



## **Mid-Hudson RPC Board Meeting**

May 9, 2017

10-12pm

RSS - Conference Room-2<sup>nd</sup> Floor

30 Matthew St. Goshen NY

### **Agenda:**

#### **1. 10:00-10:15**

- Welcome *Susan Miller and Michael Piazza*  
Susan Miller and Michael Piazza welcomed the board, and started the meeting at 10:05AM.
- Approval of previous RPC Board Meeting Minutes *Cathy Hoehn*  
Cathy Hoehn, RPC Initiative Coordinator asked the board if they had any additional edits to make from the March 2017 RPC board meeting minutes. No edits were suggested. Asked the board for a motion to pass the meeting minutes- Amy McCracken 1<sup>st</sup>, Dr Nicolas Batson 2<sup>nd</sup>-Motion was approved. Minutes will be sent to CLMHD office to be added to the website.
- Introduction of New Board Members *Cathy Hoehn*  
Board members introduced themselves. Two new members from Beacon also introduced themselves, they are Rosemarie Sime and Victoria Craig. See attached list of board members who were in attendance.
- Gallery members included:  
Margaret MacNeil, Mid Hudson OMH Field Office  
Barbara Callahan, Families Together  
Michael Orth, WCDCMH  
Susan Hoerter, Rockland County DMH  
Brigid Pigot, RCDMH

#### **10:15-10:25**

- Update on the Children and Families Subcommittee *Monica Broderick & Michael Orth*

Michael Orth, LGU Lead of the Children and Families Subcommittee and Monica Broderick, Chair of the Children and Families subcommittee provided an update on the Mid-Hudson RPC- Children and Families Subcommittee. They reported that they had two meetings so far, the kick off meeting which was held on March 28<sup>th</sup> and a Town Hall meeting which was held on April 28<sup>th</sup>. They reviewed that they had roughly 50 people in attendance at the Town Hall meeting, which included various representatives from multiple stakeholder groups. They reported that at the Town Hall meeting they focused on identifying issues related to the Children's Health Home rollout. Based on the issues identified they were able to group the issues into two categories; *Access* to these services and *Education* for the various stakeholders and families. Their next meeting will be held on May 24<sup>th</sup> from 10-12pm and will begin to focus on identifying recommendations to address the issues identified regarding these two areas.

#### **2. 10:25-10:30**

- Task for Today *Susan Miller and Michael Piazza*

Michael reviewed the task the board needed to focus on for the remainder of this meeting. Michael reported that in everyone's packet of information they would see a list of 15 identified issues that the various stakeholder groups

reported over the last few weeks. Michael reported that today the board would need to sort these issues into three categories. A State identified issue (an issue that should be brought to the Chairs meeting on June 8<sup>th</sup>) a regional issue (which is an issues that can be worked on locally by the RPC BOD), or Both. Michael reported that the State identified issues would be brought with the proposed recommendations to the Chairs meeting on 6/8/17, which will have representatives from OMH, OASAS, OCFS and DOH. During this meeting the Co-Chairs from across the 11 RPC regions will have a collaborative dialogue around the State issues that have been identified.

**3. 10:30-10:50**

- Issues Identification and Prioritization Activity (State vs. Regional Agenda) *James Button*

James Button reviewed with the board the list of identified issues (see attached list). Each issue was discussed one by one and determined by the board if it fell under into the state, regional or both category. Issues 9, 10 and 11 will need to be more clearly defined. The Peer/Family/Youth Advocate Stakeholder group will meet to flush these issue out and will be reviewed again at a later time.

Please see the attached document which shows which categories the board sorted the 15 identified issues into.

**4. 10:50 -11:20**

- Breakout Groups- Recommendations for Identified State Issues *James Button*

The board was then sorted into three multi-stakeholder work groups and were asked to work on identifying recommendations for the state identified issues. The regional issues will be discussed during the Ad Hoc work groups that will be forming in the region.

- Group One was asked to identify recommendations for issues 1,2,3 and 5
- Group Two was asked to identify recommendations for issues 6,7,8 12
- Group Three was asked to identify recommendations for issues 13, 14, 15 and were asked to combine issues 9 and 11 to see if they could flush out these issues and work on a recommendation

**5. 11:20 -11:40**

- Reconvene and Report Out *Susan, Michael & RPC Board*

Groups reconvened and reported their recommendations for the identified state issues  
Please see the attached list of issues along with recommendations ( see attached).

**6. 11:40-12:00**

- Discussion of Work Groups(s) *Cathy Hoehn*

Due to time limitations the board was unable to discuss this item. Marcie Colon will email the board to discuss the formation of ad hoc work groups to address the regional issues agenda

- VBP Provider Readiness *James Button*  
Feedback from the board, VBP/MCTAC upcoming trainings

James Button asked form for feedback regarding the recent VBP Town Hall meetings held in Albany and Long Island. James also updated the board on the VBP time line and discussed some upcoming training opportunities on VBP that will be hosted by OMH and OASAS

- Next Steps *Susan Miller and Michel Piazza*

The finalized issues list and recommendations will be compiled and will be sent to the board for final review. The board will also be sent a SureyMonkey to rank the identified state issues. The top ten issues will be brought to the Chairs meeting on 6/8/7.

Michael and Susan adjourned the RPC BOD at 12:02pm.

## Mid Hudson RPC - Issues Listed by Stakeholder Group

Issue Number	Stakeholder Group	Identified Issues	State Issue	Regional Issue
1	MCO	The time between being identified as HARP eligible and enrolling in HARP can take months <b>(Suggested: State Item)</b>	X	
2	MCO	Requesting that the state allow for a community referral process for people without a H9 indicator to enroll in HARP to be then able to access BH HCBS services <b>(Suggested: State Item)</b>	X	
3	MCO	Collaborate on how local DSS can support those needing to recertify their HARP eligibility, in order to prevent loss of coverage and loss of HCBS services <b>(Suggested: Regional Item)</b>	X	X
4	MCO	Ongoing need for Consumer, Peer, Family, and Provider training on the benefits of HARP <b>(Suggested: Regional Item)</b>		X
5	CBO	The financial viability of Article 31 and 32 clinics needs to be addressed. <b>(Suggested: State Item)</b>	X	
6	CBO	With Value Based Payment opportunities, there is a request or regulatory relief among OMH/OASAS and the MCO's. Examples: <ul style="list-style-type: none"> <li>• Agencies have to comply with two sets of regulations.</li> <li>• Regulatory reform should also be considered where regulations cause unnecessary administrative burden or create impediments to client centered care.</li> </ul> <b>(Suggested: State Item)</b>	X	
7	CBO	Current Rates need to be reviewed to assure financial viability of both Health Homes and CMA's. This includes a review of DOH's most recent fiscal/ programmatic changes to outreach/engagement stage. The Health Home + program should be considered to include people with complex needs. <b>(Suggested: State Item)</b>	X	
8	CBO	The funding for HCBS needs to be reviewed regarding sustainability. To help with this, HARP should be expanded to meet the needs of additional individuals with complex needs. <b>(Suggested: State Item)</b>	X	
9	H/HSP & P/F/YA	Encouraging the development and support of innovative/evidence based models of care. <b>(* THIS ISSUE REQUIRES REFINEMENT – Address at next meeting)</b> <b>Will set up conference call with the Peer/Family/Youth Advocate group to discuss further</b>		
10	P/F/YA	Due to a myriad of systems/services, there is a need to develop and easy to understood road map to wellness. Need for an ongoing process to review, support & plan for children, young adults, and adults that includes the family and providers from across systems. <b>(* THIS ISSUE REQUIRES REFINEMENT – Address at next meeting)</b>		

		<i>Will set up conference call with the Peer/Family/Youth Advocate group to discuss further</i>		
11	P/F/YA	Need for Integrated co-occurring mental health / substance use recovery programs, as well as early intervention, treatment and support for youth diagnosed with emerging mental health challenges that make them particularly vulnerable to substance use. ( <b>* THIS ISSUE REQUIRES REFINEMENT – Address at next meeting</b> ) <i>Will form conference call with the Peer/Family/Youth Advocate group to discuss further</i>		
12	P/F/YA	Need to focus on developing programming across all levels- Prevention, Early Intervention and Reconnection (postvention, reentry) through community based activities and programs. ( <b>Suggested: Regional Item</b> )	X	X
13	H/HSP	Need for standardization/consistency/transparency across MCO's regarding administrative practices and pharmacy requests. ( <b>Suggested: State Item</b> )	X	
14	H/HSP	There is a need for further education for the community regarding the current Crisis Services available in our region. ( <b>Suggested: Regional Item</b> )	X	X
15	H/HSP	Supporting workforce development; recruitment to the field and retention issues. ( <b>*Important Discussion, but does not fall within the RPC scope</b> )	X	

Suggested: 7 State Issues/ 5 Regional Issues/ 3 Requires Refinement

## Recommendations:

### **Group One- Monica Broderick reported for this group (Issues 1, 2, 3, 5)**

**Issue:** The time between being identified as HARP eligible and enrolling in HARP can take months.

**Recommendation:** Suggest that the state review the current process in order to close the gap of time between being identified as HARP eligible and becoming HARP enrolled

**Issue:** Requesting that the state allow for a community referral process for people without a H9 indicator to enroll in HARP to be then able to access BH HCBS services.

**Recommendation:** Can the state provide an updated time frame for when providers/consumers will be able to make community referrals and define the criteria of a community referral.

**Issue:** Collaborate on how local DSS can support those needing to recertify their HARP eligibility, in order to prevent loss of coverage and loss of HCBS services

**Recommendation:** Asking that the state consider lengthening the recertification time. Also requesting that a list of those consumers who are identified as being H9 be shared with local DSS.

**Issue:** The financial viability of Article 31 and 32 clinics needs to be addressed.

**Recommendation:** Asking the state have an in depth conversation regarding how Article 31 and 32 clinics can be supported and sustainable. Also wondering if OMH would consider allows NPP's to sign treatment plans, to match OASAS regulations.

### **Group Two- Amie Parikh reported for this group (Issues 6,7, 8, 12)**

**Issue:** With Value Based Payment opportunities, there is a request or regulatory relief among OMH/OASAS and the MCO's. Examples:

- Agencies have to comply with two sets of regulations.
- Regulatory reform should also be considered where regulations cause unnecessary administrative burden or create impediments to client centered care.
- **Recommendation:** Requesting that State Agencies work together to identify similar regulations regarding telehealth, telemedicine and telepsych. Asking for additional assistance around making a more streamlined process between BH and PCP integration. Asking that there be one set of regulation regarding BH/PCP integration and clearly define what constitutes a co-location. OASAS has recently modified the regulations for Article 32 Licensed clinics so that treatment plans no longer require a Physician's signature and the signature of a Psychiatric Nurse Practitioner is adequate. We would request that the regulations be relaxed in a similar fashion for OMH licensed Article 31 clinics. Such reform would have a positive impact on Article 31 clinics and would help mitigate staffing shortages in psychiatry and significantly reduce administrative burden.

**Issue:** Current Rates need to be reviewed to assure financial viability of both Health Homes and CMA's. This includes a review of DOH's most recent fiscal/ programmatic changes to outreach/engagement stage. The Health Home + program should be considered to include people with complex needs

**Recommendation:** Hudson Region RPC support changing the outreach model, however would strongly encourage DOH to work with CMAs and Lead HHs to develop the future model. Additionally, we also recommend that the savings from new Outreach model specifically go into enrollment rates. We also recommend that DOH delete low-acuity level and have all members at medium/high rates. Asking that the state define/expand criteria for HH+ so that CMAs can include members with complex needs

\*\*\*This group was unable ( due to time limitations) to address issues 8 and 12- Marcie Colon will outreach the stakeholders who identified these issues to work on coming up with a proposed solution for these two remaining issues and will share with the board .

**Group Three- Allison Dubois reported for this group (Issues 13, 14, 15, and combined 9/11)**

**Issue:** Need for standardization/consistency/transparency across MCO's regarding administrative practices and pharmacy requests.

**Recommendation:** Encourage that DOH facilitate a conversation in collaboration with the MCOs to look for opportunities for standardization regarding prior authorizations, claims processing and formularies.

**Issue:** There is a need for further education for the community regarding the current Crisis Services available in our region

**Recommendation:** Request that a resource be created that lists what services should be in existence vs. what services are available by county. Dan from OASAs has provider locator tool that lists crisis services by county, he will share this tool with the Board

\*\*\*This group was unable (due to time limitations) to address issue 15- Marcie will follow up with the H/HSP stakeholder group to come up with a proposed solution for this issue to share with the board.

This group thought that Issues 9 and 11 could be combined, since they are similar and proposed the following solution:

**Issue:** Need for Integrated co-occurring mental health / substance use recovery programs, as well as early intervention, treatment and support for youth diagnosed with emerging mental health challenges that make them particularly vulnerable to substance use. Encouraging the development and support of innovative/evidence based models of care.

**Recommendation:** Evidence based interventions and innovative services are not routinely available. Suggest that the state put together a task force that consists of various stakeholders (providers of all types including but not limited to clinical and child welfare, family members, youth, peers, MCO's) to review, assess and then recommend evidence based models and innovative services that MCO's would then fund, potentially in lieu of Medicaid State Plan services, in addition to traditional services. Also a suggestion that the Evidence Based Treatment Dissemination Center archive their trainings for people to review at a later date

Board Member Attendance

<b>Name</b>	<b>Stakeholder Group</b>	<b>Attended? Y or N</b>
Allison Dubois	CBO	Y
Amy Anderson-Winchell	CBO	Y
Dean Scher	CBO	Y
Kathy Pandekakes	CBO	Y
Mark Sasvary	CBO	Y
Susan Miller	CBO/CoChair	Y
Amie Parikh	HHSP	Y
Eric Amoh	HHSP	N
John Francis	HHSP	Y
Lauren McDonald	HHSP	Y
Monica Broderick	HHSP	Y
Shonny Capodilupo	HHSP	Y
Hal Smith	KP	N
Kerry Megley	KP	Y
Kristen Woodlock	KP	Y
Kristen McConnell	KP	Y
Sandy Favata	KP	Y
Raymond Rodriguez	KP	Y
Amy McCracken	DCS	Y
Darcie Miller	DCS	Y
Joe Todora	DCS	Y
Margaret Hirst	DCS	Y
Mark Herceg	DCS	N
Michael Leitzes	DCS	N
Michael Piazza	DCS/CoChair	Y
Angela Vidile	MCO	Y
Edward Elles	MCO	N
Ilana Adler	MCO	Y
Lisa Sioufas	MCO	Y
Danielle Pignatelli	MCO	Y
Marjory Stuckle	MCO	Y
Nicholas Batson	MCO	Y
Sander Koyfman	MCO	N
Daniel Edgerton	OASAS	Y
William Porter	OMH	Y
Noemi Simpson	OCFS	N
Angela Hebner	P/F/YA	Y
Anne Arias	P/F/YA	Y
Joriel Sharp	P/F/YA	Y
Kathleen Herndon	P/F/YA	N
Marie Shultis	P/F/YA	Y

Stephanie Marquesano	P/F/YA	Y
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