



REGIONAL PLANNING CONSORTIUM

CNY RPC 4th Quarter Board Meeting Agenda

December 3rd, 2018 at 10 am to 12 pm

Liverpool Library

310 Tulip St., Liverpool, NY 13088

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| 10:00 am | Introductions/Approval of September 2018 Minutes (<i>Motion Requested</i>) |
| 10:05 am | Project Director & RPC 3.0 Update |
| 10:15 am | November Co Chair Meeting Debrief |
| 11:00 am | State Issues Review/Discussion |
| 11:30 am | Work Group/Subcommittee Updates |
| 11:45 am | RPC Yearly Review |
| 12:00 pm | Adjourn (<i>Motion Requested</i>) |

Important Dates to Remember:

- 1st Quarter Board Meeting: February 4th 2019, 10 am to 12 pm at Liverpool Library
- HARP/HCBS Workgroup: January 10th 2019- 10 am to 11 pm at Liberty Resources
- VBP Workgroup: December 17th 2018, 10 am to 11 pm at Liberty Resources
- Children and Families Subcommittee: December 12th 2018 from 10am to 12 pm at Liberty Resources
- Workforce Development Group: December 7th, 2018 from 10 am to 12 pm at Onegroup Center

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

Questions about this process can be answered by your RPC Coordinator

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State Identified Issues-Updated on 10/22/18

- I. Confusion among potential case managers regarding job title and duties that surround the job. Many agencies recruit potential case managers using different job titles which can make searching for jobs more complicated (i.e. care coordinator, human support services manager, social work aide, vocational specialist, etc.). Various job titles can also indicate a “supervisory” role which is misleading to employees (i.e case manager, care manager, mentor manager, etc.) which can lead to unexpected termination. Agencies are also struggling to understand the required educational backgrounds needed to fill case manager positions, as many potential employees do not meet the requirements. Agencies are struggling to fill these entry level positions due to various job titles, differing job roles/duties, and hard to meet educational requirements.
- i. State Recommendations/Discussion Topics:**
1. Expendability of case manager educational requirements or development of a core competency of educational standards.
 2. Statewide compilation of resources for agencies looking to recruit healthcare professionals
 3. Standardized job titles/job roles for all agencies to alleviate confusion and deception for future employees.
 4. *Development of a credentialing process/training for community based case managers**
- II. The workforce system is fragmented and agencies are struggling with numerous barriers (i.e. increased minimum wage, increased benefit costs, and competition among other local agencies).
- i. State Recommendations/Discussion Topics:**
1. Developing a webinar/training for agencies looking to find and utilize available grants and how to operationalize grants.
- III. Due to the lack of available prescribers in the region, many agencies are without a psychiatric/behavioral health professional. Agencies are noticing an increasingly difficult time in recruiting psychiatric nurse practitioners. As a result, many have attempted to utilize Physician Assistants with a mental health background. However, there is limited guidance on the criteria that would allow a PA to diagnose and prescribe within an Article 32 Clinic.
- i. State Recommendations/Discussion Topics:**
1. Develop a criteria for PAs and guidance for clinics who may wish to utilize their services
 2. Additional information needed around utilizing Board Certified Psychiatric Pharmacists (BCPP) in clinics
 3. Develop a training for PAs that would qualify them to work in clinics as Prescribers.



RPC 2018 Yearly Recap

- I. HARP/Home and Community Based Services/Health Home Group**
 - a. Focused on information sharing and developing resources that will help consumers get access to home and community based services
 - b. Some success of the group:
 - i. Hosting an annual networking event for regional providers to meet case managers and insurance companies
 - ii. Improving the county websites to make them more consumer-friendly, as well as, adding a resource directory filled with all providers in the region
 - iii. Assisting Upstate Medical with a gap study to find more information about regional services
- II. Value Based Payments Group**
 - a. Focused on understanding and troubleshooting the implementation of the method of value based payments.
 - b. Some successes of the group
 - i. Consistent updates from State agencies like Office of Mental Health and OASAS
 - ii. Regular attendance from the Behavioral Health Care Collaborative (BHCC) Leads
- III. Workforce Development Group**
 - a. Focused on the recruitment, retainment, and systematic barriers around developing a sustainable workforce for behavioral health providers
 - b. This group started meeting last month, with a record attendance!
 - c. So far the group has identified numerous possible solutions that include
 - i. Better loan forgiveness options for mental health professionals, including those with just a Bachelors
 - ii. Possibly hosting a Health and Human Service Career Fair
 - iii. Developing a credentialing process for case managers
 - iv. Developing a Strategic Plan
- IV. Children and Families Subcommittee**
 - a. Focused on education/information sharing, as well as, improving communication and connection among stakeholders.
 - b. Some successes of the group:
 - i. Developing and distributing a Family Engagement Survey with over 30 responses!
 - ii. Developing and distributing a Best Practices Survey to providers with over 40 responses
 - iii. Utilizing donated incentives to encourage family engagement
 - iv. Increased member participation by attending family forums/groups to gather additional information and encourage family participation in subcommittee.
- V. RPC Board**
 - a. Continuous 75% attendance rate, even with member turnover and weather
 - b. 10% increase in board member participation in work groups/subcommittees



Central RPC Board Meeting Minutes

Attendance: Jennifer Daly (PFY), Jason ‘Wally’ Meyers (PFY), Tim Hammond (KP), Mark Thayer (DCS), Debra Meyer (BHO), Beth Hurny (KP), Lisa Alford (DCS), Yvette Borne (CBO), Ute Gallert (HHSP), Rachel Kramer (KP), Eric Bresee (CBO), Curt Swanson-Lewis (MCO), Colleen Klintworth (MCO), Lauren Wetterhahn (KP), Carrie Doran (CBO), LeslieAnn Regan (KP), Laura Zocco (OMH), Marni Millet (OASAS), Mica Gonzalez (PFY), Carole Hayes-Collier (PFY), Monika Taylor (HHSP), Deanne Meyers-Acome (HHSP), Jennifer Earl (MCO), Patricia Berthod (PFY), Wil Murtaugh (CBO)

Not In Attendance: Eric Stone (HHSP), Linda Lopez (CBO), Stephanie Pestillo (MCO), Katharine O’Connell (MCO), Nicole Kolmsee (DCS), Scott Marshall (PFY), Scott Ebner (HHSP), Raymond Bizzari (DCS), Richard Jobin (OCFS), Christopher Emerson (KP), Robin O’Brien (DCS), Joan Buckley-White (HHSP), Teisha Cook (DCS), Cassandra Sheets (CBO)

Gallery Members: Janette O’Connor, Melissa Staats, Carey Large, Mat Roosa, Cathy Hoehn, Jennifer Yager, Joan Godlewski, Brenda Street, Lisa Tanner, Maureen Campanie, Susan Jenkins, Joe Douglas, Emily Hotchkiss-Plowe, Unknown Guest.

1. Introductions/Approval of Minutes: Mark Thayer welcomed the group and went around the room for introductions. The board was asked to review the September 2018 meeting minutes. Mark made a motion to approve the minutes, Carole first, Jason seconded, none opposed, and the minutes were approved. Minutes will be posted on the CLMHD website.

2. Project Director & RPC 3.0 Update: Mark provided an update on the Project Director position. Donna Dewan is no longer with the project and resigned back in November 2018. Cathy Hoehn is the interim director until the position can be filled. If members have questions regarding the project director position please contact Mark Thayer or Katie Molanare. A PowerPoint slide was provided to the group regarding the strategic plan for 2019.

3. November Co Chair Meeting Debrief: Mark provided the group with an update on the Co Chair meeting that happened in Albany on 11/30. Official meeting minutes for this meeting will be out in a month or so. Katie will send the supplemental information packet to the board prior. There is also a lot of helpful information on the CLMHD website regarding other RPC regional updates. Katie noted the set up for this meeting was different. Previously every region was submitting issues and narrowing down to at least 3 issues to submit. The due diligence process was implemented back in February 2018 to formally vet the issues. As a result, fewer issues with more information were brought to the State to have a more in depth conversation. The Central



Region did not submit an issue to the State, but a regional update was provided. Some of the issues submitted by other regions at the co-chairs meeting are outlined below.

a. Issue #1: Transportation to Open Access [Southern Tier]

- i. 24 hr access to clinics – identify individuals who are high needs to give MAS a heads up
- ii. OMH talked about the potential of tele-mental health and how that might be able address this issue in the future. Proposed regulations are out for comment now.
- iii. Some push back about telehealth as not being the answer as it does have quite a few costs associated with it. Staff shortages.
- iv. Leslie Ann Regan (Key Partner) mentioned that providers can schedule online for ER discharges – same day access. Some locations in Syracuse are currently utilizing this resource. MAS is currently looking at getting additional locations added to the list.

b. Issue #2: Transportation to Pharmacy [Mohawk Valley/Southern Tier]

- i. Can't get transportation to get medication. Becomes a big barrier – medication adherence is something that is looked at.
- ii. Fraud is the biggest concern for providing transportation to pharmacy.
- iii. DOH said a pharmacy stop can be included on the way home in some cases.
- iv. Barriers : Different plans have different limitations on what could an could not mail order. OMH will be looking into to this further.

c. Issue #3: Housing [North Country]

- i. Challenges related to rural housing.
- ii. State has made a large investment in housing, a good portion is downstate – 75% of homeless people in NYS are in NYC, which is why the investment is highly weighted that way.
- iii. ESSHI funding is great, but requires a partnership with a developer. Developers don't want to do a small development. Provide technical assistance and training to get developers involved with the smaller projects. Help people to come up with some creative solutions like buying a two homes with a traditional mortgage.
- iv. Developing a DSS & OCFS & OMH regular meeting after hearing about housing challenges from LDSS Commissioners.
- v. Crisis Respite Regulations are up for comment right now – interested in sending out funding to develop this service further.
- vi. In lieu of benefit is being underutilized and would be a possibility to develop additional housing resources. CDPHP has a 15 bed pilot project. Only telehealth in lieu of services have been sent to OMH.



- vii. MCOs are seeing it as a challenge – is there an opportunity to get the MCOs and state partners together to figure this out. Interest in a forum.
- ix. Request for a follow-up on what the CDPHP proposal entails – Laura (OMH) will follow-up.

d. Issue #4: Complex Trauma [Capital Region]

- i. Children’s Health Home eligibility can determined through a complex trauma assessment. There are questions about how to bill for this assessment, who can do it, and how best to make it feasible.
- ii. Request for utilizing Other Licensed Practitioner as a billing mechanisms, which was supported.
- iii. Donna Bradbury was interested in learning more about the service system for early childhood.

e. Issue #5: Physician Assistants in Mental Health Clinics [Finger Lakes/Central Supported]

- i. OMH standards present a barrier to having PAs work in those settings. Keith McCarthy indicated that the 599 regs are being looked at for revisions. The proposal to consider the PAs will be taken back.
- ii. The challenge comes that the FQHC or PC practice can hire PAs to in their settings to do similar work.
- iii. Biggest hesitation is that there are studies demonstrating poor prescribing practices among PAs.
- iv. They have issued 19 waivers over the course of 6 years.

f. Regional Updates

- i. NYC mentioned they developed a chart to graph out all of the titles, roles and responsibilities. Will be using this work to develop a training to educate the workforce and recipients on how everything is supposed to work together.
- ii. Mid-Hudson Region set up a training with Dr. Ken Minkoff on Co-Occurring Disorders process. Used that training to develop a roadmap to create a regional plan for co-occurring disorders. One interesting thing they included was considerations across the all ages.
- iii. Western Region is creating Art 31 & 32 viability and sustainability workgroup in light of all of the pending changes. OMH is having internal conversations about those sorts of things, so they will begin to partner.
- iv. Statewide Children & Families Subcommittee update of reverse engineering information that has come out to provide feedback. Involved in morphing the toolkit geared at families to also be utilized by providers. Also looking at workforce issues, eligibility questions, support education and training needed by HHCMS, how to access the new resources.



4. State Issues Review Discussion: Katie provided a review of the updates to the State level issues, starting with Workforce *See above list*

a. State Recommend: Develop a certification for Care Managers to create standardization and potentially address some of the workforce shortages

- i. Opportunity to partner with higher ed institutions and workforce investment boards for funding to allow people to access those trainings.
- ii. Discussion about the value to allow a credentialing including: reduce turnover, empower people who have the experience but not necessarily the education that is required. Is an opportunity to empower the workers and prevent the burnout process, support the people that are doing the work, etc. There is precedence in other fields – CPA as an example.
- iii. Has been discussed in a number of forums, including HHH and Workforce. Will start thinking about the Core Competencies that will go into this.
- iv. Clinical CM certification already developed. Must be clinically based to qualify, but they have the bones that might be helpful.
- v. Credential as an alternative qualification or additional? Would like to have it as an “in lieu of” for other areas besides HHCM.
- vi. SHIP has the core competencies.
- vii. North Country PPS has done something that be worth replicating.
- viii. Developing a resource guide of all of the possible mechanisms to get funding and support workforce development

5. Workgroup/Subcommittee Updates

a. Children & Families Subcommittee Update

- i. Very diverse group around the table, different service providers and counties. Identified the need of having parents and families at the table. Developed two surveys to get input from families on how to get them involved and the barriers they are experiences. Three family members have expressed interest in getting involved. Will be sending a third round of surveys that is at an 8th grade reading level.
- ii. A best practice survey went out to providers to find out what is going on – distributed twice and received 40 responses. Will hopefully send a third time to get additional information.
- iii. Development of local groups – wrote down all of the groups that they knew of, forums, service providers, etc. It was amazing to see all of the services that are available in the community. Would like to reach out and do in person meetings and surveys.
- iv. OnCare provided over 50 \$10 gift cards to Walmart as an incentive for participation



- v. Next meeting is December 12 where we will finalize the strategy for getting out into the community and receive feedback – go to them.
- vi. Request to educate Field Offices/Regional Offices about what the barriers are so they can assist to address the barriers.

b. Workforce Development Group

- i. Talked about a lot of things – recruitment & retainment & systematic issues
- ii. Loan Forgiveness
- iii. Core Competencies for entry level staff that can be standardized
- iv. Sharing trainings or community-based core-curriculum that agencies can share
- v. Hosting a Human Services career fair to encourage students to pursue career in this field
- vi. Looking to develop a strategic plan on what is plausible and possible.
- vii. Statewide Workforce Development
 - 1. Sue Matt, Colleen Klintworth, Jennifer Earl, and Kristen Vincent
 - 2. Topics of Discussion: Psychiatric Nurse Practitioners, Mental Health First Aid in schools, BH Majors or Program in NYS list, Care Management Associate's Degree, Course in working with local government,
 - 3. Will meet again in January

c. HH/HARP/HCBS Group

- i. Rich with on the ground providers and peers
- ii. Workforce issues - talking about recruitment barriers for peer services – filled positions, not many candidates ready for part time or full time employment. What are the roadblocks that agencies are experiencing?
- iii. Certification – how do we help inspire people to want to become a Care Manager when they grow up?
- iv. Need an understanding of how the whole system works. How do you get through the next application or next step in the process – people forget about the broader scope.
- v. Sent out a re-branding survey to the group a few weeks ago – conversation had broaden. Kept the name the same, but will continue to branch out to other topics.
- vi. What is the credentialing process – peer workforce development
- vii. CLMHD website has a lot of information – each region has their own resource directory for HCBS. Putting it on each of the counties' website.
- viii. Next meeting will be in January.

d. Value Based Payment Group

- i. Canceled the last two meetings because of scheduling conflicts.



- ii. Will have another meeting in December with all of the BHCCs providing updates.

6. **RPC Yearly Recap:** List of the successes within the workgroups and a board provided as an attachment to the board members. *See above list*

7. **Adjourn:** 2019 Board Meeting dates – calendar invites distributed. Will likely continue to meet at the Liverpool Library. Mark Thayer thanked everyone for their participation and commitment to this process. He was very encouraged by the Chairs Meeting. Encouraged everyone to look more closely at the issues and think about how to implement and or impact them in the region.

Meeting adjourned at 11:46AM.