

**HUMAN SERVICES ADVISORY BOARD**  
**NOVEMBER 08, 2023**  
**SHARWELL BUILDING**

**CALL TO ORDER:**

A meeting of the Human Services Advisory Board was Called to Order at 5:02 p.m. by Jonah Milliken, Chairman.

**Members:** Jonah Milliken; Robert “Pete” Smeltz; Chad Riley; Virginia Council; Susan Newcomer; Michele Hazel; Richard Saylor; Tony Cooper; Dr. Terri Calvert; Commissioner Richard Mirabito; Jennifer Lake; and Emily Hodges.

**Staff:** Matt Salvatori - CYS Administrator, Keith Wagner – Executive Director/MH-ID Administrator; Kathy Hepler – AE Quality Manager; April Shimel – County ID Director; Kelly Gordon – CASSP Coordinator; and Aundrea Trautner- Administrative Assistant.

**Guest:** Jen Reeder- West Branch Drug and Alcohol Abuse Commission

**INTRODUCE NEW BOARD MEMBER:**

Jonah Milliken welcomed Richard Saylor as a new member for the CYS subcommittee. Mr. Saylor’s membership was approved at the Executive Committee of the Lycoming-Clinton Joinder Board held on 9/20/23. Mr. Saylor has a long career history serving in the family and child welfare sector. He worked as a JPO Officer, CYS Supervisor for Lycoming County CYS Shelter and Day Treatment Programs, Director of Lycoming County Children and Youth Services for 18 years, and Supervisor for Lycoming-Clinton Children’s Mental Health. Retired since 2016 he currently serves as the Chairperson for the Lycoming County BBBS.

**MINUTES OF PREVIOUS MEETING:**

Michele Hazel Moved, and Tony Cooper Seconded a Motion to:

*“Approve the minutes from the August 12, 2023, Human Services Advisory Board meeting as presented by staff.”*

The Motion passed unanimously.

**OVERVIEW OF ADMINISTRATIVE ENTITY MANAGEMENT QUARTERLY REPORT AND IM4Q UPDATES:**

Keith Wagner introduced April Shimel, County ID Director to the board. April was hired in the summer of 2023, replacing Kathy Lynn.

Kathy Hepler, the Joinder’s Administrative Quality Manager, provided the HSAB with a required update of Administrative Entity Quality Management Plan Objectives and IM4Q reporting information. She noted the objective is to reduce incidents by 10% for FY 2023/2024 from 28 incidents per year to 25. There was a total of 11 incidents filed this quarter, 6 psychological, and 5 physical.

Ms. Hepler noted concerns regarding the increased volume of medication errors reported, 42 reported for Fiscal Year 2022-2023. She noted that facility staff are not providing medication to clients in a timely manner and discussed plans to further monitor this serious issue in the future.

Michele Hazel asked if there was a reason for these medication errors. Ms. Hepler responded that there has been a staffing crisis with providers reporting a high turnover rate, staffing shortage and insufficient training.

Kelly Gordon asked if there were specific providers having these issues and how many group homes have been affected. Ms. Hepler stated that there were 2 group homes currently failing compliance.

Michele Hazel asked if these individuals were being held accountable for the medication negligence. Ms. Hepler responded that one person was terminated, and they were taking steps to retrain current staff.

Mr. Milliken commented that low salaries make hiring recruitment difficult.

Mr. Saylor stated that more training should be required, and these providers bare a bigger burden to train and supervise if quality staff are not available.

Mr. Wagner commented that time is an issue and staffing shortages mean less employees to cover shifts while others are sent for training. He mentioned that retention is also an issue when higher salaries and a less stressful work environment are offered in other fields.

Mr. Saylor suggested an incentive program for employees to increase retention.

Mr. Wagner stated that ODP has provided funds to increase recruitment and retention and are working on the problem.

Ms. Shimel stated that a risk management committee is being created so providers can participate in information sharing to find solutions to these types of problems.

Mr. Smeltz suggested the HSAB also monitor these concerns and assist with helping to find solutions.

The summary documents distributed by Ms. Hepler are an attachment to these minutes (**Attachment A**).

### **SYSTEM OF CARE GRANT:**

Mr. Wagner commented that SAMHSA, a federal government program, provides several grants for services. The Joinder applied and received a grant to create a System of Care Services Unit. With these funds the Joinder will hire (2) new staff members. The Family Coordinator position will be filled by an individual who has previously navigated and advocated in the child-serving mental health system. The second position will be filled by an individual that is a primary caregiver of a child, youth, or young adult who has received publicly funded mental health services. This grant will provide funding of \$500,000.00 per year for peer support and family led community support services.

### **THIRD STREET PLAZA MOVE:**

Mr. Wagner stated the current lease for the Sharwell Building expires July 31, 2024. The board recently approved moving the agency to the 4<sup>th</sup> floor of the Third Street Plaza in downtown Williamsport. Anthony Visco is the architect designing the space and there was walk-through today for contractors wishing to bid on the project. The contractors were given a project completion deadline of May 15, 2024. This will give the agency time to relocate and make any wall repairs to the Sharwell Building. The money saved in rent will be put back into services.

Mr. Saylor inquired about the amount of money that would be saved as a result of this move. Mr. Wagner stated that the agency currently pays \$42,000 per month to rent the Sharwell. Mr. Wagner added that because of community based and remote work the agency no longer requires a large footprint of office space. The move is also a win for the downtown area and will assist the county with sharing the building costs.

Mr. Riley inquired about the amount of parking available to staff and clients. Mr. Wagner stated that parking has not been determined. He further added that the Parking Authority has a large lot adjacent to St. Marks church that is roughly a block from the building. There is also the possibility of using the parking garage next to the building.

Ms. Newcomer stated that she is currently on a committee for the local church and can inquire about the possibility of the Joinder renting that parking space as well.

### **CHILDREN AND YOUTH SERVICES UPDATE:**

Mr. Salvatori provided the following updates regarding Children and Youth Services:

1. Database – The current JCIS database used by CYS will no longer be available for 2024. The agency is currently transitioning to the CAPS database and is in the process of transferring and converting all current data to the new system. The CAPS system is currently used by 57 counties in the state.
2. 2<sup>nd</sup> Shift Unit – When CCR was contracted to handle MH Crisis services, CYS created a second shift unit to handle after-hours calls. This has been a positive change as it allows the caseworkers to focus solely on CYS concerns, making the caseloads more manageable.
  - a. Mr. Wagner also added that CCR plans to provide 24-hour walk-in services and interim housing. CCR has found a new building on Washington Blvd. in Williamsport which will provide laundry and showers for interim residents. CCR will be vacating the Sharwell building along with the Joinder this coming year.
3. School Outreach Services – CYS recently expanded and now provides full-time outreach services to South Williamsport and Muncy school districts. The future goal is to implement outreach services in all schools in Lycoming and Clinton County.
  - a. Mr. Wagner added that school outreach caseworkers provide services outside of the education system's realm including truancy, child welfare, SAP programs, and mental health/family service referrals. School districts contribute to the costs and the caseworkers assigned to each school are based on student body population.

### **AUTISM WORKGROUP UPDATE:**

Mr. Salvatori reported on the progress of the autism workgroup. This group of individuals, along with Judge Tira work to provide training for courthouse staff to meet the needs of autistic individuals and make it a more friendly environment.

### **SANCTUARY TRAUMA INFORMED CARE:**

In 2018 The Joinder began implementing trauma-informed care practices at the agency through training with the Sanctuary Institute. The state Child Welfare office is requesting that every agency obtain this certification. This process was a 5-year endeavor and required a lot of work and The Joinder obtained its trauma-informed certification in January of 2023.

### **OTHER BUSINESS:**

**Meeting Dates:** Several meeting dates for 2024 were presented the board for review.

Virgina Counsil Moved, and Richard Saylor Seconded a Motion to:

*“Approve the following meeting dates for calendar 2024: January 9, 2024, April 9, 2024, August 13, 2024, and November 12, 2024.”*

The Motion passed unanimously.

**Board Member Resignations:** Mr. Smeltz stated his desire to resign from the board. Commissioner Richard Mirabito will also be leaving the board and looks forward to assisting in the private sector to provide housing for those in need. The board thanked Mr. Smeltz and Commissioner Mirabito for their service and wished them well.

### **NEXT MEETING AND ADJOURNMENT:**

It was noted that the next quarterly meeting of the Human Services Advisory Board is scheduled for Tuesday, January 9, 2024, at 5:00 p.m. at the Sharwell Building. During that meeting there will be an election of officers for the coming year. With no further business before the HSAB, the meeting was adjourned at 6:20 p.m.

Respectfully Submitted,

Keith A. Wagner  
MH/ID Administrator

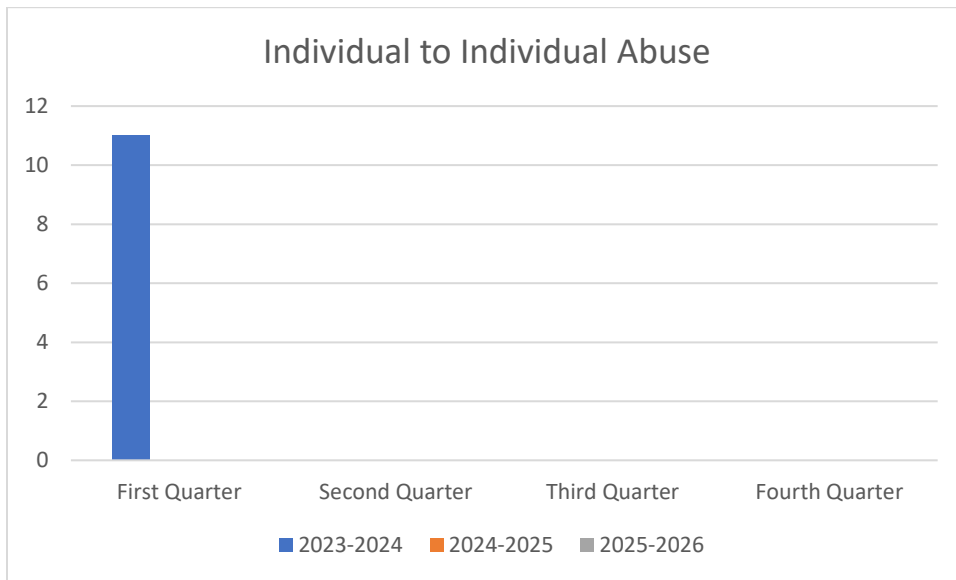
Matthew Salvatori  
CYS Administrator

**Review Period 7/1/2023-9/30/2023**

**Focus Area: Individual to Individual Abuse**

**Data Review:** The goal for this objective is to reduce incidents by 10% for FY 2023/2024 from 28 incidents per year to 25 incidents per year of Individual-to-Individual Abuse (I to I). There was a total of 11 incidents of I to I filed this quarter (July-3; August-4; September-4). Six incidents were Psychological, and five incidents were Physical. Incidents are debriefed by staff and with individuals.

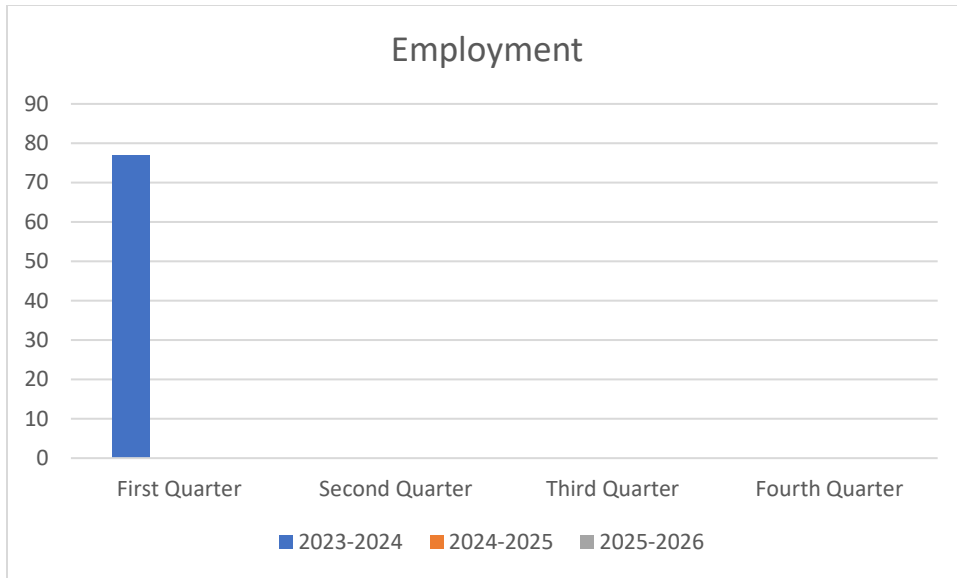
**Identification of Barriers and Strategies to Overcome Them:** Agencies continue to debrief with individuals. Corrective actions have been put in place to better support individuals. One person has been moved to another home as the team felt he would be better supported living by himself with supports. There will be a change in the Incident Management System beginning November 11, 2023. All I to I incidents will need to be investigated.



**Focus Area: Employment**

**Data Review:** The goal for this objective is to increase the number of people employed to unduplicated individuals employed in Competitive Integrated Employment to 83 individuals employed which is 10% over the baseline of 77 by the end of FY 2023-2024. There were no terminations. Individuals who employed last quarter-maintained employment. There are currently 77 people employed in Lycoming/Clinton Counties.

**Identification of Barriers and Strategies:** Individuals interested in gaining employment receive services to help them gain skills needed for successful employment. Skills vary based upon the need of the individual. Individuals are feeling more comfortable returning to work due to COVID.



**Focus Area: Medication Errors**

**Data Review:** In Fiscal Year 2022-2023, there was an average of 42 Medication Errors-Omission. Medication Error-Omission is defined as an administration of medication fails to occur. Staff administering the medication are certified in medication administration. The Administrative Entity will have ongoing discussion with providers regarding the omission of medications. The goal is to develop strategies to ensure individuals receive their medication as prescribed by their doctor.

The goal is to have a decrease of 10% of Medication Errors-Omission for the first quarter of fiscal year 2022-2023 which is no more than 38 Medication Errors-Omission. This quarter there were 22 reports of Medication Errors-Omission. The goal for next quarter is to have no more than 32 Medication Errors-Omission.

**Identification of Barriers and Strategies to Overcome Them:** Providers report that staff did not compare the label to the Medication Administration Record; did not obtain a medication refill in a timely manner (from the health care provider or pharmacy); did not receive the prescription in a timely manner from the pharmacy or staff did not administer the medications.

Providers provided re-training, observation of medication administration, observation of medication passes, and employment termination.

## Medication Errors

