



REGIONAL PLANNING CONSORTIUM
North Country Region – 2018, 1st Quarter Board Meeting
February 2, 2018 – 10:00a-12:00p
Crowne Plaza Lake Placid
101 Olympic Dr. Lake Placid NY, 12946

1. Call to Order

Meeting was called to order at 10:07am by Beth Lawyer.

2. Introductions (Name, stakeholder group, agency/organization)

a. New Board Members – Lee Rivers (PYF)

Beth welcomes newest board member, Lee Rivers

Board members introduced themselves (See attached attendance list)

3. Approve Meeting Minutes from 12/15

Rob asked for approval of meeting minutes from the last board meeting- Rob asked for a motion- Anne- 1st, Linda 2nd- Motion carried, no objections-

Minutes were approved and will be posted on the CLMHD website

4. Prioritization of State Issues for 4/19 Chairs Meeting

a. Submit top 3 issues & recommendations

b. What regional attempts have been made so far?

c. Due to Albany Office by 2/23/18

Pete reviewed the process for selecting the top 3 issues they would like to send to the 4.19.18 RPC chairs meeting. Board members reviewed the state issues list (see attached list of identified issues).

Issue 1- Discussion that this issue seemed to be both Regional and State level. Beth reported that recently they are finding taxi drivers/Medicaid cabs are cancelling- Suggestion in combining issue 1 & 7- Pete also suggested that the HHH workgroup collect data for this issue

Issue 2-Bob K. reported that he feels this is also a federal level issue- Joanne reported that this was supposed to be a short term solution- but now with the delay, this is concerning because there are no intensive case management services- Board determined this issue is both regional and state

Issue 3- Beth reported that they are a housing provider, and they are on their third round of funding for housing-but there are many hoops you have to jump through in order to expand housing services. All confirmed that there are lengthy wait lists across the board for people to wait for housing- Lee also confirmed that his agency is struggling with issue of housing.

Christine encouraged that the wording be changed to capture both SUD and co-occurring disorders as well. Board felt this was more of a state issue, because there have been many attempts to address regionally.

Issue 4- Jodi reported that it is being addressed regionally, but without it being on the exchange it is difficult to address. She reported that they are training their staff to help address this issue.

Q-Why is it not in the exchange? Joe cannot speak to that question. He reported that it would be on the exchange this year (2018). Joe will try to find out if there is an updated timeline

Joe reported that you can find out who is eligible and target the specific individuals in your agencies- This may be a great regional solution to help move these individuals off the exchange

Overall board determined this was a state issue

Issue 5- Joe asked if the local DSS departments would be willing to take a look at this- Joe reported that they are working on an adding a date in electronic resources to avoid Medicaid being lapsed, either through EPACES or PSYCKES

MVP- they are working on an internal flag to pick up the H9 indicator to help avoid any lapses

-board determined this issue is both a state and regional issue

Next steps- outreach local DSSs to have a meeting.

Issue 6- Richelle reported that she brought this issue up- She reported that they have space but cannot move into this space due to regulatory issues, because she cannot have a separate waiting room due to building. Now the population in Champlain has to travel to Plattsburgh

She also reported that DOH and OMH have different regulations regarding tele-psychiatry making it difficult to provide services

Christine V. reported that they have been able to have an article 31 within FQHC- but she does have a separate waiting room

The FQHC may be the issue since it has to follow federal regulations, since OMH doesn't seem to be an issue when it comes to integration

Jennifer asked if tele-psych could be utilized in the mobile van, until the regulation is changed, this is still not doable

Suzanne suggested perhaps writing a Waiver to submit to the state partners, could a waiver be put forward at a federal level

Joe-suggested looking at developing offsite services

It is difficult to integrate because of the regulations

STATE ISSUE

Issue 7- Richelle also submitted this issue- She is also running into regulatory issues, regional attempts have tried to be made, but are still struggling. If these regulations are lifted, the whole region could benefit from these services

Susan- reported that OASAS is looking at altering some of these regulations
STATE ISSUE

Issue 8- With delay, the flex dollars are scheduled to stop two years after the children's HH kickoff (December 2016)

Board decided this was a STATE ISSUE

Issue 9- Beth reported that her case management team has completely turned over the past year. Beth reported that on average the best caseload size for efficient purposed is 45-50 people of varying acuities.

Sally-HH care coordinators can only do so much with a caseload of that size, but they are still expected to provide intensive services

Jennifer- NY is one of the only states that utilize HH to access HCBS services

Joe- OMH vs DOH look at this model very differently, if this issue gets pushed forward Joe reported that facts and data need to come along with this (turnover of staff, long wait lists, and examples of previous ICM/SCM work)

Beth reported in the CCBHC model, care coordinators have less paperwork, and have a caseload of about 30 people

Sally- since case managers have limited contact, it may also cause more conflict due to triangulation etc. It is not ones fault, but just may be due to high caseloads

Valerie- their agency is working to keep caseloads at 30-35 people, due to staff being stressed, but is leading a deficit- high caseloads are not the answer, worry to lose staff because it takes so long to train a new staff

Joanne- sometimes hold onto a bad employee, because it is so much effort to train a new staff

Beth- case managers are stressed, in tears at last staff meeting

Jennifer- can we compared old vs now staff turnover rates?

Beth- ask all the health homes to provide this staff turnover data,
Suzanne also suggested looking at hospitalization rate of people enrolled in health homes

Anne- suggest that the overall model be changed
STATE LEVEL CONCERN

Issue 10- Beth suggested having a local meeting with local providers and MCOs
MCOs agreed
REGIONAL

Top 3 Issues to send to the upcoming RPC CHAIRS MEETING

1. Regulatory Issues

Bob asked-Could issue 3, 6 and 7 be merged- all agreed with this

2. Children's Issues

Beth suggested combine 2 and 8, Sally- ask that we don't water down the unbundling of the waiver issues

3. Workforce

Issue Number 9

Board agreed that these three issues, in this order will be submitted for the Spring

Transportation- Beth encouraged that we continue to try to solve this regionally and continue to advocate through our advocacy groups

Will be added as a backup- Issue number 4

5. OMH Data Presentation

a. Joe Simko

Joe presentation PP on HARP/HCBS data updates (see attached PowerPoint)

6. Regional Updates:

a. HHH Workgroup

i. Andrea Deepe

- Andrea reported the HHH hosted a networking event on 11/9/17- Roughly 50 people attended
- Will work to host another one in the southern part of the region in March/April
- Looking to hold more NYAPRS trainings in the NC
- Last meeting focused on utilizing PSYCKES and Joe provided an update on the data, reviewed the HCBS workflow- Will work on creating own workflow
- Meeting on a bi-monthly basis, always looking for members

b. VBP Workgroup

i. Next meeting scheduled for 2/15 – BHCC's

Pete provided an update, next meeting 2/15 from 1-2pm- GoToMeeting-Will be hearing from the NC (Barry Brogan) and Tug Hill (waiting to confirm) BHCC's

c. C&F Subcommittee – Delayed

Pete provided an update on the children’s and families subcommittee, decided that the workgroup will be delayed and will revisit in Q2

Asked board for their thoughts, overall thought that we should continue with this subcommittee. Suggestion to form a small group to start looking at forming this group.

7. Stakeholder updates

Joe reported that there is now HCBS brochures, Pete handed one out to each board members- electronic versions will be coming out as well

Short 2-3minute Videos- These will be coming out soon as well, to help explain HARP and HCBS

BHCC lists of leads and network partners have been announced

HCBS application process has been closed for open applications- the state continues to look at network adequacy and will still accept applications for those regions that still need HCBS providers

MCOs please reference designation list to see which HCBS providers are designated in which counties

HCBS eligibility training- The training has been reduced from 12 to 6hrs

8. Review of Board Member Feedback Survey

Beth reviewed the board member feedback survey (28% return rate) 9 out of 32 members.

9. Review of 2018 RPC Calendar

Pete is looking for additional venues, reviewed schedule for 2018

10. Adjourn Meeting (Motion Needed)

Meeting was adjourned at 11:56am, Bob 1st, Suzanne 2nd

- Next meeting will be: **May 17, 2018 – 2nd qtr. RPC BOD Meeting – Location TBD (*Crandall Library - tentative*)**

Questions about this process can be answered by your RPC Coordinator, Peter Griffiths via email, PG@clmhd.org or phone, 518-424-1014

2-2-2018 NC RPC Board Meeting – Crowne Plaza, Lake Placid – 10:00-12:00

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

Gallery: Cathy Hoehn (RPC's), Jessica Robertson (AHI), Anna Lincoln (St. Joseph's)

Green bar = in attendance

***Upcoming Meetings:**

- February 15, 2018 - 1:00-2:00 – VBP workgroup Meeting – Conference Call/GoToMeeting
- May 17, 2018 – 2nd qtr. RPC BOD Meeting – *Crandall Library*
- August 31, 2018 – 3rd qtr. RPC BOD Meeting – *Adirondack Medical Center (Saranac Lake)*
- December 6, 2018 – 4th qtr. RPC BOD Meeting – Location TBD