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County of Erie

DENNIS T. GORSKI
COUNTY EXECUTIVE

DEPARTMENT OF MENTAL HEALTH

Ellen E. Grant Bishop, Ph. D.
Commissioner

MENTAL HYGIENE COMMUNITY
SERVICES BOARD

January 8, 1999

Charles Sabatino, Ph.D.
Chairperson

Dear Board Member:

The next board meeting of the Erie County Mental Hygiene Community Services Board will be held Thursday, January 21, 1999 at 3:00 p.m., in Room 1202 of the Rath County Office Building, 95 Franklin Street, Buffalo. The Agenda is as follows:

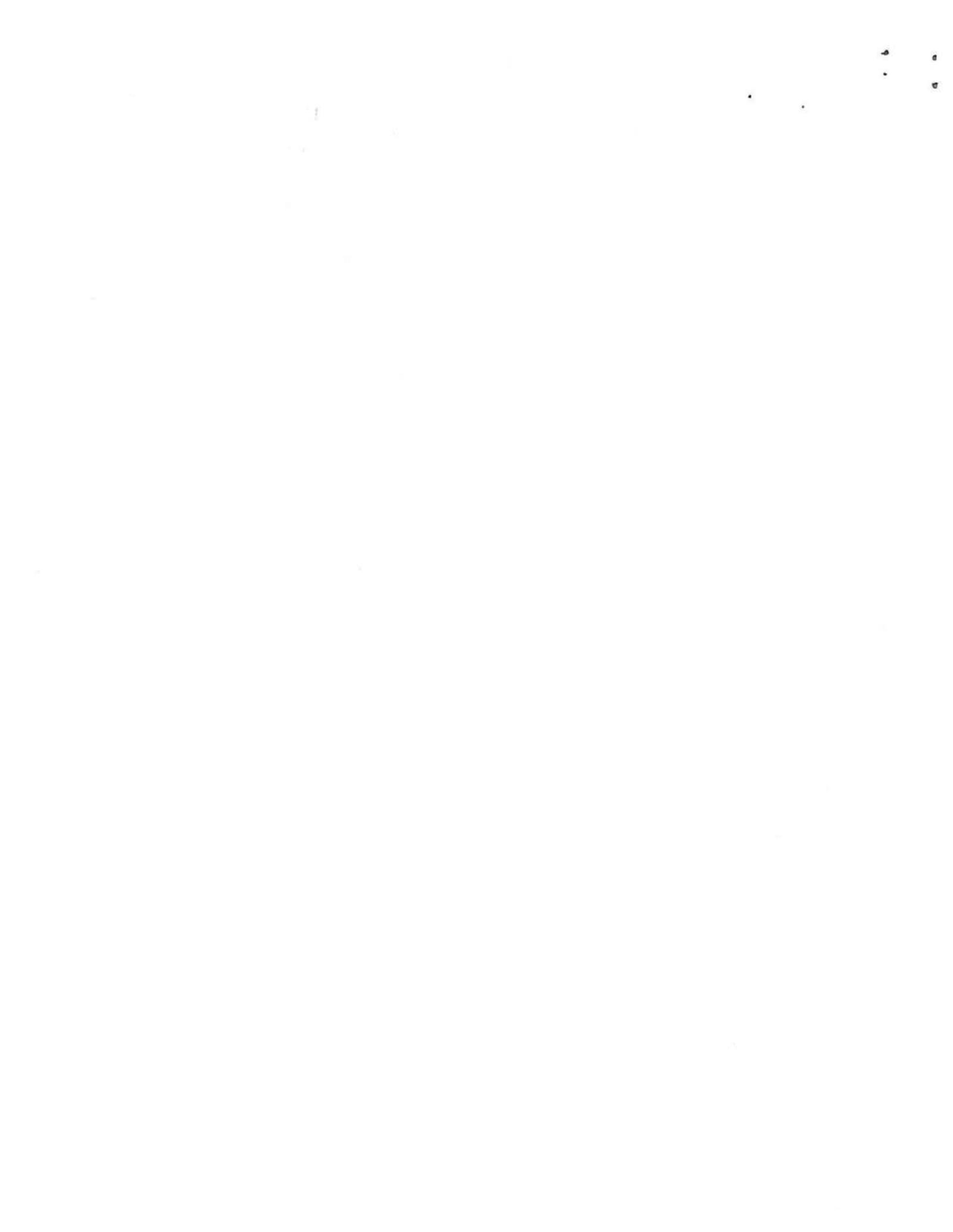
1. Approval of Previous Meeting Minutes
2. Chairperson's Report
3. Commissioner's Report
4. Subcommittee Reports
 - a. Mental Health
 - b. Mental Retardation/Developmental Disabilities
 - c. Alcoholism/Substance Abuse
5. New Business

Enclosed for your information are agenda materials for this meeting. Please call 858-8530 if you are unable to attend.

Sincerely,

Charles Sabatino, Chairperson
Erie County Mental Hygiene
Community Services Board

2M-9



**ERIE COUNTY MENTAL HYGIENE
COMMUNITY SERVICES BOARD**

1999 SCHEDULE OF MEETINGS

All meetings are scheduled for **Thursdays at 3:00 p.m.**, in Room 1202 of the Rath County Office Building, unless other notification is given:

JANUARY 21, 1999

FEBRUARY 18, 1999

MARCH 18, 1999

APRIL 15, 1999

MAY 20, 1999

JUNE 17, 1999

JULY 15, 1999

{AUGUST - RECESS}

SEPTEMBER 16, 1999

OCTOBER 21, 1999

NOVEMBER 18, 1999

{DECEMBER - RECESS}



CHARLES J. SABATINO, PH.D.
CHAIR: ERIE COUNTY COMMUNITY SERVICES BOARD
ERIE COUNTY DEPARTMENT OF MENTAL HEALTH
95 FRANKLIN ST.
BUFFALO, NEW YORK 14202

November 12, 1998

Michael Wiener
NYS Office of Mental Health
Western New York Field Office
400 Forest Ave.
Buffalo, New York 14213-1298

Dear Michael Wiener

I am writing on behalf of the Erie County Community Services Board, and its Mental Health Subcommittee, in support of the Reinvestment Plan for 1998-99 (including the Commissioner's Performance Pool) which the Erie County Dept. of Mental Health has submitted for funding. I can say without hesitation that the plan does represent the priorities which the Mental Health Subcommittee has advised should be targeted for Reinvestment funding. The plan arose out of a very broad-based and inclusive needs assessment process. Several working committees have been put in place during the past five years to carry out the County's needs assessment. This year we began a new initiative which I will describe later. These committees include a full array of provider agencies; and they include as well the active participation of consumers and peers. I believe Erie County can take real pride in the manner in which the planning process has proceeded over these several years. In particular, we are pleased with the extent to which consumers and peers have played such a central role, not only in the Mental Health Subcommittee and Community Services board, but in all the needs assessment committees as well. Thus, I am pleased to make this request to the New York State Office of Mental Health to support our submission.

I believe the general plan which has been submitted is consistent with a policy established several years ago that *we seek to meet the needs of those most in need at the time when they are most in need*. Several requests in the plan target that priority. I would point out the funds requested for both Supported Housing and Transitional Housing programs. Erie County now has an excellent history developing such housing programs. Furthermore, we have also been very successful in leveraging State funds to access HUD funds for even more housing units. We expect to do so again this year. Besides the housing, there are requests for funds for Family Support, Children's needs, Vocational initiatives which would allow the County to continue to build on service areas where a large need has been documented. I am also pleased that there are funds sought for an Anti-Stigma campaign, for a unique Wellness program, and for what could prove to be an important approach to dealing with certain individuals with dual diagnoses.

Furthermore, this year we have chosen to go further in our needs assessment process. There is one category in the plan submitted (I believe it is listed under



Advocacy, and has a price of \$189,000) which is of special interest to our committee. That request is at the center of this year's proposal. It arises out of a decision made early this year that a priority target for Reinvestment 1998-99 be those individuals who have fallen through the cracks of our system of care for one reason or other. We decided to place a high priority on services which would reach out to those individuals who were at the greatest risk in the community. In particular, we decided to target those individuals we had not found adequate ways of serving thus far. The Department agreed to initiate a broad-based process to assess the real needs of these individuals. This needs assessment process has been underway for about four months now. It is presently at the point where peers who have been trained are out on the streets (and elsewhere) interviewing individuals who fit the profile of those we seek to serve. Through this process, we are hoping to identify new and perhaps creative ways of reaching out and responding to their needs. The funding requested in the County's Plan will implement services which this needs assessment process finds most suitable. Clearly it will fall into the area of community-based and community-support services (probably involving peers as well). I assure you that this part of the plan is very consistent with the concerns our committee has shared with the Department.

I would also ask your support for the submission the County has made under the Commissioner's performance pool: the request for funds to respond to the needs of older adolescents who have aged out of the children system. This need surfaced in one of our Housing Needs assessment meetings. A survey was carried out among the appropriate providers within both the children and adult system. It became clear that there is a gap in our system which demands attention. Young people are aging out of Residential Treatment facilities; and we do not currently have the appropriate levels of care to respond to them within the adult system. While this has been the case for some time, it is imperative that we respond and begin to close that gap. I recognize that the amount of funding sought is a bit more than we usually request. However, I believe the need we are targeting warrants such an amount. This is a program which must be done properly, or not at all. It clearly targets individuals who are at serious risk (who in the past have ended up in jails, prisons, on the streets, etc.). Thus, I would like to make a special request that you support the amount of funding we seek as appropriate in light of the serious needs it addresses.

Respectfully

Charles J. Sabatino, Ph.D.

cc. Commissioner Ellen Grant-Bishop, ECDMH



NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT

*TB-CSB
From Tony DeMarco*

submitted in accordance with Senate Rule VI, Section 1

SENATE BILL #: 7645

ASSEMBLY BILL #:

SENATE SPONSOR: Thomas W. Libous

ASSEMBLY SPONSOR: James F. Brennan

TITLE:

AN ACT to enact the "Mental Hygiene Consumer Oriented Reform Efforts Act of 1998"; and to amend the mental hygiene law, in relation to strengthening the governance of mental hygiene service providers by providing for establishment of qualifications of executive directors of not-for-profit service providers, training for management personnel of service providers and annual regional service provider meetings for the exchange of information, and establishing annual awards for service providers, requiring the boards of directors of not-for-profit service providers to comply with certain standards, establishing a merger or shared services incentive program, requiring the boards of directors of not-for-profit service providers to comply with certain standards, limiting the use of state funds for the payment of compensation to officers and employees of providers of services, consolidation of community service boards, composition of community services boards and authorizing derivative actions against mental hygiene providers.

SUMMARY OF PROVISIONS:

Section 1 provides that this act shall be known as the "Consumer Oriented Reform Efforts (CORE) in Mental Hygiene Agencies Act of 1998".

The legislation has four major areas of reform including Governance, Training, Fiscal Responsibility and Recognition of Excellence on the part of not-for-profit boards and board members. These areas can be summarized as follows:

Training

Sections 3, 6 and 12 require the Commissioners of OMH, OMRDD and OASAS respectively to provide training for board members of not-for-profit corporations subject to their agency's jurisdiction.

Sections 3, 6 and 12 also require OMH and OMRDD to annually convene regional meetings for all board members of not-for-profit corporations under their jurisdiction, Community Service Boards and Boards of Visitors for the purpose of exchanging information on best practices and other matters, displaying achievements, networking and improving coordination. All board members are encouraged to attend, but at least one representative from each board must attend.

Section 22 requires the Commissioners of OMH, OMRDD and OASAS to develop and distribute training materials, including training videos, computer network websites and mentoring guidelines for new board members as training resources, to boards of directors of corporations under the jurisdiction of the agencies and to periodically review and update such training materials.



The Mental Hygiene Law doesn't currently provide standards for hiring or compensating Executive Directors. Nor does the Mental Hygiene Law impose specific standards in relation to the responsibilities of Boards of Directors of not-for-profit agencies under the jurisdiction of OMH, OMRDD or OASAS. The Boards of such not-for-profit agencies, as well as Community Service Boards and Boards of Visitors, generally operate independently of one another with little formal opportunity for coordination.

JUSTIFICATION:

The well-being, care and treatment of people with disabilities as well as persons who are substance abusers, as well as millions of taxpayers' dollars, are entrusted each year to not-for-profit human service agencies.

Licensure, certification and fiscal reporting requirements, as well as the State's authority to exercise oversight and investigatory power, provide some measure of accountability with such agencies.

There are widespread examples, however, that the lack of training, networking and clearly defined responsibilities for members of the boards of directors of such agencies have resulted in many agencies operating far below their full potential. It has also led in some cases to client abuse and mismanagement of funds.

Such examples include providers such as Professional Services Centers for the Handicapped (PSCH), Queens Psychiatric Clinic, Community Living Alternative, Inc. and others which have been investigated by the State and covered extensively by the press.

In some cases these investigations have led to findings of squalid conditions, lack of programming and/or fiscal improprieties. The consequences have ranged from the need for extensive corrective action under the supervision of the State to Federal indictments for embezzlement.

While such cases don't reflect upon all mental hygiene service providers, the standards and opportunities for training and networking offered in this legislation reflect what the public expects to find in any organization to which they entrust their family members and their tax dollars.

These measures would provide a pro-active and preventative means of ensuring higher quality services and more effective boards throughout the mental hygiene service provider system.

Training

Making the State's expertise available in more effective and pro-active ways and expanding the availability and accessibility of training resources would result in more effective, stronger boards of directors.

In addition, regional meetings with other boards such as Community Services Boards and the Boards of Visitors would allow all board members the opportunity to become more aware of how the mental hygiene system functions and would facilitate the spread of new ideas and strategies for improving services to consumers.

Governance

An often cited reason for the types of abuses noted above when uncovered by State audits and media investigations are weak, uninformed boards of directors.



Providing a uniform standard for the role and responsibilities of such boards, and ensuring that their executive directors meet minimum qualifications, will ensure that sound and pro-active management and internal oversight of all agency activities takes place. The result for consumers would be a safer and more programmatically enriched environment.

Finally, more efficient and effective use of taxpayer dollars and improved service delivery would result from encouraging mental hygiene service providers to eliminate duplication by merging or sharing programs and services. Similar incentives have met with success in the area of State funding for school districts.

Fiscal Responsibility

Use of public taxpayer funds involves not only the serious responsibility to provide proper care of the vulnerable population entrusted to service providers, but also a great fiduciary responsibility to use the funds for the benefit of the consumers being served. Excessive salaries, self-interested dealings, embezzlement or even wasteful use of resources due to an inattentive board do great harm to consumers and taxpayers.

There's no reason that officers and employees of such agencies should make more than the Chief Executive of New York State who has a far more extensive administrative responsibility. This recognizes that such persons are entitled to be adequately compensated for their efforts but places a reasonable limit on the use of taxpayer funds provided for the benefit of consumers with disabilities.

In addition, accountability ensures that funds will be used properly. The State, persons associated with an agency, as well as parents and consumers, should be able to bring an action requiring an accounting and for appropriate relief where fiscal impropriety is suspected.

This will further ensure that the public trust placed in such agencies to care for persons unable to fully care for themselves, and to use public funds appropriately, isn't violated.

LEGISLATIVE HISTORY: New Bill.

FISCAL IMPLICATIONS:

A modest level of incidental costs will result from travel expenses and the development of training materials. Savings to New York State taxpayers should result from the limit on use of State funds to pay excessive salaries to officers or employees of not-for-profit corporations providing mental hygiene services.

EFFECTIVE DATE:

This act would take effect one year after becoming law; provided, however, that amendments made by Section 15 of the bill to Section 41.11(a) and (b) of the Mental Hygiene Law shall expire on the same date as amendments made to such subdivisions under Chapter 723 of the Laws of 1993.



ERIE COUNTY DEPARTMENT OF MENTAL HEALTH

**COMMISSIONER'S MONTHLY REPORT TO THE
COMMUNITY SERVICES BOARD**

NOVEMBER/DECEMBER 1998

MEETINGS ATTENDED (Highlights Only, Does Not Include All Meetings)

11/12/98 -- Erie County Legislature – Budget Hearing
11/16/98 -- Batavia, Regional Commissioners Meeting
11/18/98 -- WNY Grantmakers
11/19/98 -- Minority Health Center
11/20/98 -- WNY Developmental Disabilities Planning Council Legislative Luncheon
11/23/98 -- Radio Taping – “Prime Time Show”
11/24/98 -- Conference meeting with Buffalo School Administration regarding Partnerships
11/25/98 -- Erie County Community Coordinating Council on Children and Families Retreat
11/30/98 -- Buffalo and Erie County Historical Society Legislative Breakfast
12/2/98 -- Grantmakers Annual Board Meeting
12/10/98 -- Health Care Industries Association
12/10/98 -- Bison Fund Reception
12/14/98 -- Child and Advocacy Center Legislative Presentation
12/16/98 -- Western Regional Commissioners Meeting in Batavia, NY
12/17/98 -- Better Business Bureau Meeting
12/18/98 -- Erie County Council for the Prevention of Alcoholism and Substance Abuse Inc. Annual Holiday Luncheon

ADMINISTRATION

(See attached letters regarding housing money approvals.)

The Department is working with the Department of Social Services on a program to deal with foster children with mental health needs as a result of some new legislation that will be in effect in January 1999. We are in very early planning discussions.

An Intensive Care Manager was killed by her client on November 24. (I attended the funeral as did Dr. Warde and Dr. Molnar of the Buffalo Psychiatric Center and Mr. Jim Stone, the New York State Commissioner of Mental Health.)

The Department has begun working with the Department of Environment and Planning regarding mapping our agencies on a computer.

I was recently appointed to the National Advisory Board for the Black Women's Health Study as the only disability representative. (Headquarters are at the Boston University School of Medicine.)

The study is the first of its kind to concentrate on cancer and other serious illnesses in African American women.

MENTAL HEALTH

Annual site visits were conducted at BFNC's ICM and SCM programs. These site visits are required by the Office of Mental Health. ECDMH staff interviewed case managers and clients at both programs and reviewed records. Both programs were in compliance with OMH standards.

The ECDMH has previously been awarded approximately \$2.2 million by the U. S. Department of Housing and Urban Development (HUD) to contract and operate a 16-bed single site transitional residence for homeless mentally ill chemical abusers. The ECDMH will be contracting with ADDS to provide this service. HUD requires that site control be obtained by January 26, 1999; if site control is not obtained by that date, we will lose the funding. As of this date, site control has not yet been obtained.

Call letters are being sent out for the majority of mental health agencies in order that they may begin preparing 1999 contract materials. We have not yet received funding levels for the next year from the Office of Mental Health.

The first part of the Phase I of the "Hard to Serve" Needs Assessment has been completed. The following have been accomplished:

- A working committee has been established.
- A list of relevant questions and demographic information to be included in the pilot needs assessment instrument has been developed.
- A list of service providers agreeing to participate in pilot testing of the needs assessment instrument has been developed.
- A draft protocol to implement the needs assessment has been established.
- Classroom training for peer research assistants has been completed. Three research assistants have been trained.

The needs assessment questionnaire is currently being piloted at various sites.

The ECDMH was awarded HUD McKinney Homeless Continuum of Care funding for the following three projects:



1. \$269,767 over 3 years, Supportive Housing Program Renewal
This renewal continues funding for rental subsidies and some supporting services for approximately 28 homeless, seriously mentally ill individuals in scattered site apartments throughout Erie County.
2. \$894,420 over 5 years, Shelter Plus Care
This will provide rental subsidies for 39 homeless, seriously mentally ill individuals and mentally ill substance abusers in scattered site apartments throughout Erie County.
3. \$617,066 over 3 years, Supportive Housing Program
This provides funding for scattered site transitional housing supporting services for 16 homeless, seriously mentally ill individuals and mentally ill chemical abusers in scattered site apartments throughout Erie County.

ALCOHOL/SUBSTANCE ABUSE

Regarding the Prevention Demonstration project, two successful community meetings have been held. The participation and interaction have been good.

The ECDMH/Department of Social Services Demonstration project is working well.

ADDS is pursuing with the City possession of a site that will retain a hold on our HUD award. This must be formalized by the last week in January.

The ICM program funded by State OCFS at St. Augustine's for families with at least one parent who is drug dependent has been up and running. As of December 3, ten families were under its care. (See attached brochure.)

OASAS has notified us that:

1. The funding for the prevention demonstration has been extended for another year.
2. Including the expansion of the demonstration to North Collins sometime this year has been approved.

MR/DD

The Governor's NY CARES project is moving ahead with a goal to virtually eliminate the residential wait list for individuals with developmental disabilities. Several public forums were held across the WNYDDSO eight county area to explain NY CARES to consumers and to encourage consumers to work with agencies in identifying and



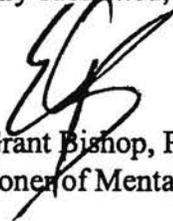
preparing for their future housing needs. The Governor's 1999-2000 budget will be released soon, and NY CARES is expected to be a part of that budget.

A legislative breakfast was sponsored by Heritage Christians Centers to celebrate its soon to open IRA program and to encourage our Western New York legislators to support NY CARES over the next five years.

The Department is now working with MR/DD contract agencies to finalize consumer valued outcomes with 1998 and 1999 contracts. This effort caps a two-year process to develop a new performance based contract that emphasizes service utilization and consumer outcomes in place of line item budget items.

Community Services for the Developmentally Disabled is moving into year two of its Adoption Project with Erie County Department of Social Services. Originally this program targeted up to 50 adoptions and permanent placement of developmentally disabled kids into adoptive parent homes. This target has now been adjusted downward in light of the difficulties encountered and identified in year one. Screening, counseling, and linkage to needed supports to potentially adoptive parents continue to be the critical core services of this project.

Respectfully submitted,



Ellen E. Grant Bishop, Ph.D., ACSW
Commissioner of Mental Health

EEGB/nj



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U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

December 23, 1998

Ms. Deborah A. Goldman
Coordinator
Erie County Department of Mental Health
95 Franklin Street, Room 1237
Buffalo, NY 14202

Dear Ms. Goldman:

Subject: Erie County Department of Mental Health SHP Renewal
Project Number: NY06B808001

Congratulations. I am delighted to inform you that the homeless assistance application your organization submitted has been selected for funding in the amount of \$269,767.

President Clinton and Secretary Cuomo have made the fight against homelessness a priority. The \$700 million we are awarding nationally through this year's homeless assistance competition is the result of that effort. These awards respond to local, comprehensive planning efforts and are designed to help homeless individuals and families move to self sufficiency and permanent housing.

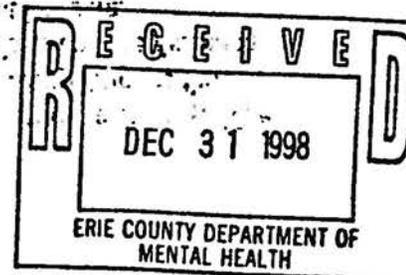
Four years ago, the Department of Housing and Urban Development (HUD) forged a new policy called a Continuum of Care that rewards communities that work together to coordinate housing programs for homeless persons. We are very pleased by the impressive community-wide planning efforts evident in this year's applications. However, despite the increased funding available, HUD is only able to fund a portion of the project requests. You should be proud that this project, identified as a priority by your community, has been selected.

You will be receiving a letter from your local HUD Field Office providing more information about finalizing your grant award. Congratulations again on your award. We are counting on you to use these precious resources effectively.

Sincerely,

Cardell Cooper
Assistant Secretary

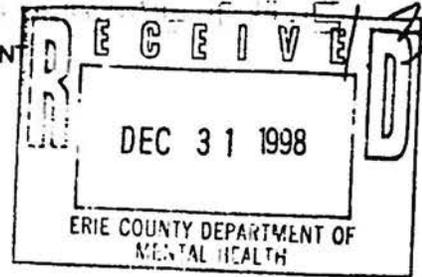
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U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000



OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

December 23, 1998

Ms. Deborah A. Goldman
Coordinator
Erie County Department of Mental Health
95 Franklin Street
Buffalo, NY 14202

Dear Ms. Goldman:

Subject: Erie County Department of Mental Health
Project Number: NY06B808004

Congratulations. I am delighted to inform you that the homeless assistance application your organization submitted has been selected for funding in the amount of \$617,066.

President Clinton and Secretary Cuomo have made the fight against homelessness a priority. The \$700 million we are awarding nationally through this year's homeless assistance competition is the result of that effort. These awards respond to local, comprehensive planning efforts and are designed to help homeless individuals and families move to self sufficiency and permanent housing.

Four years ago, the Department of Housing and Urban Development (HUD) forged a new policy called a Continuum of Care that rewards communities that work together to coordinate housing programs for homeless persons. We are very pleased by the impressive community-wide planning efforts evident in this year's applications. However, despite the increased funding available, HUD is only able to fund a portion of the project requests. You should be proud that this project, identified as a priority by your community, has been selected.

You will be receiving a letter from your local HUD Field Office providing more information about finalizing your grant award. Congratulations again on your award. We are counting on you to use these precious resources effectively.

Sincerely,

Cardell Cooper
Assistant Secretary



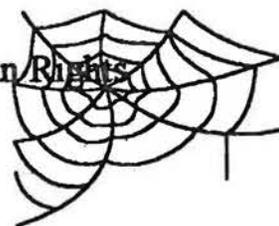
PROGRAM GOALS & OBJECTIVES

The ultimate goal of ICMFASA is to assist families affected by substance abuse establish a substance-free life. ICMFASA recognizes that along with drug abuse, other conditions and circumstances exist. It is, therefore, an intent of the program to address a number of related difficulties occurring in conjunction with abuse and dependency:

- increase the awareness of the dangerous and negative consequences of continued drug use;
- initiate and support participation in individual and group therapy, focusing on chemical dependency and related issues;
- decrease the incidence of foster care placement;
- decrease the incidences of reported and unreported child abuse, neglect or endangerment;
- increase responsible parental and primary caregiver skills;
- increase family stability

FAMILY RESOURCE/WEB SERVICE PROVIDERS *(Partial Listing)*

- Erie County Department of Social Services
- Erie County Department of Mental Health
- City of Buffalo, Division of Substance Abuse Services
- Horizon Health Services
- Sheehan Memorial Hospital, City View Treatment Center
- Alcohol and Drug Dependency Services, Inc.
- Friendship House Children's Services Clinic
- Women For Human Rights and Dignity



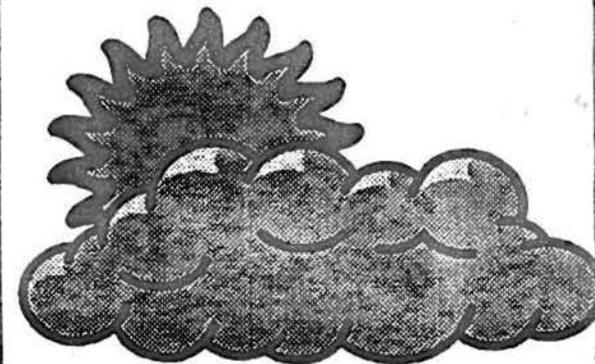
For additional information, please feel free to contact:

Morris Scott

**ICMFASA Interim Coordinator
(716) 897-4110, Ext. 142**

**Funded by NYS Office of Children and
Family Services**

ICMFASA



**INTENSIVE
CASE
MANAGEMENT
for
FAMILIES
AFFECTED
by
SUBSTANCE
ABUSE**

St. Augustine's Center, Inc.
1600 Fillmore Avenue
Buffalo, New York 14211
(716) 897-4110

The ICMFASA project offers comprehensive, culturally competent and coordinated assistance, through family support, reunification, prevention and preservation efforts.

The program offers a set of concrete services tailored to the specific needs of parents and children in difficulty.

NEED

- One million children have parents who have used illicit drugs in the past month; 12.8 million had at least one parent who used in the past year.
- Mothers in more than 70,000 New York families with children under 5 are problem drinkers.
- 78% of young children entering foster care are from families in which AOD is a significant placement factor.
- More than 1/3 of women separated or divorced were married at one time to a problem drinker or alcoholic.
- Almost 1/5 of adults report that they lived with a problem drinker or alcoholic as children.
- Crack cocaine use had been held responsible for a three-fold increase in child abuse and neglect cases during the late 1980s in New York City.

The increasing presence of drugs and the familial disruption it causes requires direct response and specific action in promoting the goals of recovery, stability and child safety.

CRITERIA OF ADMISSION

The child or children of a family at risk of placement due to the following parental or caretaker behaviors:

- Parents or primary caretakers known or suspected to be drug abusers with children in the home, between the ages of 0-18.
- Parent or primary caretaker's use of mood-altering substances has significantly reduced their parental skills to the extent that the child or children are at imminent risk of neglect, abuse and/or endangerment.
- If the primary caretaker requires residential and or outpatient treatment.
- If the primary caretaker(s) has recently been discharged from a residential alcohol or drug treatment program.
- Involvements within the Child Welfare System

SERVICE PROVISION

Since sustained sobriety does not occur in a vacuum, various resources are incorporated into client treatment plans, promoting family enrichment and elevating the standards and quality of their lives.

Such resources and supplemental supports can range from:

- food, shelter, household furnishings
 - possible reactivation of shut-off utilities
 - provision of small appliances
 - minor housing improvements
 - seasonally appropriate clothing
- appropriate clothing attire for job-search or vocational rehabilitation
 - transportation
- other services or goods (based on individual family needs)

ERIE COUNTY MENTAL HYGIENE COMMUNITY SERVICES BOARD

MINUTES

November 19, 1998

PRESENT: Charles Sabatino, Ronald Michelini, Thomas Pirrung,
Anthony D'Amore, Samuel Todaro, Marcie Kelley, Jay Gilpatrick,
Tim Maggio, Donna Fahrenholz, Bonnie Glazer

MENTAL HEALTH

DEPARTMENT: Ellen Grant Bishop, Joseph Donofrio

The meeting was called to order by Charles Sabatino at 3:05 p.m.

Introductions were made by those attending the meeting.

Children's Home and Community Based Services (HCBS) Waiver

Joseph Donofrio distributed a summary of the Children's Home and Community Based Services (HCBS) Waiver (see attachment), which is New York State's application for a program which waives certain sections to Section 1915 of the Federal Social Security Act. The Waiver allows the State to provide certain services in the community that formerly were only available to children in institutions. Under the Waiver only the income of the child is considered, not the income of the family.

Erie County started its 16-slot program under the Waiver in July, 1998. The goal of the Waiver is to provide, with Medicaid dollars, intensive services in the community, thereby keeping children out of residential levels of care.

The cap for ambulatory mental health (all outpatient mental health) is \$44,267; the cap for the total Medicaid costs per child is \$52,000.

There are three categories of eligibility: Clinical screening*, Medicaid, and Fiscal.

*The Erie County Department of Mental Health reviews each case for eligibility to determine the appropriate level of care. As of November 18, the Department received 24 cases for screening; 16 of which have been approved as being clinically appropriate. Currently there are 7 cases approved and active, with an approved budget and service plan.

Child and Family Services was designated the individual care coordinating agency. They receive requests for waivers from referral sources, screen them, and then forward a package to the Department for its review. After approval by the Department, Child and Family Service moves to enroll the child and develops a service plan which is customized to meet the client's needs.

The Board discussed the program.

School-Based Initiatives

The Department, in partnership with the United Way, has four school-based initiatives:

Gatekeeper Agency

School 44	Child and Adolescent Treatment Services
53	Child and Family Services
57	Mid Erie Mental Health
77	Child and Adolescent Treatment Service

Each school is funded up to \$40,000 to provide a unique service plan created by the principals, teachers, and families. The goals are to provide school-based mental health services and early intervention activities.

An evaluation process is being developed which will review the following:

1. The reduction in superintendent suspensions, improvement in student attendance, and improvement in academic performance.
2. A family and a teacher satisfaction survey.
3. A mental health pre/post test assessment that the gatekeeper agency will administer.

The Board discussed school-based services.

Changes and Needs in Children's Services

Bonnie Glazer, executive director of Child & Adolescent Treatment Services, discussed the changes in children's services that have occurred over the past ten years. There has been an increase in available services with the community organizing into networks. The mental health field is in transition by moving from an institutional-based system of care to a community-based system of care.

The following are integral services for keeping children in the home and community:

1. Children's Home and Community-Based Waiver Services
2. The home-based treatment program at CGF Health System - BGH
3. Enhancement Programs

However, more alternatives are going to be needed to address the needs of seriously emotionally disturbed children.

The children's mental health system is largely a Medicaid system, which is a system that depends on third party payers for reimbursement. Initiatives that pay for services that are not provided by third party insurance are very significant. It is important that the County continue to deficit fund those services (for example, observing children in classrooms, talking to teachers, tutoring, services for parents, and coordination) since it enables service providers to respond to children in a flexible manner.

In summary, Bonnie Glazer encouraged the Board to look at those aspects of the system of care that are not provided by Medicaid or by third party payers so that service providers have the ability to respond flexibly. In a system which is moving toward seeing children at the lowest level of care possible, investments need to be made in developing intensive outpatient approaches. (The County and State have been taking a leadership role in this area but more capacity will be needed.)

The Board discussed children's services, including intensive case management, outcome data, the needs of the dually-diagnosed (MH/MRDD) client, waiting lists, the New York Cares initiative, and a mechanism for an on-going dialogue.

The meeting was adjourned at 4.00 p.m.

Prepared by
Noel Jackson

CHILDREN'S HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER

- On January 1, 1996, New York State began implementing a Home and Community Based Services Waiver for Children and Adolescents with Serious Emotional Disturbance.
- The HCBS Waiver is available in the following catchment areas and serve the indicated number of children:
 - Monroe (16)
 - Broome (12)
 - St. Lawrence-Jefferson (12)
 - Orange (12)
 - Westchester (12)
 - Bronx (18)
 - Queens (8)
 - Staten Island (8)
 - Manhattan (24)
 - Brooklyn (12)
 - Nassau (16)
- The federal Health Care and Finance Administration approved New York State's waiver of:
 - statewideness and comparability requirements, because the services will be available regionally but not in every county;
 - amount, duration and scope of service requirements, in order that services not otherwise available under the approved Medicaid State Plan may be provided to waiver recipients; and,
 - institutional deeming rules when determining eligibility for the individual, thereby making a child eligible for Medicaid in their home without regard to their family's income or resources.
- Goals of New York's HCBS Waiver are:
 - operationalize the individualized care approach to service planning, delivery and evaluation which is based on values of one-child-at-a-time and partnerships with families, and focuses upon the strengths of the family;
 - expand funding and service options currently available to children and adolescents with serious emotional disturbances and their families;
 - enable children to remain at home or in the community, thus decreasing out of home placements;
 - provide services that promote better outcomes and are cost effective; and,
 - demonstrate a model of service delivery that fosters a transition to managed care.

- **The target population for the HCBS Waiver is children and adolescents with serious emotional disturbance between the ages of 5 and 17 years, who**
 - **demonstrate complex health and mental health needs,**
 - **appear to be capable of being cared for in the community if provided access to waiver services,**
 - **require or are at imminent risk of needing inpatient level of care,**
 - **service needs cannot be met by one agency/system, and**
 - **have a viable and consistent living arrangement with parents/guardians who are able and willing to participate in the waiver and keep them at home.**

- **Through the service plan development process, the target population obtains needed services and supports beyond the health and mental health services that are currently available through the State Medicaid Plan. The services that are available in the HCBS Waiver are:**
 - **Individualized Care Coordination;** Required
 - **Intensive In-Home Services;**)
 - **Respite Care;**) Provided according
 - **Family Support Services;**) to an individual's
 - **Crisis Response Services; and**) service plan.
 - **Skill Building Services.**)

- **For the children and adolescents enrolled in the HCBS Waiver, NYS makes the assurance that the cost of their enrollment in the Waiver will not exceed the average cost if they were enrolled in inpatient level of care.**



County of Erie

DENNIS T. GORSKI
COUNTY EXECUTIVE

DEPARTMENT OF MENTAL HEALTH

Ellen E. Grant Bishop, Ph. D.
Commissioner

MENTAL HEALTH SUBCOMMITTEE

November 9, 1998
Meeting Minutes

MENTAL HYGIENE COMMUNITY
SERVICES BOARD

Ann Fournier
Chairperson

PRESENT: Jean Aiple
Michael DiPirro
Nancy Herman
Marcie Kelley
Fern Koch
Tom Pirrung
Charles Sabatino

ECDMH STAFF: Deborah Goldman

EXCUSED: Patricia Oblatz

MINUTES:

Mr. Pirrung moved that the minutes of the October meeting be accepted. Marcie seconded the motion.

LOCAL PLAN:

Ms. Goldman discussed the background of the Mental Health Plan and distributed the narrative. Dr. Sabatino summarized his conversation with Mr. Weiner at the Field Office regarding the Plan. Much of the conversation pertained to the "Hard to Serve" initiative. He will follow up the conversation with a letter that will be included with the Plan.

Ms. Goldman reviewed the Plan narrative with the Subcommittee. Mr. Pirrung commented that the planning process used appears to be the natural evolution of the planning process that was begun around 1990 with community forums, site visits and small group dialogues with consumers; that also spurred the consumer involvement that we have now.



HARD TO SERVE:

The questionnaire to be used has been developed by the Committee. These questions will be piloted, and the results will be used to revise the questionnaire. Ms Kelly said that the Committee is a good array of consumers and providers.

COMMISSIONER'S POOL REQUESTS:

Mr. DiPirro commented that there didn't appear to be a lot of consumer driven requests regionally. He felt that consumer driven agencies' initiatives were a goal of the Commissioner's Pool. Dr. Sabatino responded that the consumer driven initiatives have been well supported by local Reinvestment in Erie County. Ms. Kelly commented that there was only one month to put together a proposal. Ms. Goldman commented that the best time to work on new proposals is beginning now, with the local planning process.

PARTNERSHIP MEETING:

The partnership (CAIN, Genesis and consumer representatives) met with the Department regarding the multiplicity of funding sources and mechanisms for case management. The group will be doing a survey as a start to address this issue. BFNC, as a major provider of case management, will also participate in the discussion. The surveys will be due in the beginning of December. Dr. Sabatino and Ms. Kelly will present the results to the partnership. Mr. Pirrung said that this mirrors the goal in the health care system to move from individual care plans to multidisciplinary care plans. This goal was not fully attained, but that communication was a key factor in progress.

FAMILY SUPPORT:

Dr. Sabatino reported that the Family Support Program at the Mental Health Association is beginning to form an advisory group in order to increase their autonomy. Bylaws are being written and funding is in place. As a result, more respite will be available.

SITING COMMITTEE:

At the Siting Committee meeting, Ms. Fisher complained about people's behavior at the Symphony North Apartments. Per the supportive housing providers, there are not very many people in supported housing there. However, Ms. Kelly and Lake Shore will be brainstorming regarding possible actions; if there is a legitimate issue and we are not responding, we should develop appropriate actions. A major problem appears to be the lack of availability of affordable housing. Also, the landlord at Symphony North does not check references.



MICA:

Ms. Aiple said that AMI wanted to know why the MICA groups are not coming into the hospitals. Ms. Kelly reported that STEMMS comes into BPC and ECMC. There will also be more training for Double Trouble facilitators beginning in December. However, staff members may not know about the support groups. Ms. Kelly suggested that AMI come to the ECMC consumer advisory council meeting on Friday.

MISCELLANEOUS:

Mr. DiPirro reported that there is concern regarding choice for consumers about receiving services. This issue has been raised in Albany and the Field Office. There was discussion about the choice to either participate in the program or not, i.e., the choice can be at the entry point. There was also discussion that in the OMH Supported Housing, CCM and ICM models, there are mandated minimum monthly contacts, and discussion about the nature of choice.

Dr. Sabatino announced that the November 11, 1998 Mental Hygiene Community Services Board meeting will be devoted to children's services. Everyone attending this Subcommittee meeting was encouraged to attend.

The next meeting of the Mental Health Subcommittee will be on December 14, 1998 at 1:30 p.m.

DAG:j
(dsk/menthealsubc.doc)

cc: Peter Curtis





County of Erie

DENNIS T. GORSKI
COUNTY EXECUTIVE

DEPARTMENT OF MENTAL HEALTH

Ellen E. Grant Bishop, Ph. D.
Commissioner

MENTAL HEALTH SUBCOMMITTEE

December 14, 1998
Meeting Minutes

MENTAL HYGIENE COMMUNITY
SERVICES BOARD

Ann Fournier
Chairperson

PRESENT: Jean Aiple
Michael DiPirro
Nancy Herman
Marcie Kelley
Fern Koch
Tim Maggio
Tom Pirrung
Charles Sabatino
Cynthia Shedrick

ECDMH STAFF: Deborah Goldman *DG*
Peter Curtis

EXCUSED: Fern Koch

MINUTES:

The 11/9/98 Subcommittee minutes were approved as submitted.

LOCAL PLAN:

Ms. Goldman distributed the Executive Summary from the Year 5 Reinvestment Plan.

NEWS ARTICLES:

The Subcommittee discussed the 12/14/98 Buffalo News article regarding murders related to mentally ill individuals in the community. Discussion centered around our response to these unfortunate events. Subcommittee members commented that the media focuses on problems, not on the many successes in the



community. Ms. Kelley commented that some groups want to remove mentally ill individuals from the community. Ms. Aiple said that it is not what she wants, but wants more help in the community. Surveys have found that many individuals who have had long term contact with the system want independence. Many consumers have had a negative response to medications as the side effects can be very unpleasant; the newer medications are much better.

Consumers on the Subcommittee discussed services that have helped them. Ms. Kelley said that our experience of what has helped us is limited as assistance has to be tailored to each consumer. The Subcommittee agreed that we don't know the facts of the cases in the 12/14/98 article and can't make decisions based on them. Dr. Sabatino said that we can learn more by the experiences of individuals.

Are we suggesting that there are some things that need to be considered:

1. Should there be a response to unfair/untrue articles and letters printed in the media?
2. When we can learn things from tragedies, we should.
3. Is there a group of people not served well by the system? If so, what can we do for them?

Mr. Pirrung commented that when many people look at the days of high institutional use as the ideal, they are forgetting that there were still violence and problems on Elmwood. A few years ago when there were incidents of scandals with priests, we did not close the churches.

The Subcommittee agreed we need to regard the needs assessment very closely and that those with access to the records should try to learn from them. Dr. Sabatino added that Lucille be invited to our next meeting.

Also, regarding the 12/14/98 news article, Mr. Pirrung asked if we are responsible for people or to them. A good system is not responsible for people, but takes the appropriate steps to be responsible to them. Tom Pirrung asked that we go on record commending the 12/11/98 letter from Dan Weir. The Subcommittee agreed. Dr. Sabatino will contact him.

OTHER BUSINESS:

Ms. Aiple asked that the 1999 list of meeting dates be included in the minutes.

The next meeting of the Mental Health Subcommittee will be on January 11, 1999 at 1:30 p.m.

DAG:j

(dsk/mentalsubc.doc)

cc: Peter Curtis



**ERIE COUNTY MENTAL HYGIENE
COMMUNITY SERVICES BOARD
MENTAL HEALTH SUBCOMMITTEE**

1999 SCHEDULE OF MEETINGS

Meetings are scheduled for **Mondays at 1:30 p.m.**, Room 1237, Rath County Office Building, 95 Franklin Street, Buffalo, unless other notification is given.

JANUARY 11, 1999

FEBRUARY 9, 1999 *(Note: this is a Tuesday)*

MARCH 8, 1999

APRIL 12, 1999

MAY 10, 1999

JUNE 14, 1999

JULY 12, 1999

AUGUST 9, 1999

SEPTEMBER 13, 1999

OCTOBER 18, 1999

NOVEMBER 8, 1999

DECEMBER 13, 1999





County of Erie

DENNIS T. GORSKI
COUNTY EXECUTIVE

DEPARTMENT OF MENTAL HEALTH

Ellen E. Grant Bishop, Ph. D.
Commissioner

MENTAL HYGIENE COMMUNITY
SERVICES BOARD

Mental Retardation Developmental Disabilities Subcommittee
Minutes of
Thursday, November 19, 1998

Ann Fournier
Chairperson

Present:

Ms. Betty Brady
Ms. Joyce Drzewiecki
Mr. Donald Enslin
Mr. Darren Jackson
Mr. Bruce Korotkin
Ms. Loni Mazur

ECDMH Staff:

Dr. Joseph Donofrio

Excused:

Ms. Gail Baehre
Mr. David Chudy
Mr. Kevin Nowak
Ms. Betsy Polisoto
Ms. Elsie Rogers (until April, '99)

Absent:

Mr. Greg Mack

Item I: October Minutes

Discussion. Correction to show Ms. Elsie Rogers as present. No other changes. Motion to approve and seconded.

Item II: New ECDMH Performance Based Contract

Discussion. Dr. Donofrio updated the Subcommittee on the status of the new performance based contract. MR/DD agencies have reviewed the new contract and the Policies & Procedures Manual documents. Following are the concerns/recommendations: (1) re-institute the original contract termination clause providing both parties a right to terminate, and (2) postponing the link between



outcome achievement and funding until the year 2000 (instead of 1999) in order to have more time to develop good outcomes. The Department supports both of these recommendations. Agencies are now developing and submitting 1998 program/budget documents for contracting. Work remains on how to operationalize and measure outcome achievement.

The Subcommittee will be actively participating in the Quality Assurance (QA) function of the new contract. Duties include interviews with consumers and staff in County contracted programs, and observation of program operations. Subcommittee members will participate actively in developing conclusions and final report writing. Training will be provided to help Subcommittee members serving in this QA role.

Outcome: A QA schedule will be developed. Training will occur in the Spring/Summer of 1999, with QA site visits beginning in the Fall of 1999.

Item III: New York Cares Update

Discussion. WNYDDSO has scheduled Public Forums for consumers regarding **NY CARES**. An overview of and introduction to this initiative will be provided. These will be consumer focused Forums. Consumers should consider and decide where they want to live, when they will need a placement, who they want to live with, and work with agencies to secure placement. The **WNYDDSO** will also survey consumers. We need to assure that what agencies propose reflects wishes and preferences of the consumer. Mr. Don Enslin expressed concern about how long this process will take and if we risk losing the funding as a result of changes in the political arena. Mr. Bruce Korotkin reported that funding for 192 beds will be allocated by January, 1999.

Outcome: We need to encourage our WNY State Legislators to support **NY CARES**, and to encourage consumers to participate in the process for representing their current and future placement needs in the planning process.

Item IV: New Members

Discussion. Expanded representation is needed on the Subcommittee for African American and Latino developmentally disabled, as well as City of Buffalo representation, and additional primary consumers.

Outcome: Dr. Joseph Donofrio will contact the Self Advocacy Association Subcommittee members should seek to identify and refer potential candidates to Dr. Donofrio. A summary of the Subcommittee will be provided to Subcommittee members to assist in describing its functions to perspective new members (attached). Please retain this brochure for future use.

Item V: Announcements/Other Business



Discussion. Ms. Loni Mazur announced that an employee at the Comfort Suites is very interested and supportive of hiring developmentally disabled individuals. Harkness Center has been involved.

A total of 124 new supported employment slots have been approved for the seven WNYDDSO counties for 1998-99, including 20 each with People Inc., Heritage Centers, and Suburban Adult Services, Inc.

The Niagara Frontier Vocational Rehabilitation Center has been approved by HUD Section 811 to develop a four (4) bedroom home in Orchard Park

The WSDC has experienced 14 admissions during 1998, many of them children and adolescents. As an alternative, UCPA and Baker Victory Services will develop three (3) person IRAs on the grounds of the Developmental Center to provide more appropriate temporary or intermediate term placement opportunities for children. The Community Services for the Developmentally Disabled, Inc. is exploring an expansion of their shelter program to provide similar placement options for developmentally disabled children.

Heritage Christian Centers is sponsoring a Legislative Breakfast on December 10, 1998 (new date), from 9-11. Please contact Ms. Joyce Drzewiecki for details.

The Self Advocacy Association is planning to go into schools to teach self advocacy to developmentally disabled school children. Call Mr. Darren Jackson for more information or to schedule a school for this training

The next meeting of the Mental Retardation/Developmental Disabilities Subcommittee is scheduled for Thursday, December 17, 1998

JCD/sdt
Attachments (2)
11/25/98



County of Erie

DENNIS T. GORSKI
COUNTY EXECUTIVE

DEPARTMENT OF MENTAL HEALTH

Ellen E. Grant Bishop, Ph. D.
Commissioner

Alcohol/Substance Abuse Subcommittee

MENTAL HYGIENE COMMUNITY
SERVICES BOARD

Minutes of

November 16, 1998

Ann Fournier
Chairperson

Members Present:

Ms. Patricia Clark	Ms. Bertha Laury
Mr. Anthony D'Amore	Ms. Jan Palya
Ms. Rosemarie Goi	Mr. Sam Todaro

Members Not Present:

Ms. Nancy Fortunato	Mr. James Shaw
Ms. Loretta Renford	Mr. John Shear

ECDMH Staff:

Mr. William C. Fremgen

Guests Interested in Membership:

None Present

Invited Guests:

None

DISCUSSION:

OLD BUSINESS:

1. 1999 Local Services Plan:

- Discussion about Subcommittee's changing involvement in Plan review and sign-off over the past ten years. Whereas subcommittee used to do a detailed review and comment about plan, there has been in recent years only a perfunctory sign-off. Some members advocated for returning to a more careful review of the Plan, providing comments in the form of a letter, as was done in years past. There was no vote or conclusion reached.
- There was considerable discussion on the difference between "sniping" at the system with generalized complaints and citing specific problem instances. Nothing can be done and therefore it is non-constructive and non-supportive to make generalized complaints. Specific details of problems that identify details of agency, personnel, problem, etc., create the possibility for investigation, follow-up, and resolution. Therefore it was suggested that complaints not be made unless specifics were provided.



2. ECMC Child Care Recovery Center:

- Mr. Shaw was not present and therefore there was no report on his attempts to set up a meeting with Dr. Whitney and Mr. Washousky. Members determined that this item should be removed from Agenda, that ECMC could contact the Subcommittee if further dialogue was desired.

3. Community Hearings:

- There was some opposing points of view among members present whether conducting hearings would be worthwhile. Moreover, one member expressed an opinion that the Department was understaffed and would not be able to dedicate enough time without significant membership volunteer activity in preparing, scheduling and conducting the hearings.
- Members asked staff to collect copies of announcements used for Mental Health and the MR/DD hearings.

4. ADDs Certificate of Need Application:

- Mr. Fremgen reported that OASAS has approved this application for an Intensive Outpatient Module.

5. Mapping of ASA Services:

- Ms. Goi volunteered to complete the mapping by the next meeting.

NEW BUSINESS:

- Members asked Mr. Todaro to make a presentation on EAP's at the next meeting.
- Members asked that WNY United, ECCPASA, and EPIC be asked to present their TANF programs at the January meeting.

NEXT MEETING:

MONDAY, December 21, 1998
2:30 p.m.
location: **Harlem Road Community Center**
4255 Harlem Road
Amherst





County of Erie

DENNIS T. GORSKI
COUNTY EXECUTIVE

DEPARTMENT OF MENTAL HEALTH

Ellen E. Grant Bishop, Ph. D.
Commissioner

MENTAL HYGIENE COMMUNITY
SERVICES BOARD

Alcohol Substance Abuse Subcommittee
Minutes of
December 21, 1998

Ann Fournier
Chairperson

Members Present:

Ms. Patricia Clark
Mr. Anthony D'Amore
Ms. Bertha Laury
Ms. Loretta Renford

ECDMH Staff:

Mr. William C. Fremgen

Members Excused:

Ms. Rosemarie Goi
Ms. Jan Palya

Members Absent:

Ms. Nancy Fortunato
Mr. James Shaw
Mr. John Shear
Mr. Samuel Todaro

Guests Interested in
Membership:

None present

DISCUSSION:

OLD BUSINESS:

1. EAP Presentation (S. Todaro):

Since Mr. Todaro was not present, presentation was not made. Members expressed the hope that Mr. Todaro would make the presentation at the February meeting since the January meeting agenda is full.

2. Services Mapping:

- ♦ Ms. Goi was excused, therefore the service maps she was to distribute were not available. It is expected that Ms. Goi will distribute at the January meeting.



- ♦ *Mr. Fremgen commented that the Department expects to create its own services maps using computer software within the next one to two months. Upon their completion these will be made available to the Subcommittee.*

3. Community Hearings:

- ♦ *Mr. Fremgen reported that the Department does not conduct any official Mental Health public forums or hearings because in the past these were not particularly useful, and because ongoing consumer and provider advocacy and planning activities provide sufficient and valuable input to the planning process.*
- ♦ *Mr. Fremgen distributed copies of materials that MR/DD uses for hearings (attached).*
- ♦ *Members present decided that the Subcommittee would hold a public hearing in May of 1999. A single location will be selected. The following optional locations were identified, about which no determination was made:*

*Walden Galleria
BGH*

*Langston-Hughes
Roswell Park*

*Medaille College
Daemen College*

NEW BUSINESS:

Members indicated that the ECDMH secretary doing the mailings for the Subcommittee should be commended for her orderliness, clarity, completeness, and creativity.

Next Meeting:

*Monday, January 25, 1999
2:30 p.m.
Harlem Road Community Center
4255 Harlem Road
Amherst, NY*

WCF
*WCF/sdt
ALCSUB-12
Attachments
1/6/99*

