concerns and JBFCs' strength in outpatient programs, the decision was made to close the three RTF programs and focus on providing high quality evidence-based services to children and families in their homes and communities.

In addition to their clinic treatment, school-based satellites, Children and Family Treatment Services and Support (CFTSS), Crisis Intervention, Mobile Crisis, and Health Home programs, JBFCs is expanding their array of services by establishing two Youth Assertive Community Treatment (ACT) teams, that will serve youth in Queens and the Bronx who are transitioning from inpatient and residential settings.

<b>Character and Competence</b>			
Applicant operates programs licensed by OMH		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate the number of licensed programs	23 Outpatient	0 Inpatient	25 Residential
The applicant is in substantial compliance with OMH regulations		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
The applicant is in substantial compliance with other Government agencies (OCFS)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
As mentioned above the three RTF programs have faced challenges related to high rates of restraint, allegations of abuse, AWOL youth, maintaining adequate staffing, and medication and consent practices.			

<b>Reviewer Recommendations</b>	
Reviewer	Recommendation
County - Westchester:	Approve
County – NYC - DOHMH:	Approve
Field Office - Hudson River:	Approve
Field Office - New York City:	Approve with Conditions
OMH Central Office Program:	Approve with Conditions
OMH Central Office CBFM:	Approve with Conditions
OMH Central Office Consumer Affairs:	Approve
OMH Central Office Cultural Competence:	Approve

Reviewer's Comments and Conditions:

1. Provide a finalized aftercare and disposition plan once all youth have been safely discharged.
2. To calculate the M/C FTE reimbursement rate, provide a finalized staffing plan, budget, and budget narrative.
3. Provide a budget that details the expenses for six months after the RTFs close, during which time the transition coordinators will provide support to youths and families.

OMH is recommending approval.

Committee inquired as to status of youth in the programs, to which the applicant responded that of those impacted, 81 youth, all have been discharged (52% to home, 23% to OMH Residential programs, 14% to Child Welfare, 7% to hospitals, and 4% to Juvenile Justice). Committee member Michael Orth, DCS Westchester County, expressed concern about the continuum of care in the Hudson River Region as a result of the program closures. He stressed that while the plans for community-based services are good, they did not include the lower Hudson River area which will be impacted by the loss of resources. Other committee members supported his statements along with a continued expression of displeasure with the continued reduction of beds and programs available through the RTF model and programming for children and youth overall.

There were no other objections noted. Committee Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

#### CPAR #88: New York-Presbyterian Brooklyn Methodist Hospital:

The applicant seeks OMH approval of a capital project for renovation of an existing inpatient psychiatric unit at Methodist Hospital. The unit is located on the 6<sup>th</sup> floor in the South wing of the hospital and has a capacity of 25 adult beds. Due to the renovations and building restrictions, however, the unit will be reduced to 24 adult beds.

NYP Community Programs, Inc. is a not-for-profit corporation and active corporate parent of New York-Presbyterian Brooklyn Methodist Hospital, a voluntary, Article 28 acute-care teaching hospital, serving the communities of Brooklyn and its surrounding areas. It is affiliated with Weill Cornell Medicine — an ivy league medical school that is among the nation's best in patient care, medical education, and research.

The hospital's inpatient psychiatric program is currently licensed for a capacity of 50 beds: the unit described above and a 25-bed unit on the 6<sup>th</sup> floor of the North wing. However, in response to the State of Emergency due to the pandemic, the hospital converted all 50 psychiatric beds to medical/surgical beds in preparation for an increased need for these types of beds. During this time the inpatient psychiatric program had also been operating at a 54% capacity. After an assessment of current needs, the hospital has elected to reactivate 24 of the 25 beds in the 6-South Unit.

While the hospital considers this project to be part of a broader project that would see an increase in outpatient care and indicates it will submit a separate proposal to establish outpatient care, there is currently no specific plan for the other 25 inactive beds in 6-North. Therefore, this review which includes a reduction in bed capacity, will only consider a reduction by 1 bed. A separate application will be required should the provider want to reduce capacity further.

The hospital's assessment also presented an opportunity for the hospital to renovate the unit. Patient rooms on the unit will be a mix of private and semiprivate rooms, each upgraded to meet the current NYSDOH and OMH 24<sup>th</sup> Edition of Patient Safety Guidelines for patient care standards. The renovations

are also in keeping with the 2019-2024 New York State Prevention Agenda and the state’s goal to promote health equity with a focus on physical health, mental health, and social determinants of health.

Improvements to the unit will include the following:

- Standardized suicide screening and assessment processes for both initial evaluations and ongoing care across all levels of care;
- Enhanced patient safety through improved processes to reduce ligature risks and implementing patient specific checklists for environmental safety; and
- Implementation of the Falls Tailored Interventions for Patient Safety (TIPS) for Psychiatry

The hospital is accredited by the Joint Commission and OMH considers this program to be operating in good standing.

<b>Reviewer Recommendations</b>	
Reviewer	Recommendation
County – NYC DOHMH	Approve with Conditions
Field Office - New York City:	Approve with Conditions
OMH Central Office Program:	Approve with Conditions

Reviewer’s Comments and Conditions:

1. Submit a plan for the 25 beds located on 6-North.
2. Respond to current and all architectural review issues raised.
3. Submit the architect’s attestation of completion.
4. A satisfactory pre-occupancy report from the NYC Field Office.

OMH is recommending conditional approval.

Committee members did not have any questions regarding the application, and there was no discussion, and no objections were noted. Committee Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

MH-D-2845: Exodus Transitional Community, Inc.:

The applicant seeks OMH approval to establish an Article 31 clinic treatment program, operating from Monday through Friday, 9AM to 6PM for adults, specifically targeting those with criminal justice system involvement and incarceration within the NYC 5 boroughs. The majority referrals are expected from Criminal Justice agencies such as parole and probation departments, criminal legal services, and courts. Exodus Transitional Community, Inc. is a not-for-profit organization, 501 (c)(3), operating since 1999 when it began providing supportive services to justice involved individual and those reintegrating to society after incarceration.

Exodus has focused on addressing a need area which it identifies as one of the most rampant social epidemics which involves criminal justice populations which are vulnerable to high incidence and prevalence of destructive behaviors due to the overwhelming stress, they experience from stigmatization from previous offender status, incarceration, poverty, minimal support resources, and marginalization that can result in recidivism, homelessness, and hopelessness.

Exodus has since expanded services in the community to reach a greater portion of this population. In 2015 it achieved certification from OASAS to serve those in need of treatment for alcohol and substance use and prevention. Exodus also has DOH certification to operate an Opioid Overdose Prevention Program. This proposal would allow Exodus further expand services to those experiencing mental illness.

Through its various other programs, Exodus’ experienced clinicians have identified a high number, roughly 150, of individuals experiencing symptoms of mental illness and who meet the definition of severely and persistently mentally ill (SPMI). While some treatment can be provided to some of these clients with a dual diagnosis, many are referred to other providers in the area. With OMH Certification, Exodus would be able to provide a broader array of mental health services to the population it serves. Treatment to those identified as also having mental health symptoms would be facilitated by the relationships already established with these individuals. Currently, OASAS reports that the program is in good standing.

<b>Reviewer Recommendations</b>	
Reviewer	Recommendation
County – NYC DOHMH :	Approve with Conditions
Field Office - New York City:	Approve with Conditions
OMH Central Office Program:	Approve with Conditions

**Reviewer’s Comments and Condition:**

1. A satisfactory pre-occupancy site visit report from the NYC Field Office.

OMH is recommending conditional approval.

Committee members did not have any questions regarding the application, and there was no discussion, and no objections were noted. Committee Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

MH-D-2855: Outreach Development Corporation:

Committee member Debbie Pantan recused herself from the discussion and vote for this application as she is the CEO of the agency.

Outreach Development Corporation (ODC) requests approval to establish a MHL Article 31 Clinic Treatment Program to serve adults in Richmond Hill, Queens, and the surrounding neighborhoods. Outreach was established as a not-for-profit corporation in 1979. The Outreach Project, which eventually became the Outreach Development Center, was founded with a \$60,000 grant at the site of a former candy store in Glendale, Queens. The focus in the beginning was on providing assessments and referrals to the community. Its mission was to encourage local residents to engage in treatment for Substance Use Disorders.

That mission and presence has brought about the evolution of the organization to meet the current needs of the communities served. Adolescents, adults, and families are inspired to achieve their potential through customized SUD services, evidence-based treatments, and CASAC training programs. The

agency serves communities throughout Queens, Brooklyn, and Long Island with a variety of treatment and training.

Outreach has identified a need for community-based mental health services in Southeast Queens through community needs assessment reports, DSRIP Performing Provider Systems (PPS) survey reports, community meetings, and other resources. They report a lack of nearby OMH licensed clinics in the proposed catchment area as well as the ongoing challenges of stigma. These challenges have resulted in continued use of emergency department visits and hospital readmissions for instances that would traditionally be addressed through regular and routine treatment. A 2017 Community Needs Assessment Report from the Nassau Queens PPS reported that nearly 75% of those instances where an individual was treated and released in an Emergency Department were avoidable; and that psychiatric and substance use disorders were apparent in several readmissions. NYS OMH data also support that between 2014 and 2018 approximately 20% of hospital readmissions and 29% of ER returns remained steady.

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The closest OMH licensed clinic in the proposed catchment area is 1.5 miles away, with no locations to the west or north of the proposed site. Most of the licensed clinics in Queens are concentrated in high-need neighborhoods and leave a geographical gap in clinical services for the rest of central Queens. Outreach contacted eight (8) licensed clinics closest to the proposed site and encountered recurring themes of:

- Lack of availability for an immediate appointment (even Telemental health).
- Lack of evening and weekend appointments/availability.
- Lack of Spanish-speaking therapists to accommodate the language preference needs of the community.
- Peak time crisis calls going to voice message systems. This determination was based on data collected by Outreach.

Outreach has identified a need for accessible, community-based mental health services. It has a solid history in the community, experience in treatment of substance use disorders, and can meet the needs of Spanish – speaking individuals and families.

Outreach operates Article 32 programs and is in good standing with the Office of Addiction Services and Supports (OASAS).

<b>Reviewer Recommendations</b>	
<b>Reviewer</b>	<b>Recommendation</b>
County – NYC DOHMH:	Approve with Conditions
Field Office - New York City:	Approve with Conditions
OMH Central Office Program:	Approve
OMH Central Office CBFM:	Approve



Reviewer Comments and Recommendations:

1. Submit evidence of staff clearances which should include SEL clearance, SCR clearance, and CBCs.
2. Submit a filing receipt from the NYS Department of State regarding the amended Articles of Incorporation.
3. Submit a finalized Policy and Procedure manual for review by the NYC Field Office.
4. Contact the NYC Field Office to schedule a pre-occupancy walk-through of the site.

OMH is recommending conditional approval.

Committee members questioned the hours of operation as being 9:00 AM to 6:00 PM Monday through Friday. Their concern being the meeting of the needs of the community and overall accessibility of services. The applicant clarified that the hours would be 9:00 AM to 8:00 PM Monday through Friday, 10:00 AM to 2:00 PM on Saturdays. The discussion also provided clarification on how the proposed Article 31 clinic would work with individuals who are both dealing with Mental Health and Substance Use Disorders.

No objections were noted. Committee Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

MH-A-2856: The Healing Connection Residential Treatment, Inc. (THCRTI):

The Healing Connection Residential Treatment, Inc. is requesting to establish a CREDIT program that will serve cisgender females, transgender, and non-binary adolescents, ages 12 – 18.

THCRTI is a new subsidiary of The Healing Connection, Inc. (THCI) and has not operated any mental health programs previously. However, THCI has operated an OMH licensed partial hospitalization program (PHP) that specializes in serving adolescents and adults with eating disorders since 2014. Additionally, they have operated an intensive outpatient and clinic treatment programs for adolescents and adults since 2016.

Many of the members of THCRTI's board of directors have served on the THCI's board for over three years. All the members have extensive experience with eating disorder treatment, which includes lived experience, providing care to patients and families, developing systems of care, and/or providing training to professionals and students. The THCRTI's board secretary, Mary Tantillo, PhD has extensive experience working with The Office of Mental Health, Department of Health, and the continuum of care throughout NYS for eating disorders as the Director of the Western New York Comprehensive Care Center. In this role she has implemented the CCCED work plan to provide transitional services for clients and families, establish a Project ECHO for Eating Disorders, and a tele-mentoring resource to educate students and providers about eating disorders.

THCRTI has established linkage agreements with Strong Memorial Hospital, Rochester Regional, GCH Child and Adolescent Eating Disorder Programs, and Western New York CCCED. The WNYCCCED will provide transitional services to youth and families while they navigate the continuum of care, including care management, parent peer mentoring, peer mentoring, and life coaching. In addition to GCH offering inpatient and outpatient eating disorder treatment, they will provide medical services to youth on site at the CREDIT program. THCRTI is also working to establish linkage agreements with Metro CCCED, Northeast CCCED, and BOCES for daily tutoring.

THCRTI will serve cisgender girls, transgender, and non-binary adolescents from ages 12 to 18. THCRTI is focused on this population because approximately 80% of adolescents with anorexia nervosa and bulimia nervosa are females. Additionally, the onset of eating disorders most commonly occurs during adolescence. Based on the 2010 US Census data and the eating disorder diagnosis group prevalence there were more than 162 adolescents that needed residential care in Monroe County. Based on data collected five eating disorder treatment programs that serve Western and Central New York, they have collectively referred over 150 youth to residential treatment programs just in the last year.

The program will be crucial for adolescents stepping down from an inpatient setting or stepping up from an outpatient or partial hospitalization setting. There are several adolescent medical and psychiatric eating disorder programs in the Western New York region (e.g., Oishei Children’s Hospital in Buffalo, Narin’s Eating Disorder Center in Buffalo, Upstate Eating Disorder Services in Syracuse, etc.) which work closely with the Western New York Comprehensive Care Center. However, the closest adolescent CREDIT program is over five hours away in the Hudson River region. This lack of residential treatment options has created challenges for continuous, comprehensive, and coordinated care for youth and families.

Based on the needs assessment and above-mentioned data there is a demand for residential eating disorder services. This upstate CREDIT program would allow adolescents to receive more comprehensive and integrated care, closer to their families, community, and other supports.

THCRTI is a new subsidiary of THCI. TCHI operates OMH clinic treatment and partial hospitalization programs. Both programs are in good standing with operating certificates that renew on January 31, 2023.

Reviewer Recommendations	
Reviewer	Recommendation
County - Monroe:	Approve
Field Office - Western New York:	Approve with Conditions
OMH Central Office Program:	Approve
OMH WNYFO Fiscal:	Approve
OMH Cultural Competence:	Approve
OMH Consumer Affairs:	Approve

**Reviewer’s Comments and Conditions:**

1. Provide construction documents outlining the proposed renovations of the space for review by OMH’s consultant architect.
2. Complete Staff Exclusion List (SEL), Criminal Background Check (CBC), and State Central Registry (SCR) clearances for all staff.
3. Once the construction is near completion provide a valid Certificate of Occupancy and a letter of substantial completion from the project architect.
4. Successfully complete a pre-occupancy visit with the Western New York Field Office. OMH is recommending conditional approval.

Committee members discussed the transition planning for clients return to the community, which brought about the applicant referencing their work with local counselors, focus on community connections, groups for family to attend as well as clients, providing linkages for family and peer supports both during stay and post discharge, the work they do to keep same key adults involved for consistency to better enable recovery, and they discussed the CREDIT program and that it is a specific OMH regulation as some council members were not familiar with it.

No objections were noted. Committee Chair Hilda Rosario Escher requested a motion to recommend approval of the application. Committee member Donna Mae DePola made the motion, and it was unanimously approved.

**Closing:**

The committee adjourned at 3:15 pm. The next meeting is scheduled for November 4, 2021. However, it will need to be rescheduled due to a conflict with a different public meeting.