CLMHD Regional Planning Consortium

REGIONAL PLANNING CONSORTIUM
Capital Region 2nd Quarter Board Meeting
May 15th, 2018 – 2-4pm,
Four Winds Saratoga,
30 Crescent Avenue, Saratoga Springs, NY

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1. **Call to Order**
   a. *Meeting called to order at 2:09pm.*

2. **Introductions (Name, stakeholder group, agency/organization, title)**
   a. *Group went around the room and introduced themselves. See page 7 for attendace.*

3. **Approval of February 13th Meeting Minutes (Motion Needed)**
   a. *1st: Brian Stewart*
   b. *2nd: Jon Anderson*
   c. *All in favor, none opposed meeting minutes approved*

4. **Final Survey for Research Study**
   a. *Kathy Coons read recruitment script – Alexis handed out survey, informed Consent and blank envelope to each board member. Total count of board meeting = 7 total so far. Group completed survey. Alexis collected completed surveys.*

5. **State Issue Discussion – Drilling Deeper**
   a. *Kathy Coons referred board to the letter to boards from Donna DeWan. Kathy reviewed the evolution of the RPCs, an emphasis on due diligence/drilling deeper process on issues that have been put forward to Chairs meeting. Kathy spoke to the postponement of the 4/19 Chairs meeting and the rationale for the postponement.*
   b. *Kathy spoke to the behind the scenes Co-Chairs calls, challenging each other to think analytically.*
   c. *Opened the floor to any questions that board may have around this. Wants to make sure we have plenty of time to process the evolution of the RPCs. The board had no questions. Kathy noted this won't be a heavy lift for the board – already being analytical thinkers*
      i. *Review of the top 3 issues the Capital RPC Board put forward to the last chairs meeting:*

Issue #1 – workforce, staff retention (Psych, CASAC, therapist, etc.) (refer to page 8 for complete issue)

   a) *Discussion around the workforce shortage attempted to identify causative factors to better inform solutions*
      i. *Not enough people going into the field (HH/CM level) – people not entering degree programs that cater to this*
      ii. *Low wages for these positions – low incentive*
      iii. *Requirements for becoming a CASAC are much more strict now*
   b) ***Justice Center*** *– confident/capable staff are losing interest in this field because of fear of repercussions (adolescents) from the Justice Center. Not as much of a problem with the Adult Population. Parents discourage children from entering this field due to regulatory burdens (career ending situations) due the Justice Center. There are times during the clinical*

relationship when a closeness develops between client and therapist (going gets tough), very easy for client to make claim against therapist. Justice Center continues to grow (number of staff and sites around state) to support large number of investigations. Going in the opposite direction that we need to go in the field – we need to be able to help the limited number of people coming in to the field and those that are staying in the field.

i. *Justice Center is negatively impacting recruitment and retention – it becomes the agencies responsibility to handle the legal situations (means hiring attorneys – therefore less money going to the actual workforce)*
ii. *Folks that are already struggling with full staffing lose others due to investigations.*
iii. *Employee gets suspended for "x" number of days – can't fire the employee, can't hire someone else – creates awful staffing challenges*
iv. *Makes for extensive training needs (lots of cost to do so). Training is not doing as much as it could.*
v. *Lengthy investigations – negatively impact morale; compromises the clients – makes organizations have to decide if they are able to treat clients (adolescents), out of fear of repercussions.*
vi. *Change of culture is needed. Angela Vidile spoke to 3 year investigation that is still on-going.*

c) *Additional causative factors and solutions:*
   i. *Other challenge is that young people are not going into this profession.* ***Justice Center*** *is a big barrier to this based on fear.* ***Low wages*** *are also a major concern*
   ii. *Albany County Community Services Board is preparing a letter to the editor – stop putting energy in to creating new programs, we cannot afford or staff the programs we currently have.*
   iii. *Liability is negatively impacting the current wages – have to invest so much money in protecting selves that there isn't enough to actually pay staff members.*
      - *Becoming not worth it to work in this field – can make more money working at McDonalds and have less stress.*
      - *Medicaid reimbursement rates has huge impact on wages for staff members – have to work within this prescribed structure.*
      - *Fed Gov't regulates these rates – given that we live in a lesser economic area we see less $ coming from the Feds.*
      - *Capacity is getting taken out of the system – nurses (for example) have to spend 50% of their time doing paperwork/in front of computer – this is 50% less time for those nurses to see patients.*
      - *Regulations keep increasing, leads to less actual help for clients due to staff needing to complete paperwork/meet regulatory requirements.*

d) *Consideration on how the system used to be when deficit funding was more available to cover loss of revenue for staff time in training – trainings were helpful. Now have to balance the need for all these trainings with the need generate revenue in a fee for service environment. . Training opportunities result in increased staff satisfaction and retention. Results in negative revenue because of the lost revenue during the training/regulatory time. Is there a successful fiscal model that shows how to effectively balance this?*
   i. *Increasing regulations create huge burden on agencies. Creates lower quality of care for clients*
   ii. *Stress at work is creates stress at home – Problems at work create problems at home –*

iii. *Important to speak to success stories! This contributes to a balanced perspective. Make sure to tell your families and co-workers that there are stressful times but there are also times when you feel reward from successfully helping people/clients. Need to continue to share these success stories! Really easy to get caught up in all the negatives.*

iv. *Self-care for employees is critical – could be regional solution.*

v. *PSYCKES Care Transitions project – includes a workforce survey to assess "joy" level at work – many people not feeling joy – low morale. – How do we increase morale regionally? Is there anything we can do to assist with this?*

vi. *Jennifer Earl – provided staff appreciation cards to clients, they could fill them out and anonymously provide them to staff to help increase morale. (let staff know they are actually making a difference in people's lives)*

vii. *CASAC changes – driven by Medicaid reform – trying to professionalize it more. Increased demand on this segment of the work force*

viii. *Jennifer Earl - Is it possible for State to provide more technical assistance around MMC changes? Can we look at APG rates if we're not going to move immediately into VBP arrangements? State agencies are providers themselves and they are subject to the same regs. as private providers – Can we look at data from State agencies (provides more well rounded point of view than with just private orgs.)*

e) ***Next Steps:*** *Alliance for Better Health –PPS – initiative starting for agencies to collaborate through the Alliance. Innovations grant – webinar on May 23rd that will discuss this in greater detail. Could be an opportunity to provide trainings on staff care/increase staff morale in the region. Linda Lewis volunteering to organize a meeting for interested board members in pursuing an innovations grant.*

Issue #2 – Not adequate community services that will meet demand created by reducing number of inpatient beds. (refer to page 8 for complete issue)

a) *Why aren't there adequate community based services to meet the needs?*

i. *Recommended Solution: Invite the Governor to sit at treatment center to see firsthand what these changes mean in real life situations – some people may need to be hospitalized.*

ii. *Person keep returning to the hospital – discharged – arrested/released – back to hospital and it starts all over again.*

iii. *People that need hospitalization often cannot access it. Recommendation to ask for more information from the State on their algorithms/challenge them to adjust these.*

iv. *County Jails – seeing large uptick/increasing number of forensic inmates – this population is not captured in Medicaid claims data.*

v. *Having a hard time finding alternatives to hospital admissions – need to negotiate with each individual MCO for creative/innovative alternatives – heavy lift to do this. There are barriers to innovation.*

vi. *No one would accept the current delivery of services for any other disease (example, heart disease) but somehow this is acceptable with the mental health population*

b) What do you need that will help people to be successful in the community?

i. *939 hospital that will keep someone more than 2 days and not release him or her 3 hours after his or her symptoms seem to go away. Need to be able to actually keep people in the hospital to get the appropriate level of care.*

ii. *MCO – can send someone to the home (with consent) to chat with member.*

iii. *There are creative out of the box ways to help people.*

c) *Do not have substance abuse treatment that is effective in the hospital – try to encourage people to go to rehab but cannot make them go. OMH/OASAS provider relationships improving but still a ways to go.*

i. *When economy fell, less people sought mental health treatment – with economy improving more people seeking treatment because it can be afforded.*

ii. *Clients describe having their treatment plans dictated to them – therefore clients do not buy into them and are not invested – when they get out they relapse and go back to old behaviors*

iii. *Jails have become de-facto psych hospitals*

iv. *Currently not utilizing services available to full capacity due to slow up-tick in transition. CMAs get no benefit for making referrals to HCBS. Can the State incentivize referrals to HCBS? – make it worth the effort to CMAs.*

v. *CMA workforce has not reached the level of understanding needed with regard to VBP – not understanding how what they do will impact outcomes in a VBP world.*

vi. *Assessment – questions much too intrusive, clients don't want to answer questions, staff person then may be penalized due to not achieving enough completed assessments; creating further work force frustration. .*

vii. *CMAs are being overwhelmed by the amount of paperwork being asked of them. Too many changes too quickly, difficult to navigate.*

d) *In lieu of service – webinar coming next week. Hope that there is flexibility in those dollars to assist with some innovation and recommended solutions in the Capital Region.*

i. *Need to shift system out of rote way of doing things – think outside the box, get creative.*

ii. *Being able to utilize funding for housing is significant in addressing social determinants of health. Do not have enough supportive housing in this community.*

iii. *Definition of "stable" is not accurate – symptoms are not presenting so folks get sent home but they are still exhibiting symptoms when they leave. – pressure on hospitals to move patients as soon as they seem to be healthy, even though they may not be.*

iv. *Huge amount of effort for very little $*

v. *Full continuum of care is not developed that would help offset some of the workload*

i. *May be something in the continuum of care in the near future that will help to offset this.*

ii. *Need to embrace tele-psychiatry (however, new regulations are not out yet – State needs to release these so folks can move forward with it).*

iii. *In-home nursing providers don't feel safe working with MH population (due to behavioral problems/psychotropic meds) – great need for this service.*

Issue #3 – Related to meaningful connection and interoperability between primary care and behavioral health electronic health records (EHR).

a) *Perhaps Alliance for Better Health (PPS) can assist with this issue. Recommendation to create a workgroup to address this or discuss this in the HARP/HCBS/Health Home work group. Board supported inviting HIXNY to the next board meeting to assist the board in drilling down on this issue more.*

b) *Complex issue – a lot of different stakeholders need to be at the table for this discussion*

6. **OMH HARP/HCBS Data Review**
    a. *Tina L. Smith (OMH) Hudson River field office provided presentation on OMH data*
        i. *Data collected quarterly – as of March 22nd*
        ii. *Reviewed data numbers around HARP eligible, HH enrollees, those assessed, etc.*
        iii. *6-8 month claim lag. Info comes from Medicaid Data warehouse*
        iv. *Questions can go to Alexis and she will forward to OMH*
        v. *Issues with people not getting referrals – OMH is interested in hearing any other thoughts around this so they can work on them.*

7. **HARP/HCBS/HH Ad Hoc Work Group Update –** *Linda Lewis*
    a. *The group ran out of time to review this – please refer to the April 3rd HARP/HCBS/Health Home meeting notes.*

8. **State Designated Entity (SDE) – Report out from Managed Care Organizations**
    a. *Question from 2/13/18 Board Meeting: Percentage of HARP eligibles who have opted out of HH? Can we get this data? (How is this being tracked/documented? How are we documenting that you asked the question, the person declined it and is it being reported to the HH?)*
        - *Response: This information may exist at the MCO level. Alexis reached out to the MCOs prior to the board meeting. Asking for the MCOs to report out on their responses.*
    b. *The group ran out of time to review this – will table this for an update at the next board meeting.*

9. **Children & Families Subcommittee Update –** *Bill Gettman*
    a. *The group ran out of time to review this – please refer to the May 9th meeting notes.*

10. **Capital Region RPC Board Feedback –** ***Standing Agenda Item***
    a. *The group received blank index cards to submit any additional feedback to the Co-Chairs anonymously. The board is welcomed to submit any feedback to Co-Chairs or Alexis at any time.*

11. **Success Story**
    a. *The group ran out of time to review a specific success story, however, there were several moments of success discussed during the meeting while the board was drilling deeper on identifying State and Regional issues.*

12. **Adjourn Meeting (Motion Needed)**
    a. *1st Linda Lewis*
    b. *2nd John Paduano*

Upcoming Meetings:

- **June 5, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Alliance for Positive Health, 927 Broadway, Albany, NY 12207)
- **July 18, 3-4:30pm:** Children & Families Subcommittee (In-Person, Albany County Department of Mental Health, 175 Green Street, Albany, NY – lower level auditorium)
- **August 7, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Unity House- 2nd Floor, 2431 6th Ave, Troy, NY 12180)
- **September 12, 3-4:30pm:** Children & Families Subcommittee (In-Person, Parsons, SATRI Training Facility, 60 Academy Road, Albany, NY)
- **September 18, 2-4pm:** Capital RPC Board Meeting (In-Person, Twin County Recovery Services, Inc., 350 Power Avenue, Hudson, NY)
- **October 2, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Catholic Charities Disabilities Services, 1 Park Place, Suite 200, Albany, NY)
- **November 14, 3-4:30pm:** Children & Families Subcommittee (In-Person, Parsons, SATRI Training Facility, 60 Academy Road, Albany, NY)
- **December 4, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Unity House- 2nd Floor, 2431 6th Ave, Troy, NY 12180)
- **December 11, 2-4pm:** Capital RPC Board Meeting (In-Person, Krause Center, 2212 Burdett Avenue, Troy, NY)

Capital Region RPC: 2nd Quarter Board Meeting
May 15th, 2018 2-4pm

	Name	Attendance	Stakeholder Group
1	Renee Abdou-Malta		BHO
2	Kathy Alonge-Coons		LGU
3	Jon Anderson		MCO
4	Samuel Bastien IV		H&Hs
5	Marianne Briggs	Absent	PYF
6	Nicole Bryl	Absent	H&Hs
7	Michael Cole	Absent	LGU
8	Kevin Connally		CBO
9	Katie Conroy		PYF
10	Victoria DeSimone		State Gov
11	Catherine Duncan		Key Partner
12	Jennifer Earl		MCO
13	Ruth Fennelly		PYF
14	Bill Gettman	Absent	CBO
15	Stephen Giordano		LGU
16	Maggie Graham	Absent	LGU
17	Rachel Handler	Absent	H&Hs
18	Kevin Jobin-Davis	Absent	Key Partner
19	Rick Jobin	Absent	State Gov
20	Linda Lewis		CBO
21	Cher Montanye		State Gov
22	John Padauno		CBO
23	Amanda Pierro		PYF
24	Frank Pindiak		CBO
25	Bill Porter	Absent	State Gov
26	Michael Prezioso	Absent	LGU
27	Eushabell Rodriquez	Absent	PYF
28	Carl Rorie Alexandrov		MCO
29	Darin Samaha		LGU
30	Mandy Senko		Key Partner
31	Elliot Shaw		MCO
32	David Shippee	Absent	H&Hs
33	Brendon Smith	Absent	H&Hs
34	Rowena Smith		CBO
35	Brian Stewart		H&Hs
36	Angela Vidile		MCO
37	Lyndsi Wickert		PYF

Additional Attendees: Benjamin Rosen (OMH Central Office), Donna DeWan (RPC), Cathy Hoehn (RPC) Tina L. Smith (OMH Field Office), Melissa Staats (OMH Central Office), Barbara Callahan (Families Together in NYS)

Capital Region RPC
April Co-Chairs Issues
Updated 2/20/18

1. **Issue:** The staff that are supporting the implementation of the behavioral health transition to Medicaid Managed Care are increasingly difficult to recruit and retain (Psychiatrists, NPPs, CASAC and therapists). Throughout the region it is also increasingly difficult to recruit and retain health home care managers. This results in not enough care managers or HCBS providers to refer individuals to.

   Recommended Solutions:
   - Loan forgiveness for a licensed professional in any setting
   - Offer to pay for CEUs/Offer CEUs for licensed professionals
   - Allow flexibility around transferring licensed individuals from out of state
   - An expansion of Project TEACH and the Adult Collaborative Program supported by CDPHP to increase primary care providers' ability/comfort to treat behavioral disorders in their practices

   Regional Attempts: Connections made between Project TEACH and the children & families subcommittee, as well as Project TEACH and PPS' in the region. The recommendations will also be submitted to the NYS workforce shortage committee.

2. **Issue:** There are not adequate community based services that will accommodate a reduction in in-patient beds. There are also limited services beyond traditional outpatient care.

   Recommended Solutions: Consideration for how systems will need to adjust to a less inpatient intensive system is necessary. Intermediate levels of care such as intensive outpatient programs. Allow hospitals and health systems flexibility to be innovative and not restricted within Medicaid billable services.

   Regional Attempts: Awaiting more info on "In Lieu of Services" SPA Service – Rensselaer County has been contacted by OMH to discuss this further. Wraparound of services (mostly medication compliance and monitoring health issues) has been discussed in Rensselaer County to discuss with MCOs further. Columbia County has been in contact with OMH and received a template for "In Lieu of Services" which will be required by MCOs.

3. **Issue:** Meaningful connection and interoperability between physical health and behavioral health electronic medical records is a challenge. This includes care management agencies who work with multiple Health Homes having to navigate multiple software systems.

   Recommended Solutions: Health Home, need for DOH to require uniform software for all HH leads to permit CMA to navigate easily. Continued dialogue at the State level to encourage alignment in electronic medical record systems for interoperability between physical health and behavioral health providers.

   Regional Attempts: Regional efforts being made with the "champions" who are better trained in the systems to train other care managers on these systems. Continuing to obtain feedback at the children and families subcommittee and HARP/HCBS/Health Home work group level from providers on this challenge. Also receiving feedback from youth and families to determine impact this has on the services received.