

REGIONAL PLANNING CONSORTIUM

CNY RPC 3rd Quarter Board Meeting

September 10th, 2018 at 10 am to 12 pm Liverpool Library 310 Tulip St., Liverpool, NY 13088

10:00 am	Introductions/Approval of February 2018 Minutes (Motion Requested)
10:05 am	Review of State Identified Issues & Task Force Discussions
10:45 am	Finalize/Approve State Issues & Suggestions (Motion Requested)
11:00 am	Board Terms/CNY RPC Board By-Laws Approval (Motion Requested)
11:15 am	RPC Survey Update
11:45 am	Work Group/Subcommittee Updates
12:00 pm	Adjourn (Motion Requested)

Important Dates to Remember:

- 4th Quarter Board Meeting: December 3rd 2018, 10 am to 12 pm at Liverpool Library
- HARP/HCBS Workgroup: September 27th 2018, 10 am to 11 pm at Liberty Resources
- VBP Workgroup: September 14th 2018, 10 am to 11 pm at Liberty Resources
- <u>Children and Families Subcommittee</u>: October 31st 2018 from 10am to 12 pm at Onegroup Center
- Workforce Development Group: October 25th 2018 from 10 am to 12 pm at TBD

2019 Board Meeting Dates:

- 1. February 4th 2019 from 10 am to 12 pm
- 2. May 6th 2019 from 10 am to 12 pm
- 3. September 16th 2019 from 10 am to 12pm
- 4. December 9th 2019 from 10 am to 12 pm



I. Introductions/Approval of February 2018 Minutes (Motion Requested)

Mark Thayer, DCS Co-Chair, called the meeting to order at 10:04AM. Board members and gallery members introduced themselves. Scott Ebner asked for approval and review of February board meeting minutes. Scott Marshall made a motion, Nicole Kolmsee seconded the motion. Motion carried. Minutes approved.

II. Review of State Identified Issues & Task Force Discussions

Cathy Hoehn, Assistant RPC Project Director, explained the process for issues and due diligence review process for issues. We are looking to thoroughly review and vet any issues before bringing them forward to the state. Need to continue to shape issues until they are ready to go to the state.

Board members used grid to guide conversation (please see the attached).

Workforce Development

Major themes: Recruitment/Hiring, Retainment, and Systematic.

- Task force met to discuss issues and solutions with regional workforce development agencies. These agencies have money for recruitment and training. Examined all levels of training.
- Workforce agencies had not previously thought about healthcare driving economic development; clear that there is a need to collaborate better with workforce development agencies.
- Identified that there is no care management certification standards differ across organizations.
- Suggestion to collaborate with Syracuse University on Continuing Education. Primary
 focus is on people with higher level degrees, but there is a potential to rethink it and offer
 different levels of education to folks in different roles. Engage with the training institutes
 to tailor training programs to the needs of the community and workforce.

- Meeting in Onondaga County to talk about workforce. Different strategies for each type of worker, but were able to identified themes. Will be developing a survey to raise the awareness of the issue. Will extend to county and to the Region for a regional dialogue.
- Identify all of the educational, financial reimbursement programs and make sure everyone is aware of what is available.
- Did not get into whether people are satisfied with their services what is the difference in their satisfaction with the different levels of healthcare workforce.
- OASAS providers have a challenge recruiting healthcare professionals. Is there a resource that has expertise in this that could train/educate these agencies?
- Seeking guidance from the State on the varying positions called Care Management and Care Coordination for unified job description which then can carry over to unified training. BHCC as potential training entity?
- Encouraged a hybrid method of internal and external training in alignment with the care coordinator job description.
- HRSA funded consortia of all SW schools in the State designed to create collaboration around field placement and take away competition. Potential for working with this consortium to tailor existing training to become a care management curriculum.
- CCE has done Family Development Credential. Could be a neutral training party.
 Already have a regional model/focus.
- Opportunity to look at a way to support agencies in ways to do cost-sharing, sharing psychiatrists, cost savings in operations CTAC. Change wording of specific recommendation. Where to find grants, how to get the grant, how to implement, etc. Incorporate the operating cost piece as it is often lacking in grants.
- Share benefits small agencies can purchase from larger ones. Need to get buy-in from the outset.
- Contact Loretta at Human Services Councils collaborative to offer Health Insurance to smaller non-profits.
- Health Foundation for CNY get alerts from their website. Valuable training and grant opportunities in their 16 county region.



- Form a career ladder from peer workforce, up to other levels.
- Encouraged to join Workforce Development Subcommittee. Date set. Looking to finalize space. There is time to finalize these issues before the State Co-Chair meeting.

Primary Care & Behavioral Health Integration

Major themes: Confidentiality/Consent, Collaborative Efforts, Educational & Informational Sharing.

- Task force met to discuss the list of issues identified. The group did not have time to cover all of the issues, which is why there are some blanks in the grid.
- Under consent, include MCO, HHs, etc. in the recommendation to reflect all of the challenges faced.
- Add process issues lack of CMs with qualifications, HARP Assessment next steps, to the list from Cortland County meeting?
- Project Teach education for PCPs.
- Expand Access to PCPs to existing resources to PSYCKES and MAPP to allow better identification of HARP eligible folks and in which CMAs they are enrolled. Allow for better sharing of information. DSS folks as well. One stop shop?
- MVP is trying to build this information into their portal to allow the member, PCP, provider to view HARP eligibility, who is the HH, who is the CMA, who to contact.
 MAPP information is not reliability updated and loaded.
- PCP's list 1) no shows, 2) people on my panel haven't seen them engage those who haven't made it to their site for care, 3) can't address barriers to happen to the person outside of the office. Need to have PCPs identify the problem so we can address the issue.
- Ask the person what is it about that PCP that is preventing you from going? What are your barriers? Walk-in access, proximity, etc.
- People do things based on relationships. Encourage insurance providers to hire people from the communities to help their neighbors/peers to get the care they need.



III. Finalize/Approve State Issues & Suggestions (Motion Requested)

Due to time restrictions, will allow the workgroups and subcommittees to finalize these issues. Katie will write up changes suggested today and distribute. After the workgroups have worked on the issues more, will send to the board for a final approval and vote.

IV. Board Terms Discussion/ CNY RPC Board By-Laws Approval (Motion Requested)

At the last board meeting, presented a proposal to extend board terms from two years to three years. A survey was sent out over the summer; the majority of respondents felt the board should extend the terms to three years. No questions or objections presented.

Mark Thayer asked for discussion on board terms and bylaws that were distributed before the board meeting. No discussion. Motion to approve. 1st- Teisha Cook, 2nd -Jennifer Earl. Motion carried. Bylaws passed.

V. RPC Survey Update

Collaborative Governance at this scale and ongoing mechanisms has not been done before; the RPCs are new in this respect. Results from the Syracuse University and SUNY at Albany study on the Regional Planning Consortiums third round of surveys were presented by Matt Spitzmueller.

Highlights include:

- Survey results support the need for the due diligence process. RPCs have done a terrific job to bring the right people at the table and articulating the process. More work is needed in outlining the objectives, using the right data, and working towards results.
- Areas that show differences between stakeholder groups that may be meaningful:
 - o Goals & Objectives highest in Peer Advocates and LGUs, lowest in CBOs.
 - Understand and using the right data highest agreement CBOs; least agreement –
 MCOs.
 - o Results highest agreement in achieving results MCOs, least CBOs.
- Stakeholder groups experience one another in different ways within the scope of the RPC. This information is presented in a grid.
 - Hospital & Health System Provider frequently cited as not sharing goals with other stakeholders.



- MCOs and LGUs both cited the other stakeholder group as not sharing their goals.
 Reflection/Discussions:
 - Is the work of the subcommittees & workgroups being translated into work? Talking about the right things, energy towards trying to achieve, spread out to thin, and not necessarily achieving actionable results.
 - MCOs shared that they have access to much more data which colors their view of the data of what is shared. Could ask the State to close the real time and 6-month lag data that is being shared. The timeliness of the data is the biggest issue. The state has approved in the time since the RPCs started. Is it really an issue? Can't see the impact of our fixes in real time. Would love their own agency's data.
 - It may be that a lack of relationship drives the challenge of not knowing what other
 entities goals are. Perhaps the RPCs can help with the development of a relationship and
 increased communication between various entities to increase the mutual understanding
 and identification of shared goals.

VI. Work Group/Subcommittee Updates

Due to time the work group report out will be delayed until the next meeting. However, Jennifer Parmalee, LGU Lead of the Children and Families Subcommittee gave an update. So far the group has met three times. Need better representation from families at the table. Next steps is to have the providers review the twenty identified issues. Will be responding to a survey on what is happening related to those issues. Also developing a survey for families about the challenges they are facing and solicit interest in subcommittee. Will be doing focus groups with families where they are to get more information. Katie will forward minutes from the subcommittee out to the board for review. Next meeting will be at the end of October. Will be reviewing the results of the surveys at the next meeting.



VII. Adjourn (Motion Requested)

Dates for 2019 meetings have been set. Katie will be sending a survey about location preferences and will send calendar invites out once venues are confirmed. Mark Thayer asked for a motion to adjourn the meeting. 1st made by Katherine O'Connell. 2nd by Scott Marshall. Motion carried. Meeting adjourned.

Attendance:

- Beth Hurny- Key Partner
- Betty Brahney- HHSP
- Carole Hayes Collier- PFY
- Carrie Doran- CBO
- Cassandra Sheets- CBO
- Colleen Klintworth- MCO
- Curt Swanson-Lewis- MCO
- Eric Bresee- CBO
- Eric Stone- HHSP
- Jason Meyers- PFY
- Jennifer Daly-PFY
- Jennifer Earl- MCO
- Katharine O'Connell- MCO
- Laura Zocco- OMH
- Leslie Ann Regan- Key Partner
- Lisa Alford- DCS
- Mark Thayer- DCS/Co-Chair
- Mica Gonzalez- PFY
- Monika Taylor- HHSP
- Nicole Kolmsee- DCS
- Patrica Berthod- PFY
- Robin O'Brien- DCS
- Scott Ebner- HHSP/Co-Chair
- Scott Marshall- PFY
- Stephanie Pestillo- MCO
- Teisha Cook- DCS
- Tim Hammond- Key Partner
- Wil Murtaugh- CBO
- Yvette Borne- CBO

Not In Attendance:

- Lori Lubba- MCO
- Chris Emerson-Key Partner
- Rachel Kramer- Key Partner
- Richard Jobin- OCFS
- Marni Millet- OASAS
- Debra Meyer- BHO
- Ron Preston- HHSP
- Linda Lopez- CBO
- Lauren Wetterhahn- Key Partner
- Ray Bizzari- DCS
- Joan Buckley-White- HHSP

Gallery Attendance:

- Jennifer Parmalee
- Joan Spector
- Joan Spector's Guest
- Emily Hotchkiss-Plowe
- Cathy Hoehn
- Mat Roosa
- Jennet Oncone
- Ute Gallert
- Matt Sptizmuller