



Meeting Minutes
REGIONAL PLANNING CONSORTIUM
Capital Region 1st Quarter Board Meeting
February 19th, 2019 – 10am-12pm,
Krause Center, 2212 Burdett Avenue, Troy, NY

1. Call to Order

- *Meeting called to order 10:04am*

2. Introductions (Name, stakeholder group, agency/organization, title)

- *Group went around the room and introduced themselves (please refer to attached attendance and gallery lists)*

3. Approval of December 11th Meeting Minutes (*Motion Needed*)

- *1st: Jon Anderson*
- *2nd: Bill Gettman*
- *All in favor, none opposed, minutes approved and will be posted to website*

4. Board Vacancies – Key Partners & Youth Advocate CCO Discussion

- **Key Partners – 3 seats open: This group is mainly geared toward Performing Provider Systems, Population Health Improvement Project, Local Departments of Social Services, Local Health Departments and any other interested parties.**
 - *Amanda let the board know about current vacancies – let the board know that they can nominate individuals to fill these positions*
 - *Currently have one KP nomination (Mandy Senko) – CCO representative as Key Partner*
 - *Question for Board: Does region want to have a Care Coordination Organization (essentially OPWDD version of HH) on the board?– Mandy served on board previously, sees value in RPC, serving mutual population through the CCO*
 - *Mandy is with Care Design (contains most of the ARCs)*
 - *Catholic Charities Disabilities Services participates on Capital Region RPC Board already (OPWDD population)*
 - *Seems to be a lot of overlap in conversations between SUD/MH side, does it make sense to bring OPWDD to the RPC table? – Seems to make sense*
 - *Motion to approve Mandy as a board member:*
 - *1st: Sam Bastien*
 - *2nd: Rachel Handler*
 - *Board voted “YES” – Mandy will be brought to the Capital RPC board as a key partner*
- **Youth Advocates – 2 seats open: This group is reserved for those stakeholders who have lived experience or have supported someone experiencing mental health issues.**
 - *Amanda also let the group know that the Capital RPC is looking to fill these positions. Nominations can be made to Alexis at any time.*

5. Report Out

- **HARP/HCBS/Health Home Work Group – Linda Lewis**
 - i. Linda spoke about the regional Adult BH HCBS referral form and plan of care template. Linda also spoke to list of issues HHH group currently looking at – (refer to HARP/HCBS/Health Home Issue Updates page 6)
 - ii. Next meeting will be a networking event April 2nd, 2-4pm (location TBD)
Question: How is group addressing lack of understanding of HH's?
 1. Sharing best practices between agencies seems to be working
 2. Visual displays are starting to appear (ex. of AH dentist appointment)
 3. Ongoing work, not solvable over night

- **Children & Families Subcommittee Update – Bill Gettman (refer to C&F Issue Updates page 7)**
 - i. Transformation underway – technical assistance is available – things are starting, HH enrollment is increasing, number of referrals going up, things starting to happen
 - ii. MCOs – contracting is going a bit slower than anticipated – Claims have not really started to come in yet, hard to define things prior to 90 days
 - iii. Kids HH funding has been released – HHs remain financially viable
 - iv. Ongoing workforce crisis – Statewide survey found vacancy rates at 14% and 30-40% for BH positions
 - v. Next meeting – 3/6, 3-4:30pm. Plan to get feedback from providers at this meeting – slow rollout thus far

- **Homelessness Mtg. – Michael Cole (refer to Transitions to Care – Homelessness Updates page 8)**
 - i. Transitions to care/homelessness meeting met last week. Focus of Work Group: To reduce long stay inpatient psychiatric admissions resultant of homelessness (inadequate discharge planning for living situation/at risk for readmission within 30 days). Folks staying in hospitals longer than anticipated due to not enough transitional care/residence options following hospitalization.
 - Group looking to identify current/ongoing initiatives that have been helping
 - Connected with Regional CoC and set up follow up meeting
 - Could use more LDSS participation
 - Carl – CDPHP – expanding housing program, members will pay income based portion of their stay, increasing number of beds. In discussion around 3 additional beds
 - Group is eager to learn more about others working on housing crisis (ESSHI funds, additional MCO pilots, etc.)
 - Solution identified – transitional OP setting that will facilitate discharges and keep diversion opportunities available.
 - Group would like to engage HH in Columbia/Greene that has not been very active on Cap RPC – invited to the next transitions to care meeting.
 - Next meeting – 3/21/19 – 12:00-2:00
 - Location – lower level of Albany county MH
 - Brianna Brennan - Interfaith medical respite – could provide analysis of housing program – track trends of enrollment during, 6 mos, and 12 mos after
 - Finding was that between discharge and 3 mos was increase in ED utilization and then drop off following 3 months.
 - Z-codes – codes used in hospitals that diagnose SDH need – finding that there is some use of these codes locally
 - Brianna will send outcomes from this analysis – data will help inform workgroup
 - Group had discussion that nursing needs to be at the table

- **Other Board Report Outs** – open to all board members: Floor was opened to board to offer report outs
 - i. Todd French – NYAPRS team doing HARP/HCBS training – finding that there is a mismatch between where he is going to do trainings and the content of the trainings. Would be very welcome to identifying providers who are interested in hearing this training
 - ii. Future of DSRIP – Brianna Brennan – DSRIP 2.0 – Governor indicated that he may allocate funds for programs that have been successful
 1. Group getting together to draft proposal of DSRIP 2.0
 2. Strong attention on core tenants of DSRIP program
 3. There is work going on towards this end but nothing is confirmed
 - iii. DOH has approved that alliance PPS be an IPA (would be able to contract with MCOs in VBP environment)
 1. Still many conversations around composition and structure for this IPA
 2. If you haven't been invited but are interested – consider reaching out to Brianna for additional information
 3. 2.0 brings additional federal dollar match
 4. Important to remember that when you contract between MCO and IPA – the IPA is the payer for the providers, not the MCO – important to remember this

Question: How is Alliance different from BHCC?

 - a. BHCC is very defined – Alliance is not as clearly defined – more focused on social needs

- **Capital Region Issues Tracker – Co-Chairs**

Want to make sure that the board is updated with the status of issues being worked on and that we are pursuing the most pressing issues. 3 issues previously identified by board:

 - i. **Connecting physical health and behavioral health (i.e. data collections systems)**
 1. HIXNY will send personnel to next RPC board meeting for direct feedback from board members. Looking to see how we can collaborate with the RHIO to discuss the current barriers in connecting PH and BH.
 2. Recommendation to include DOH in future conversations due to RHIOs reporting to DOH and thought to be largely funded by DOH
 3. Goal of this recommended integration is to make things as seamless as possible for members. RHIOs starting to have talks between themselves to combine forces. Would also help CMs that are reporting to multiple HHs.
 - a. CHHUNY Is currently sharing CCD and data
 - ii. **Transitions to Care – Homelessness**
 1. Refer to update provided on this work group report out above.
 - iii. **Workforce – recruitment and retention (Psych, NPPs, CMs, etc.)**
 1. Difficult to hire staff with current funds
 2. Competitive salaries are starting to become an issue – smaller agencies can't compete with competing salaries
 3. Some agencies have had to limit intakes due to lack of staffing
 4. Increase in demand for kids MH services – no increase in folks to provide services
 5. Some agencies report 6 month waits to hire a Care Manager

- a. *Sign-on bonuses being offered*
- 6. *Are there enough people to deliver the new services that are coming online? – this is a major concern for providers.*
- 7. *Agencies continuously recycle staff from other agencies*
- 8. *Not worth it to work in human services when you can make more money working at a fast food place.*
- 9. *Columbia County – difficulties filling CM positions and Psych NP's. Difficult for some agencies to pay folks what others are offering them.*
- 10. *Response to federal data around workforce – NY is not experiencing shortage when compared to rest of the nation*
- 11. *Need longer term solution – collegiate level programs, build our own workforce, etc.*
- 12. *Regulatory limitations imposed by OMH are creating burdens – folks are not being allowed to perform functions that are under their license due to regulations*
- 13. *Many folks are still eagerly awaiting the new telehealth regulations*
 - a. *Are reporting not wanting to engage members in telemed due to fear of regulations changing after they get the ball rolling.*
- 14. **Next Steps:** *AH spoke to statewide workforce workgroup – let board know that there may be opportunity to join this workgroup in the near future – **please contact AH if you are interested in participating on this workgroup***

6. 2018 Survey Results – Refer to survey results on page 9 for more detail

- *Areas for improvement – further discussion:*
 - i. *Increase peer/fam voice*
 - a. *Issue getting folks to the table because they have to work, have full lives already, it's hard to get them to the table*
 - b. *Outreach medical peer advocates*
 - c. *Fireside chats were helpful, saw better family participation*
 - d. *Important to get the family perspective/voice*
 - e. *What do we want to know from them?*
 - i. *Is the transition working/how are we doing?*
 - ii. *Requesting DOH at the RPC table*
 - a. *Without DOH it's difficult to get tangible results*
 - b. *Difficult to identify the appropriate DOH representative for particular issues*
 - i. *Staff from PC/BH integration workgroup may be a good jumping off point, maybe OHIP as well*
 - c. *It was noted that DOH has participated in the past on particular issues (i.e. transportation) – need to be specific in identifying which area of DOH would be most helpful to attend based on the specific topic or challenge being discussed*

7. 2019 – Where are we Going/Prioritizing Areas of Focus

- *Assuring we have a mechanism for hearing the consumer voice*
- *Workforce*
 - i. *More conversation needed on this. Look at civil service numbers/nationwide data?*
 - ii. *Need more direct care staff (seem to have higher level positions filled but need more direct care staff)*
- *Awareness of necessary push back on regulatory requirements (taking away from face time with patients)*

8. **Capital Region RPC Board Feedback – *Standing Agenda Item*** – Board encouraged to continue to send feedback to Alexis, Kathy or Amanda at any time.

9. **Success Story**

- CDPHP spoke to success someone no longer receiving HCBS/being enrolled in a HARP because the services are working.

10. **Adjourn Meeting (*Motion Needed*)**

- Meeting adjourned at 12:03pm

Upcoming Meetings:

- **March 6th, 3-4:30pm: Capital Region C&F Subcommittee** – (In-Person, Parsons, SATRI Training Facility – 60 Academy Rd. Albany, NY)
- **April 2nd, 2-4pm: Capital Region HARP/HCBS/HH Work Group** – (In-Person, Location TBD)
- **May 1st, 3-4:30pm: Capital Region C&F Subcommittee** – (In-Person, Albany County Department of Mental Health - Lower Level Auditorium (175 Green St. Albany, NY)
- **May 14th, 2-4pm: Capital Region RPC 2nd Qtr Board Meeting** – (In-Person, Four Winds Saratoga – 30 Crescent Avenue, Saratoga Springs, NY)
- **June 4th, 2-4pm: Capital Region HARP/HCBS/HH Work Group** – (In-Person, Twin County Recovery Services, Inc., 350 Power Avenue, Hudson, NY)
- **July 17th, 3-4:30pm: Capital Region C&F Subcommittee** – (In-Person, Albany County Department of Mental Health - Lower Level Auditorium (175 Green St. Albany, NY)
- **August 6th, 2-4pm: Capital Region HARP/HCBS/HH Work Group** – (In-Person, Alliance for Positive Health, 927 Broadway, Albany, NY 12207)
- **August 27th, 2-4pm: Capital Region RPC 3rd Qtr Board Meeting** – (In-Person, Twin County Recovery Services, Inc., 350 Power Avenue, Hudson, NY)
- **September 18th, 3-4:30pm: Capital Region C&F Subcommittee** – (In-Person, Albany County Department of Mental Health - Lower Level Auditorium (175 Green St. Albany, NY)
- **October 1st, 2-4pm: Capital Region HARP/HCBS/HH Work Group** – (In-Person, Location TBD)
- **November 13th, 3-4:30pm: Capital Region C&F Subcommittee** – (In-Person, Albany County Department of Mental Health - Lower Level Auditorium (175 Green St. Albany, NY)
- **December 3rd, 2-4pm: Capital Region HARP/HCBS/HH Work Group** – (In-Person, Unity House- 2nd Floor, 2431 6th Ave, Troy, NY 12180)
- **December 17th, 2-4pm: Capital Region RPC 4th Qtr Board Meeting** – (In-Person, Krause Center, 2212 Burdett Avenue, Troy, NY)

Capital Region RPC HARP/HCBS/Health Home Issue Updates

Accomplishments of Streamlining HARP/HCBS Process:

- Universal HCBS Referral Form
- HCBS Plan of Care Template

8 Remaining Open Issues – continuously being prioritized by the work group

- Difficulty accessing non-medical transportation service through HCBS after the individual is approved to receive them.
- Agencies are not being reimbursed for transportation when staff travel greater than 60 miles per day. This is challenging for agencies that have larger designation counties that are greater than 60 miles per day.
- Health Home and CMAs are performing an eligibility assessment on their familiar clients. These clients tend to be already engaged in SPA services and not interested in any HCBS services at time of assessment. There is also much difficulty engaging members and their families.
- Lack of understanding among families and members of what a health home is and can provide.
- Health Homes have more familiarity with mental health versus substance use disorder population.
- PCPs not educated about Medicaid Redesign and/or HARP and informing their patients not to enroll in the HARP as they do not accept the plan.
- Individuals are opting out of HARP due to confusion between Plan case management and community case management. Lack of clarity by individuals who are eligible for HARP.

2 Closed/Resolved – with previously held and upcoming collaborative networking & educational events

- The HH and CMA lack information regarding services resulting in goals not matching service. CMAs also unable to complete necessary documentation required by MCO. (This could lead to a loss of benefits if full plan of care is not there. There is difficulty tracking health home documents.)

Capital Region RPC C&F Issue Updates:

2 Remaining Open Issues –

- Loss of Medicaid eligibility as a result of lack of re certification, creating continuity of care issues – not a new issue and has also been referred to the State Medicaid Redesign Team
- There is a need for training for families re: Health Home – a continuously discussed challenge and has begun to be addressed via the fireside chats

2 Issues have been referred to the Health Home Coalition through the HH/MCO Children’s Committee

- Due to the amount of paperwork within the first 60 days a Health Home care manager is meeting with the family, the care manager is extremely focused in getting necessary paperwork and documents in place instead of engaging with the family and potentially helping a family in crisis.
- The Health Homes Serving Children comprehensive assessment varies across Health Homes creating additional burden for care managers, specifically those who work with multiple Health Homes.
 - This additional burden will contribute towards care manager burn out, potentially prior to the behavioral health transition to managed care and expansion of home and community based services.
 - Additionally, within some comprehensive assessments there are intrusive questions asked of families (some related to sexuality).

1 Issue has been resolved at the State Chairs meeting – which we will continue to monitor

- Confusion around the Complex trauma eligibility assessments reimbursement process.
 - Specific barrier is payment – also needs to be additional training provided to those who are qualified to diagnose complex trauma in context of HHSC.
 - This is a concern for the future children who may qualify for LON HCBS via complex trauma.

Capital Region RPC: Transitions to Care – Homelessness Updates

Next Steps:

- Set up another meeting? How frequent?
 - Yes, next meeting
 - Encourage missing stakeholders to attend based on building from existing relationships
- Include missing stakeholders (LDSS (benefits side/housing/Medicaid), MCO, Navigators, OTDA)
- Find out discussions happening at other tables/counties?
- Compile summary of what is already happening as resolution and what would be needed to further address the barriers (E-SHY, In Lieu Of, MCOs, Innovation Funds)
- Defining the issue – data available to support the root of the issue

Issue has 2 parts:

- Need a place to be
- Need wraparound supports
 - Existing services we can use in a different way to meet these needs? Peer support?

Encouragement to leverage home and community based services

Recommended Areas of Focus:

1. Trying to create an enhanced longer-stay to experiment with wraparound services (enhanced transitional bed as an example)
2. Discharge planning and shifting the mind-set around this – on a regional basis where the hospital does not have sole discharge planning responsibility but all parties and stakeholders embrace this – mobile SWAT team (PSCC)

*Consideration – Columbia and Greene are not included in the Alliance PPS and has a different HH

Capital Region RPC Board Feedback – 2018

Areas for Improvement:

- Talk to action – more operationalizing resolutions and increased local solutions
- Increase family/peer/client voice
- Inadequate workforce and workforce stress need continual advocacy
- Invite DOH to Capital RPC Board Meetings
- Add 30 minutes to board meetings
- Clarify goals of the RPC

Benefits of Participating in the RPC:

- Identifying areas that need to be addressed
- Valuable shared experience and problem solving
- Establishing a collective voice
- Direct community advocacy with State Partners
- A feeling that you can affect change and give feedback that is meaningful
- Networking
- Learning what happens on the “ground floor”
- An opportunity to give consumer voice
- Information exchange

HARP/HCBS/Health Home Work Group:

- Standardization efforts have been excellent
- Great support of each other and sharing of ideas
- Very helpful – well attended and participatory

Children & Families Subcommittee:

- Greater push for Children’s Health Homes to be streamlined (policies, plans, etc.)
- Review the gap in services when children are referred to a Health Home and the child does not have Medicaid but should have Medicaid and qualify for services
- Gather more data on how HH are or are not working for EI and CPSE children, with reasons for why it is not working.
- Implementation of the CFTSS identifying barriers
- Very helpful – well attended and participatory
- Getting families involved

Capital Region RPC: 1st Quarter Board Meeting
February 19th, 2019 10am-12pm

	Name	Attendance	Organization	Stakeholder Group
1	Renee Abdou-Malta	Absent	Beacon Health Options	BHO
2	Kathy Alonge-Coons		Rensselaer County	LGU
3	Jon Anderson		Fidelis	MCO
4	Samuel Bastien IV		Four Winds	H&Hs
5	Brianna Brennan		Alliance for Better Healthcare	Key Partner
6	Nicole Bryl		CHHUNY	H&Hs
7	Michael Cole		Columbia County	LGU
8	Kevin Connally	Absent	Hope House	CBO
9	Katie Conroy		Greene County	PYF
10	Victoria DeSimone		OMH Field Office	State Gov
11	Catherine Duncan		Saratoga County	Key Partner
12	Jennifer Earl	Absent	United HealthCare	MCO
13	Ruth Fennelly		Rensselaer County	PYF
14	Jason Fredenberg		Greene County	LGU
15	Todd French		MHEP	PYF
16	Bill Gettman		Northern Rivers	CBO
17	Stephen Giordano		Albany County	LGU
18	Rachel Handler		Samaritan Hospital	H&Hs
19	Kevin Jobin-Davis		Healthy Capital District Initiative	Key Partner
20	Rick Jobin	Absent	OCFS Field Office	State Gov
21	Linda Lewis		Unity House	CBO
22	Cher Montanye		OASAS Field Office	State Gov
23	John Padauno		RSS	CBO
24	Amanda Pierro		MHA Columbia/Greene	PYF
25	Frank Pindiak		St. Catherine's	CBO
26	Bill Porter	Absent	OMH Field Office	State Gov
27	Michael Prezioso	Absent	Saratoga County	LGU
28	Carl Rorie Alexandrov		CDPHP	MCO
29	Darin Samaha	Absent	Schenectady County	LGU
30	Elliot Shaw		Wellcare	MCO
31	David Shippee		Whitney Young	H&Hs
32	Brendon Smith		Albany Medical Center	H&Hs
33	Rowena Smith		Catholic Charities Disabilities Services	CBO
34	Brian Stewart		Columbia Memorial Hospital	H&Hs
35	Angela Vidile		MVP	MCO
36	Vacant			PYF (Youth Rep)
37	Vacant			PYF (Youth Rep)
38	Vacant			Key Partner
39	Vacant			Key Partner
40	Vacant			Key Partner

Additional Attendees: Jennifer Rice (Beacon Health Options), John Arcuri (CDPHP), Margaret Coker (Schenectady County MH), Pete Griffiths and Cathy Hoehn (RPC), Megan Berardi (OMH Central) Tina L. Smith (OMH Field Office)