



# WNY RPC Board of Directors Meeting

**September 12, 2018**

**Jamestown Community College**

**Carnahan Training & Conference Center**

**525 Falconer Street Jamestown, NY**



# What are we doing today?

- Introductions & Welcome
- Approval of Minutes
- Review and Approval of By-laws
- Discussion of Issues of relevance and importance in the WNY Region. We will use this discussion to develop our priorities for 2019 and to develop an agenda to be submitted for consideration at next State Co-Chairs Meeting this fall.
- Information sharing: What do we need to know (what do you want to share) and what do you want to know (ask questions of state officials and each other)?
- WorkGroup Updates – what they're up to . . .



## WNY RPC By-Laws

- The revised by-laws were sent to you prior to this meeting.
- They have been reviewed by the Kitchen Cabinet.
- These by-laws are a combination of those passed by this group at earlier meetings and those suggested by the central office in Albany.
- Any questions or comments on the proposed by-laws?
- Any revisions?
- Vote for approval.



## Reminders

- No proxy votes – if you can't make a meeting you can send someone from your agency to listen but they cannot vote or take part in board only discussions.
- These are quarterly meetings – attendance is important!
- If you wish to place something on the board agenda please send your question/concern to Margaret at least 10 days prior to the board meeting
- Please read the section on board member responsibilities.



## Potential Board Vacancies

- Ken Sass is retiring and will be vacating his seat at the end of the year. We will be accepting nominations for his position (children's mental health services) and an announcement will be going out in mid-late October.
- HCBS Vacancy?
- If anyone does not want to complete their term (we extended them to 3 years so you have another full year until the next election) please notify Mark, Kirsten, or Margaret **no later than November 1<sup>st</sup>**.



# RPC Expectations

- What were your expectations of being on the RPC Board? Are they being met?
- What else would you like to see happening or where do you think we can make changes?
- How would you like to receive updates on the work that the WNY RPC is doing?



## Why are we having a discussion about issues today?

“I have always had a horror of words that are not translated into deeds, of speech that does not result in action. I believe in realizable ideals and in realizing them, in preaching what can be practiced and then in practicing it.” - Teddy Roosevelt



# WNY RPC Accomplishments & Goals

- ✓ Change in enrolling in MMC for clients entering crisis stabilization programs (WNY lead)
- ✓ HCBS assessment has been shortened (statewide)
- Provide more information to prospective clients about Health Homes and HCBS
- Provide networking opportunities to facilitate information sharing re Health Homes and HCBS with providers including CMAs
- Form a workgroup for OASAS residential providers to discuss concerns related to transition to 820 regulations
- Continue work with C&F Subcommittee to develop action plans related to issues collected at town hall meetings
- Continue partnership with CNY RPC on workforce issues
- Develop a WNY RPC interactive website





# RPC Due Diligence for Boards and Workgroups

Due Diligence is a thoughtful and intentional approach that requires a curious mindset and two simultaneous processes:

1. Investigation of the information
2. Evaluation of the information

RPC inquiry – **what do we know** (investigation and evaluation) and **what do we do with what we know** (problem solving and ideas)?

1. How does this issue impact the client and our service goals?
2. What stakeholders own the issue and how does the issue vary among stake holder groups?
3. Is the issue actually the issue or is there something else driving it? What? (repeat this until you get to the root issue)
4. What attempts have been made to remediate the issue? What aspects failed and what aspects worked? Why?
5. What aspects of the issue are within the control of the presenting stakeholders and what's out of their control?
6. For the areas out of stakeholder control; who owns control?
7. For the owner of control, what, if anything, is being done to address the root issue?
8. Does not addressing the issue create risk? How?
9. What is the viability (the ability/willingness of the state or federal government to take action) of this issue – i.e. is it actionable?
10. What are our recommendations (more than one is preferable) and how can we prove/demonstrate our ideas/recommendations will address the concern sustainably and better serve clients?



## Due Diligence – How do we look at each issue/concern?

- **What do we know** (investigation and evaluation)
- **What do we do with what we know** (problem solving and ideas)?
- Why do we want to send this issue to the state co-chairs meeting?
- What information/data do we have that supports our concern?
- What have we done or are we doing regionally to address this issue?
- Is this something that can only be resolved by state action?
- What will happen if this is not addressed?



# Quick Example of Due Diligence Process

Issue: **There are problems recruiting entry level counselors for MH/SUD clinics.**

- How does this issue impact recipients of services:

Clinics will have delays in providing services, may have to turn clients away, and/or cannot expand to meet the needs of their communities.

- Which stakeholder groups have expressed concerns about this issue:

CBOs, HHS, PFY, DCS, MCOs

- What impacts or drives this issue:

With the expansion of services in response to the opiate crisis and the increase in recruitment of MSWs/LMHCs by MCOs to meet regulatory guidelines local colleges and universities do not graduate enough entry level counselors to meet the need. Also, due to low compensation counselors often drop out of the field to pursue other avenues of employment with higher salaries and/or less stressful work environments.

- What has been done regionally to address this issue:

The WNY RPC has established a regional workgroup to address this concern. We are developing action plans to address this issue.

- Have regional solutions solved the problem, made it worse, had no impact, too little information to assess:

There is not enough information to assess progress at this time.



# Quick Example of Due Diligence Process

- What can stakeholders do about this issue? What type/kind of control do they have?
- Do MCOs or the state have control over the outcome of this issue?
- What can/will happen if we do nothing about this issue?
- What is the likelihood or possibility of change occurring?
- What needs to happen to make this change occur?
- What are the regional and state recommendations to address this issue:



## What are the key concern areas we have identified?

- HCBS
- Health Homes
- Workforce
- Financial
- Technology & Data
- Transportation
- Housing
- Access/Availability of Care
- Education for Consumers
- Integration of Behavioral Health & Primary Care
- Regulatory Changes

\*From the Regional Framework for WNY, developed from brainstorming sessions held in 2017



# What are the key concern areas that have been identified and what are we doing about them?

- ~~HCBS~~ - there is a workgroup addressing these issues, representatives from HH sit on this workgroup
- ~~Health Homes~~ - several board members/coordinator sit on Millennium PPS workgroups to address these concerns
- ~~Workforce~~ - there is a workgroup addressing these issues
  - Financial
  - Technology & Data
  - Transportation - identified as high need by 25% of counties in 2019 LSP
  - Housing - identified as high need by 62% of counties in 2019 LSP
  - Access/Availability of Care - voted as most important issue in BOD survey
  - Education for Consumers
  - Integration of Behavioral Health & Primary Care - received 2<sup>nd</sup> most votes in BOD survey
  - Regulatory Changes
  - Crisis Services - identified as high need by 50% of counties in 2019 LSP
  - Heroin & Opioid Services & Programs - identified as high need by 75% of counties in 2019 LSP

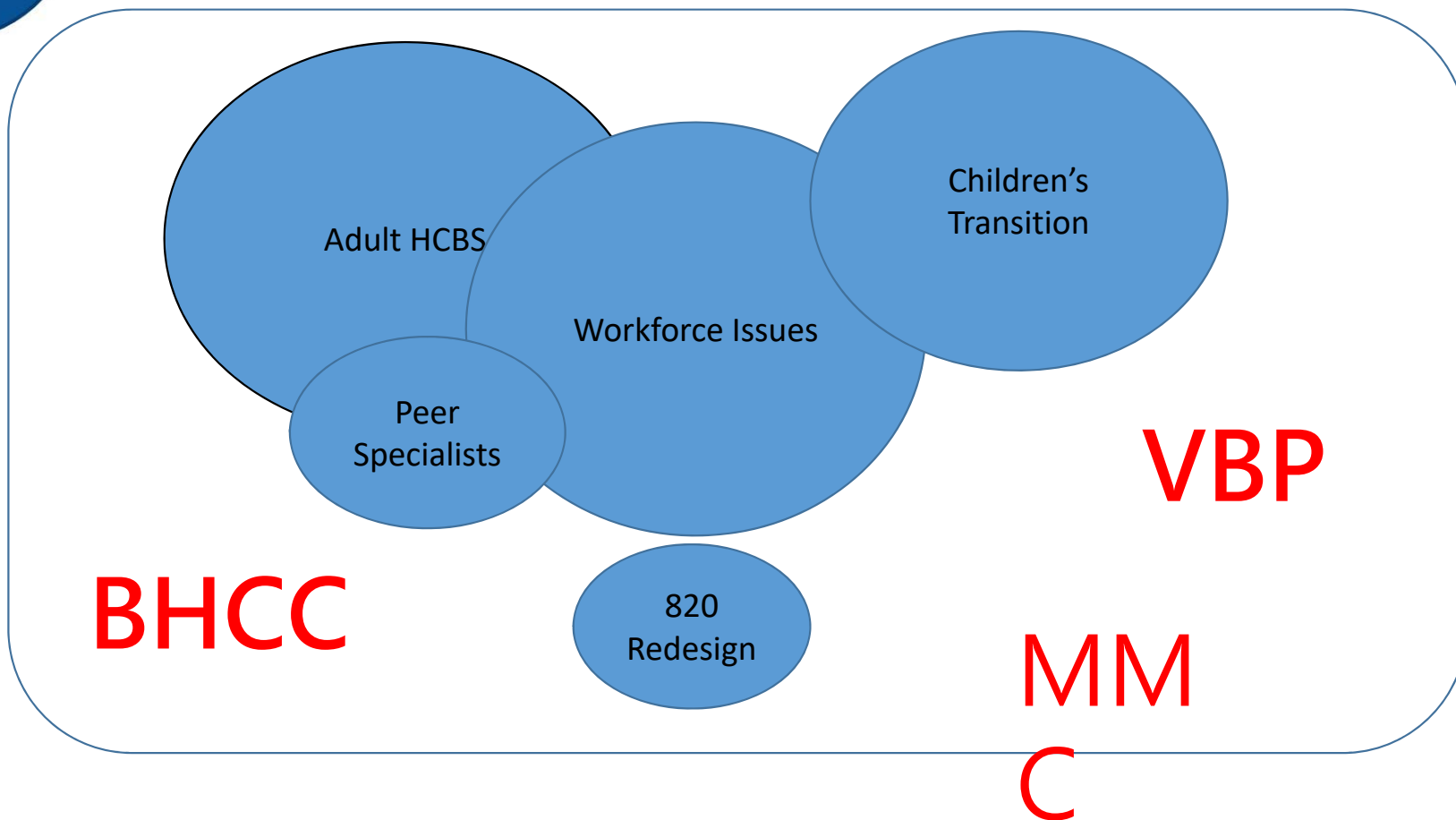


# Top Issues Identified by BOD Survey and 2019 Local Services Plans

- **Access/Availability of Care [BOD survey]**
- Can we quantify the thought that there are insufficient slots for outpatient services and a lack of SUD services – particularly dealing with opiates
- Discharge communication between inpatient and outpatient services
- Limited services in non-urban areas
- Need for a service level between traditional clinic and inpatient care
- **Medical/Primary Care [BOD survey]**
- Pain management services – availability and education
- The WNY RPC will work to bridge the gap between BH and primary care including outreach, education, planning, and planning support.
- The WNY RPC will work to foster greater collaboration and engagement between consumers and PCPs.
- The WNY RPC will collaborate with local PPS's to address the above two (2) concerns.
- **Housing [2019 LSP]**
- **Heroin & Opioid Programs & Services [2019 LSP]**



# What are we doing at the WNY RPC?







# Questions for Stakeholder Group Discussion

- Please discuss the question that has been assigned to your group. Then pick at least one of the other questions to discuss.
- Also, if there is an issue that is not up here for discussion please feel free to discuss that – explain the issue to the best of your ability and why it is a concern for this region.
- Your group will have 30-40 minutes for discussion. Please have someone take legible notes and choose a leader to report out to the board.
- If you would like to write comments/recommendations etc. regarding a question (either one your group did not discuss or something that doesn't get recorded during your discussion) please write them on the index cards provided to you at sign in. Please – one recommendation per card!  
*(the cards are color coded to correspond to stakeholder groups)*



# Questions for Stakeholder Group Discussion

1. What type of data is the Board interested in receiving from OMH or other “O” agencies? Think about what is useful in making decisions for this group. Also let us know what you are interested in knowing as an organization – is what you want something new or is it being collected by another organization/system that you can access?  
*[this issue was discussed at the February 2018 BOD meeting]*
2. What concerns does your stakeholder group have related to the exchange of information between organizations? Are there specific issues related to the exchange of info re individuals with an SUD dx? Have you experienced or continue to experience concerns related to 42CFR Part 2?  
*[this issue was sent to the state RPC for discussion consideration after the February 2019 BOD meeting]*



## Questions for Stakeholder Group Discussion

3. What concerns does your stakeholder group have regarding access/availability of care? Is there a particular type of service that is not available to individuals in your community? What service and where? Has access to services for opiate-dependent individuals been addressed by recent addition of funds to SUD programs? Do we still have problems with warm hand offs between agencies? Does that matter? <https://medicalxpress.com/news/2018-07-handoffs-behavioral-health-intake.html>

*[this issue was rated #1 in the BOD survey conducted earlier this year]*

4. What has been the experience of your stakeholder group with integrating behavioral health services into primary care settings (or vice versa)? Several concerns were brought up during the 2017 brainstorming session including risk that PMDs might incur taking on persons identified with significant BH concerns, education of the link between BH and physical health, and expectations regarding behaviors that may be linked to symptoms.

*[this is a state and national issue; a few other RPCs have developed workgroups around this concern]*



## Questions for Stakeholder Group Discussion

5. Does your stakeholder group see a need for additional housing services? If yes, what kind – serving which populations? Are there specific housing programs you do not see getting funded in the next state budget? What ancillary services are needed to make housing programs “work” for individuals? Is there a new type of housing program that you think needs to be developed to address unmet needs in your community?

*[this was identified by 62% of counties as a high need in the 2019 LSP]*



# Issue Discussion & Report Outs

- Blah blah blah . . .
- Yadda, yadda, yadda . . .
- What to do, what to do . . .



## Updates from last board meeting

- **Advocacy Statement:** The role of local & regional planning and the role of the LGU with regards to service development (Chautauqua County/OASAS example).
- **More Information Needed:** There was a question re HARP members being served in CCBHCs. OMH Field Office and Central Office staff are following through with examining data and we will have an update at the November board meeting.



## Information Sharing

- New information from State Partners.
- Questions for state partners.
- New information from BHCCs.
- Questions for BHCCs.
- New information from other board members.



## Workgroup Updates - HCBS

- HCBS – we met in June and developed nine (9) recommendations to address barriers to accessing services as identified in prior meetings. The group (38 respondents) could choose 3 recommendations from those 9 that they felt were most important to focus upon at this time. The recommendations (with the percentage of the vote received) are:
  1. Develop targeted education programs by county for providers, consumers, clinical staff on what HCBS provides and who provides it. [66%]
  2. Develop and present focus groups to discuss new HCBS areas that address client needs. (ex. have focus group with clients to discuss what types of services would help them to maintain wellness in the community and avoid hospitalization. What types of services would assist them in developing new coping skills to avoid/deter behaviors to avoid incarceration.) [45%]





## Workgroup Updates – HCBS (2)

3. Request a change in how non-medical transportation information is completed. [40%]
3. Develop county-specific outreach programs to provide networking opportunities for HCBS providers, CMAs, HHs, etc. [40%]
4. Research resources for training and recruitment of peer specialists to fill HCBS job openings. [24%]
5. Recommend to state that they have a date on each guidance document they issue. Also have a statement at the beginning of new guidance documents stating if the document is updating, replacing, or rescinding a prior guidance document. [21%]



## Workgroup Updates – HCBS (3)

5. Research likelihood that the state could/would provide enhancement funding to keep current HCBS providers in the system and/or develop new providers for increased services (related to potential development of new HCBS). [21%]

6. Develop and present a webinar on GoToMeeting program on language to be used in POC (plans of care) – invite MCOs, HH, CMAs, HCBS providers. [18%]

6. Survey CFOs (chief financial officers) of relevant agencies to their experience working with MCOs re payments, barriers to working with individual MCOs, and any other relevant concerns related to the MCO:CBO relationship. [18%]

**The workgroup is meeting on September 13<sup>th</sup> to develop action plans for at least three of the recommendations.**



## Workgroup Updates – Workforce (1)

The group has met once and informally by phone. Key concerns have been identified as follows:

- Problems recruiting entry level counselors for MH/SUD clinics
- Problems recruiting psychiatrists
- Problems retaining Master's level counselors
- Problems retaining care coordinators and CMA staff
- Problems retaining peer specialists
- Stigma associated with working in the BH field(s)
- Consistent low salaries associated/not commensurate with education and level of work required



## Workgroup Updates – Workforce (2)

- What we are doing:
  - Developing questions for focus groups for first line supervisors and entry level counselors (less than 2 years experience)
  - Researching loan forgiveness programs
  - Developing a peer specialist support/networking group
  - Developing a working relationship with Erie County DMH workgroup examining similar issues
  - Working with CNY RPC on statewide concerns, avoiding duplication of work efforts



## Children & Families Subcommittee

We met another Town Hall Meeting on July 30<sup>th</sup> to discuss changes that have occurred in the roll-out of new children's services and the transition to MMC. We gathered additional information on concerns that participants have regarding these changes.

The Subcommittee will be meeting October 5<sup>th</sup> to prioritize the issues/concerns raised and begin to develop action plans. We will also see where concerns align with those raised in other RPC regions.

If you are interested in serving on the subcommittee please contact Margaret or Vicki McCarthy.



## Other workgroups

- We are convening a workgroup for OASAS residential providers to discuss any on-going concerns with the transition to 820 regulations. This group will share successes (expedited access to MMC!) and will assist one another with working through problems of this transition.
- We will be starting a peer specialist support/networking group – first meeting to be held the week of October 8<sup>th</sup> or 15<sup>th</sup>.
- State workgroups: there is a group looking at Health Home issues and another looking at Workforce issues. Kirsten is the lead for the Workforce task force.



## Upcoming WNY RPC Meetings

- September 13<sup>th</sup> – HHH Workgroup 9:30AM-11:30AM @Bestself Behavioral Health Services 3176 Abbott Road
- September 27<sup>th</sup> – OASAS Residential Providers Workgroup 9:30AM-11:30AM @Renaissance House 920 Harlem Road
- October 5<sup>th</sup> – Children’s Subcommittee 9:30AM-11:30AM @Erie County Department of Homeland Security & Emergency Services Training & Operations Center 3359 Broadway Cheektowaga



# 2019 BOD Meetings

- We are starting to schedule BOD meetings for 2019 and have been given the following dates within which to schedule meetings. Please look to see if there are dates where we know there are conflicts (i.e. conferences, budget hearings, etc.). Also, we have chosen Wednesday mornings to avoid conflict with a statewide MCO meeting. Does this date/time continue to work for people? Please advise Margaret of any conflict dates by November 15<sup>th</sup>.
- **1<sup>st</sup> Quarter:** Feb 4<sup>th</sup>- March 15<sup>th</sup>
- **2<sup>nd</sup> Quarter:** May 6<sup>th</sup>-June 14<sup>th</sup>
- **3<sup>rd</sup> Quarter:** Aug 26<sup>th</sup>-Sept 30<sup>th</sup>
- **4<sup>th</sup> Quarter:** Nov 11<sup>th</sup>-Dec 20<sup>th</sup>





Thank you for your input today!

Next Meeting November 28, 2018  
3130 Main Street Batavia, NY  
(DSS Training Room)  
10AM to 12:30PM