Central RPC Board Meeting Agenda

May 1, 2017
10:00 am – 1:00 pm

10:00 am	**Introductions** **Approval of Minutes**: February 6th2017 and March 6th 2017	Request Motion
10:05 am	**Standing Agenda Items:** Mission/Vision Approval	Request Motion
10:10 am	**Subcommittee Updates**	
10:45 am	**Central Region Issues** RPC Logic Model Separating State and Regional Issues	
11:00 am	**Break Out Groups:** Issues Resolutions/Recommendations Success Stories	
11:40 am	**Break**	
11:45 pm	**Report Out** **Finalize State Agenda**	Request Motion
12:30 pm	**VBP Training Feedback**	
12:40 pm	**Surveys** Ad Hoc Work Group Interest Survey Children and Families Interest Survey Syracuse University/ SUNY Albany RPC Survey	
1:00 pm	**Adjourn**	Request Motion

Next Meeting: August 7th, 2017 from 10am to 1 pm at the Holiday Inn, Liverpool
For any questions please contact Katie Molanare, RPC Coordinator at KM@CLMHD.org or 518-391-8535

Central Region Board Meeting Minutes: May 1st 2017, 10 am to 1 pm

- Introductions: Mark Thayer welcomed the group and each member went around to introduce themselves to new members. ***See Attachment I***
- Approval of Minutes: Mark Thayer asked if there were any edits regarding the minutes from the last board meeting, none reported. Scott Marshall made 1st motion. Teisha Cook made 2nd motion. All were in favor, none opposed. The minutes from the February and March board meeting were accepted and will be posted on the CLMHD website.
- Standing Agenda Item(s): Mark Thayer updated the group on the standing agenda item, Mission and Vision statement approval. The Mission and Vision work group met in March to edit and update the mission statement. The board was forwarded the proposed statement a week prior to the meeting. Lisa Alford (member of the work group) explained that this mission statement is a better fit for the Central Region. Members were asked for any edits regarding the statement, none reported. Scott Marshall made 1st motion. Lisa Alfrod made 2nd motion. All were in favor, none opposed. The new mission and vision statement for the Central Region Board was approved. ***See Attachment II***
- Subcommittee Updates: Katie Molanare called on the members of the stakeholder groups that met in April to report out on their subcommittee meetings.
    - Community Based Organizations (Carrie Doran): Reviewed the issues identified during the meeting which included access to HARP/HCBS services, agency preparedness for Medicaid Manage Care, mergers/IPAs, consolidating other initiatives, communication among all agencies and state offices, and staffing. An outreach plan was reviewed and it was suggested that a networking event for agencies be developed to help connect each other.
    - Hospital/Health System Providers (Scott Ebner): Reviewed the issues identified during the meeting which included workforce barriers, duplicative efforts/initiatives, increase "no show" rates during extended hours, health homes, and billing complications for injectable medications. A success story was discussed regarding a model of cultural competency being used in a case management agency to start educating staff and provide better services to the underserved populations in the region. It was suggested that Katie Molanare attend the Home Care Management monthly meetings to help educate the staff on the RPCs, as well as, collect feedback.
    - Peer, Family, Youth Advocates (Scott Marshall): Reviewed the issues identified during the meeting which included transportation barriers, peer engagement, HARP enrollment, miscommunication about HCBS services, and trainings that are not tailored to clients/families. The community outreach plan discussed involved the peer group attending other peer/family meetings in the region to show support and collect feedback
    - Manage Care Organization (Jennifer Earl): Reviewed the issues identified during the meeting which included HCBS provider list accuracy, network adequacy, HCBS provider viability and rates, length of time between eligibility and enrollment, and confusing on health home roles. The community outreach plan was to continue to the joint MCO meetings to ensure consistent communication across multiple regions.
- RPC Logic Model: Katie Molanare reviewed the RPC Logic Model. ***See Attachment III***
- Separating State and Regional Issues: Katie Molanare reviewed with the board the list of identified issues that have been complied over the last couple of months by the stakeholders. ***See Attachment IV***. The board was asked to review the 14 identified issues and identified if

they felt they were an issue that should be brought to the Chairs Meeting or is a Regional issue that this board can focus on, or both.

- Activity- Board members were asked to identify using a sticker if each of the 14 issues are a state, regional or both
  - Katie and State reps calculated the results of the activity. 12 out of the 14 issues were identified as “state” issues and are listed below.
    2. There is a lack of training and/or community forum to engage clients in the HARP/HCBS process. HARP eligible clients struggle to understand what HARP is. Continuous engagement and education on the process is a necessity before deciding to enroll.
    3. HARP eligible clients are receiving letters to enroll that are often confusing and leads to a lack of response. As a result, some clients are automatically enrolled and the process to dis-enroll is difficult to navigate and can lead to a gap in Medicaid coverage.
    4. Clarity is needed for HCBS recipients on the bundle of services provided, as it can be overwhelming to decide which services to utilize.
    5. Reimbursement rates for HCBS services, along with low number of referrals for HCBS services, have made it difficult to think this model is sustainable
    6. HCBS funds were issued awhile back, with many unanswered questions, that providers didn't know how to best use the funds. New funds could be used to support the development of more HCBS providers, especially in underserved areas, and to support HCBS networking and education efforts
    7. Request for a more “in time” spreadsheet on who the active vs on hiatus HCBS providers are and the services they provide. There is a lack of confidence that the state and MCO list of HCBS providers accurately identify providers who are ready and willing to accept referrals and deliver the services at present.
    8. The process required to access HCBS services is cumbersome and the ability to deliver the services is undefined and untested. The length of time (4-5 months) between identification of a member as a harp eligible and the harp enrollment is too long.
    9. Additional education and training is needed throughout the system, including training for CMAs on engaging HARP population. A broad dissemination of information to the clinical and program staff working with HARP population, as well as, those initiating HCBS referrals.
    11. Health homes are seeing a reduction in funding for outreach efforts
    12. Confusion on MCO and Health Home roles. MCO's are being asked increasingly to provide health home training, when the lead health home receives the funding to perform training/education
    13. Duplicative initiatives related to the Triple Aim and the integration of primary care and behavioral health are being funded with little coordination at the state level
    14. Lack of guidance around mergers. Additional trainings needed on VBP business models
  - The two issues that were considered “regional” are listed below.

1. Since HCBS providers/CMA's cover various counties, the amount time spent on the road can lead to care managers reducing their caseloads or spending less time with clients.
10. There is a need for ongoing trainings for Health Home referrals, this will help to make staff feel more prepared for the positions, which will help lead to retaining staff.

- The board was broken into 3 multi-stakeholder groups and were asked to focus on identifying recommendations for state identified issues:
  1. Group one worked on issues 2 through 5
  2. Group two worked on issues 6 through 9
  3. Group three worked on issues 11 through 14

- Breakout Groups: Groups were asked to compile action-oriented recommendations for the state identified issues stated above.
- Report Out: Groups reported out on their recommendations for the state issues to bring to the Co-Chairs meeting on June 8th
  - Group One (Jennifer Earl):
    - Issues #2, #3, and #4 were consolidated.
      1. Recommendation: There is a need for education for providers and the community. The region needs help to develop trainings for peers and families regarding HARP/HCBS and help with technical assistance for providers.
      2. Recommendation: Develop a public service campaign for HARP/HCBS using the media that can be trickled down to regions to disperse.
    - Issue #5
      1. Recommendation: Forward payments/enhancements to improve cash flow for HCBS providers
  - Group Two (Eric Bresee):
    - Issue #6
      1. Recommendation: Do an assessment with providers to determine any shortages and reengaging providers on hiatus to determine status.
      2. Recommendation: New funds or reissued startup funds, could be used to support the development of more HCBS providers, especially in underserved areas, and to support HCBS networking and education efforts
    - Issue #7
      1. Recommendation: Reassess the list to ensure accuracy. Proactive outreach to providers on hiatus to work through any barriers and get a timeline identified.
      2. Recommendation: Request for a more "in time" spreadsheet on who the active vs on hiatus HCBS providers are and the services they provide.
      3. Recommendation: Sharing information on provider readiness/status/timeline. Updating the website regularly
    - Issue #8
      1. Recommendation: Look at process to try to streamline and improve efficiency.
      2. Recommendation: Develop code for "no-shows" to help compensate CMAs
    - Issue #9
      1. Recommendation: Continue to fill gaps with trainings that are user friendly across the system.
      2. Recommendation: Look at trends for possible training needs
  - Group Three (Scott Ebner):

- Issue #11 and #12 were consolidated and refined: ”Lack of clarity of Health Home service offerings leading to reduce effectiveness of outreach services provided”
    1. Recommendation: Standardize processes into a community referral process. Require providers to have information about services.
- Issue #13
    1. Recommendation: Consolidate and simplify reporting measures in various funded programs.
- Issue #14
    1. Recommendation: Determine gap between organizations who need and don’t need training to improve outreach.
    2. Recommendation: Target one on one technical assistance on VBP contracting with providers.

- Finalize State Agenda: Mark Thayer asked for any additional comments to the proposed recommendations. None were raised. Scott Marshall made 1st motion. Robin O’Brien made 2nd motion. All were in favor, none opposed. The State agenda was approved and will be transcribed in the Issue’s Tracker for the Co-Chair Meeting on June 8th.

- RPC Survey: Katie Molanare read recruitment script for RPC Survey. Board members were asked to complete survey if they would like.

- Ad Hoc Work groups and Children and Families Subcommittee: Katie Molanare asked board members to complete interest surveys for those interested in joining the Ad Hoc Works Group and Children and Families Subcommittee. Surveys will be sent out electronically for those who did not respond. See the listed Ad Hoc Work Groups below.
    - HARP/HCBS
    - Health Home
    - Value Based Payments
    - Primary Care/Behavioral Health Integration

- Adjourn: Mark Thayer asked to adjourn meeting. Scott Marshall made 1st motion. Robin O’Brien made 2nd motion. Meeting ended at 1:00 p.m.

Attachment I- Attendance List

CENTRAL RPC BOARD MEETING	
Project: Board Meeting	**Meeting Date: May 1st 2017 from 10 am to 1 pm**
Facilitator: Mark Thayer and Katie Molanare	**Place/Room: Holiday Inn, Liverpool NY**

Name	Agency	Stakeholder Group
Carrie Doran	Liberty Resources	CBO
Kate Bucknell-Iannone	ACR Health	CBO
Jason Meyers	Liberty Resources	PFY
Cassandra Sheets	Center for Family Life and Recovery	CBO
Jennifer Daly	Parent	PFY
Scott Marshall	Peers of Cayuga Co	PFY
Eric Bresee	Farnham Family Services	CBO
Yvette Borne	Hillside Children's Center	CBO
Joan Buckley-White	Syracuse Community Health Center	HHSP
Stephanie Pestillo	Fidelis	MCO
Michael McGuirl	Trinity Health	HHSP
Carole Hayes Collier	AccessCNY	PFY
Monika Taylor	Crouse Health	HHSP
Keith Cuttler	East Hill Family Medical	HHSP
Scott Ebner	Circare	HHSP
Lauren Wetterhahn	CNY Care Collaborative	KP
Monica Brown	LDSS- Onondaga Co	KP
Robin O'Brien	Oneida Co DSS	LGU

Name	Agency	Stakeholder Group
Tim Hammond	Bonadio Group	KP
Collen Klintworth	Excellus	MCO
Jennifer Earl	United Health Care	MCO
Curt Lewis-Swanson	MVP	MCO
Lori Lubba	Envolve Health	BHO
Patricia Hirsh	Beacon Health Option	BHO
Rick Jobin	NYS OCFS	State
Marni Millet	OASAS	State
Laura Zocco	OMH	State
Lisa Alford	Onondaga Co DCS	LGU
Teisha Cook	Madison Co DCS	LGU
Mark Thayer	Cortland Co. DCS/Lead	LGU
Denise Knapp (for Beth Hurny)	Prevention Network	KP
Matt Spitzmueller	Syracuse University	
Genevieve Marshall	Syracuse University	
Doug Rudderman	OMH	

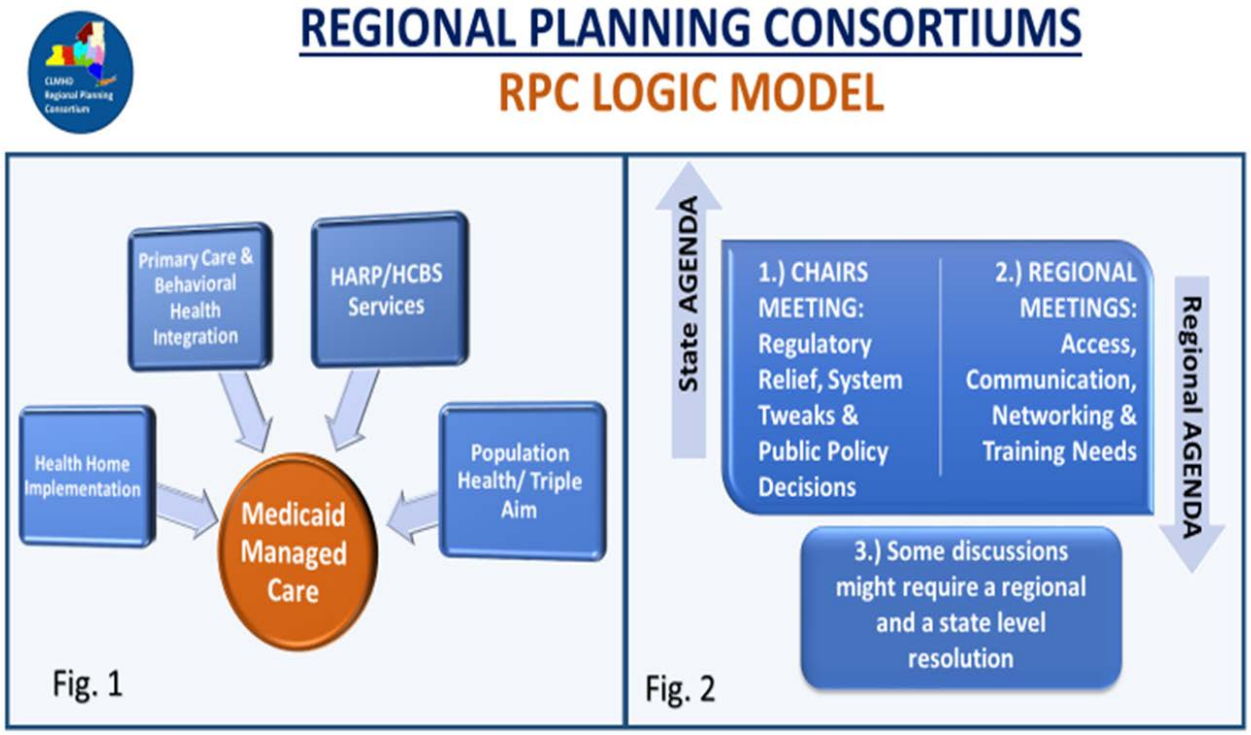
Not in Attendance:

George Moore- Oswego Health
Linda Lopez- Salvation Army
Ray Bizzari- Cayuga Co DCS
Nicole Kolmsee- Oswego Co DCS
Melissa Marrone- Housing and Homeless Coalition of CNY
Christopher Emerson- US Care System, Inc.
Nicole Hall- OMH
Leslie Gorke- Family Tapestry
Mica Gonzalez- Youth Power
Suzanne Reid- Molina Healthcare

Attachment II- Central Region RPC Mission

As it relates to the behavioral health transformation, the Central Region RPC's mission is to collectively and collaboratively strengthen the quality of services for our communities, locally, regionally, and state wide; to create a clear pathway for advocacy for both providers and peers; and act as a portal for information exchange as behavioral health updates develop.

Attachment III- RPC Logic Model



NOTE: We are using this logic model to shape the discussions in each of the regions. It should be noted that this is not an exclusive list. We have encouraged the RPC Boards, to 'goal tend' the issues that are discussed and develop a sense of what is a permissible issue for the RPC's to work on. Also, it will benefit each board to develop an awareness of what is already worked on in other venues within each region. An issue that is completely relevant to the work of the RPC's, but is already discussed elsewhere can be triaged accordingly. 3

Attachment IV- List of Central Issues

Central Issues				
HARP/HCBS		**State**	**Regional**	**Both**
1.	Since HCBS providers/CMA's cover various counties, the amount time spent on the road can lead to care managers reducing their caseloads or spending less time with clients.			
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	Health Home			
10.	There is a need for ongoing trainings for Health Home referrals, this will help to make staff feel more prepared for the positions, which will help lead to retaining staff.			
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	Primary Care and Behavioral Health Integration			
13.	Duplicative initiatives related to the Triple Aim and the integration of primary care and behavioral health are being funded with little coordination at the state level			
	Value Based Payment			
14.	Lack of guidance around mergers. Additional trainings needed on VBP business models			