

Lackawanna County Human Services Advisory Board

Minutes of the November 14, 2014 Meeting

Distributed January 12, 2015

Attendees

Human Services Advisory Board members:

Dipti S. Pancholy, MD, COO, North Penn Cardiovascular Specialists, Wright Center for Graduate Medical Education

Marilyn Vitali Flynn, Independent

Human Services leadership:

William Browning, Executive Director, Human Services and Office of Youth and Family Services

Kerry Browning, Court and Community Services Director, Office of Youth and Family Services

Bo Hoban, Administrator, Drug and Alcohol Programs

Colin Holmes, Executive Director, Area Agency on Aging

Adrian Maillet, Chief Administrative Officer, Human Services

Patricia Sack, Assistant Director, Human Services

Facilitators:

Angela Bell and Bill Davison, The Davison Group, Inc.

***Note:** The following are full context minutes rather than abbreviated notes. This allows meeting participants to revisit the meeting in a more comprehensive way, to consider comments more completely in the context in which they were made, and to provide detail to board members unable to attend. Comments are attributed only when the speaker's identity and role are key to their understanding. General discussion, such as comments, questions, or responses to questions posed by the chair or a facilitator, as a rule, is purposely not attributed to promote collaboration and teamwork. Last names are used the first time an individual is mentioned in the notes, and to distinguish participants with the same first name. Comments and questions regarding the minutes are always welcome and should be addressed to angela@thedavisongroup.com.*

Welcome and approval of minutes

Bill Browning welcomed members and noted that a number of members were unable to attend. In the absence of a quorum, approval of the September meeting minutes would be deferred to the next meeting, along with the mission discussion.

Successful meeting outcome

Bill Davison said that while this would not be a typical meeting, a successful outcome would be to debrief, discussing what was learned from the hearing and what that knowledge portends for the future, and, separate from the content, what was learned from the hearing as a process. A secondary purpose would be to consider future meetings and how they will line up in the coming year.

Public hearing debriefing

Bill Browning said that Jim Gavin had contacted him regarding an issue raised at the public hearing—that of transportation to the regional detox unit. He suggested meeting with Mark Shore, the CEO of Wyoming Valley Behavioral Health, whose parent, Commonwealth Health, owns an ambulance company. Bill said the next step would probably be to meet

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with Jeremy Yale and have the discussion, along with Jim Gallagher from Northeast Behavioral Health Care Consortium (NBHCC) and Jim Gavin.

Bill noted that transportation comes up as an issue in every human service area and said that Children and Youth established a transportation unit to try to eliminate lack of transportation as a reason for failure to visit. As a result, transportation has now become a non-issue. By taking transportation out of the equation, he said, it's possible to identify the people who aren't going to follow the service plan even though transportation is available.

Regarding issues related to exchange of information in domestic violence situations, Bill said it would be necessary to get a clear understanding from Peg Ruddy of under what circumstances, if any, existing structures can be used. He emphasized that there are neither new dollars or new systems, and that while victim confidentiality has to be protected, thinking outside the box would be necessary to obtain funding. Bill Davison asked if one of the county judges who is knowledgeable about confidentiality regarding 911 calls might be able to assist in breaking through any barriers, with the caveat that the Court cannot provide counsel. In the past, he said, Judge Barrasse was very helpful when the CJAB was seeking clarification on this matter. Bill Browning replied that Human Services has had conversations with Judge Barrasse regarding the proposed Domestic Violence Court and that he does feel there is some room, the issue being philosophy vs. legislation. Ms. Ruddy reportedly had been asked if she would share information if there were a legal way to do so, and she said no.

Bill Davison said the confidentiality question has been a barrier in other domains in some counties, whereas in others they were able to work together legally without a problem. Kerry Browning said that an existing Domestic Violence Court in Buffalo provides a helpful model. She said that a specialty court can provide a mechanism to break things down, but it will take time.

Bill Davison added that almost every area of Human Services has gone through this type of challenge, and that it becomes a question of whether an agency wants to find ways to collaborate. He said this is an operating principle for the board to consider: Are we going to look for authentic, legitimate ways to overcome real or perceived obstacles, rather than simply saying that something can't be done?

Bill Browning said that integration has been accomplished in other counties and other states. Montgomery County, MD and Alameda County CA are truly integrated, Allegheny County is somewhat integrated with interdepartmental information sharing. Lackawanna County can learn from their experience. He indicated that some of the same issues exist in behavioral health, drug and alcohol, and child welfare, and that those departments have moved beyond them, protecting the rights of people who are being served, but not to the point that they are being harmed because of overextension.

Domestic Violence Court, Bill continued, has been in planning stages for months. Obtaining technical assistance from the first such specialty court in Kings County, NY, is being considered; information will continue to be shared with the advisory board, as well as the detox transportation issue.

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One of the other issues raised at the hearing, Bill said, was public information aimed at eliminating the stigma of addiction.

Bo Hoban said the focus now should be on community education with regard to the heroin and opiate epidemic. The key to public awareness, he said, is trying to find recovery advocates/voices in the community because no one else can really get that kind of engagement. Drug and Alcohol Programs is attempting to move toward that as a new model of prevention—a component of the Recovery Oriented Systems of Care (ROSC) initiative with the department's partners in managed care. He pointed out that there has been a real gap in education efforts around the opioid epidemic and related issues.

Bill Browning said they had been to Philadelphia twice now, and the theme there seems to be getting the actual people with lived experience to be integral parts of the program. Sometimes, he said, they are on the sidelines and are brought in after all the professionals. Based on what the department has learned in Philadelphia, that may be backwards. Those with lived experience should be driving the effort.

Bo recalled the hearing testimony of the young woman, who said that when she started to get the information about addiction's being a brain disease that had nothing to do with her will power or morality, she became more empowered. There should be more educational efforts and community resources around that aspect, he said. Bo added that he had spoken with a family group on Wednesday night and half of them didn't know what the Single County Authority (SCA) did. Once they got to the door, it was good service, but up to that point, which came through Probation, it was a long road. Resources within the provider network need to be applied as well.

Dr. Pancholy recalled the testimony of a case manager who said that "the people who come to her have to come." Her concern, Dr. Pancholy said, is those who should be accessing treatment but are not. She said we should be working toward making access apparent, not just to the people who come through the penal system, but to everyone who is eligible, to prevent them from entering the penal system.

Bill Browning said that's the point of getting to the source as a disease. Haven't seen anything about it as a health issue; people will say how serious it is, but no one will say that it is like diabetes. Bo added that this is just a starting point.

Some of the things being done under the ROSC model involve the use of certified peer specialists who will get out into the community, using the drop-in recovery center—those are ways to get people in who need help but don't have the pressure of the Court on their backs, he continued. Kerry added that the community would change itself after a while.

Bill Browning noted the value of media events, and said that Philadelphia's first recovery march had about 100 people but now involves tens of thousands.

Bill Davison said he recalled a European study, probably not recent, about how to get people involved with this issue. He asked whether this is a mission question for the board: What should the board's role be in getting at what we are talking about? Is the mission a

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very narrow one, just that we're here to figure out how to balance resources, or is it a larger mission to look at ways to transform local culture?

Bill Browning replied that he doesn't think you can do one without the other; you can't say that we are here just to analyze the resources without also being an agent of change. He said that the goal with the advisory board was to make it different than boards that meet and just report out, deciding that everything is great when usually the "bad stuff" is underneath somewhere. He said that is not the way the advisory board will operate. When the state comes in, he said, he points out departmental errors before they ever find them and says, "Here's where we're struggling." There is a Human Services model that wants to insulate itself from the public with glossy reports, etc., and one that actually wants to listen to the community, to partner, and to change things on the ground. That's a lot harder and you can get banged up, Bill said, but "I think a lot of us here are about that."

Marilyn said she is at the table because of people she knows who have suicided and who have had drug problems, and that she is committed from her heart. Dr. Pancholy said that she joins a board not to be the rubber stamp but to look at the whole process and be a part of it.

Bill Browning said he sees the board as being very influential, perhaps sitting down with the provider network, getting whatever information it needs, and, if changes are necessary to provide the highest level of service to the community, then doing what it takes to effect them.

Bill Davison, reacting to Bill Browning's comments, said there is an art and a science to how such a posture is adopted within the community. The point, he continued, is that given the talent in this room, the message could be executed so that it isn't either/or. This is a much more sophisticated mission, he said, but also an exciting one. The net/net is to be cognizant of the need for strategic planning and the cascading effects, the ripples. The discriminator in the county's favor is that if you tackle things this way, you will be able to get at things that others haven't. To be successful, Bill continued, you need to have an authentic need that you are trying to address (which you heard about in the public hearing, how to reach others) and a champion. It will be important to identify the champions to lead that charge, and rank doesn't have to be part of the qualification. The third part of the triangle, he said, are the resources, which is part of the board's own thinking about things. There are clearly some champions, but some of them may not necessarily be positioned to run the race.

Bill Browning said that as the board becomes more mature and starts attacking the issues, it will be pulling in resources; in general, the simplest solution is usually the best and not necessarily the government's. He said his hope is for an advisory board willing to say that something doesn't make sense and ask why it is done that way, to avoid getting caught up in the quagmire of government. His hope, he added, is that we would start to see that level of comfort and intensity in the coming months. He reminded the board that meetings would be quarterly, and indicated that some hard dates for the quarterly meetings would be sent out, with possibly some dates in between for other uses, such as public hearings or work sessions. The next board meetings will probably be in January and March, and after that will follow the fiscal quarters.

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Bill Davison asked if there were any other lessons learned or recommendations about the process of conducting the hearings.

Colin Holmes said the November hearing was something of a luxury, in that often such hearings have ended up being more generic and thus more watered down. The single subject hearing, he said, lent itself to the availability of individuals willing to come in to talk to that particular concern. He said his recommendation would be to continue to keep the hearings more narrowly focused.

Bill Browning said this had been discussed as a matter of expediency, and that the topic hearing format would continue for the first go-round this year, with possibly a general hearing on the plan. In that way, information can be provided on topic-related issues and also cross categories to address overlapping problems, such as homelessness and drug and alcohol, public health, etc. The board will want to consider looking at this as a permanent structure/approach for the public hearings, with the second pass the other topic areas that crossover.

Assessment of meeting outcome

Bill Davison asked if the meeting had been successful. While certain agenda items could not be accomplished, Bill Browning pointed out that there was a specific action step regarding detox transformation, and noted that any board members who wish to be part of the discussion should contact (angela@thedavisongroup.com).

Next steps

- Jeremy Yale will set up a meeting with Jim Gallagher from Northeast Behavioral Health Care Consortium (NBHCC) and Jim Gavin to discuss detox transport.
- The Davison Group will coordinate board communication to finalize the meeting/public hearing calendar for 2015.
- Approval of the September meetings and the mission finalization are deferred to the next meeting.