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**REGIONAL PLANNING CONSORTIUM**  
**North Country Region – 2018, 2<sup>nd</sup> Quarter Board Meeting**  
**May 17, 2018 – 10:00a-12:00p**  
**Crandall Public Library**  
**251 Glen St. Glens Falls, NY 12801**

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1. **Call to Order** – meeting called to order at 10:08am (Rob York)
2. **Introductions (Name, stakeholder group, agency/organization)** – *Board introduced themselves*
3. **Approve Meeting Minutes from 2/2/18** – *motion to approve minutes JoAnne Caswell, second Jessica Fraser. All in favor; no opposed. Motion carried, minutes approved.*
4. **RPC Survey – Part 3**
  - a. *Final Segment: (17 surveys distributed) Pete Griffiths read recruitment script – Alexis handed out survey, informed Consent and blank envelope to each board member. Total count of board meeting = 6 total so far. Group completed survey (apx. 10 mins.) Pete collected completed surveys.*
5. **RPC Due Diligence Process**
  - a. Donna DeWan – RPC Project Director
    - *Donna referred to the letter to the board regarding due diligence. All of the issues identified perfectly make sense – but as a new member to the RPCs, began to ask questions about the issues that were submitted. Based on answers to questions, there would be additional questions. Important to work closely with State Partners to understand what is already being worked on at the State level in comparison to what issues regions are submitting (example: telehealth was already being finalized at the State level and was identified as a challenge within regions). Donna reviewed what due diligence may look like – always coming down to asking questions and being curious and being analytical.*
    - *What is it we know, and what is it we do with what we know?*
    - *Housing as an example – what do we know about housing? What has viability? What can we do? What is out there, where are the gaps? Refining the issue. Focus, substantiate, and create a solid business case for the State.*
    - *Transportation and no show challenge – already starting to track this information. This will help support a business case to submit to the State Agencies. Think about what the service goals are. Recovery oriented, value focused process. Ask how each issue impacts the people we serve.*
    - *Starting to create a united voice across the State via East and West Team leads and Long Island connecting with NYC to find commonalities among multiple regions to create a stronger business case to the State.*
    - *Retention of care managers – attributable to case load; how can we prove this is the only cause? Some regions have identified paperwork impacting work place morale –*

*how does this impact the client? Some regions have identified the justice center as a barrier and increase in work stress – how does this impact the client? Who owns retention as a challenge? Providers – how can an agency utilize best practices/share among providers to do what’s best for clients.*

- *HIPPA has been brought up in other regions – ideally would be utilization of one universal consent among providers (one exists in Health Home world 5055 but not always viable in the provider community based on risk management)*
- *Recommendations – how do we know these will work? Best practices from other states may also support these recommendations.*
- *Donna recognized that this is additional work but acknowledged the RPC team will support the region in creating these business cases.*
- *Vision for Fall Co-Chairs meeting having very few issues to have meaningful discussion with the State.*
- *Donna also reviewed a process flow for due diligence*
- *Equally important to recognize the best practices and successes in the region.*
- *Once an issue is refined we work to determine how viable the issue and solution is*
- *Viability means asking questions such as - does the challenge have to do with Medicaid Managed Care? How many members are impacted and in how many counties?*
- *Innovation is key*
- *1<sup>st</sup> lens – how the client is impacted, 2<sup>nd</sup> lens – state or federal gov’t and how will they see this challenge/resolution*
- *Donna also reviewed the due diligence gatekeepers – highlighting utilizing field office board members*
- *Question from the Board: What is the end game/goal in terms of the State acting on recommendations?*
  - *Response from Donna: Feeling there has been a lot of impact made through the regional feedback already – specifically around telehealth. Coordination among State Agencies was recommended and was included within telehealth guidance. End game is how do we best serve the person, making it financially sustainable for the organizations, clear up any misconceptions among the communities.*
- *A state task force will be created to focus on the HCBS process to determine which steps within the State flow are federal requirements and state requirements.*
- *Clarification provided: initial focus of RPCs was elevating issues to the State. RPC 2.0 is a mindset shift. Regional fixes we can identify and what are other regions doing to address these challenges that can be shared between regions.*

## **6. Review/Deeper Dive of previously identified issues for Chairs Meeting**

- a. Are these issues still relevant?
- b. Data Collection

*#1 – Regulatory Issues: Housing, integration of PC and BH, and telemedicine.*

*Have seen movement on some of these issues since they have been identified – specifically related to telemedicine.*

*Are these issues still relevant? Are they still state level concerns? What is the deeper dive we need to do with this set of issues?*

2 waiting rooms example – question: is this more for co-location? Or having 2 separate agencies co-located? Integrated BH that Hudson headwater and does not need to have 2 separate waiting rooms. Clarification – challenge in Clinton Co due to limited physical space – needed to have 2 separate waiting rooms when partnering with an FQHC. Tom Tallon understands this as a federal reg – 2 providers in the same physical location, presents billing challenges.

Feels this is still a State issue – can we get an update from the State on status of regulations regarding these topics?

This issue may be vague right now – no specific regulations identified, have not described where the issues lie. Due diligence would be more specific about what the ask is and showing evidence to what we are seeing and what information supports that.

**Recommendation:** to create due diligence work groups to drill down deeper into these identified issues. Is this issue only impacting one county? Need to drill deeper to determine if this should be elevated to the State level? Mobile units was recommended as a resolution  
Housing, BH/PH integration and telehealth/telemedicine impacts the entire region and is included in all local services plans.

Can we build off of existing work groups vs. creating additional?

- Existing work groups: HARP/HCBS/Health Homes, Value Based Payment (focusing on BHCCs), and Children & Families subcommittee

Another region has put together a work group to focus on work force

- Can link this region to any other regions that may be focusing on smaller work groups to target similar concerns that the North Country has

A work group may find that regulations may not need to change but there may be work arounds or innovations to assist with these challenges

**Recommendation:** to survey the counties on these challenges to see commonalities prior to pulling together the work groups (example: which type of housing is the region referring to? Accessibility to where the housing is located?)

HARP/HCBS/Health Home work group may be a venue to discuss these issues further – this work group is always looking to expand membership and this is not limited to board member participation: goal to focus on regional issues identification and rectification of the identified issues

Issue #2: Children & Families Issue

Is this still relevant to us?

Yes – desire to keep pressure on the State to move family & youth peer support services sooner than July 2019 and January 2020

Will discuss further this afternoon at the C&F task force

Issue #3: work force issues

Still relevant to the region – due diligence, is anyone collecting data around this challenge?

Change in the face to face visits – families have been used to seeing CM more, now the increase in paperwork has decreased face to face visits – have lost care managers as a result of the paperwork

*Health Home plus initiative is a bonus for the adult CMAs – paid for the effort which wasn't supported before*

*It's taking a long time (up to 6 weeks) to train new care managers before they are able to get out into the field.*

*Highly rural area with lacking transportation, CMs are going above and beyond job expectations which causes burn out very quickly. Rural vs. urban is an important aspect to take into consideration.*

*Challenge to link families to services as a care manager with limited services – if a crisis is happening and the crisis provider is an hour and a half away – the agency in the home cannot wait for the crisis provider to get there.*

*Family perspective – difficult to even know who your care manager is with limited contacts*

*Next steps: bring these challenges to H/H/H meeting on June 15<sup>th</sup>*

7. OMH Data: Joe Simko – data: as of March 22<sup>nd</sup>, collecting on a quarterly basis the county data
  - Schyler and Hamilton counties are combined because they are small – skews the numbers
  - Comparisons of North Country to ROS – ROS has surpassed NYC on assessments, there is a claims lag, ROS is ahead even though NYC started earlier.
  - HCBS claims – higher end of people receiving HCBS services - 3% vs 1%
  - Reviewed breakdown of where individuals are in the actual process of HARP to HCBS
  - Highest percentage of individuals are HARP enrolled (44%) but not yet assessed for HCBS or receiving HCBS
  - Reviewed map of NYS – darker the county, higher engagement (based on actual volume)
  - Growth in HCBS via services – peer support highest utilized in ROS
  - NYC highest utilization is in short term crisis respite
  - Increases in county level data from June 2017 – March 2018
    - 154 people added to eligible
    - 350 added to HARP enrolled
    - 118 added to HH enrolled
    - 83 added to HCBS assessed
    - 80 added to HCBS eligible
  - PSYCKES data – not related to HARP/HCBS but related to Value Based Reimbursement
  - BH readmissions within 30 days compared to North Country vs. Statewide average (NC is lower than the statewide average)
  - No outpatient medical past year compared to North Country vs. Statewide average (again, NC is lower than the statewide average) – shared this data related to integration of dealing with medical and BH and comorbidities
    - Joe will follow up regarding the time frame that is represented in this data
  - Preventable hospitalizations (medically based; diabetes, asthma, dehydration) (NC is lower than the statewide average)
  - BH ER visits in excess 2+ (NC is higher than the statewide average) – 12 month period
  - BH Inpatient 2+ (NC is higher than statewide average) – 12 month period

8. **RPC By-Laws Conversation** – *proposed RPC board bylaws reviewed by the board*

- a. 2 or 3 year terms? – *Pete asked the board for their feedback on a 2 vs. 3 year board member term. If the board chooses to keep 2 year term then the board may lose many of the people around the table at once. An option to extend terms as a 3 year term – not a decision we need to make today but will need to make at next board meeting in late August.*
- b. Election Process – *currently, if a member of (example: hospital and health systems group) resigns, policy will keep that seat open for 30 days for the agency without a vote required. If the agency sends another representative to fill the agency’s board seat within 30 days the agency/organization is all set. If 30 days expires, the board seat will open for that stakeholder group and a vote would occur within the stakeholder group for community nominations for the seat.*

*Question: Can board members extend another 2 years?*

*Answer: Yes – we can make a final decision for board terms at next board meeting in August.*

## **9. Regional Updates:**

- a. HHH Workgroup – report out by Andrea Deepe; held a Southern area (Warren/Washington) networking meeting on May 4<sup>th</sup>, many attendees (roughly 50). Most MCOs were in attendance as well as providers in the area. Better understanding of who to make referrals and put a face to a name when making phone calls in the region. This work group will be focusing on the State level issues that were identified at the board level and determining regional resolutions for these (6/15).
- b. VBP Workgroup – report out by Pete Griffiths; focused on the BHCCs (Citizen Advocates, Children’s Home of Jefferson County). Looking for a new VBP workgroup lead – last VBP lead was in the Tug Hill, seeking a North Country lead at this time to share the responsibility. Bi-monthly meeting schedule, mix of face to face and virtual meetings.
- c. Children & Families Taskforce – report out by Pete Griffiths; taking place this afternoon after the board meeting. Working to identify next steps for standing up the children & families subcommittee in the North Country.

## **10. Stakeholder updates**

*Joann Caswell growing staff*

*Growing the outpatient staff*

*Susan Frohlich – changed our name, no longer the field office we are the Hudson office*

*Joe – SDE entity guidance is out, can be connected to an RCE, CMA are working with MCOS for contracts, also innovation monies becoming available, rfps happening for innovative ideas. MCOs stand to lose the most at this point*

*HH pls guidance is out*

*Susanne – Igu membership conference was successful in getting \$ for jail based services, we are now shaping recommendations*

*Essex Co – Not as overwhelmed as I used to be, getting a better feel, in Essex our agencies are coming together in a way that is different; we are working toward creating*

*Clinton – detox facility moving forward – also awaiting contracts to do HCBS locally*

*Hamilton – telepsych is a success in the county. No wait list for psychiatry in the county currently*

*Fidelis has been sold to Centene (for profit company out of Minnesota)*

*CDPHP is waiting to sell product to the North Country – terminated contract with CCBH, bring this in house effective 7/1. Opiate initiative focusing on any members admitted inpatient, a case manager will meet with the member, assure narcan prior to discharge. In discussion with Four Winds for contracting with telepsych for children discharged from pediatricians who are unsure how to medicate*

*Michael Lawler – related to Encompass, working to build up enrollment and working with DOH to enhance the services that will be provided for the upstate counties.*

*Christine Venery – drug and alcohol program establishing an adolescent house. 2 suicide prevention grants to focus on suicide prevention for youth.*

**11. Adjourn Meeting (Motion Needed)** – motion to adjourn the meeting 1<sup>st</sup> Carl Alexandrov, 2<sup>nd</sup> Anne Griffin

**\*Upcoming Meetings:**

- **June 15, 2018 – NC HHH Workgroup Meeting – Location TBD**
- **August 17, 2018 – NC HHH Workgroup Meeting – Location TBD**
- **August 29, 2018 – 3<sup>rd</sup> qtr. RPC BOD Meeting – Location: AMC – Saranac Lake**
- **December 6, 2018 – 4<sup>th</sup> qtr. RPC BOD Meeting – Location TBD**

**5-17-2018 NC RPC Board Meeting – Crandall Library, Glens Falls – 10:00-12:00**

<b>Name</b>	<b>Stakeholder Group</b>
Andrea Deepe	CBO
Beth Lawyer	CBO
JoAnne Caswell	CBO
Robert A. Ross	CBO
Sally Walrath	CBO
Valerie Ainsworth	CBO
Christine Venery	H&Hs
Jessica Fraser	H&Hs
Linda McClarigan	H&Hs
Meredith King	H&Hs
Michael A. Lawler	H&Hs
Rosemary Reif	H&Hs
Barry Brogan	Key Partner
Reggie McDonald	Key Partner
Tom Tallon	Key Partner
Bob Kleppang	LGU
Richelle Gregory	LGU
Rob York, LCSW-R, MPA	LGU
Terri Morse	LGU
Suzanne Lavigne, MHA, CTRS, CASAC	LGU
Jody Leavens	MCO
Liz Fallone	MCO
Carl Rorie Alexandrov	MCO
Jennifer Earl, M.A., LMHC	MCO
Mariane Simas	PYF
Anne Griffin	PYF
Brennan Williams	PYF
Lee Rivers	PYF
Steve Miccio	PYF
Doug Sitterly	State Gov
Joseph Simko	State Gov
Susan Frohlich, LMSW, CSASC	State Gov

Gallery: Cathy Hoehn (RPC's), Donna DeWan (RPC), Alexis Harington (RPC), Jon Bye (OMH), Melissa Staats (OMH), Sarah Colvin (AHI)

\*\*\*Green bar = in attendance\*\*\*

*Questions about this process can be answered by your RPC Coordinator, Peter Griffiths via email, [PG@clmhd.org](mailto:PG@clmhd.org) or phone, 518-424-1014*