



# Welcome!

**WNY RPC Board of Directors**

**May 15, 2019**

Horizon Health Services

55 Dodge Road Getzville NY

**10AM to 12:30PM**



A recent survey of high-need, high-cost (HNHC) health care consumers, with chronic health conditions, . . . found that this group believes five solutions would help them avoid unnecessary ER use. These five solutions were (and they should sound familiar): *care management; readily available at-home physical therapy and nursing services; home delivery of prescription medications and easier refills; telemedicine; and more after-hours clinics.*



# What are we doing today?

- Introductions & Approval of Minutes
- Welcome New Board Member – Nicole Mucheck from The Resource Center
- 2020 Election Process
- Updates from State Partners
- 2019 Workplan Update
- Workgroup Updates/Discussion
- Break-Out Discussion Group
- Updates from Key Partners
- New Business
- Announcements



# Welcome!

- Nicole Mucheck, Director of Behavioral Health and Care Coordination at The Resource Center
- Joseph Smith, Associate Director for Value Based Contracting at MVP.
- Kelly Dryja, DCS Wyoming County is now a WNYRPC Board member
- Steven Harvey is the new Executive Director for the Integrity Network
  
- Augusta Welsh, Interim DCS, Genesee County
- Ben Rosen, OMH Division of Planning
  
- We are still recruiting for an open HHS seat



# 2020 Board Election Process

- CBO, HHS, and PFY seats are up for election in the fall. DCS seats are chosen by the DCS's in the region (6 of 8). MCOs are mandated by the contracts with the state to participate. Key Partners will be selected by the board at the February 2020 board meeting.
- Mark O'Brien has agreed to serve as the DCS Chair for an additional term (2020-23). The community co-chair seat (currently held by Kirsten Vincent) will be up for election at the February board meeting.
- We will be holding a stakeholder meeting similar to those held in 2016 this October to develop a new voting registry and to solicit nominations for the CBO, HHS, and PFY seats.



# 2020 Board Election Process

- The kitchen cabinet discussed the meeting and felt that we should conduct a dual focus meeting: the morning session will focus on the work that we have accomplished since 2017; the afternoon session will focus on the election process, developing the voting registry, soliciting nominations, and answering questions.
- According to our by-laws all of you are eligible to run for another term to serve on the board.
- We would like to have a formal motion to amend the by-laws to change the composition of the PFY group to 3 peers and 3 family members. We will then develop a youth advisory group for input to the board.



# 2020 Board Election Process

- Margaret needs 2-3 members of the board to work with her to develop the agenda for the October meeting. This will entail about 2-3 hours of your time. Who is willing to volunteer their time?
- As Margaret develops flyers to announce the meeting we will ask board members to send these out to interested parties – we are seeking new members for our workgroups through this process as well.

**Any questions?**



# Updates from State Partners

- OMH – Chris Smith
  - Children’s Transition
  - HCBS
  - Other News
  
- OASAS – Carol Cornacchio

\*\*note: OCFS will not be able to participate in RPC meetings at this time.





# Update from Board Survey Prioritizing Issues/Actions for 2019

(reference: Workplan 2019)

- Who answered the survey:

CBO 3/5

DCS 6/6

HHS 4/5

MCO 5/8

PFY 4/4

KP 4/4

- Some items have already assigned to workgroups
- Items in bold received the highest percentage of votes in their categories: **I**nform, **P**lan, **A**dvocate, **C**onvene [IPAC]



# Survey Results & Actions:

- **Inform:** Develop a webinar for RPC members to learn more about where to access data and how it can be utilized (3.13/4) [1] – *MV is researching what is available on MCTAC.*
- **Inform:** Develop and/or work with MCTAC on a webinar on how to share information. Have the board recommend to all providers that this be part of a yearly training for all agency staff (2.40/4) [2] – *in process.*
- **Plan:** Develop a training for non-BH organizations (legal systems, DSS, PMDs) on information sharing (3.87/6) [1] – *in process*
- **Plan:** Develop a webinar on what VBP means to direct care staff (3.80/6) [2] – *this will be sent later this week*



# Survey Results & Actions:

- **Advocate:** Advocate for a change in the Medicaid regulation that a client must have a face-to-face assessment by an MD for a referral to community housing (2.29/3) [1] *MV beginning to do research on this concern –refer to next state co-chairs meeting.*
- **Convene:** Convene a systems conversation between hospitals providing inpatient BH services and interested CBOs (including residential providers) (2.46/3) [1] *Who is interested in being part of a small planning group to make this happen?*



# What's next?

- Who is willing to work on the BH IP group meeting?
- You will also be receiving a list of webinars put on by the RPC – slides and a link to the specific webinar is included. MV is also working with the NC Coordinator to ask for additional webinars as requested by this region.
- Please continue to send people to the HHH workgroup – let MV know contact info to add them to the email list. If anyone is interested in being part of the Workforce group let MV or Kirsten Vincent know. Hopefully everyone who has an OASAS residential program licensed under 820 is already attending that meeting.



# Workgroup Updates

- Children's Subcommittee: We are on version 3.0. We are sending out a survey to designated CFTSS/HCBS providers to learn about current concerns. We will use this to develop our agenda. Vicki McCarthy is working with MV to outreach to parent groups to hear about concerns related to children's transition.
- Question from last board meeting: *What is the experience of organizations and families dealing with the children's transition?*
- HHH: met yesterday with a panel discussion on where HCBS is in 2019. Transportation issues are being forwarded for inclusion at the next state co-chairs meeting.
- OASAS 820: have given a short paper on issues related to conflicts in OASAS and OTDA regulations to OASAS & OTDA Central Office Staff. We are scheduling a meeting June 25<sup>th</sup> with invitations to DCS's & DSS Commissioners.



# WNY Workforce Group

Preliminary Findings from a *Survey of Graduates* of regional colleges and universities conferring Master's degrees in counseling and social work





# Why this workgroup?

- At the May 2017 WNYRPC Board Meeting a discussion was held where several CBOs related that they had been having a great deal of difficulty in recruiting and retaining Master's level counselors.
- The Board voted to create an ad hoc workgroup to study workforce issues in the WNY Region. The workgroup was given great latitude to develop their agenda.
- The group met several times and after conversations at a macro level decided to develop a survey to examine problems related to recruiting and retaining entry-level counselors.



# General Survey Parameters

- The initial premise was to survey recent graduates of the 5 regional programs (graduated since 2016).
- Survey was to ask questions re what keeps you at your job, what would make you want to leave, areas you wish you had learned more about as a student, areas you think programs should cover for current students, general knowledge of current issues/trends.
- Surveys to be sent through the colleges and universities (this is a privacy concern – colleges are not to release names/contacts for students to 3<sup>rd</sup> parties).
- Participating programs: UB School of Social Work; Daemen College School of Social Work; Canisius College Mental Health/School Counseling Program; Niagara University Mental Health/School Counseling Program; Medaille College Mental Health/School Counseling Program.





# Demographic Information

- All 5 schools sent out the link to the survey to alumni.
- 129 responses received; 56% had their MSW; 19% MH Counseling; 25% School Counseling.
- 57% had graduated after Spring 2017.
- 100 responses were relevant to the survey.
- 75% were still employed in the BH field.
- 12% worked in IP/Residential programs; 30% in school programs.
- No one identified their title as a Peer Specialist.
- 37% of respondents have worked 2+ years in BH
- The Majority of respondents think they will stay in their job for 2+ years



# Common Phrases/Trends

- Less than 50% of respondents had heard about the following terms while in school:

- Effective Partnering
- Integrated Care
- Care Management

- Value Based Payment
- Data Driven Performance
- Peer Services

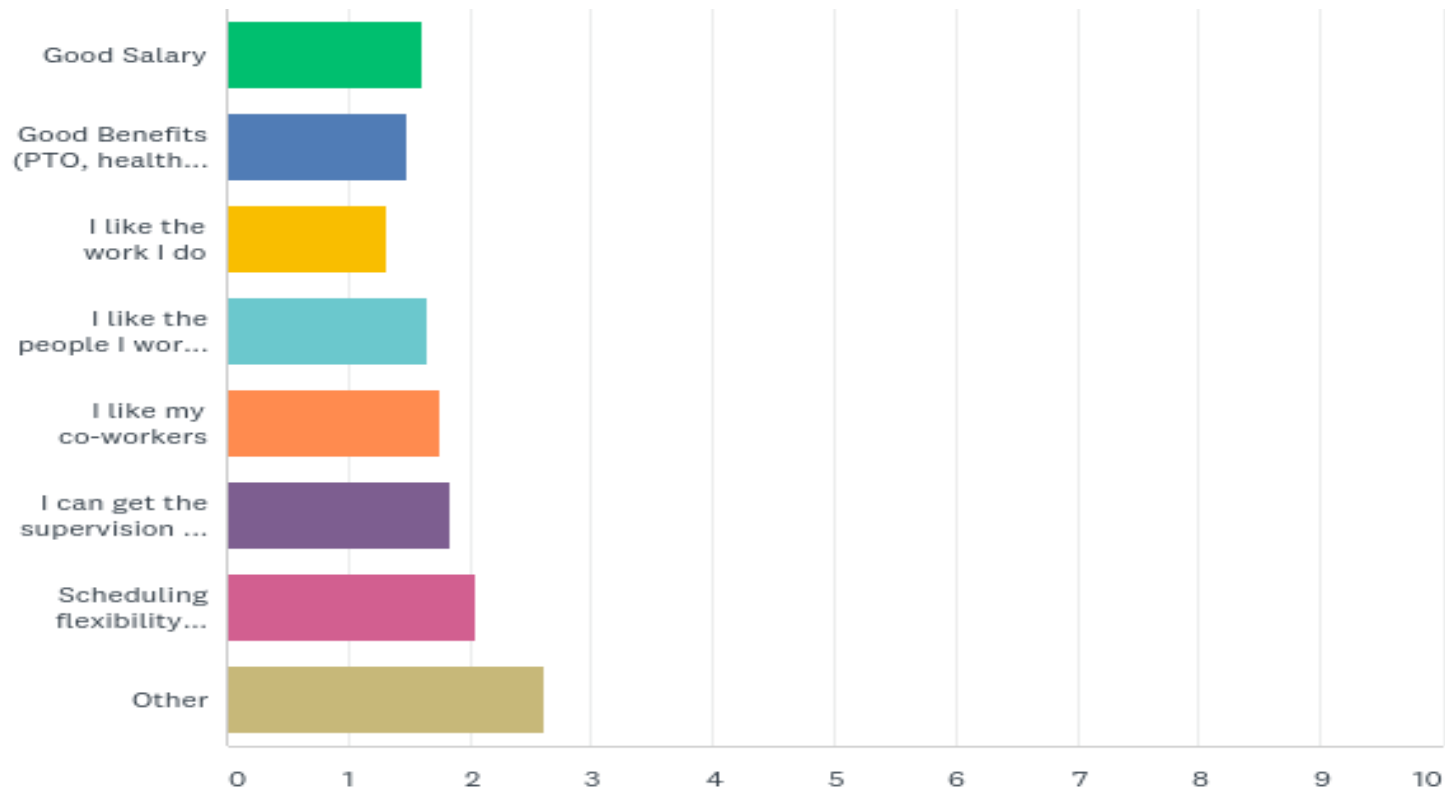
- Less than 50% of respondents had heard about the following terms while on the job:

- Effective Partnering
- Data Driven Performance

- Value Based Payment
- Peer Services

Q11: What factors keep you in your current position? Please rate how important or unimportant each factor is to you.

• Answered: 100 Skipped: 29



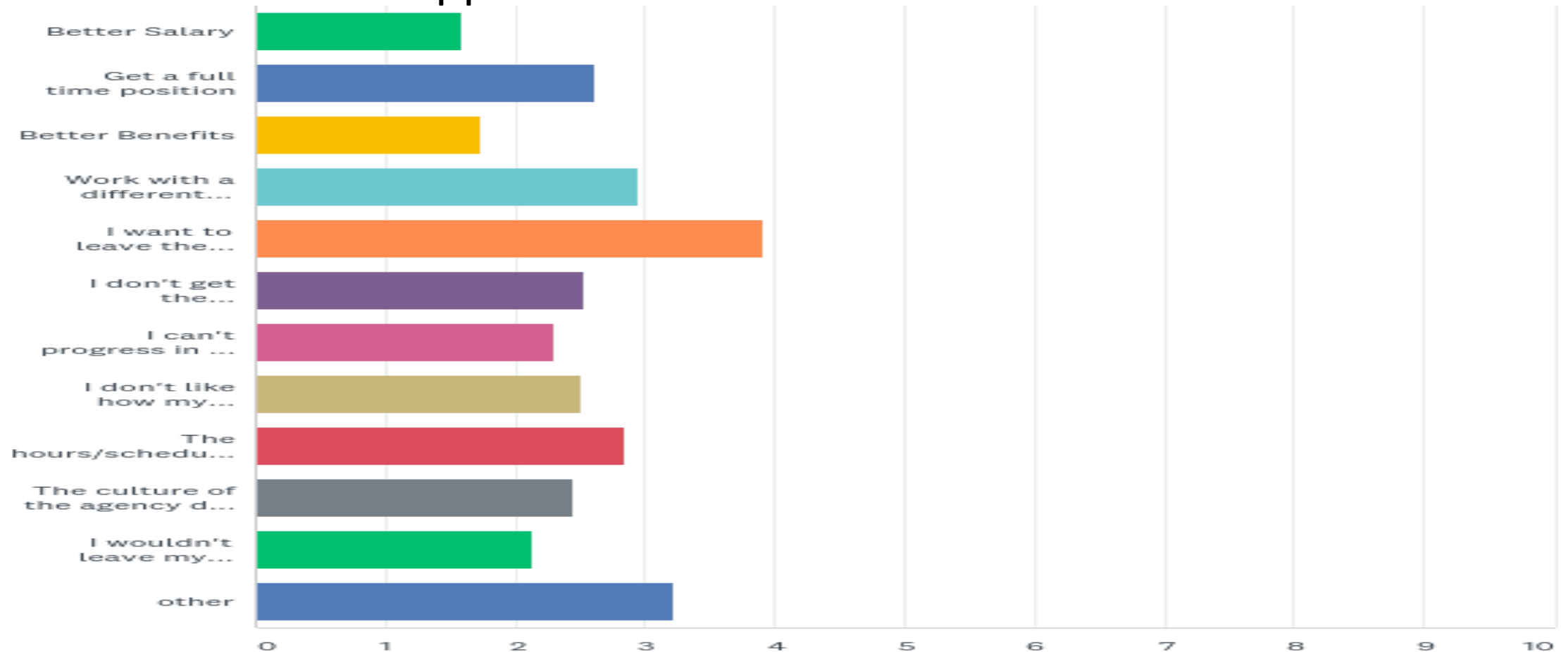


# Responses to Q11 (percentages)

	Very Important	Important
Good Salary	47.42	43.30
Good Benefits	56.57	37.37
<b>I like the work I do</b>	<b>68.04</b>	31.96
I like the people I work with (clients)	45.00	45.00
I like my co-workers	39.00	48.00
I can get the supervision I need to get licensure	45.00	29.00
Scheduling Flexibility	29.00	43.00

# Q12: What factors would influence your decision to leave your current position?

• Answered: 100 Skipped: 29

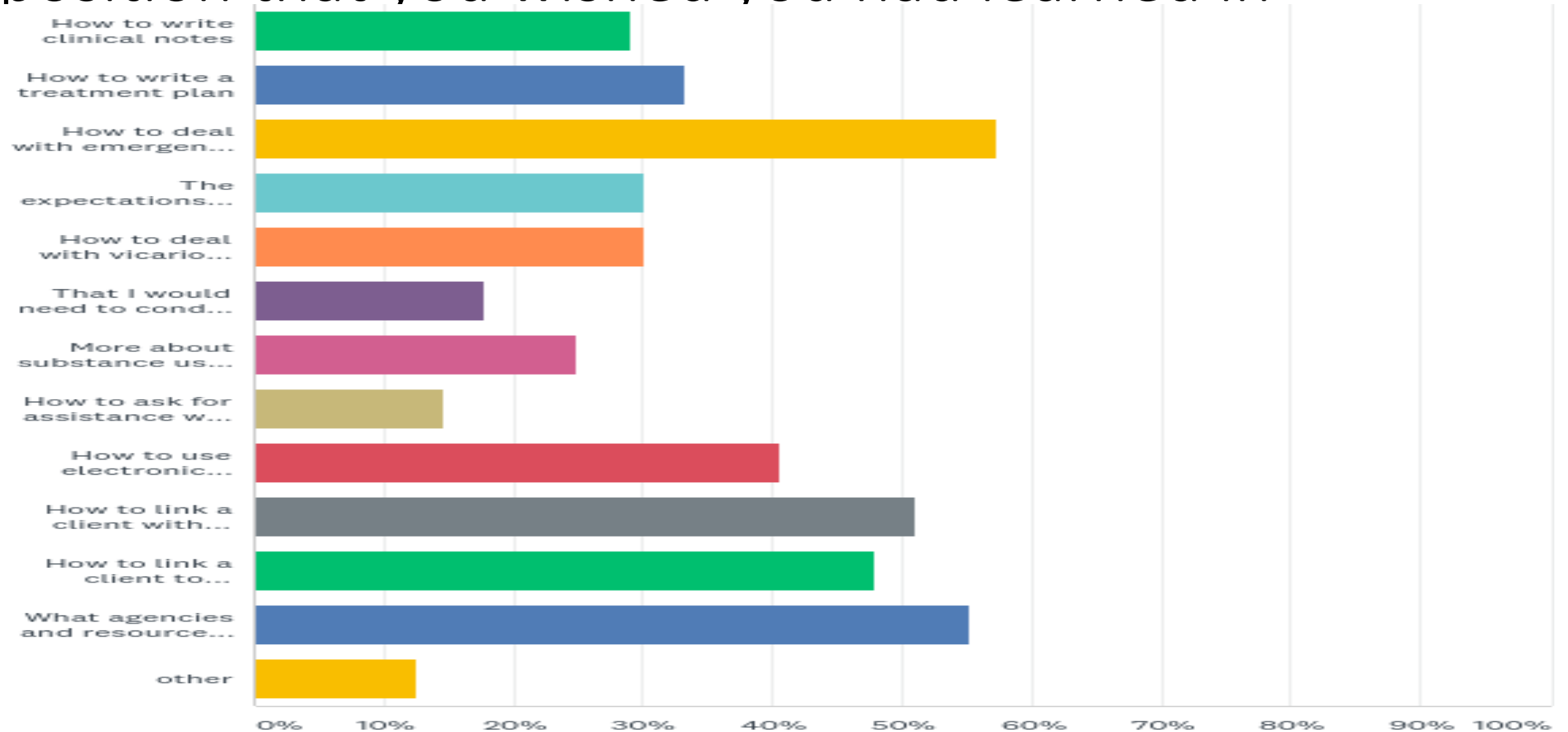




# Responses to Q12 (percentages)

	Very Important	Important
Better Salary	51.02	39.80
Get a Full Time Position	22.83	9.78
Better Benefits	47.47	34.34
Work with a different clientele	7.14	23.47
<b>I want to leave the BH field</b>	<b>2.11</b>	<b>6.32</b>
I don't get the supervision/mentoring I need	19.79	33.33
<b>I can't progress in my current organization</b>	<b>28.87</b>	<b>32.99</b>
<b>I don't like how my organization provides services</b>	<b>23.47</b>	<b>33.67</b>
The hours/schedule is too rigid	18.37	21.43
<b>The culture of the agency doesn't align with its mission</b>	<b>25.26</b>	<b>34.74</b>
I wouldn't leave my position – I love my job	37.11	22.68

# Q13: What didn't you know when you started your position that you wished you had learned in





# Q13: What didn't you know when you started your position that you wished you had learned in school? (check all that apply)

Answer Choices	% Responses
How to write clinical notes	29.17
How to write a treatment plan	33.33
<b>How to deal with emergency situations(ex. Suicidal client, homicidal client, extreme trauma)</b>	<b>57.29</b>
The expectations of daily work in a public agency	30.21
How to deal with vicarious trauma	30.21
That I would need to conduct observations of toxicology screenings	17.71
More about substance abuse disorders	25.00
How to ask for assistance with a case or a particular client	14.58
<b>How to use electronic health records</b>	<b>40.63</b>
<b>How to link a client with government sponsored programs (DSS, SSI/SSD, SNAP)</b>	<b>51.04</b>
<b>How to link a client to community resources (food pantries, housing)</b>	<b>47.92</b>
<b>What agencies and resources there are in my community</b>	<b>55.21</b>





## Q13: Comments

- More trauma informed
- Differential DX
- Working with youth & families
- Medicaid/Medicare; pooled trusts
- Patients w/dementia
- Specific Therapeutic Skills
- Interventions: DBT, CBT, Solution Focused
- Specialty Areas
- Documentation; Tx Plans
- **Focus on Reality!**



## Q14: What additional education/training should be offered in your degree program?

- Better internships with more hands on work
- More specific therapeutic strategies (CBT, DBT, ACT, etc.)
- Learning more about the paperwork side of things
- Offer counseling to students to deal with their own issues before entering the field
- More education about substance use disorders and working with family members of individuals with mental health and substance use disorders
- Group therapy class should be mandatory, not an elective
- Crisis and trauma informed care
- How to do better treatment plans
- Psychopharmacology should be mandatory
- Strategies that work for specific disorders
- Anything that is related to the care of clients and the policies of the offices governing the agencies (OMH, OCFS, OASAS)



## Q14: What additional education/training should be offered in your degree program?

- I think there needs to be more emphasis on how to do clinical documentation (progress notes, treatment plans) when that consumes a great portion of the clinician's day.
- Interventions to use with clients. I feel so underprepared trying to do therapy in a clinic setting. We get a broad overview of CBT in school and unless you take a whole semester of motivational interviewing or solution-focused, you miss out on learning more interventions. A lot of my co-workers agree.
- Ensuring all field experience includes "hands-on"/direct clinical experience
- Honestly, there should be more focus on what actually happens in an agency and responses rather than just writing papers on it.
- Clinical notes, treatment plans, agency dysfunction, healthy boundaries. Social workers are treated horribly in entry level agencies.
- More real life interventions rather than lectures about material that will never be used.



Q15 What could your employer provide that would make you more likely to stay working for them?

benefits Lower caseload supervision raise staff money **work** Better salary

**Better** Less **pay** making **training** time higher salary

collaboration **focus** agency position



# WNYRPC Workgroup: Next Steps

- Focus Groups: what questions do we want to ask the participants? Please send any questions/comments to MV by 5/24/19. We are also asking the schools to send us questions. We will be reporting on the results of the focus group at the next board meeting.
- Meet with Participating Schools: we are preparing a letter to go out to the 5 schools sharing the results of the survey, asking for suggestions on how we can work with them, seeing if they would like to participate as members of the workgroup, etc.
- Speaker's Bureau: respondents seemed to want to hear about real-life experiences working in behavioral health as well as learning about planning & administration. If the schools are interested we are looking into developing a speakers bureau where professors/instructors would have access to a list of interested parties who would be available to speak to a class.



# Break-out Discussion

We want to know what you think about the RPC.

- What, if any, changes would you recommend regarding the process and/or content of the WNYRPC? For example, do you think we focus on the right issues? Do you like how the meetings are structured, facilitated, etc.?
- Compared to where we were when the RPC started - where do you see us now? Please identify and prioritize the most important issues facing BH in WNY today and be specific. For example, don't say housing - say supported housing in rural counties for individuals with an SUD dx. [*we will be comparing what you come up with today to the list generated at our first board meeting in 2017*]



# Updates from Key Partners

- Millennium PPS – Al Hammonds/Michelle Mercier
- FLPPS – Nathan Franus
- Population Health Collaborative – Karen Hall
- Value Network – Andrea Wanat
- Integrity Network



# New Business/Announcements

- Is there any new business to be brought to the board?
- Does anyone have any major announcements about their organization or any other concern?





# Upcoming Meetings

- Children's Subcommittee: tbd
- HHH: July 9th
- Workforce: June 17th
- OASAS 820: June 25<sup>th</sup> – DCS's and DSS Commissioners
- State Co-Chairs Meeting: not until October
- **Next Board Meeting August 21, 2019 – location tbd**

Thanks! from your adorable co-chairs  
and their coordinator mascot . . .

