

BRONX COMMUNITY BOARD NO. 8

**MINUTES OF THE HEALTH, HOSPITALS & SOCIAL SERVICES
COMMITTEE MEETING, March 16, 2015**

PRESENT

Steven Froot
Lisa Daub
Michael Heller
Sylvia Alexander
Beverly Fettman
Julia Gomez
Laura Spalter
Dan Padernacht
Rosemary Ginty
Karen Pesce
Bob Bender
Robert Press
Herb Young
Eva Morgan
Nic Cavell
Damian McShane
Anne Cagney
Geraldine Gaughan
Catherine O'Hara
Tara McMaster
Evelyn Henry
Marion Cregan
Gildaira Saladin
Luz Thaqi

AFFILIATION

Committee Chair
Committee Vice Chair
CB 8 – Committee member
CB 8 – Committee member
CB 8 – Committee member
CB 8 – Community committee member
CB 8
CB 8 Chair
CB 8 Vice Chair
CB 8
CB 8
CB 8
Administrator, Riverdale Manor Adult Home
Riverdale Press
Neighbor
Neighbor
Neighbor
Neighbor
Neighbor
Neighbor
Neighbor
Neighbor
Neighbor
Building Superintendent

The meeting was called to order at 6:00 p.m. at the Riverdale Mental Health Association, 5676 Riverdale Avenue, 2nd Floor Conference Room.

Presentation: **Eva Morgan, Administrator**
 Riverdale Manor Adult Home
 6355 Broadway at West 254th Street

The committee welcomed Eva Morgan, who has worked at Riverdale Manor for over thirty years, and is now the Administrator of the facility. Ms. Morgan came prepared to discuss Riverdale Manor's operations and resident population, as well as any concerns raised by community members who live or work near Riverdale Manor.

The Chair also invited discussion of potential changes to Riverdale Manor that may result from the July 2013 settlement of a federal litigation in which Disability Rights New York, a public interest organization, sued New York State. That settlement requires the deinstitutionalization, within four years, of a certain percentage of adults suffering from mental illness who currently

reside in institutional settings within the five boroughs of New York City. According to Mr. Froot, there are approximately 4000 mentally ill adults currently residing in such facilities.

Ms. Morgan started by stating that she was not prepared to discuss the developments under the court settlement with the State, although she confirmed Mr. Froot's understanding that under the settlement agreement, residents who wish to leave an institution and who are able to live on their own, with supportive services, are expected to be placed in individual apartment units.

Riverdale Manor has been in operation since 1978 and currently has 256 beds. Ms. Morgan described the population as geri-psychiatric, mostly 60 years of age and older, with an annual turnover of approximately 45 residents. Residents who leave generally transfer to a nursing home for more intensive care. There is a screening process before someone can be admitted. Residents with a history of substance abuse, alcoholism within the past three years, an incarceration history, or sex offender status are not considered. Riverdale Manor also does not admit persons with traumatic brain injury. Residents do not, however, have to have a psychiatric diagnosis to be accepted. The facility often requests a psychiatric assessment, and always conducts a personal interview to verify the documentation.

Riverdale Manor receives most residents through referrals from hospitals (both psychiatric and medical), nursing homes, community residences, family members, and in rare instances, from day treatment centers. Riverdale Manor provides meals, housekeeping, case management and some nursing services to all residents. In addition Riverdale Manor contracts with outside providers for psychiatric treatment, medical care, home care, medication management, art and music programs, and recreation on site. Approximately 70 residents attend day programs outside the facility.

Riverdale Manor does not have skilled nursing, and therefore cannot provide the level of care offered in a nursing home setting. Riverdale Manor is owned and operated for-profit, and it leases the building it occupies. Riverdale Manor receives revenue from the residents SSI, Social Security and pensions as well as from the NYS Department of Health. None of the residents "self pays," and Riverdale Manor does not receive insurance payments.

Regarding the lawsuit and the settlement, deinstitutionalization has not started yet. The process will be supervised by the Department of Health, which is in the process of selecting organizations that will bid on contracts covering a certain number of residents, very possibly managed long term care agencies. Once a provider is awarded a contract, that organization will conduct "inreach," interviewing residents to evaluate those that want to leave the institution. Based on a recent article in the Riverdale Press, as well as research by HHSS Vice Chair Lisa Daub, it appears that responses to a Request for Proposal for Phase 1 pertaining to 75 residents at Riverdale Manor were recently due and the contract could be awarded by April, with inreach beginning that month. Those who leave will be discharged to apartments and receive supportive services.

Supervision of residents is provided inside the facility and in front of the facility, but residents are not confined – they have a right to leave the building and walk around the neighborhood. There is a default curfew of 10 pm; if a resident is going to return after that time, the facility is notified

in advance. Under normal circumstances, Riverdale Manor does not attempt to (and is not equipped to) supervise the residents after they exit the facility, for example, to walk a few blocks away to buy a cup of coffee.

Ms. Morgan acknowledged that Riverdale Manor has in the past received complaints about its residents loitering, panhandling (at times aggressive in nature), disturbing behavior, and other nuisances such as residents going through trash and leaving litter behind. Ms. Morgan stated that she believes that the complaints involve a minority of her residents, and clarified that Riverdale Manor does try to address any concerning behaviors that are brought to the facility's attention. Ms. Morgan stated that she would appreciate it if neighbors who see a problem come directly to the facility as soon as possible to report the incident, so that the resident in question can be identified and steps taken by Riverdale Manor to address the resident's problematic behavior. She emphasized her "open door" policy.

Ms. Morgan then asked the community members for feedback about Riverdale Manor over the last two years. Community members present at the meeting reported incidents of panhandling on West 254th Street, including knocking on car windows with children inside, although there was a sense that the panhandling had diminished somewhat from prior years. Additional reports included an increase in littering directly in front of the facility, residents regularly going through trash and leaving a mess behind, a person talking to a tree in view of children, a person passed out on the sidewalk, a man walking the streets in tights and a tee shirt in winter, and a lady walking in the neighborhood without shoes. Certain bus stops on Broadway, in either direction from the facility, are places where the problems are most acute. One attendee spoke on behalf of a merchant on Mosholu Avenue, who stated that there has been no change in the last three years with respect to residents panhandling and loitering in front of certain establishments. The superintendent for 20 years of a nearby apartment building stated that in his recent experience, the residents were not aggressive, but had displayed extremely inappropriate behavior right in front of the building, routinely disturbed a trash container, and picked many of the flowers planted to beautify the building grounds. He stated that there had been no change for better or worse in the last two years, and that the problem seemed to be limited to about 5 residents. There was also concern expressed about the proximity of the Susan Wagner Preschool to some of the incidents.

The chair asked the community members to provide a rough number of concerning Riverdale Manor residents. The sense of the neighbors in attendance was that there are 10–15 people who display concerning behaviors, but not more than 5 who are aggressive (shouting or panhandling).

The Chair proposed the formation of a Community Advisory Board, or CAB, that could provide an opportunity for regular communication between neighborhood residents and small businesses, and Riverdale Manor management. It was proposed that the CAB meet quarterly at a location to be determined. Ms. Morgan was receptive to the idea, but stated that she had to take the suggestion back to Riverdale Manor's owners. She also indicated that Riverdale Manor did not have space to accommodate such a meeting, although one member of the community suggested subsequent to the meeting that if the CAB had a membership limited to four community representatives, it should be possible to meet at the facility.

Minutes: The minutes of the February 9, 2015 meeting were reviewed and approved.

In Favor: S. Froot, L. Daub, M. Heller, B. Fettman.

Abstention for Cause: S. Alexander, J. Gomez

Opposed: None

Chair's Report

- The Chair announced that the Board had received a request from the Department of Health & Mental Hygiene for the list of the top five health issues in Community Board 8. The Chair opened the discussion up to the Committee and the following issues were mentioned:
 - Obesity and resulting Type 2 diabetes, causing debilitating illness that will strain society's ability to provide the required care
 - Alzheimers/dementia and related issues
 - Services/financial support for senior services for the middle class
 - Rats in certain areas with concentrations of trash
 - Asthma, and its environmental triggers
 - Untreated mental illness due to low reimbursement rates & availability of care
 - Cardiac arrest & stroke
 - Chronic obstructive pulmonary disease (COPD)
 - Smoking and its related illnesses
 - Alcoholism/substance abuse

- The chair handed out the New York City Department of Health and Mental Hygiene's request for Expressions of Interest in NYC Neighborhood Health Hubs. There was some discussion of what exactly a health hub was. Mike Heller explained that these health hubs would be physical locations around the city that could serve some of the same functions as the old public health offices established under the administration of Mayor LaGuardia, which formerly emphasized vaccinations and screening for communicable diseases. It is believed that they would provide some form of coordinated care along the lines envisioned by the Affordable Care Act (Obamacare).

Old Business

City Council Legislative Update

The Chair thanked Rosemary Ginty for preparing a monthly update of selected City Council legislation of interest to the Board.

Mr. Froot reported that he has contacted the chairs of Economic Development (Bill Nos. 64-2014, 107-2014, 122-2014 and 260-2014) (various measures relating to health regulations for food service establishments) and Housing (Bill No. 484-2014) (ban on smoking in common areas of multiple dwelling residences) about proposed legislation that would appear to be of interest to other committees as well as HHSS. He is waiting to hear back.

The Chair also reported that proposed legislation to amend the administrative code to require reporting of environmental data regarding schools was signed into law by the mayor on

February 5, 2015. This issue was the subject of an HHSS committee meeting in the fall of 2011 at which parents of children at PS 81/Bronx New School (in an adjacent community district) reported that the Department of Education had failed to notify them about the presence of TCE (trichloroethylene), a potentially harmful industrial chemical, until the school was closed five months after DOE discovered the presence of the substance.

Ms. Daub reported that Bill No. 442-2014 (minimum nutritional requirements for food sold in conjunction with incentive items to children, such as a McDonalds "Happy Meal") is not slated for a hearing before the summer. Mr. Heller will investigate Bill No. 050-2014 (notification of community boards about methadone clinic applications. Beverly Fettman will investigate the status of Bill No. 135-2014 (changing the information required to be reported regarding fire & ambulance response times). Mr. Froot will follow up on Bill No. 373-2014 (to amend the administrative code to require the Department of Homeless Services to notify the local community board when entering into a contract for the provision of transitional housing in a community).

HHSS Directory of Community District 8 Health/Social Service Organizations

- Julia Gomez, who is leading this effort, offered to augment the directory, based on HHSS Committee minutes dating back to 2007.
- Committee members are asked to think of three additional agencies that are not in the current draft of the directory that should be included, and forward those names to Ms. Gomez.

Joint meeting with Environment & Sanitation and Youth

The Chair suggested that a joint meeting of HHSS, Youth and Environment to discuss local initiatives in the area of obesity reduction and healthy eating, in order to continue the work of former District Manager Nicole Stent in this area, such as the establishment of Youth Markets and coordination with Schervier Bon Secour's grant programs, should tentatively be scheduled for May.

New Business

Mr. Heller reported that Montefiore Medical Center was referred to by U.S. Department of Health and Human Services Secretary Sylvia Burwell to be a national model for the transition from fee-for-service to outcomes-based medical reimbursement systems under Medicare.

The meeting was adjourned at 7:55 p.m.

The Committee will hold its next meeting on Monday, April 20, 2015, at the Kingsbridge Branch Library, located at West 231st Street between Corlear and Tibbett Avenues.

Prepared by Julia Gomez, Community Committee Member
Approved by Steven Froot, Chair
Health, Hospitals & Social Services Committee