

**Behavioral Health Services Advisory Council**  
**January 31, 2018**  
**Held at OASAS Albany and New York City Main Office, and Rochester J. L. Norris ATC**  
**BHSAC Minutes**

***Members Attending (location):***

Paul Samuels, Esq. (Chairman) (NYC)  
Katherine Breslin (Albany)  
William Gettman (Albany)  
Joseph Todora (Albany)  
Jennifer Havens (NYC)  
Dr. Glenn Martin (NYC)  
Euphemia Adams (NYC)  
Patrice Wallace-Moore (NYC)  
Dr. Lawrence Brown (NYC)  
Kunsook Bernstein (NYC)  
Ralph Fasano (NYC)  
Tino Hernandez (NYC)  
Grant Mitchell (NYC)  
Maura Kelley (Rochester)  
James Scordo (Rochester)  
Lisa Alford (Rochester)  
Michael Martin (Rochester)

***Staff Attending:***

OASAS Commissioner Arlene González-Sánchez (Albany)  
Emil Slane (OMH/Albany)  
Sean Byrne (OASAS/Albany)  
Rob Kent, Esq. (OASAS/Albany)  
Keith Brennan, Esq. (OMH/Albany)  
Mark Boss, Esq. (OASAS/Albany)  
Keith McCarthy (OMH/Albany)  
Susan Orens, Esq. (OMH/Albany)  
Pat Zuber-Wilson (OASAS/Albany)  
Janet Paloski (OASAS/Albany)  
Michele Woods (OASAS/Albany)  
Mark Simone (OMH/Albany)  
Vicky Parry (OASAS/Albany)  
Tara Gabriel (OASAS/Albany)  
Sara Osborne, Esq. (OASAS/Albany)  
Carmelita Cruz, Esa. (OASAS/Albany)  
Maria Morris-Groves (OASAS/Albany)

Gail Keeler (OASAS/Albany)  
Diane Gerdon (OASAS/Albany)  
Jeff Emad (OASAS/Albany)  
Rebecca Cooper (OASAS/Albany)  
Esteban Ramos (OASAS/Albany)  
Sarah Krasenbaum (OASAS/Albany)  
Jennifer Farrell (OASAS/NYC)

**Guest Attending:**

Jeanette Anbeloro, St. Joseph's Health, Inc. (Albany)  
Karen Sosler, St. Joseph's Health, Inc. (Albany)  
Susan Wheeler, The STAR Group, Inc. (Albany)  
Kristen Murphy, Tress Capitol Advisors (Albany)  
Brianna Valesy, Youth Power! (Albany)  
Joel Follman, Integrity Care Services (NYC)  
Howard Hillel Becker, Ph.D., Integrity Care Services (NYC)  
Dr. Michael Liebowitz, MD, Integrity Care Services (NYC)  
Benjamin Halpern, Integrity Care Services (NYC)  
Frank Cicero, Cicero Consulting Associates (NYC)  
Brian Baldwin, Cicero Consulting Associates (NYC)  
Blake Baldwin, Cicero Consulting Associates (NYC)  
Peter Millock, Nixon Peabody (NYC)  
Andrew Drazan, EBDK at Calverton (NYC)  
Craig Mosheb, EBDK at Calverton (NYC)  
John Kane, EBDK at Calverton (NYC)  
Jonathan Morgenstern, Ph.D., EBDK at Calverton (NYC)  
Judith Eisen, EBDK at Calverton (NYC)  
Barbara Knothe, EBDK at Calverton (NYC)  
Frank Cicero, EBDK at Calverton (NYC)  
Cynthia Nelson, River Hospital (Rochester)  
Ben Moore, River Hospital (Rochester)  
Brad Frey, River Hospital (Rochester)  
Carrie Bova, River Hospital (Rochester)  
Michael Montgomery, Forensic Consultants (Rochester)

**Meeting notes:**

Chairman of the NYS Behavioral Health Advisory Council, Paul Samuels, welcomed everyone to the meeting and began with introductions. The Chairman called for a motion to approve the minutes from the last full Council meeting. Motion was made, there were no correction, or amendments to the meeting, Council voted unanimously to approve the minutes.

Mr. Samuels then turned to the Commissioner's Reports. The Chairman noted the Council will be hearing from OASAS Commissioner Arlene González-Sánchez first and then Emil Slane, Deputy

Commissioner and Chief Financial Officer for OMH who will be presenting on behalf of OMH  
Commissioner Anne Sullivan.

**OASAS Commissioner Arlene González-Sánchez presented the OASAS Budget:**

Commissioner González-Sánchez discussed Governor Cuomo’s 2018-2019 Executive Budget proposal and how it impacts OASAS’ mission to combat addiction in New York State. She also discussed some of the work OASAS has been doing and what OASAS looks forward to accomplishing in the new year.

Commissioner González-Sánchez indicated, overall, this is a good budget for OASAS. It allows OASAS to continue to support prevention, treatment and recovery system of care, while also expanding services. The budget includes a proposed appropriation increase of \$80 million from last year, for a total of nearly \$787 million in overall funding for OASAS. This includes the \$26 million increase in OASAS funding the Governor announced during his budget address on January 16.

The Commissioner explained specifically, the proposed budget designates:

- \$135 million for State Operations;
- \$561 million for Aid to Localities; and
- \$90 million for Capital Projects.

She also spoke on a series of legislative changes the Governor has proposed that will impact OASAS, such as the surcharge on opioid prescriptions; social work licensing; language to allow OASAS, OMH and DOH licensed providers to offer substance use disorder, mental health and physical health under one license; authorize payments for telepractice services delivered by CASACs in OASAS-approved settings; and for the “Big 5” city school districts to receive State education aid for students in Recovery High Schools. Additionally, Governor will work with Attorney General’s Office to sue pharmaceutical companies for their role in the opioid epidemic; work to apply the seven-day limit on opioid prescription refills and prescriptions for chronic pain; advance legislation that requires ER doctors to consult the Prescription Drug Monitoring program before prescribing opioids; and Governor eliminated prior authorization from insurance companies for inpatient treatment which he proposes to extend to outpatient treatment.

Commissioner González-Sánchez also went over that the budget includes funds to expand access to prevention, treatment and recovery services throughout the state, including new Regional Addiction Resource Centers, Family Support Navigator Programs, Peer Engagement Programs, Youth Clubhouse initiatives, Recovery Community and Outreach Centers, new 24/7 Open Access Centers in each region of the state, and financial assistance to Certified Recovery Peer Advocates to attain their certification.

The Commissioner indicated several new initiatives under the federal Opioid State-Targeted Response Grant, focusing in 16-high need counties that include: adding medication assisted treatment training for providers; expanding naloxone training, and expanding peer services, tele-practice and mobile treatment services, as well as creating a Youth and Young Adult Statewide Recovery Network, and providing addiction prevention services and programs to youth in foster care and families living in New York City shelters and permanent supportive housing. In addition, OASAS has launched a new public awareness campaigns: Hidden Fentanyl Kills; Stop Treatment Fraud, You Don't Have to Be Alone; the 10-week educational television series, Nueva Esperanza Nueva Vida; and the Reversing the Stigma documentary. In closing, Commissioner González-Sánchez reported that the budget will allow OASAS to continue the work we are doing to help New Yorkers live healthy, substance-free lives.

The members who spoke congratulated the Commissioner on OASAS efforts.

Mr. Samuels asked about the litigation on settlement and surcharge, do both go to the Prevention Fund, not all goes to OASAS? OASAS Commissioner answered that the way it reads, it will go into a dedicated fund for the Prevention, Treatment and Recovery of Opioids.

Mr. Gettman asked if the surcharge fund will be for expansion? Commissioner replied it is to be determined.

Ms. Havens asked who is paying the surcharge? Commissioner indicated it is the entity to make the first sale in New York pays, most likely distributors and wholesalers. Nothing is written in stone and still needs to be tweaked.

Ms. Wallace-Moore congratulated OASAS on the "out of the box" programs, such as the Open Acces 24/7, youth club houses, and mobile vans etc. Regarding Recovery High Schools, she is hoping for continued expansion of this initiative. Saw a documentary, wonderfully done. She also mentioned she saw a campaign that was done that indicated "methadone saved my life" and thought that was excellent to reverse stigma. The Commissioner responded she had seen the campaign as well and indicated OASAS is doing similar campaigns, and also in Spanish speaking.

Dr. Martin asked for the Commissioner to explain the I-Stop concept. The Commissioner explained that doctors need to check the Prescription Drug Monitoring Program before prescribing opioids, they don't do it now in the ER rooms.

Mr. Scordo provided a thank you to the Commissioner and Rob Kent. Asked for clarification on the \$127 million for the surcharge and the \$26 million OASAS gets—the difference of \$101 million, where does it go? The Commissioner explained the \$26 million is not part of the surcharge of \$127 million. The \$26 million is new for new programs coming online. The \$127 million is separate and not included in the OASAS budget. Mr. Scordo indicated he would advocate the money go to OASAS to address workforce issues as there is difficulty finding clinical staff. The Commissioner agreed 100 percent.

Dr. Brown also added that the Workforce Ad Hoc Committee will do its best to complement all of the activities. Dr. Brown indicated concern on the contracting of the surcharge and the unintended consequences as ultimately the provider may pay and patients will then have to pay to access the medication. Indicated he is happy to share a contract he has with OASAS. Commissioner indicated the details are being ironed out.

Ms. Havens indicated there is a lack of adolescent detox beds and a need in NYC. Rob Ken explained that every hospital bed can be used for detox, and OASAS is trying to be flexible but every bed can be used for detox.

Mr. Fasano explained how in the past K2 was affecting the state, and is now use is way down, and for future epidemics we should look at how those past efforts worked to bringing K2 down. Commissioner responded that OASAS is looking at models, seeing what is working, working with law enforcement, correctional system etc. and now seeing some relief.

### **OMH Deputy Commissioner Emil Slane presented the OMH Budget:**

Mr. Slane began by indicating OMH's Major Highlights include:

- 1) *Reinvestment*: \$11M in new reinvestment for projected inpatient bed closures; bringing the total reinvestment to more than \$100M.
- 2) *Residential Enhancements*: \$10M for targeted increases to existing stipends for Supported Housing and Single Room Occupancy Units – bringing total investments to more than \$42.5M annually since 2014-15.
- 3) *Workforce COLA\Minimum Wage*: \$38.2M to fully annualize and support the Workforce COLAs for direct care and clinical staff and minimum wage adjustments.
- 4) *Capital for Crisis Respite Programs*: New \$50M capital appropriation to develop community based crisis respite capacity.

Mr. Slane explained that OMH's appropriations increased by \$112.4M about 2.7%; 2017-18 appropriations of \$4.133B increase to 2018-19 appropriations of \$4.245B. He informed the members that the State Operations appropriations are flat at \$2.2 billion, Aid to Localities increased by net of \$72.4 million, and Capital appropriations increase by \$40 Million.

Mr. Slane indicated that OMH's State Operations growth, mostly attributed to Collective Bargaining, is offset by savings achieved through the closure of vacant inpatient beds, Jail-based Restoration; and the additional conversion of residential beds and rightsizing of clinics. He indicated the budget supports a year-end workforce of 13,628 FTE; net decrease of 275 FTE.

Mr. Slane informed the members with regard to Aid to Localities, there is \$38.2 million increase to support the workforce COLA for Direct Care and Clinical Workers, and minimum wage adjustments. In addition, there is enhanced support for existing residential programs, new supported housing beds, and funding to support assessments and services for high need populations. Also, \$41.2 Million to support new residential services coming on-line, \$11 million in new reinvestment and annualization, and \$850 thousand for jail based restoration grants for counties.

He noted under Article VII legislation, the budget authorizes jail-based restoration to competency for felony defendants pending judicial hearings; extends the authorization by three years to allow OMH facility directors to act as representative payees; extends the Community Mental Health Reinvestment Act to March 31, 2021; extends Medicaid demonstration authority by three years; and introduces a permanent solution to ensure appropriate mental health practitioner licensure requirements.

Mr. Slane also indicated funding is preserved for new initiatives including: expansion for 20 Assertive Community Treatment (ACT) teams for 10 homeless in NYC and 10 new teams for high risk individuals; and for the Grants for Behavioral Health Care Collaboratives to develop infrastructure for Value Based Payment.

Other highlights discussed in the Department of Health's budget included the proposed state extension of all existing HCBS waivers and shifting the start date of the six New State Plan Services and Children's NMC transition date to July 1, 2020. Also, two proposed Medicaid pilot initiatives were discussed, one is to improve access to clozapine as the evidence-based choice for treatment-refractory schizophrenia and the other is an initiative to advance best practices in emergency room diversion and inpatient discharge practices.

Mr. Slane then opened it up for questions.

Mr. Gettman indicated with the kids, the Boards have lost faith in delivery, the delay is simply a matter of trust.

Ms. Havens explained her interest with OMH to remove prior authorization in psychiatric rooms, indicating it is a parity issue. She also discussed for OMH to stop closing child beds as there is a substantial loss in NYC, and said clinic systems are dying,

Ms. Breslin noted they know that kids aren't getting the services in a timely way, hope that providers can prepare two years down the road and be effective now. In Elis, they are working on RTF pilots to reduce lengths of stay.

Ms. Alford echoed the initiative on dually diagnosed and need for services. Also, there is no guardianship established in the adult system, may need to look at other systems of care, such as NY Connects or Office for the Aging.

Ms. Havens indicated there is a need for Department of Education to be at the table. Also, investment in the kids side is important as there is no acute system, need to expand the child welfare to stop from getting in the adult world.

Ms. Kunsook indicated mental health has a large and diverse population. Need to address the aging and youth suicide, maybe for OMH to consider a media outreach campaign to each special population for early intervention.

Ms. Kelly indicated housing conditions are deplorable, and OMH needs oversight on conditions. Mr. Slane answered that OMH conducts regular visits to the licensed housing and has started to visit unlicensed housing as part of the OMH contract review process and is working with counties on oversight and visits as well.

Mr. Fasano thanked for advocating for housing. The Bring It Home (BIH) campaign has a high need. Providers don't want to do scattered sites. Suggested an idea for the \$10 million to push to 4<sup>th</sup> quarter to \$40 million to speed up the process to fix it. Mr. Slane answered in addition to the proposed investment about 2/3rds of the Workforce COLAs go to housing, but we know this investment is still lower than BIH has identified as need.

Mr. Samuels thanked OASAS and OMH for their budget presentations and addressing the members questions.

### **Project Review:**

OASAS projects:

**CA# 2016.085 – Forensic Consultants:** requested OASAS approval for a change in ownership from David and Cheryl Gandino (82%) and Dr. Nasri Ghaly (18%) to Michael Montgomery (27.3%), Joel Sanders (27.3%) and Heather Green (27.3%) with Dr. Nasri Ghaly continuing to own his percent of the business. A Stock Purchase and Sale Agreement signed by all individuals became effective on July 15, 2016. The proposal was approved in the Project Review Committee with one abstention. Based on the recommendation from the Project Review Committee, Chair Glen Martin made a motion to recommend approval of the application and it was seconded. The motion was approved with seven abstentions. There was a great deal of discussion with the applicant, Onondaga County and the Project Review Committee regarding the program broadening its service base and integrating better with other providers in the County. There was also a great deal of discussion with the County and the Full Council in the afternoon session. The applicant was not present for that discussion. The Council made a recommendation that the County, OASAS Field Office and Forensic Consultants should meet to develop a plan moving forward that addresses all current concerns and present that plan at the next BHSAC meeting.

**CA# 2014.090 – EBDK at Calverton, LLC (EBDK):** requested OASAS approval to become a new OASAS provider of Part 818 Inpatient Rehabilitation services to be located at Jan Way, Calverton, New York. The applicant also submitted separate applications for a 20-bed Part 819 Intensive Residential service and a 20-bed Part 816.7 Medically Supervised Inpatient Withdrawal and Stabilization service at this location, which were processed as New Treatment Services. The New Provider/Part 818 application was presented to the Behavioral Health Services Advisory Council on April 22, 2015, and received contingent approval. The applicant now proposes a change in ownership of 10%, which requires re-presentation to the Advisory Council. There are no other proposed changes to the application or the services to be provided. The proposal was unanimously approved in the Project Review Committee. Based on the recommendation from the Project Review Committee, Chair Glen Martin made a motion to recommend approval of the application and it was seconded. The motion was unanimously approved.

**CA# 2017.024 – Syracuse Brick House, Inc. (SBH):** requested OASAS approval for a \$ 1,468,000. Capital Project to provide 50 beds of medically supervised withdrawal & stabilization services. SBH has acquired the facility at 249 Glenwood Road, Bldg. 1, Binghamton, New York 13905 at the Broome County Developmental Center. Building One and Annex One are part of a five building OPWDD campus. Presently, there are no Medically Supervised Withdrawal & Stabilization Services available in Broome County.

Services would be provided under the supervision and direction of a licensed physician for persons undergoing, or at risk of undergoing mild to moderate withdrawal, as well as persons experiencing non-acute physical or psychiatric complications associated with their chemical dependence. The proposal was unanimously approved in the Project Review Committee. Based on the recommendation from the Project Review Committee, Chair Glen Martin made a motion to recommend approval of the application and it was seconded. The motion was unanimously approved.

OMH Projects:

**MH-B-2798 - St. Joseph's Health Inc.:** requested OMH approval for change of sponsorship to become an MHL Article 31 sponsor, for the purpose of becoming the active parent of St. Joseph's Hospital Health Center (SJHHC), in Syracuse. Upon approval, St. Joseph's Health, Inc. would be recognized as the sponsor of the program, while SJHHC would continue to be the licensed operator of the program. A companion Certificate-of-Need (CON) application was filed with the NYS Department of Health (DOH) on October 16, 2017 and is currently under review. The Project Review Committee had passed the proposal to change the sponsorship. Based on the recommendation from the Project Review Committee, Chair Glen Martin made a motion to recommend approval of the application and it was seconded. The motion was unanimously approved.

**MH-B-2799 - River Hospital:**

Keith McCarthy indicated they are pulling this back and will bring back in April's meeting as there are outstanding questions.

**MH-D-2759 - Integrity Care Services, Inc:** requested OMH approval to become an MHL Article 31 sponsor, for purposes of establishing a clinic treatment program at 1428 40<sup>th</sup> Street, Brooklyn. Through the proposed Integrity Care Services Outpatient Mental Health Clinic Treatment Program, per the applicant, an interdisciplinary team of mental health professionals are proposed to staff the clinic with competencies in treating people with mental illness and cultural competence in treating people from the Orthodox Jewish communities, specifically, as well as other minority groups in Brooklyn. Integrity Care Services intends to provide services to approximately 250 patients annually, including 188 patients whose health insurance is Medicaid. They intend to provide clinic treatment services to indigent clients, admitting patients regardless of their ability to pay. Integrity Care Services proposes use of a sliding scale fee for those clients without health insurance. Keith McCarthy indicated OMH issued a letter to applicant on December 13, 2017 regarding outstanding issues. OMH received the letter on January 5, 2018 with three letters of support included. Reviewers have consistently conveyed their belief that a need for additional providers of mental health services did not exist in the borough or proposed neighborhoods. The OMH NYC Field Office provided a summary of communications with the Clinical Directors of four of the five agencies to whom Integrity Care Services, Inc. has sent certified letters. These communications served to confirm that surrounding agencies do not have wait times, have sufficient availability of Yiddish speaking clinicians, and that there have been no perceived access issues regarding language barriers, specifically for psychiatric services. OMH believes that no need currently exists for the clinic proposed.

Guests representing Integrity Care Services spoke at length indicating the program had provided everything OMH had asked, Integrity provides for needs based on actual people, they have positive



outcomes on mental illness and provided those outcomes to OMH. The patients had refused to go into OMH services based on prior experiences and cultural background (Jewish-Orthodox). The guests indicated they have pre-arranged marriages and need privacy on their treatment as there is a stigma with the families. They stated Integrity provides services and interventions delivered by highly skilled physicians and clinicians. The guest indicated the need for services is documented by mental health needs of community; Boards have documented the need and emphasized mental health is highest priority. Guests stated that 50 patients have benefitted from the services. The BHSAC Members voiced concerns that the clinic would cater to the stigma that already exists, and licensing the clinic may take away services already provided by licensed programs. Keith McCarthy explained there is a balance in trying to have a program financially sustained if they have small caseload. The Program Review Committee had a tie vote, 3 members voted yes and 3 members voted no. Based on the discussions and tie vote from the Project Review Committee, Chair Glen Martin made a motion to recommend approval of the application and it was seconded. The motion was approved with 10 members in favor, 3 opposed and one abstaining.

### **Regulations Committee**

Chair Patrice Wallace-Moore indicated there was no quorum at the Regulations Committee so there could not be a recommendation to the council. The regulations were discussed.

#### *OMH 14 NYCRR Section 18.7:*

OMH counsel was not present to discuss the OMH regulation. It is a consensus rule and makes minor technical corrections to the regulation consistent with a recently amended statute. The amendment allows the warden or jail to transfer custody of an inmate/individual brought to a hospital unless an agreement is made to transfer the individual into the custody of the Office of Mental Health. There was a question of who would be responsible for watching the prisoner at the hospital. The regulation was unanimously approved.

#### *OASAS 14 NYCRR Part 829 Repeal:*

This is for the repeal of an obsolete regulation (Authorization for Physicians to use Controlled Substances for Treatment of Chemical Dependency) regarding registration of physicians authorized by the DEA to prescribe buprenorphine for addiction treatment pursuant to the DATA 2000 (“DATA 2000 waiver”). Part 829 corresponded with DOH 10 NYCRR 80.84, as both agencies collaborated on the NYS registration process for waived physicians. However, since 2002 SAMHSA has facilitated the waiver process and tracks the practitioners waived nationwide, making the need for a state registry obsolete. DOH repealed their regulation in 2008. The regulation was unanimously approved.

#### *OASAS 14 NYCRR Part 857 – Repeal and replace Part 857:*

This is the repeal and replace of Part 857 regarding Problem Gambling Treatment and Recovery Services. As casino gambling grows across New York, more education and treatment resources are needed with a dedicated funding stream as well as specially trained licensed professionals to treat gambling disorder and problem gambling. Currently, programs apply for a waiver to provide gambling only services, this regulation provides a designation process for programs seeking Office approval to provide such services. The substance is similar but the process for Office approval is changing. In the future, programs may

have the opportunity to seek Medicaid reimbursement for gambling treatment, such services are covered by commercial insurance now. The regulation was unanimously approved.

**Workforce Committee Report:**

Dr. Brown delivered a Workforce Committee update. He reported that the Committee members are working feverishly on prioritizing their lists, and recommends an OMH/OASAS loan forgiveness presentation. Next meeting of the Committee is scheduled for February 22nd.

**Special Presentation:**

Maria L Morris-Groves MEd, Bureau of Adolescent, Women and Children 's Services, OASAS, provided an "Update on Pregnant and Parenting Women with a focus on Opioid Disorders." Maria provided an overview of the In-Depth Technical Assistance (IDTA): Substance Exposed Infants program that serves pregnant and parenting women with substance use disorders and their substance-exposed infants. The goals are to: Increase access to treatment; Increase universal screening; Explore the use of peer services with this population; and Develop a NYS Plan of Safe Care for substance exposed infants and their caregivers, as required by the 2016 re-authorization of the CAPTA act by the 2016 CARA legislation. Maria indicated the progress to date was NYS OASAS awarded a State Pilot Grant for Treatment of Pregnant and Postpartum Women: \$1.1 million for 3 years and a portion of the grant will build on IDTA work regarding treatment standards for gender-specific, family-centered care. OCFS developing Plan of Safe Care and Guidance and OASAS is working with interagency groups to explore and develop guidance documents on screening and peer services.

Also discussed was Project PROMISE for Pregnant or Mothers with Infants Substance Exposed. Project PROMISE is a 3-year grant that places focus on increasing access to treatment for pregnant and post-partum women with substance use disorder including but not limited to opioid use disorder. This grant also seeks to enhance New York State infrastructure by developing a gender specific, family-centered operating certificate endorsement for outpatient providers. Project PrOMISE will address the barriers to treatment of pregnant women as well as the increase in the number of babies born substance exposed in two ways: By increasing access to treatment as well as education related to treatment for pregnant and post-partum women through collaborative outreach with community stakeholders such as family planning clinics and OBGYN offices, and Provide family-centered treatment as well as gender-specific treatment to women and their families.

As time was running out on the agenda and Maria had to provide a short overview, Mr. Samuels apologized and offered to invite her and her staff back for a more detailed presentation and further discussion.

**Public Comment and New Business:**

Mr. Samuels called for any public comment. There was none. Mr. Samuels asked if there was any new business. There was none. A motion was made and seconded to adjourn. There being no further business before the Council they adjourned at 2:30 pm. Next meeting is for April 26, 2018.