



Behavioral Health Services Advisory Council

February 15, 2023

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

BHSAC Minutes

Members Attending:

Glenn Liebman, Chair
David Woodlock
Diane Blohm
Roxanne Lewin
Joe Turner
Kathy Gardini
Sabina Lim
Connie Wille
Robert Russell
Chacku Mathai
Warren Ng

John Kastan
Ian Shaffer
Michael Orth
Hilda Rosario Escher
Laura Kellemen
Angelica Paige

Received Notification Not Able to Attend:

Trish Marsik
Debra Pantin
Kerry Megley
Patrick Seche
Donna Mae DePalo
Michael Martin
William LeCates

No Notification Received: Not Able to Attend

Brianna Gower
Carlee Hulsizer

Meeting notes:

Chairman, Glenn Liebman welcomed the Council members and highlighted the Governor's 2023-2024 Executive Proposed Budget noting as advocates they have the opportunity to play a strong role during budget season and as Council members, they will play a major role in the months to come. The Chair indicated this has long been a budget they have wanted and the advocacy for the 8.5% COLA. He discussed this is a budget that will take a workforce to make happen and will need to address the recruitment and retention. The Chair then voted on the

approval of the December 7, 2022 BHSAC Minutes, as well as the January 19, 2023 Treatment Equity Committee Minutes. The BHSAC Minutes and Treatment Equity Committee Minutes were seconded and approved. The Chair then turned the meeting over to the OASAS and OMH Commissioners who presented on their agency's 2023-2024 Executive Proposed Budget.

Commissioner Reports:

OASAS Commissioner Chinazo Cunningham discussed the proposed 2023-2024 OASAS Executive State Budget:

Commissioner Cunningham discussed Governor Hochul's proposed 2023-2024 Executive State Budget noting it continues to support all existing programs; adds workforce investments; expands SUD services and supports to address the opioid epidemic; reinvests Medicaid Recoveries into rate enhancements; establishes a new Adult Cannabis Fund; and invests in supportive housing. Associate Commissioner Deborah Davis then presented on the OASAS All Funds; State Operations Highlights; details on the Aid to Localities such as the Opioid Stewardship Fund, OASAS Harm Reduction Services, Medication Affordability, Treatment Affordability, Reinvestment of Medicaid Dollars; and other State agency collaborations. Ms. Davis also presented on the OASAS Capital Highlights with new appropriations and reappropriations. Questions from Advisory Council Members included if gambling addiction has seen an uptick and the Commissioner responded our HopeLine has not seen an increase in gambling issues but we continue to closely monitor and make sure we are well prepared. OASAS has the youth and adult surveys gathering data and we have awareness campaigns to the community. Another question was on recovery and how the agency is organizing recovery funds. Commissioner noted the Opioid Settlement Fund Advisory Board has recommended funds dedicated to recovery services and supports, we also have scholarships available and know transportation needs to be supported. Harm reduction is also supportive of recovery efforts and noted the OASAS recovery support housing regulation being published in the registry for voluntary licensing. The members also discussed the importance of addressing equity across all funding initiatives and Commissioner mentioned the JEDI office and new Equity Officer and all RFP applications will have equity factored in the application. The Members asked what are the OASAS strategic objectives and how would they know if they were accomplished? The Commissioner noted evidence-based strategies such as harm reduction services, mobile medication units, street outreach and work with the shelters, etc, and will be looking at utilization to see who we are reaching in our system. Another question was on addressing legalization of marijuana and Commissioner Cunningham indicated we have prevention messaging campaigns on youth and ensuring programs are fully trained and prepared to address cannabis use and will be monitoring it closely with surveys on the youth behaviors and perception, as well as partnering with SED.

OMH Commissioner Ann Sullivan discussed the proposed 2023-2024 OMH Executive State Budget:

Commissioner Sullivan discussed the 2023-2024 Executive Proposed Budget and how it will strengthen the continuum of mental health care by noting the budget increases inpatient operational capacity; increases the full continuum of residential units; improves post discharge

connections; expands outpatient services; expands services for children from prevention and school-based to intensive services; and enacts insurance reforms. Emil Slane, Chief Fiscal Officer, discussed in detail the intensive services and community supports; expansion of the community-based services; expansion of services for children; and additional critical investments in the system. Mr. Slane discussed the Article VII Legislation Proposals covering the 2.5% COLA; the Qualified Mental Health Associate Credential; establishing the Joint Licensure between OMH, OASAS for CCBHC; penalties for Mental Hygiene Law violations; and insurance reforms. The Advisory Council Members indicated the OMH budget is a historic budget that addresses access and accountability and the ability to move between systems of care. The Commissioner noted they will be reaching out to stakeholders and communities to hear what is needed from them as each county is different. Commissioner Sullivan is excited about the CCBHC's expanding and expanding both clinical and school-based services. Members noted it is a remarkable budget but they need the 8.5% COLA and look at the \$23 billion rainy day fund. Members also indicated it is important to hold the insurance companies accountable and don't have individuals fall in the safety areas. Members talked about the hospitals and the 27% rate increase and also suggested to look at interest in building up partial hospitals in the continuum of care. They also indicated with the RFP process it would be helpful to have full listing of what is going to be announced so providers can know which RFP's to apply for and it was noted some counties don't have the resources to put an application together. It would also be important to partnership with OPWDD and DOH on extending workforce issues and looking at primary care and behavioral health colleagues and medical students. Commissioner noted the agencies are all partnering together to address these areas. Members also indicated strategic planning is important to address equity and gather input from the communities where there are pockets of underserved or not traditionally served.

The Advisory Council Members thanked the Commissioners for their budget updates and time spent addressing their questions.

Treatment Equity Committee

In attendance:

Joe Turner, Chacku Mathai, Hilda Rosario, Angel Paige

OASAS: Carmelita Cruz, Jennifer Farrell

Not in attendance: Deb Pantin, Laura Keleman, Roxanne Lewin

The meeting started with a review of the members necessary to constitute a quorum. There was also an announcement identifying the two co-chairs for this council, Chacku Mathai and Roxanne Lewin.

The members reviewed the recommendations received to date and provided additional context:

- Equity impact assessment of agency policies, practices and regulations.
 - Develop and implement an equity assessment of all agency policy making/regulations.
 - Clear statement addressing the issue, including the historical context

- Clear methods for incorporating the voices of impacted communities, particularly communities of color and other communities that have been under-resourced, under-served and marginalized
 - Impact of the policy on different population groups
 - Known or anticipated outcomes
 - Sustainability
 - Ongoing monitoring and evaluation
- Mechanisms to evaluate the impact of current policies, practices and regulations should also be developed.
- Expand the scope of this council to include mental health
 - Expand the statutory scope of this council in the mental hygiene law to focus on mental health in addition to substance use
 - Expand the statutory scope beyond treatment to include prevention, harm reduction and recovery
- Create a separate, stand-alone Equity Council, independent from the BHSAC
 - Inclusive of mental health and the continuum of prevention, harm reduction, treatment and recovery services.
 - Model on the framework of the Multicultural Advisory Council (MAC) hosted by the Office of Mental Health. Focus on development of a grassroots, community engagement rather than appointed membership. Maintain a statutory requirement to convene a body without restrictions of appointed membership.
- Racially and ethnically diverse areas definition in the statute
 - Amend the focus of this Council beyond the defined racially and ethnically diverse areas included in the mental hygiene law and instead focus on:
 - What are the barriers that people face when seeking treatment? Such as transportation. Bringing services into the communities where they are needed.
 - Vulnerable populations and addressing barriers in access to services.
 - Under-resourced communities – by looking at how funding is directed.
 - Maintain a statewide focus with identified priorities

The members also reviewed existing requests for data. A data presentation is being prepared for the next meeting.

The members received an overview of the Justice, Equity, Diversity & Inclusion Office:

- Executive Order 187: Ensuring Diversity and Inclusion and Combating Harassment and Discrimination in the Workplace
- Review the JEDI office statement from the website.
 - Development of an internal advisory council
 - Implementation of equity criteria in the procurement process
 - Examination of hiring practices
- Review Language Access Local Services Bulletin and language access requirements
- Review JEDI Actions to date

OASAS shared information on staff demographic composition for:

- State agency staff

- Certified Recovery Peer Advocates
- Credentialed staff: Credentialed Alcoholism and Substance Abuse Counselors (CASAC), Certified Prevention Specialists/Professionals and Certified Problem Gambling Counselor.

Members discussed the need to add an additional meeting to finalize the report before June.

Regulations:

OMH Regulations: None discussed.

OASAS Regulations:

Amend 14 NYCRR Part 807 (including the title): Responsibilities Regarding Transmissible Infections Associated with Substance Use: HIV, Hepatitis A, B, and C, Chlamydia, Gonorrhea, Syphilis, and Tuberculosis: OASAS is proposing to amend Part 807 to add descriptions for testing for each of the other infections listed in the title of this Part, while keeping the responsibilities related to HIV the same. The proposed changes also include providing vaccinations for infectious agents when an FDA-approved vaccine is available, providing information to prevent the spread of transmissible infections, and the section on HIV was updated to state that written or verbal informed consent from a patient for HIV testing is no longer required, but that an HIV test cannot be ordered if a patient refuses one when offered. Finally, information about the program's responsibilities regarding pre- and post-HIV test counseling was also added.

At the Regulations Committee, Dr. Ramsey and Dr. Hennessy from OASAS explained the regulation's intention and how the changes could be implemented. However, the majority of the discussion focused on concerns that providers would not be able to satisfy the regulation's proposed requirements without additional funding or support. There was concern that providers, particularly outpatient providers, would not have sufficient medical staffing to implement the regulation's proposed protocols. Two members stated that implementation of the proposed changes would create an administrative and financial burden. The committee also discussed the need to include a provision on procedures for obtaining consent from adolescents. The committee recommended that OASAS go back and explore any possibilities for additional funding or support. The committee also recommended that OASAS amend the regulation to include a provision on adolescent consent procedure. The committee did not have a quorum, so no vote was available.

At Full Council, the Council reviewed the proposed changes to OASAS Part 807 and then further discussed the concerns with those changes raised during the committee meeting. While the significance of the proposed changes from a public health perspective was noted, the discussion largely focused on the concern as to whether providers could implement the proposed changes without additional funding or support from OASAS. The suggestion regarding the inclusion of a

section on adolescent consent was also raised. It was agreed that OASAS would go back and reevaluate the regulation in order to address these concerns.

Project Reviews:

OASAS Projects:

2021.068 – Acacia Network, Inc. as Sponsor, Community Association of Progressive Dominicans, Inc. as Operator (ACDP) requested OASAS approval to become a new OASAS provider of Part 822 Outpatient Treatment services at 3940 Broadway, NYC. The clinic will be co-located with ACDP's OMH licensed Article 31 Outpatient Clinic. Once approved ACDP will seek approval to provide Part 825 Integrated Outpatient Services with an OMH Host. Services will be afforded to existing ACDP patients as well as all members of the local community. Staff are bilingual and bicultural. Hours of operation will be Monday through Thursday 9:00 am to 8:00 pm and Friday and Saturday 9:00 am to 6:00 pm. ACDP has an off hour on call system that allows patients to connect with medical and clinical teams in case of an emergency. Community Board #12 submitted a letter in support of the proposed services. The NYC LGU and OASAS recommend approval of this application with the following contingencies; Verification of the hiring of sufficient staff to meet regulatory requirements, receipt of a copy of filing receipt from the NYS Department of State indicating that the amended Certificate of Incorporation, including the OASAS required language, have been filed and the addition of a board member who can demonstrate, and can substantiate, prior experience providing or managing substance use disorder treatment services. The Project Review Committee recommended approval with two abstentions to the BHSAC Full Committee, and the Full Committee gave a recommendation of approval for this application with three abstentions.

2022.007– Save the Michaels of the World, Inc. (STM) requested (OASAS) approval to become a new OASAS provider of Part 820 Residential Reintegration Services (12 beds) in a congregate setting at 2600 William Street, Newfane, NY, 14108. Services will include housing in a person-centered, recovery oriented, community-based setting in which individual and group recovery support, relapse prevention, life skills activities, vocational support, housing and family unification services will be provided. STM became established as a not-for-profit corporation in 2012 to collect and disseminate information about the prevalence of addiction of controlled substances and prescription medications, particularly opiates. The Board of Directors consists of ten members, one of which is a physician with a specialty in addiction medicine, who meets the requirements as outlined in OASAS' regulation. Community members were notified of the proposed services at a Town Hall meeting. There were no reported concerns. The Niagara County LGU and OASAS recommend approval with the following contingencies: receipt of a copy of filing receipt from the NYS Department of State indicating that the amended Certificate of Incorporation, including the OASAS required language, have been filed and verification of the hiring of sufficient staff to meet regulatory requirements. The Project Review Committee unanimously recommended approval to the BHSAC Full Committee, and the Full Committee gave a recommendation of approval for this application with one abstention.

OMH Projects:

MH-C-2885 The Derech Shalom Center, Inc. (DSC) requested approval to establish an Article 31 MHOTRS program in Rockland county to serve children, adolescents, and adults. DSC was established in July 2019 with a focus on providing family crisis support services within the community such as marital counseling and various preventative services to the family. Through their work with families in crisis, DSC has established relationships with local hospitals and mental health providers, recognizing the need to address the waitlists and stigma associated with mental health services in their service area. DSC plans to offer mental health services all ages within Rockland county and surrounding areas, with a focus on Couples Counseling and Grief Therapy.

Reviewers are recommending conditional approval with the following conditions:

1. Continue to work with reviewers for technical assistance regarding language access, transportation, and collaborating with other clinics (i.e., waitlists, populations served).
2. Continue to work with reviewers to finalize Telehealth policy and procedure.
3. Designate staff to complete OMH required pre-employment clearances.
4. Satisfactorily complete a preoccupancy visit with the Hudson River Field Office.

Committee members discussed concerns about the projected deficit and being able to maintain operations. There was an overall concern, not just specific to DSC. The provider reiterated the commitment to keep the program open and serving those in the community. One committee member noted that there were no advocates included in the staffing plan, and they encouraged the provider to consider bringing this aspect to the staffing of the program.

The committee chair made a motion to vote, which was seconded. David Woodlock abstained; the rest of the committee voted to recommend approval to the full council.

The full council supported the application with an additional condition:

1. Provide a plan to ensure that there is psychiatric coverage with expertise in serving children.

CPAR #118 Brookhaven Memorial Hospital Medical Center, Inc. requested approval to renovate their OMH licensed 20-bed inpatient psychiatric unit for adults. The unit is temporarily closed due to accidental flooding from ruptured pipes that occurred in March 2021 which rendered the unit non-operational. The unit experienced significant water damage to approximately 2000 sq. ft. of the central core of the unit. The proposed capital project renovations include upgrades and installation of structural steel fire proofing, HVAC and piping insulation, flooring and base, etc., and will allow the unit to resume operation upon completion. The projects and materials to be installed will be selected from the 2022 OMH Patient Safety Standards Guidelines, 29th edition. The renovations will not change any wall configuration of patient rooms, bathrooms, support space or bed capacity. The timeline for completion is projected within 3 months of approval.

Reviewers are recommending conditional approval with the following conditions:

1. Complete a satisfactory pre-occupancy site visit with the Long Island Field Office upon completion of the project.

The committee members inquired if the other area hospitals have been able to meet the community need while the beds have been offline. The provider indicated it has created a hardship for area hospitals and recognized the need to maintain inpatient beds.

The committee chair motioned for a vote, this was seconded, and the vote was unanimous to recommend approval to the full council.

MH-A 2882 HeaHea, LLC requested approval to establish a partial hospitalization program, to be known as Healing and Health Retreat, for adolescents, both male and female, ages 11-18 with an eating disorder diagnosis. HeaHea, LLC is a for-profit entity. The Chief Operating Officer is an individual with over 20 years of working in the eating disorder field who brings both administrative and clinical insight, including experience operating partial hospitalization programs, intensive outpatient programs, and outpatient programs in Elmira and Syracuse. During the pandemic, many adolescents were unable to utilize the services available, such as The Healing Connection, in Rochester due to their inability to commute daily, unable to afford housing in the region or programs having wait lists that exceed 10-12 weeks. Still today, wait lists due to the lack of availability in this region are 40% higher than pre-COVID and youth are being sent out of state for care. HeaHea, LLC has been in contact with inpatient eating disorder programs in the proposed service area, as well as a local medical physician to build linkages. Additionally, HeaHea, LLC intends to participate with Medicaid and has been in contact with all payors announcing their service intent.

Reviewers are recommending conditional approval with the following conditions:

1. Successfully complete site visit with the Western New York Field Office.
2. Confirm ability to complete required pre-employment clearances for staff.
3. Successfully complete required clearances for the owners of HeaHea, LLC.
4. Provide a filing receipt of the amended Articles of Organization.

The committee members requested clarification regarding the population to be served by the proposed program. They further inquired about patient centered care, the types of treatment to be used, such as DBT, CBT, IFS, and expressive therapies. Further detail about the medical coverage to be provided was requested. The provider informed committee members that the psychiatrist has over thirty (30) years of experience, that they will be set up to take in more fragile cases with weekly visits, and that his expertise is in family practice of which he has served for twenty-eight (28) years in an outpatient setting. The provider also conveyed that they have made connections with area hospitals for emergent situations that may develop, and they have also done the same with local/area housing providers and Bed and Breakfasts, for families coming to the program from out of the area.

The committee chair motioned for a vote, this was seconded, and the vote was unanimous to recommend approval to the full council.

CPAR # 109 Berkshire Farm Center and Services for Youth, Inc. (Berkshire) requested approval to establish a CMHRS program in Montgomery County. Berkshire provides services to more than 7,000 children and families annually throughout the State. Its services include home, school and community-based Prevention programs, Respite services, Therapeutic, Treatment and Kinship Foster Care and Adoption services, Secure and Non-Secure Detention, and Behavioral Health Services. Berkshire also provides short-term care, with a full-complement of bilingual staff, for unaccompanied children in response for the need to reunite them with family or sponsors in a timely fashion. Berkshire is licensed by the New York State Office of Children and Family Services and is accredited by the Council on Accreditation. Berkshire is currently a provider of OLP and CPST services to 34 youth in Foster Care in Montgomery County. It also provides Health Home Care Management services to youth and their families. Berkshire has highlighted its collaborative work within the local mental health system with SPOA, hospitals, care managers, school districts, and other providers to address social determinates of health, such as limited housing, food insecurity, transportation, and access to health care. Berkshire has been in discussions with Montgomery County about filling an identified gaps in service for youth with mental health issues. Wait lists for mental health services are extensive and youth in the more rural areas of the County are largely underserved. Currently, the two main providers of mental health services for youth in the County have significant wait lists, St. Mary's Mental Health Clinic with a waitlist of 50 children, and the Family Counseling Center with 229 children on their Wait and Reassignment List (individuals waiting to be reassigned when a prior clinician has left the agency). As an established provider of services to youth and families of Montgomery County, with insight into the needs of the communities, its population characteristics, social needs, Berkshire is well positioned to expand CMHRS services to the general mental health population in the county.

Reviewers are recommending conditional approval with the following conditions:

1. Confirm access to the incident management and reporting system.
2. Confirm authorized individual(s) are able to complete OMH required pre-employment checks.
3. Complete satisfactory pre-occupancy site visit with the Central New York Field Office.

Committee members inquired as to whether the agency still had their public school. The provider stated that they no longer operate the school and that the campus is now used by unaccompanied minors for outdoor activities.

The committee chair motioned for a vote, this was seconded, and the vote was unanimous to recommend approval to the full council.

CPAR # 111 Berkshire Farm Center and Services for Youth, Inc. (Berkshire) -

Berkshire is currently a provider of OLP and CPST services to youth in Foster Care in Dutchess County. Berkshire has been in discussions with Dutchess County Department of Mental Health leadership about filling an identified gaps in mental health service for youth, and to address the extensive wait lists for mental health services – a large Upstate provider reports waitlists up to 500, another provider reports a waitlist of 21 children – by establishing a CMHRS program.

Reviewers are recommending conditional approval with the following conditions:

1. Confirm access to the incident management and reporting system.

2. Confirm authorized individual(s) are able to complete OMH required pre-employment checks.
3. Complete satisfactory pre-occupancy site visit with the Hudson River Field Office.

The provider informed the committee that they are still providing services in Rochester and Kinderhook. They plan to gradually increase staffing to meet the need, so two (2) clinicians to begin. When asked about providing Psychosocial Rehabilitation (PSR), Family Peer Support Services (FPSS), Youth Peer Support (YPS) the provider stated they have established MOUs with other providers. Those contracted parties will do their own billing for the services and there is not additional cost to Berkshire Farms for the established MOUs. The goal is to provide the services that they already do well.

The committee chair motioned for a vote, this was seconded, Ian Schaffer and Joe Turner abstained, the rest voted to recommend approval to the full council.

MD-D 2879 Fresh Youth Initiatives, Inc. requested approval to establish an Article 31 MHOTRS program for Children and Adolescents in northern Manhattan. FYI currently provides mental health services in a high school in Washington Heights, serving a high number of immigrant and first-generation children, adolescents, and family members with a history of trauma. The proposed program will target northern areas of Manhattan where 68% of the total population within the target zip codes are Hispanic. Data suggests the target district ranks first in NYC for youth depression and second in the cohort of Latino Youth across the entire city. FYI will be offering culturally responsive mental health services by bilingual and bicultural staff.

Reviewers are recommending conditional approval with the following conditions:

1. Confirm your understanding staff cannot provide services unsupervised until all required pre-employment checks, including CBC, SEL, SCR, have been completed.
2. Complete a successful pre-occupancy site visit with the NYS Office of Mental Health's New York City Field Office upon completion of renovations.

The provider stated that they own the building to house the program, and this clarifies the lack of rent in the budget. They also stated they have funds set aside for the maintenance of the building. They work primarily with Hispanic and Latinx youth and have experienced an uptick in the numbers of recipients for their services. 85% of their staff is bi-lingual, this includes 21 full-time bicultural staff, and two (2) deputy directors. When asked by the committee about school-based services, the provider stated they have not ruled this out, and plans to explore expansion to include school-based clinic satellites.

The committee chair motioned for a vote, this was seconded, David Woodlock abstained, the rest voted to recommend approval to the full council.

The full council supported the application with an additional condition:

1. Provide a plan to ensure that there is psychiatric coverage with expertise in serving children.

MH-C-2866 Clear Mind Wellness, LLC (Clear Mind) requested approval to establish an Article 31 MHOTRS program for Adults, Adolescents, and Children, ages five and older, in White Plains, New York, serving the Westchester, Putnam, Rockland, and Dutchess counties. Clear Mind is a for profit entity established in 2021. Its owners consist of a board-certified child psychiatrist and an administrator with experience as a certified critical care paramedic and working with families at Northwell Health coordinating inpatient admissions. Clear Mind proposes to expand access to mental health services in White Plains, one of several urban areas identified as having a high number of Medicaid beneficiaries with behavioral health needs, with a particular emphasis on enhancing access to underserved groups and communities who experience delays in getting care.

Reviewers are recommending conditional approval with the following conditions:

1. Provide 2021 tax returns for all owners, when available.
2. Provide the agency's current or proposed conflict-of-interest policy.
3. Explain how the organization plans to engage underserved, underrepresented populations within the identified catchment area.
4. Identify a plan to provide services to those who are hard of hearing, deaf, visually impaired, or blind.
5. Describe how the program will ensure the waiting room is therapeutically appropriate for Children and Adolescents.
6. Provide a revised floor plan that identifies the location of medication storage and disposal for injectables.
7. Confirm what optional services the program will provide.
8. Confirm that selected authorized persons have access to complete pre-employment clearances.
9. Successfully complete a pre-occupancy site visit with the Hudson River Field Office.

The committee inquired about the need for services in the community, what the wait lists looked like, work force challenges as staffing is a concern everywhere, and other providers downsizing. Michael Orth spoke to a need for additional community-based services in the Westchester area, especially for youth. The applicant was also asked about their plans going forward regarding school-based programming. They informed committee members that they have reached out to the local BOCES to engage in those programs. Member also requested more detail about their plans regarding peer support and adolescent peer services being beneficial in a program.

The committee chair motioned for a vote, this was seconded, Michael Orth abstained the rest voted to recommend approval to the full council.

Closing:

Chairman Glenn Liebman thanked the Council for their great discussions and questions to the Commissioners. He emphasized the Advisory Council needs to be responsive on the decision-making process and encourage members to be part of OMH and OASAS listening sessions. Members agreed they would like to be part of the planning process and reiterated that the workforce issues cannot be ignored for the health and safety of the patients.

The Council adjourned at 3:00 pm. The next meeting will be scheduled for April 26, 2023.