



## **Long Island RPC Q2 2019 Advisory Board Meeting**

**June 5, 10AM – 12PM, Melville Marriott**

**Introduction:** Meeting opened at 10:10AM by Coordinator Melissa Wettengel. During introductions Board was asked what most sparked interest from previously emailed Q2 RPC update. Board members most concerned with peer workforce issues and ongoing challenge of low HCBS utilization.

### **Approval of March 6 Meeting Minutes**

Donna Taylor made one correction: BHCCs continuing with implementation; not likely that all BHCCs statewide will be prepared to participate in a Level 1 or higher VBP by 2020. Paul Broderick made motion to approve with above correction; Mike Dwyer seconded. Minutes accepted into record and stored on [www.clmhd.org](http://www.clmhd.org). Melissa also pointed out that the work plan format with specific RPC tasks distributed at March meeting will be discontinued in favor of updates sent out to Board mid-quarter.

### **Election/Full Stakeholder Meeting**

First Board term coming to an end this year for: Peer, Family, Youth; Health & Hospital System, and Community Based Provider stakeholder groups. There are no term limits, so these Board members are welcome and encouraged to run again. If you are considering not running again, it would be helpful to make Melissa aware.

Will hold a large Stakeholder Meeting to inform and update larger community about the RPC and allow other organizations/individuals who may be interested in running to learn more. Since it is required that candidates attend this meeting to be on ballot, Melissa suggested it be held on same day as the Q3 Board Meeting (September 18) to make it easier to attend; Board agreed. At stakeholder meeting candidates will be nominated, and election will follow via emailed survey the following week. Once new Board is seated, will vote on Key Partners and Co-Chair. Melissa reminded Board that Peer/Family/Youth stakeholder group represents themselves. All other Board seats are held by the organization. Melissa made a suggested change to by-laws that indicates if you were elected into a seat within one year prior to the election that you can remain on the Board. By vote this was agreed upon unanimously. Melissa would also like to update by-laws to reflect that Long Island has up to 8 members of each stakeholder group (not 6, as boilerplate from other regions stated). Both changes were voted on and passed unanimously. Melissa will update by-laws. Comments made regarding Board members who have not been attending regularly. Co-chairs and Coordinator will review the RPC policy on this and act accordingly.

### **Chair's Meeting/State Issues**

The RPC Acting Director is working to identify a date for the next meeting with state partners. This meeting will include discussion on current issues and recommendations from all regions. Melissa

reminded everyone of RPC's definition distinguishing regional and state issues. State issues require state intervention (policy or regulatory changes). An example of a state issue is the pharmacy transportation issue being developed by Mohawk Valley region (recent data collection survey recently distributed statewide). Comment made that what may become a LI RPC state issue related is the need to advocate for supervision structure standardization related to peer workforce. Melissa also shared that RPC is developing a statewide HCBS taskforce to summarize issues and recommendations to streamline process and increase utilization.

### **Individual Workgroup/Taskforce Dialogues**

#### **Lived Experience Workforce Group Update**

To address the issue of overall peer workforce integration, Melissa asked Board if any Board organizations had interest in piloting NYCDOHMH's new Organizational Readiness Assessment and Toolkit. Association for Mental Health & Wellness, Mental Health Association of Nassau County, Northwell, and Stony Brook said they'd be interested in learning more. OASAS reminded group that they have put out extensive technical assistance and standards specific to Certified Recovery Peer Advocates (CRPAs). Similarly, YOUTH POWER! has produced materials specific to Youth Peer Advocates (YPAs). It was suggested all available resources be evaluated so RPC can make regional and state recommendations. It was also suggested RPC be more proactive in communicating to region when regulations and guidelines are written.

Guest Family Advocate Vince Carey brought up new issue that pharmacies often do not provide intramuscular meds and patients and families are overwhelmed when trying to get the Rx filled. Per Bob Detor, BHCC sees this as a business issue and has begun to look into it. Many hospitals are using long lasting meds upon discharge allowing patients time to get their Rx's filled. It was recommended that additional training be provided to pharmacies, who need to know more about SMI individuals that can't self-administer. The questions arose as to whether this issue could or should become an RPC issue. Co-chairs and coordinator will discuss and determine how the LI RPC can assist with this issue.

#### **Value Based Payment Workgroup Update**

Bob Detor reported the VBP workgroup broke into a Taskforce to look at studying the true total cost of care for HARP members. The taskforce learned of a pilot at Mt Sinai (with HealthFirst and ICL) and the group decided to look at outcome of the pilot project first.

#### **Children & Family Subcommittee Update**

C&F Subcommittee did not report out at this meeting. See Melissa for most recent updates.

#### **Health Home/HARP/HCBS (HHH) Workgroup**

Melissa asks for guidance here, reminding Board that this workgroup is not mandated and noting that goals somewhat unclear. It was decided that the workgroup should continue to track issues and progress, and report to new Statewide HCBS RPC Taskforce.

Group discussed Health Home enrollment via the Department of Corrections. Transitional Case Management is walking through issues with this process. Health Homes are committed to addressing issue of jail transition as well as raise the age.