



Mohawk Valley Regional Planning Consortium
Board of Directors
May 11, 2018 10am-12:30pm
Herkimer College
Robert McLaughlin College Center
100 Lou Ambers Drive Herkimer, NY 13350
Meeting Minutes

10:00am - 10:30am

1. Welcome & Introductions

Susan Matt

Susan Matt opened the meeting at 10:03AM. She asked all of the board members to introduce themselves, see attached attendance. Gallery attendance included: Donna Dewan, RPC Project Director, Conference of Local Mental Hygiene Directors; Melissa Staats, NYS Office of Mental Health Central Office; and Jeongbae Kim, NYS Office of Mental Health.

2. Approval of Minutes

Sandra Soroka

Sandra Soroka asked for revisions of the minutes. A grammar edit under section 9b OASAS "updated" changed to "update". Further down the page, Certified Peer Recovery Advocates should be Certified Recovery Peer Advocates. Minutes were unanimously approved with above changes.

3. Syracuse University Study

Emily Hotchkiss

Emily read recruitment script for third and final round of the Syracuse University study. Board members were provided 5-10 minutes to participate if they chose to do so.

4. Due Diligence Letter

Sandra Soroka

Sandra referenced the due diligence letter that was written by Donna Dewan, RPC Project Director, and distributed to all of the board members. She stated that this marks the transition into the second year of the RPCs and a deeper dive into the issues.

5. Due Diligence Process

Donna Dewan

Donna provided context and an overview of the move to due diligence and how that would be applied within the RPCs (refer to PowerPoint slides).

10:30am - 12:00pm

6. Outstanding Issues

Sue reviewed the goals for today's meeting in regards to the three outstanding state-level issues. 1) Determine the actual issue, 2) Decide if it's worth conducting due diligence, and 3) Identify the next steps the Mohawk Valley RPC board will take. Ultimately, need to drill down and get to the root of the issue to decide if it is worth considering further.

a. Transportation to Pharmacy

Susan Matt

Sue opened the conversation by referring to the sample due diligence transportation to pharmacy sheet distributed in the board members' packets (see attached). Sue asked if this is an isolated issue

or something broader. Multiple board member confirmed that this is something seen on a daily basis. Barriers include:

- Patients moving frequently: cannot use the same pharmacy & cannot use delivery service;
- Initiation of medications does not allow for delivery;
- Cheaper pharmacies can be far away, result in patients having to use expensive, closer pharmacy;
- This is medical transportation as it aligns with state goals and person-centered goals;
- Difficult to combine some trips to pharmacy with medical appointments as prior approval process may cause delays in prescriptions being available;

Discussion resulted in a revision to the stated issue:

Need to expand the definition of medical transportation to include access to the pharmacy to allow members to receive medications in a timely manner.

Areas of research and data sources:

- Current definition of medical transportation
- Are there other states that allow transportation to pharmacy
- Possibility of providing a courier service
- Look at SPMI population in PSYCKES for medication compliance (receiving Rx)
- MCOs can pull data on medication compliance; may be divided by levels of importance
- Look at Health Home data as care coordination may be helping
- Ask pharmacies for data of prescriptions filled and picked up.
- RHIOs have pharmacy data

Recommendation may change based on research results.

b. HCBS Workflow

Sandra Soroka

Sandy introduced the second issue of the HCBS workflow relying on the Care Manager to refer the appropriate HCBS service. She stated that our HCBS workgroup needs to be strengthened; let's clarify and do some work and encouraged a stronger work group.

Sandy and Sheila suggested reconsidering this issue in terms of the infrastructure funds due to be released adding that we might be able to put a regional proposal together. Sandy continued that the state has been responsive and given us education, funds, etc. Now it's up to us – we can come up with regional solutions and ideas.

Identified barriers:

- Lack of referrals for services and a lack of services;
- Most in need population and they aren't getting services;
- Is the service something that people actually want;
- Are we communicating what the services are accurately?
- Are we asking people what they want? And then linking that to services?
- Unable to provide choice if providers don't know about the services.
- High turnover rate in Care Managers in this region.

Opportunities:

- Turnover rate of Care Managers is lower in North Country. What are they doing differently?

- St. Lawrence has seen a 200% increase by aligning the assessment process. Ultimately, the responsibility falls on the CMs.
- Drill down and consider what the barriers are for care managers.
- Education is one of the places where the infrastructure funds can go.
- Survey CM find out what they know, are they making referrals, what gaps there are.
- Educate primary care offices.

Next Steps:

- Board discussion and infrastructure funding opportunity will be reviewed by the workgroup next week. Focus will be on supporting the Care Mangers in their role.

c. Workforce

Emily Hotchkiss

Emily explained that the workforce issue was not officially voted on as an issue at the last board meeting. It was developed from a small workgroup conversation. The issue, recommendation, and due diligence were presented to the co-chairs for review, with the ultimate goal of sending it to SIM workforce workgroup with the state.

Jennifer explained that the recommendation was to allow adult family and pediatric NP to work in exempt settings like LMHCs and LMSWs. Currently, clinics can get a waiver to give physicians the ability to provide direct care. Ultimately, looking to expand the settings they can practice in, while still within their scope of practice.

Barriers/Concerns:

- Need for clinicians
- Many FNPs are not comfortable prescribing psychiatric medications
- Budget language no longer provides a precedent.
- NYC felt like it undervalued the board certification; however, if we expanded the explanation on scope, maybe that would fix their objections.

Other opportunities and/or next steps:

- NYC is working on a fast track for psych NPs; could explore something similar
- A couple of universities have scholarships for Psych NPs
- Look at models of psychologists prescribing
- Need to consider credentialing through the MCOs
- SUNY Albany pushing for masters level clinicians with limited prescribing ability
- Ask NPs about their level of interest/focus group
- Allow PCPs to become more comfortable
 - o Project TEACH
 - o ECHO Project
- Look into allowing smart phone consults to be billable.
- Will ask for workgroup participants and begin to work on these areas.

7. Ad Hoc Workgroup Reports

a. Health Home, HARP, HCBS

Kate Hewlett

Kate reported on the learning circle workgroup. The group developed the initiative, COPE in the Mohawk Valley which stands for Career Opportunities for Peer Empowerment in the Mohawk

Valley. The goal will be to form learning circle, develop a Facebook page, produce videos to demonstrate what it's like to be a peer, and promote awareness of this field. We want to support folks on their journey with the four different career paths. As part of the work, workgroup members participated in two wellness events and a job fair. Through this initial outreach, we determined it was necessary to create a Gmail account for folks to ask their questions. We are working on barriers to get folks involved. Kate shared promotional material. Emily added that there's been a lot of interest from other regions in replicating COPE.

Kate then reported on the progress of the Health Home/HARP/HCBS workgroup. Upcoming networking events include: Bassett Health Home Region scheduled for June 14, combined event with the Central Region RPC and Herkimer on June 8, and initial conversations with the St. Mary's Health Home region. Additional updates included:

- Improving Health Home linkages to PCPs is still on hold due to Performance Hubs;
- Losing HARP status when needing to recertify for Medicaid – holding conversations with LDSS to identify strategies.
- Next meeting is May 18 in person in Herkimer.

Kate concluded that the workgroup's challenges are creating actionable steps. There is great discussion, however more diverse participants is needed. Also, need to consider not only what's wrong but what's strong, services can help improve quality of life.

Please send ideas on improvements to work group. Our next step will be a survey to participants on how to move forward.

b. Children & Families Subcommittee

Kristen Snyder-Branner

Emily provided an update as the Children & Families Subcommittee Chair and Lead were not able to attend the meeting. The Chair & Lead have decided to move forward with the subcommittee. The Kick Off is planned for June 13. The first meeting will be an overview of the subcommittee and what we want to accomplish. The following meeting will be a town hall to begin processing and identifying issues. The subcommittee is open to all board and all community members.

The invitation will be sent out later today. Board members were asked to forward to anyone they feel should attend.

c. Housing

Emily Hotchkiss

Emily present on the housing ad hoc workgroup. At the last board meeting, housing was identified as a regional issue. A survey was distributed to help determine the focus of the issue and next regional steps.

The survey received 22 responses with representatives from all counties. However, Schoharie had the least (please see attached PowerPoint with full results).

Based on the results of the survey, the top prioritized issues were: Safe & Affordable Housing, Permanent Supportive Housing, and sober housing.

Emily conducted some initial outreach and research with a limited a response rate. She asked if there are other groups working on housing that the RPC can partner? Suggestions included:

- Local planning groups at the county level,
- Catholic Charities in Herkimer County received a housing grant,
- Montgomery County working to addressing lead paint,
- Include DSS commissioners,
- Probation and Parole,
- Economic development groups at the county level,
- Consider Complete Streets – complete streets takes into consideration all modes of transportation including alternate transportation- wheelchairs, bikes, and bus lines. We also know the place any individual lives can be a determinant of their health.
- Mohawk Valley housing and homeless coalition.
- No homeless shelter in Montgomery or Fulton counties,
- Consider couch surfers in the effort.

Emily stated a list of contacts would be developed and distribute for recommendations.

12:00pm-12:30pm

8. OMH Data Presentation & Updates

Joe Simko

Joe Simko presented OMH HARP/HCBS data (see attached slides). Compared to the Rest of State, Mohawk Valley is similar in each of the stages of enrollment. The exception is in the number of people who have received services which is .01% in the Mohawk Valley compared to Rest of State which is 1%. Only 2 people have received HCBS services according to the claims data. The Mohawk Valley has seen increases in HARP eligible, HCBS assessed, Health Home enrolled, and have two individuals engaged in HCBS.

Joe then presented Mohawk Valley region performance on several value based payment indicators from PSYCKES (see attached slides). Preventable hospitalizations were low; behavioral health readmissions were specifically high in Herkimer. The data is compiled by percentages of eligible populations which means the number can look disproportionate due to low total population. Joe offered to bring more data to the group or to work with individual providers with their data. Joe indicated that the PPSs are using this as well as their own data for projects.

Joe shared OMH updates as well. Referring to the slow growth in HCBS, the state has released new initiatives including the State Designated Entity (SDE), which are now called Recovery Coordination Agencies or RCAs. This offers an avenue to access HCBS for those who opt out of HH. Additionally, the guidance was released for the quality infrastructure funds this week.

By the end of the month, HARP products will be on the exchange which will allow people to enroll through that mechanism. Sheila Nelson added that as of the 31st we could get a spike but majority will not show up until August,

Lisa Volo shared that their hospital is going live with the Watson tool next month. The Watson tool is very intelligent; it actually can connect the providers to resources. For instance, if food insecurity is input as a concern, it automatically pulls out the information and recommends services the

provider can refer to – HH, food pantry, etc. The client can also access their portal and see what is available for them to use. Lisa will send a PowerPoint to Emily so everyone can see.

9. Open Floor

Janine Carzo shared that Region Primary Care Network is planning a symposium on Trauma Informed Care which is free to all. She added that space is limited; please register soon.

Sue Matt added that bylaws will be reviewed at the September meeting. Moving forward, we will need to consider terms of either two or three years.

Sheila asked if children’s Medicaid Managed Care is part of the RPC. Sue responded that this is part of RPC and will be kicked off in June as part of the Children & Families Subcommittee.

Meeting adjourned at 12:32PM.