



CHEMUNG, LIVINGSTON, MONROE, ONTARIO, SCHUYLER, SENECA, STEUBEN, WAYNE, YATES

## FINGER LAKES REGIONAL PLANNING CONSORTIUM

### Board of Directors

*March 3, 2017 1pm-4:30pm*

*St. Bernard's School of Theology and Ministry*

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#### 1:00 – 2:15pm

**1. Welcome & Call to Order**

**George Roets**

Mr. Roets welcomed everyone and called the meeting to order at 1:10pm.

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

Mr. Roets noted that this was the first Board meeting since appointing the Key Partner positions. This means that the full Board has been seated. Everyone introduced themselves.

**3. Approve Minutes from January 30<sup>th</sup> Meeting**

**George Roets**

Mr. Roets asked if there were any corrections to the minutes that had been sent to Board members. None were noted. Jessica Muratore moved to approve the minutes, Hank Chapman seconded the motion, and the motion passed.

**4. Issues Survey Results**

**Beth White**

Ms. White thanked all those who completed the survey (29 responses). She reported that the two issues ranked as most critical by the respondents were HCBS Enrollment and Education regarding Available Services.

**5. Breakout Groups Overview**

**Beth White**

Ms. White outlined the planned breakout group activity. She identified three multi-stakeholder groups and assigned them to each brainstorm potential strategies/approaches to addressing the top two issues identified in the survey. For the time being, groups were not tasked with saying how the strategies would be carried out, or by whom, just with identifying promising approaches.

**6. Breakout Group Discussions – 20 minutes**

**Everyone**

Each facilitated by a DCS, the groups discussed possible approaches to address the issues of HCBS enrollment and education regarding available services.

# Finger Lakes RPC Board of Directors

## Minutes – March 3, 2017

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### 7. Breakout Group Reports – 20 minutes

BG Scribes

#### **BG #1:**

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Patrick Seche reported that his group all agreed that the HCBS enrollment process is too cumbersome, even with the utilization of the Brief Assessment to initiate services. Providers would like to support people in accessing HCBS services, but do not necessarily know when their clients are eligible for HARP enrollment.

**Possible Solution: Could NYS send copy of HARP enrollment letters to clients' providers when they are sent to clients?**

The group felt that the two issues of education and HCBS enrollment are interwoven. They suggest that they be merged, to have initial education efforts focused on HCBS services and referral/enrollment process.

**Proposed Strategy: Develop information regarding HCBS services that is simpler, easier for people to understand.**

Other providers in community working with behavioral health clients do not know about HCBS services and how they might benefit this population.

**Proposed Strategy: Develop information regarding HCBS services that is tailored to the specific provider type and describes when and how to refer to which services.**

#### **BG #2:**

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Hank Chapman reported out for the second breakout group.

#### **Education Needed - Proposed Strategies**

- Ongoing Informational Forums
- Access to *Updated* Helplines
- BH Care Navigators at Hospitals and PCP Offices
- Education to medical providers regarding BH medications. Can RHIO share RX information?  
Made a big difference when narcotics information was made available

#### **HCBS Services – Proposed Strategies**

- Need more information disseminated regarding HARP & HCBS services. Needs to be at 4<sup>th</sup> grade literacy level.

- Eligibility assessments are too long and are rejected by clients. Advocate with State for changes in assessment process.
- Value of HCBS services has not been identified and promoted. Develop promotional information that highlights potential value.

### **BG #3:**

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Lisa Pappa reported out for breakout group #3.

#### **HCBS Services – Proposed Strategies**

- To address the long time it takes to get HH HCBS assessment, relook at Health Home rate structures to incentivize quicker turnaround of assessments. Clients reject the process, and frequently it is those most in need of the service who cannot tolerate the process.
- Providers don't know that their patients are HARP enrollees. Tell them!
- Health home care managers need skill training in working with BH population.

#### **Education – Proposed Strategies**

- Educate PCP's regarding Health Homes

Mr. Roets thanked the Board members for their consideration of these two current issues and posed the question to the group of the need to convene an ad hoc multi-stakeholder group to develop these strategies in more detail. Discussion ensued regarding having one group per issue or one group to begin to address both issues. Ellen Hey moved to convene one ad hoc group to work on HCBS enrollment issues, including education needed to support that process. Marty Teller seconded the motion. Motion passed.

#### **8. Ad Hoc Workgroup Survey**

**Beth White**

Ms. White asked members to turn in their Workgroup Interest forms before they left the meeting or in the next few days.

#### **2:15-2:30 - Break**

#### **2:30-4:30**

#### **9. MCTAC Training – NYS Medicaid Reform**

**Boris Vilgorin**

Mr. Roets introduced Boris Vilgorin from NYU's McSilver Institute. Mr. Vilgorin presented the MCTAC training regarding NYS Medicaid reform, and facilitated a well received and appreciated discussion regarding the BH managed care transition.

#### **4:30**

#### **1. Next meeting - Friday, April 7, 1-4pm**

**Beth White**

- a. St. Bernard's, 120 French Rd. Rochester, NY

Ms. White alerted the Board that the next meeting will include the first vote executed by stakeholder groups vs. by individual Board members. This vote will be on the topic of which issues to refer to the RPC CoChairs meeting with the State agencies in June.

## **2. Stakeholder Group Reports to Board – April 7**

**Beth White**

Ms. White previewed some of the activities for the upcoming Board meeting.

### **a. Report on Community Engagement Plan**

CBO, Peer/Family and HHSP stakeholder groups will report their community engagement plans

### **b. Report Additional Issues if Identified**

These groups will identify additional issues as needed

### **c. Success Stories**

Members will be encouraged to bring success stories to the table. One of these will be shared with the State at the June RPC CoChairs meeting.

### **d. Any Meeting Support Needed?**

Ms. White encouraged members of the CBO, Peer/Family and HHSP groups to contact her if they need support in scheduling their stakeholder meetings or in locating a place to meet.

## **3. Wrap Up & Adjourn**

**George Roets**

Mr. Roets asked for any questions or need for further discussion, and there being none, adjourned the meeting at 4:20pm.

Respectfully Submitted,

Beth White  
Finger Lakes RPC Coordinator

### **Board 2017 Meeting Schedule:**

First Quarter: January 30<sup>th</sup>

Second Quarter: April 7<sup>th</sup>, 1-4pm

Third Quarter: September 8<sup>th</sup>, 1-4pm

Fourth Quarter: November 15<sup>th</sup>, 1-4pm

### **CoChairs Meeting in Albany**

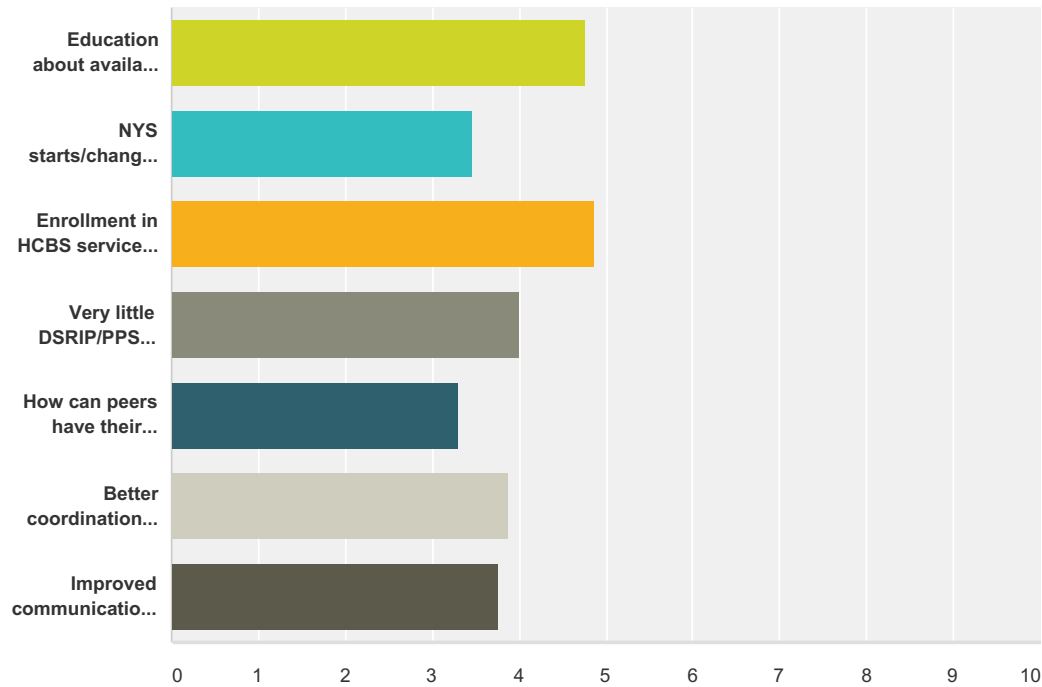
June - Co Chairs Meeting: June 8<sup>th</sup>

Sept/Oct - Co Chairs Meeting

**Questions about this process? Contact RPC Coordinator, Beth White, at [bw@clmhd.org](mailto:bw@clmhd.org) or (518) 391-8231 or George Roets, CoChair at [groets1@rochester.rr.com](mailto:groets1@rochester.rr.com) or (607) 481-0538.**

**Q1 Please rank the following issues based on your priority (1=the highest and 7=the lowest)**

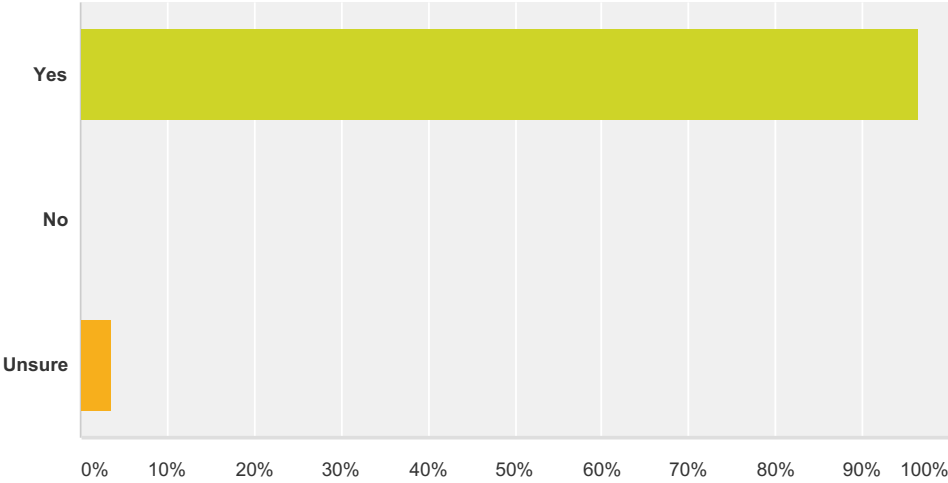
Answered: 28 Skipped: 0



	1	2	3	4	5	6	7	Total	Score
Education about available services needed by all in the system: BH providers, PCP's, clients, MCO's	21.43% 6	25.00% 7	21.43% 6	3.57% 1	7.14% 2	10.71% 3	10.71% 3	28	4.75
NYS starts/changes programs prior to the development and issuance of required guidance, rates and regs. The timing is off	21.43% 6	3.57% 1	14.29% 4	0.00% 0	10.71% 3	21.43% 6	28.57% 8	28	3.46
Enrollment in HCBS services is too low and takes too long	14.29% 4	32.14% 9	25.00% 7	7.14% 2	3.57% 1	10.71% 3	7.14% 2	28	4.86
Very little DSRIP/PPS funding is going to CBO's, which is confounding given the critical role that social determinants play in the health care system.	14.29% 4	14.29% 4	7.14% 2	21.43% 6	25.00% 7	0.00% 0	17.86% 5	28	4.00
How can peers have their voices heard better by providers	10.71% 3	0.00% 0	14.29% 4	17.86% 5	17.86% 5	17.86% 5	21.43% 6	28	3.29
Better coordination is needed between medical and behavioral health care.	10.71% 3	10.71% 3	14.29% 4	14.29% 4	25.00% 7	21.43% 6	3.57% 1	28	3.89
Improved communication is needed between providers and MCO's.	7.14% 2	14.29% 4	3.57% 1	35.71% 10	10.71% 3	17.86% 5	10.71% 3	28	3.75

**Q2 Is this issue one that we effectively can address regionally? Education about available services needed by all in the system: BH providers, PCP's, clients, MCO's**

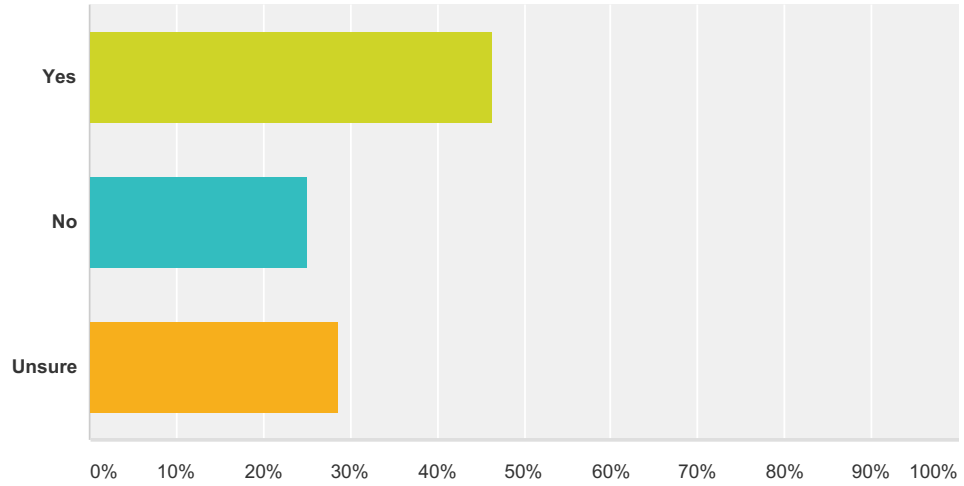
Answered: 28 Skipped: 0



Answer Choices	Responses
Yes	96.43% 27
No	0.00% 0
Unsure	3.57% 1
<b>Total</b>	<b>28</b>

**Q3 Is this issue one that we effectively can address regionally? Enrollment in HCBS services is too low and takes too long**

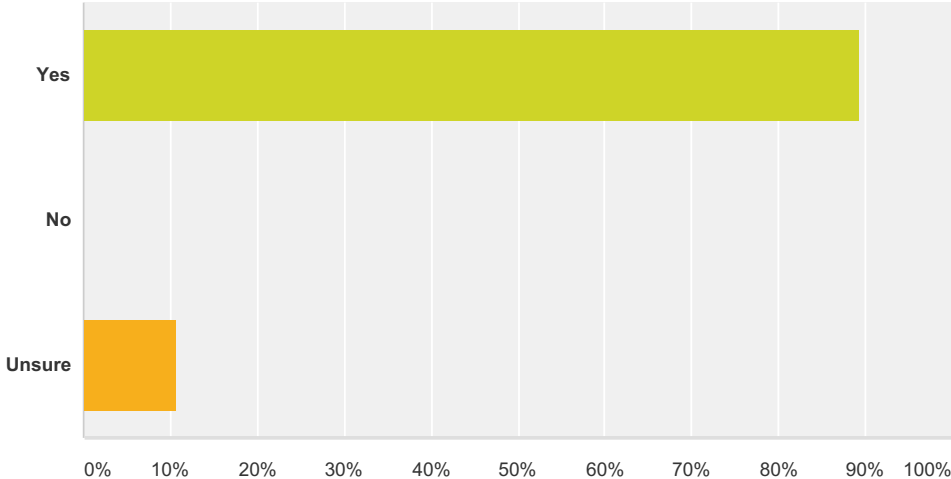
Answered: 28 Skipped: 0



Answer Choices	Responses	
Yes	46.43%	13
No	25.00%	7
Unsure	28.57%	8
<b>Total</b>		<b>28</b>

**Q4 Is this issue one that we effectively can address regionally?How can peers have their voices heard better by providers**

Answered: 28 Skipped: 0

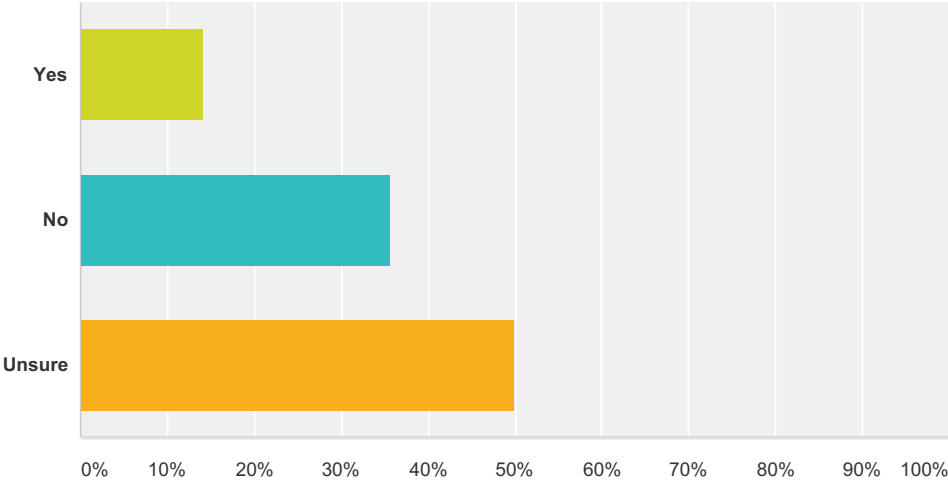


Answer Choices	Responses
Yes	89.29% 25
No	0.00% 0
Unsure	10.71% 3
<b>Total</b>	<b>28</b>



**Q5 Is this issue one that we effectively can address regionally?NYS starts/changes programs prior to the development and issuance of required guidance, rates and regs. The timing is off**

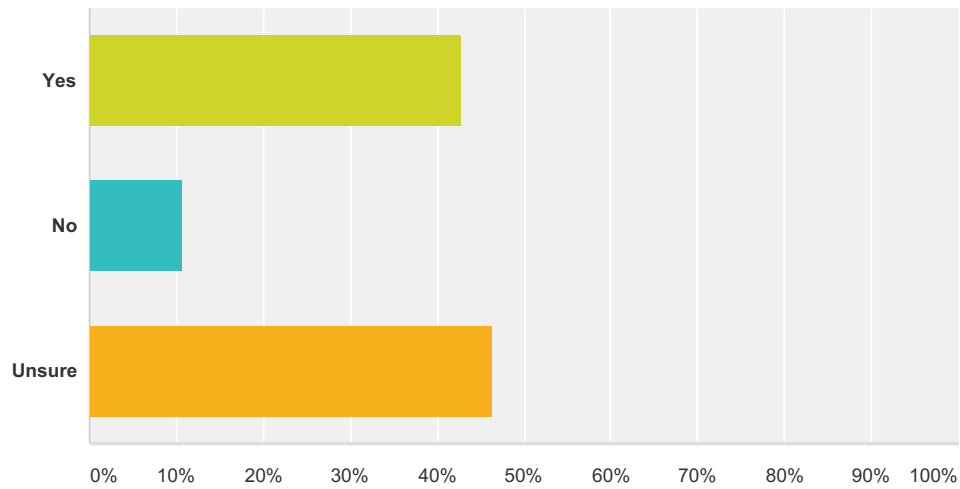
Answered: 28 Skipped: 0



Answer Choices	Responses
Yes	14.29% 4
No	35.71% 10
Unsure	50.00% 14
<b>Total</b>	<b>28</b>

**Q6 Is this issue one that we effectively can address regionally?Very little DSRIP/PPS funding is going to CBO's, which is confounding given the critical role that social determinants play in the health care system.**

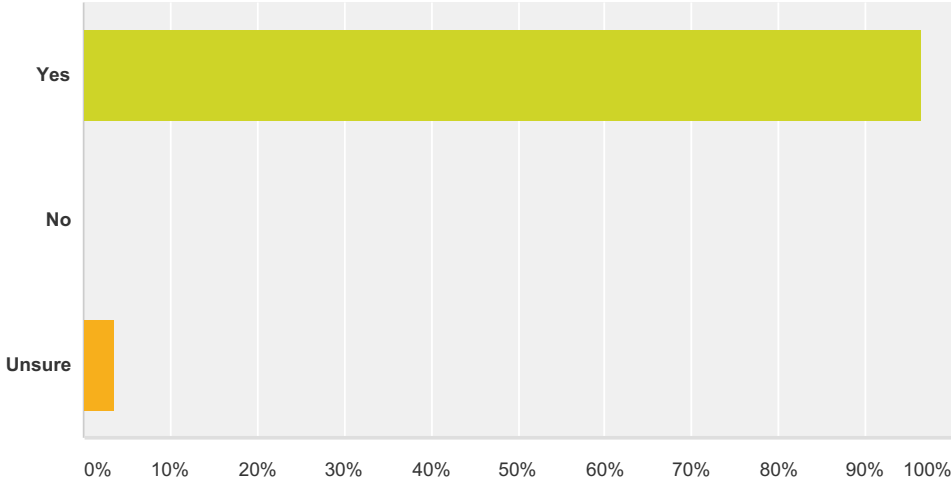
Answered: 28 Skipped: 0



Answer Choices	Responses	
Yes	42.86%	12
No	10.71%	3
Unsure	46.43%	13
<b>Total</b>		<b>28</b>

**Q7 Is this issue one that we effectively can address regionally? Better coordination is needed between medical and behavioral health care.**

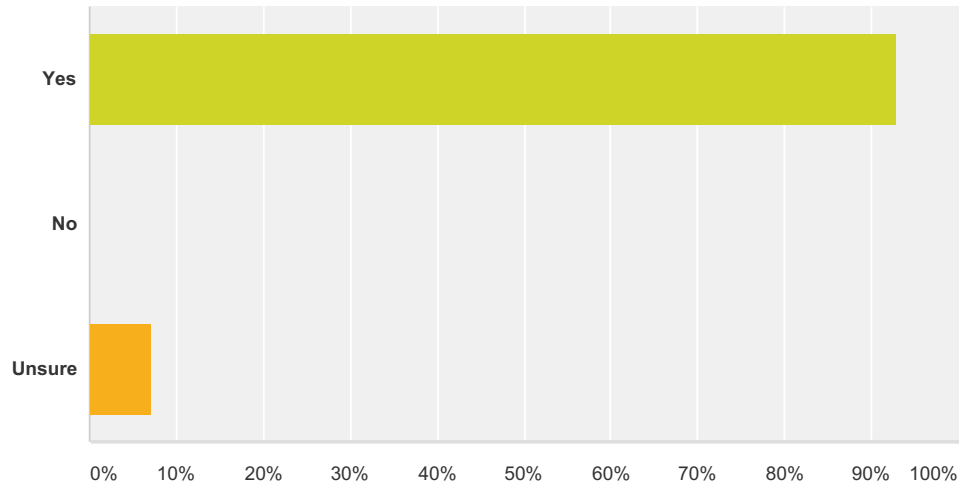
Answered: 28 Skipped: 0



Answer Choices	Responses	
Yes	96.43%	27
No	0.00%	0
Unsure	3.57%	1
<b>Total</b>		<b>28</b>

**Q8 Is this issue one that we effectively can address regionally? Improved communication is needed between providers and MCO's.**

Answered: 28 Skipped: 0



Answer Choices	Responses	
Yes	92.86%	26
No	0.00%	0
Unsure	7.14%	2
<b>Total</b>		<b>28</b>

**Q9 Please add any additional comments:**

Answered: 7 Skipped: 21

### Q10 Contact Info. (optional):

Answered: 9 Skipped: 19

Answer Choices	Responses	
Name	100.00%	9
Company	0.00%	0
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	0.00%	0
Phone Number	0.00%	0