REGIONAL PLANNING CONSORTIUM
North Country Region – 2018, 3rd Quarter Board Meeting
August 29, 2018 – 10:00a-12:00p
Adirondack Medical Center – Redfield Conference Room
2233 State Rt. 86 – Saranac Lake, NY 12983

Meeting Minutes:

Minutes taken by Alexis Harrington and compiled by Peter Griffiths

1. **Call to Order –** *Lee Rivers called the meeting to order at* ***10:07am***

2. **Introductions (Name, stakeholder group, agency/organization) –** *board members introduced themselves – See attached attendance grid*

3. **Approve Meeting Minutes from 5/17/18 –** ***motion to approve:***

    a. ***1st: Steve Miccio***
    b. ***2nd: Sally Walrath***

4. **RPC By-Laws Review:**
    a. NC RPC Co-Chairs recommended a 3 year term for board members. It was noted that any board member may resign at any time for any reason
    Question: *Can you have more than one term?*
    Answer: *This is up to the region – other regions are choosing to allow more than one term.*

    Question: *Can there be a natural waterfall of term length (some choose 2 years and some choose 3?)*
    Answer: *This could be an option if the board would like to do this. Possibility to draw out of a hat. Important to keep in mind stakeholder groups to allow equal representation and not elect the entire group at once. The board decided on the following next steps:*

        i. **Next Steps: RPC Coordinator will send email to each of the elected stakeholder groups (CBO, PYF, and H&H groups) and ask individuals if they are interested in keeping the original 2-year terms or if they would be interested in extending to a 3-year term to allow a natural transition. Co-Chairs still recommending 3 years for a majority of board members. Also, need to determine Co-Chair term length of 2 or 3 years.**

    b. **Review of By Laws Cont.**
        i. **Quorum** – It was established that a quorum in the NC RPC is equal to 50% overall attendance + 1 voting board member from each stakeholder group. (this means we need 14 board members to have a quorum). In order to take a vote, 2 voting members from each voting stakeholder group is necessary.

ii. **Election Policy** – Please see above for information on election process and 2 vs 3 year terms.
iii. **Attendance Policy** – Co-Chairs reviewed that no proxies or call-in is allowable at quarterly meetings and attendance at 2 of 4 board meetings required – those missing more than 2 of 4 meetings will review their availability to participate on the board with Co-Chairs

c. Edits to be made to bylaws before approval can be made:

i. Page 6 – 3rd bullet, typo on C&F subcommittee
ii. Alcoholism typo – page 7
    - ***These typos have been corrected as of 9/4/18***

iii. **Question:** Is it possible to allow for utilization of teleconference technology at quarterly board meetings, especially during the winter months?
iv. **Answer:** This request will be taken to the RPC Project Director and a request to consider winter meetings

v. Page 3, bullet 1 – language about in-person attendance may revise upon discussion with RPC Director re: possibility for call-in option for winter meetings

vi. Board will not adopt a formal vote on bylaws until response received re: in-person attendance of board meetings.

5. Taskforce Updates: As a result of the due diligence process, the North Country has taken the issues that were identified for a Chairs meeting at the 2nd quarter board meeting in 2018 to taskforces to further discuss and investigate.

a. Housing (*board members received a copy of the notes from this task force) – **Issue: there is not enough housing – permanent supportive and safe/affordable housing.***

i. Person reporting out: ***Andrea Deepe*** *- Regulatory issues and barriers are more related to many initiatives going on throughout the state, different funding streams for various housing development, and how these funding streams do not always line up with each other. Transportation has also been mentioned a lot related to housing (and all other service types trying to provide in the North Country).*

b. ***The Ask:*** *Can we look at the funding streams and mandates/timelines for these housing initiatives and recommend that they are more aligned and that funds are received at the same time?*

c. ***Next Steps:*** Checking the viability of this ask with the Albany office (this issue is currently being explored between Albany RPC office and State Partners)

d. ***Additional Comments from Board:*** Consider additional layer of local approval that may lessen the delays in funding streams/lack of streamlining of initiatives

i. ***Consider utilizing Padavan Law:*** Steve Miccio mentioned this is specific for Development Disability
ii. ***Question for the Board:*** Is this an issue the board wants to bring forward to the State?
iii. ***Response:*** This seems to be directly aligned with the social determinants of health and the housing first model. When was the last time housing development has been revisited in the North Country – regional focus on the number of units that

have been developed compared to other regions? Queensbury has just received a large grant – may be helpful to work with them to observe an opportunity to submit a proposal

1. Believe Franklin County may receive some funding. Also, St. Joes described securing 20 units for people who are in treatment or recovery and St. Joes would provide some recovery services (working with DSS and Essex County) Continuum of Care could be contacted for supporting information (Sally Walrath)
2. Consideration that the State may not be in control of all of these funding streams – maybe they could set up an agency to help agencies navigate the various funding streams and resources
3. Some agencies in the NC are too small to apply for grants because they require 80 units – an agency may not be able to fill that many units
4. Unit cost is higher in the North Country for housing and there is no acknowledgement for this at the State policy level

e. PC/BH Integration (*board members received a copy of the notes from this task force) – **Issue: There are differing regulatory requirements from various state agencies (OMH/DOH) around BH clinics in PC settings (i.e. the need for separate waiting rooms)***

i. Person reporting out: ***Terri Morse*** *– the taskforce identified 2 definitions within the concept of PC/BH integration to use. 1 –* ***shared space****, BH provider would rent or have space within PC but use own EMR (i.e. Essex County MH in PCP Office). 2 –* ***integration,*** *Essex County MH provided a PCP office with a staff to use PCP EMR and be more integrated into the PCP system.*
Shared space *– there don't seem to be many issues with sharing space with PCP Integration – more of a challenge, especially for an FQHC. Guidance from October 2016 – questioning as a group if this guidance is the most updated.*

f. Next Steps: RPC Coordinator will check if this guidance document is most up to date

i. *Clinton county has been the leader in shared space and integrating care.* They have been able to successfully do this with some best practices and identification of barriers.

1. *Medicaid does not want a BH Medicaid client walking in the same door as a PC Medicaid client*
2. *Clinton has a clinician that they hire/manage, but contracts with a Pediatrician*
3. *Substance Use has not been a problem but challenge with BH – need additional information from Clinton on this issue and specific barriers/challenges*

ii. *Comment from the Board: Keep in mind because this is involving FQHCs, this is another level – it will be important to be as specific as possible with the ask because this impacts the Federal government. Biggest barrier seems to be having separate waiting rooms. Is this happening in other regions?*
Response from Assistant RPC Director: *This seems to be a CMS level issue and various interpretations. Working to get a better understanding of creative ways to get around these challenges.*

Recommendation: *Perhaps an appeal can be made to the State OMH Commissioner related to slowing down access to care because of these barriers.*

g. Telemedicine (*board members received a copy of the notes from this task force) –* ***Issue: Varying State regulations about what is allowed and not allowed in terms of telemedicine is creating burdens on the delivery of these types of service.***

i. Person reporting out: ***Lee Rivers*** *– Regulatory issues related to telemedicine is the focus. One call has occurred so far. Group has connected with Katy Cook, Telemedicine Director at AHI related to what is in the pipeline for future telemedicine regulations.*
Education is the Barrier: *Trainings may be held in the North Country re: telemedicine to help educate agencies. To be scheduled on next call. Will be working with Katy at AHI to set up formal trainings.*
We may be our own barriers: *There may be many resources out there that we are not aware of. Allow ourselves to think outside the box. A lot more provision of services that can be delivered through telehealth than we may not be doing. Telehealth, telemedicine, reimbursement, regulations, HIPAA are all very important to understand.*
MCOs are reimbursing for telehealth in other regions

h. CM Turnover/Caseloads (*board members received a copy of the notes from this task force) –* ***Issue: In order to remain fiscally viable, provider agencies are reporting that they have to have very large caseloads. This doesn't allow for the highest quality care to be provided and has resulted in Care Manager turnover.***

i. Person reporting out: ***Pete Griffiths*** *–****The Ask:*** *State consider revisiting requirements to be a HH CM and to reopen the CM waiver program.*
ii. *There is an inability to fill the CM positions with qualified individuals – agencies have people who would be phenomenal CMs but don't meet the education requirements created by the State (Bachelor's degree in human services or RN and 2 years of experience or Master's and 1 year)*
iii. *There are some staff who have 10 years experience and an associates degree that cannot become a HH CM.*
iv. *Combination of salary as an issue and the setting for the job, depending on organization. Care management looks different for an FQHC*
v. ***Question/Consideration from the Board:*** *Perhaps sending some of these qualified individuals back to school to get their Bachelor's degree.*
    1. *Some HHs have partnered with Community Colleges to collaborate on course or certification process (Anne is happy to reach out to CNY to get more information on their partnering with Community College) – perhaps the State would support encouraging this statewide. The North Country may want to consider partnering with Empire College*

6. **Identification of any new issues –** *Opened up to the board for any new or current "fire" issues*

- *Lack of broadband internet and transportation in rural areas*
- ***Question for the Board:*** *interest in creating a transportation taskforce?*
- *Western County had collaborated transportation agencies (Possibly Binghamton area)*
- *Lack of Medicaid drivers*

- *Rural Health Network in the Southern Tier – program called "Get There" unsure of funding – a call line where folks can call and ask for transportation. List of available opportunities reviewed with individual and then "Get There" will provide transportation as a last resort.*
- *Recommendation of a regional collaboration for transportation in the North Country*
- *DOT has a lot of funding – but similar to the housing issue, need a certain number of ridership to qualify*
- *Transportation also one of the tenants for social determinants of health*
- *Schoharie County was also creative with transportation – very rural county*
- *Citizen Advocates provides some type of transportation in the North Country*
- *Barrier: NMT for adult HCBS – limits DD providers that were already designated to provide transportation*
- *Mercy Care and Homeward Bound Adirondacks may be a volunteer organization that could be utilized*
- ***Next Steps: North Country will create a taskforce – Pete will gather interest from the board and other agencies in the community through distribution by members of the board***

7. Regional Updates:

a. HHH Workgroup

i. Person reporting out: ***Andrea Deepe*** *– group has met twice since last board meeting. More of a general education problem related to HCBS. HCBS providers are not all on the same page – lack of education and understanding. Would be beneficial to share best practices with successful organizations. NC working with OMH to host a panel discussion/educational session (October 17 at Warren County DSS Center in Lake George – may be the same day as a MHANYs Conference)*
Sharing info between all providers – HCBS 101 by OMH and a panel discussion of HCBS providers to review financial viability
All welcome to attend – hoping to target HH CMs
Next Steps: *Look at reschedule for the panel discussion that does not conflict with MHANYs Conference and AHI Summit*
Comments from Board: *Perhaps not a lack of information but a need for consolidation of the information. There is an overwhelming amount of information. Confusion about what an RCA is (recovery coordination agency)*

b. VBP Workgroup

i. Person reporting out: ***Terri Morse*** *– July 10th this group met at St. Joes. NC BHCC and Tug Hill BHCC had representatives there to update the group on where they are in their process. Both are at different stages in their process. Tug Hill seems to be integrated and operational vs. NC BHCC is still rallying members to sign agreements.*
Leads discussed next steps for this work group*: believe next most helpful step would be to review the VBP roadmap to interpret/simplify for the larger group. Seems like a big undertaking so next meeting has not been scheduled. Seeking subject matter expert at the State level to come and discuss cliff notes version of the VBP roadmap.*
Comment from Board: *BHCCs submitted work plans to the State. Are these something the region may be able to access these at the work group?*
Lead agencies are only sharing these with members of the BHCCs – perhaps once the members are on board we may be able to reach out to the BHCC to share this. These

plans are currently being worked on between the BHCCs and MCOs. Legal status of BHCCs has been a complicated task which may be impacting the lack of transparency between the BHCC and the region
Additional Comment: *VBP University is available to access – information is not quick and easy but it is out there. Joe will send a one pager with info on VBP that may be helpful*
Feedback from the North Country BHCC seems to differ from the VBP road map – *BHCC is contracting with Fidelis*
Recommendation: *the work group be more value based focused vs. BHCC focused. A lot of confusion related to what a shift in risk is and what the implications may be*

c. Children & Families Subcommittee

i. *Person reporting out: JoAnne Caswell – first meeting was 8/1 – 28 people attended and all various stakeholders. Areas of focus:*

- *Fillable form for families and care managers for roles in providers in their lives*
- *UVM/Chamber of Commerce/SUNY Albany to focus on hiring workforce*
- *Children's HH Coalition collaboration*
- *Single uniform referral form*
- *Timeline for agencies re: contracting process with MCOs, especially for new providers to this process*

Will meet in person until snow fall, then will use call-in option

8. State Partner Updates:

a. OMH – *Joe Simko: Some data was provided by OMH related to HCBS progress – growth in ROS and North Country. Encouraging submission of proposals related to quality and infrastructure funding for increasing access to HCBS. Joe gave a brief summary on SDEs and RCAs.*

b. OASAS – *Sue Frohlich: letter shared with board, generated by OASAS Counsel. Admitted to hospitals for detox and some hospitals have turned individuals away because they did not have an official detox unit. This is not accurate – hospitals can still admit. A waiver opportunity is available if hospitals are seeing a lot of individuals that need detox. Letter has been sent with all hospital administration but may not have gotten down to emergency departments. Reminder: Youth (OASAS program) will not be transitioned to Managed Care Medical Marijuana guidance document will be coming soon.*

9. Adjourn Meeting (Motion Needed) – ***Lee asked for motion to adjourn board meeting***

a. 1st: *Bob Ross*
b. 2nd: *Carl Rorie-Alexandrov*
c. Meeting adjourned *at 12:05pm.*

Name:	Stakeholder Group:	In attendance at 8/29 Meeting?:
Andrea Deepe	CBO	Yes

Deceil Moore	CBO	No
JoAnne Caswell	CBO	Yes
Robert A. Ross	CBO	Yes
Sally Walrath	CBO	Yes
Valerie Ainsworth	CBO	Yes
Christine Venery	HHSP	No
Jessica Fraser	HHSP	Yes
Linda McClarigan	HHSP	Yes
Meredith King	HHSP	Yes
Michael A. Lawler	HHSP	Yes
Rosemary Reif	HHSP	No
Ann Hutchison	KP	Yes
Barry B. Brogan	KP	No
Reggie McDonald	KP	No
Bob Kleppang, LMSW, ACSW	DCS	Yes
Rob York, LCSW-R, MPA	DCS	Yes
Richelle Gregory	DCS	No
Terri Morse	DCS	Yes
Suzanne Lavigne, MHA, CTRS, CASAC	DCS	No
Elizabeth Fallone-Torhan	MCO	No
Carl Rorie Alexandrov	MCO	Yes
Jennifer Earl, M.A., LMHC	MCO	No
Jody Leavens	MCO	Yes
Anne Griffin	PYF	Yes
Mariane Simas	PYF	Yes
Lee Rivers	PYF	Yes
Steve Miccio	PYF	Yes
Joseph Simko	State	Yes
Susan Frohlich, LMSW, CSASC	State	Yes
Doug Sitterly	State	No

Gallery: Beth Solar (RPC), Alexis Harrington (RPC), Cathy Hoehn (RPC), Jaqueline Miller (RPC)