



Regional Planning Consortium- Central Board Meeting

2nd Quarter

May 7th, 2018 from 10 am to 12 pm

Holiday Inn, Liverpool NY

	Introductions	
10:00 am	<u>Approval of Minutes:</u> February 2018	Request Motion
10:05 am	RPC Survey	
10:15 am	Co- Chair Meeting Cancellation Update	
10:30 am	Due Diligence Discussion	
10:45 am	Top 3 Issue's Revisited	Request Motion
	<u>State Updates:</u>	
11:15 am	OMH OASAS OCFS	
	<u>Work Group Updates:</u>	
11:30 am	HARP/HCBS/HH VBP	
11:50 am	Review of Future Dates	
12:00 pm	Adjourn	Request Motion

Important Future Dates:

- 3rd Quarter RPC Board Meeting: September 10th from 10 am to 12 pm at the Holiday Inn in Liverpool
- HARP/HCBS/HH Work Group Meeting: May 16th from 10 am to 11 am at Liberty Resources in Syracuse
- VBP Work Group Meeting- May 22nd from 10 am to 11 am at Liberty Resources in Syracuse

RPC Central Region Coordinator

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State Issue's Identified for April 2018 Co-Chair Meeting

<p>Issue #1</p> <p>Other: Workforce</p>	<p>Providers are having trouble recruiting and retaining staff. This leads to a decrease in services offered due to lack of trained employees.</p>	<p>State Resolutions:</p> <ol style="list-style-type: none"> 1. Regions are utilizing available resources to recruit employees but could use some assistance regarding loan forgiveness programs for qualified health professionals. 2. Offering additional funds for agencies looking to provide more paid internships and residencies for qualified health professionals <p>Regional Resolutions:</p> <ol style="list-style-type: none"> 3. Work with the local PPS to coordinate efforts on recruiting and retaining staff 4. MCOs could provide trainings to CM staff at DSS in each county on HARP/HCBS
<p>Issue #2</p> <p>PC/BH Integration</p>	<p>Health Home case managers contact Primary Care Provider offices and supply the correct consent document for minors. The PCP offices are stating that information cannot be shared with the HHCM because the consent they got is not valid to them because they do not recognize the consent and consider it void. This issue greatly impedes the success of the program. If the HHCM cannot get or relay information to the primary care providers, inpatient providers, etc., the goals of the care plan can be greatly impacted.</p>	<p>State Resolutions:</p> <ol style="list-style-type: none"> 1. A FAQ or teaching could be introduced for all stakeholders in the HARP / HH program so that information could be shared, and the tool could be used to educate those not "in the know". This would create a better environment for information sharing among the stakeholders to improve the members standard of living and complete their care plan goals. <p>Regional Resolutions:</p> <ol style="list-style-type: none"> 2. MCOs can continue contacting PCP offices to educate/inform them that the consent forms they are receiving from HHCMs are valid.
<p>Issue #3</p> <p>PC/BH Integration</p>	<p>Primary care providers and PAs lack of knowledge regarding HARP and HCBS Services. It's been discussed how some consumers fall through the cracks when PCPs or PAs do not refer a client to a HARP or a Health Home.</p>	<p>State Resolutions:</p> <ol style="list-style-type: none"> 1. There needs to be a standardized message to send to various clinical settings as many agencies have tried leaving information, but each brochure/flyer is different. <p>Regional Resolutions:</p> <ol style="list-style-type: none"> 2. Partner with PPS to provide a regional HARP/HCBS training for clinical staff that provides CMEs/CEUs

2nd Quarter Central Region RPC Board Meeting Minutes/Attendance
May 7th from 10 am to 12 pm at the Holiday Inn in Liverpool NY

Attendance: Casi Downsland (ACR Health), Cassandra Sheets (Center of Family Life and Recovery), Linda Lopez (The Salvation Army), Yvette Borne (Hillside Children's Center), Eric Bresee (Farnham Family Services), Mark Thayer (Cortland Co DCS), Teisha Cook (Madison Co. DCS), Robin O'Brien (Oneida Co. DCS), Lisa Alford (Onondaga Co. DCS), Nicole Kolmsee (Oswego Co. DCS), Lauren Wetterhahn (CNYCC), Tim Hammond (Bonadio Group), Christopher Emerson (U.S Care System, Inc), Laura Zocco (OMH), Marni Millet (OASAS), Eric Stone (Trinity Health System/St. Joseph's), Monika Taylor (Crouse Health System), Scott Ebner (Circare), Joan Buckley-White (Syracuse Community Health Center), Carole Hayes Collier (AccessCNY), Scott Marshall (Peers in Cayuga County), Jason 'Wally' Meyers (SBH), Stephanie Pestillo (Fidelis), Colleen Klintworth (Excellus), Katharine O'Connell (Molina), Curt Swanson Lewis (MVP), Jennifer Earl (UnitedHealth), Danielle Laurange (Engolve), Debra Meyers (Beacon).

Not in Attendance: Carrie Doran (Liberty Resources), Ray Bizzari (Cayuga Co. DCS), Monica Brown (Onondaga Co LDSS), Beth Hurny (Prevention Network), Richard Jobin (OCFS), Keith Cuttler (East Hill Medical), Philip Endress (Oswego Health), Jennifer Daly (Parent Advocate), Mica Gonzalez (Youth Power), Patricia Berthod (Family Advocate).

Gallery Members: Cathy Hoehn (RPC), Donna Dewan (RPC), Margaret Varga (RPC), Kari Burke (Upstate Hospital), Megan Nugertt (ARISE), Melissa Stats (OMH), Tyler Boda (Grace House Resident), Wil Murtaugh (ACR Health).

Minutes:

- **Introductions/Approval of Minutes: February 2018-** Mark Thayer called the meeting to order at 10:03AM. Members of the board and guests introduced themselves. Carol made a motion to approve the February 2018 minutes, Teisha seconded. With no changes or objections, the minutes were approved.
- **RPC Survey-** Katie distributed the Syracuse University survey and read the recruitment script. Matthew Spitzmueller shared that he will be analyzing data over the summer, identifying trends, and will report to the board in the fall.
- **Co- Chair Meeting Cancellation Update-** Mark shared that letter had been sent to the board re cancellation of the co-chairs meeting. Mark shared that there is a need to narrow the focus and utilize data in an appropriate way. Questions to be considered include: How do we intersect with the state systems? What are the objectives that we want to work on? State Agency responses to prior co-chair meetings have been that regions need to look at what they can do locally and regionally first – how does this work with what region wants from the state. RPCs have had input into the state with HCBS process and getting input from peers to the state. An RPC goal is to increase partnerships between members and set the table at a level so everyone is on the same page and is sending a consistent message. Create a change, not just talk about it.
- **Due Diligence Discussion-** Donna Dewan, State Project Director, thanked the board and co-chairs for their work. Reiterated that issues brought forth are important. The RPCs

want to optimize what group is doing. The group is doing good job of including the peer voice. An example was provided of working on issue with FQHCs and digging deeper into the issue. It was shared that there has been mis-information regarding what can be done with co-location, etc. There is need to refine what the issue is - is it ours or is it the state's? How to refine recommendations?

Due diligence is a series of questions – shift thinking process, use a greater analytical process, think of how decisions impact the people that we serve, and look at state goals and see if these interfere with this. RPC is now under planning and out from managed care. The RPCs are meeting more often with field offices and central office staff. The goal is to go to the state with definitive recommendations, look at viability of recommendation, and look at adding to something.

Jennifer Earl requested that RPCs look into building a closer relationship with state regarding collecting data and sharing it. Melissa Staats from OMH, shared that the State is working on putting data together but needs assistance in developing questions regarding what questions need data supplements. When asking questions board members should appeal to the head (what are the issues) and heart (what is the story) and where is the money to support it.

Top 3 Issue's Revisited (See above chart for issue descriptions)

1. The group discussed interplay between state regulations and retention. Reviewed resolutions. Clarification is needed regarding what types of staff are difficult to recruit/retain. It was suggested that members think about workforce development to deal with diverse workforce – focus upon recruiting from within the community. Members should utilize workforce development funds from NYS and develop infrastructure re documenting in English. In the past Onondaga County tried to develop a training consortium on shared curriculum. Could this be brought back and see what needs to be tweaked?
2. It was discussed that co-location and cross training have been methods to deal with this concern. Who manages the care team? Communication takes time and who has that – what is a better mechanism for this to occur? How do we deal with people who fall through the cracks? At the ground level how do we get people who care? Mark noted that resolutions have not been updated to reflect state changes regarding SDE, etc. How do we make getting through the process more user friendly? NYAPRS has done trainings re the way it is supposed to work. Need to define what a peer is – definition varies between agencies. How is connection made to people? Not speaking down but speaking real. How to get information filtered down to those who need it. What are the new solutions?
3. It was discussed that more than just ground level training is needed. LGUs need training also. Where is the breakdown? And where will training be more useful? Motion made by Eric to utilize these issues and put them through the due diligence process. Jason Meyers seconded. No objections.

- **State Updates:**
 1. **OMH:** Provided update on HCBS, working on making relevant to HARP/HCBS. The information provided was based off of date from March 22. There has been substantial increase in services provided since December 2017. MCOs working with agencies to become SDE. Central region correlates numbers with rest of state. 3200 not enrolled in HARP; 4000 not enrolled in HH. Also shared grid of HCBS in each county.
 2. **OASAS:** Offered to assist peer group with acronyms. Explained that peers fall under different initiatives and therefore will have different job descriptions and salaries. It was mentioned that OASAS has a lot of data and have compared with providers to see how they match with competitors. OASAS asked what info RPC would like from them and it will be provided. CASACS can provide under telepractice. Now is Central Regional Office (not field office) – OASAS is undergoing change in how they are structured (similar to OMH). Carol asked how OASAS defines peers: peer advocate or recovery specialist.
 3. **OCFS:** No update given.
- **Work Group Updates:**
 - **HARP/HCBS/HH:** The work group continues to meet monthly to discuss local issues. How to track no-shows? How to deal with travel reimbursement and then person doesn't show. Katie is dealing with PC training – finding that they are not using information to link people with HH. How do we get a deeper reach in PA/NP level? Working on consumer network event. HH compliance – several issues coming up, what works, what doesn't? How to serve those who are harder to reach. The group is working on creating informational packets to distribute without being overwhelmed.
 - **VBP:** The work group continues to meet on a bi-monthly basis to get updates from the BHCC. This group continues to be used as a forum for information sharing and training updates.
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- Motion to adjourn by Scott Marshall, seconded by Jason Meyers.