



REGIONAL PLANNING CONSORTIUM
North Country Region – 2019, 2nd Quarter Board Meeting
May 31, 2019 – 10:00a-12:00p
Hudson Headwaters Health Network
333 Glen St. Glens Falls, NY 12801

1. Call to Order

-Meeting called to order at 10:08am

2. Introductions (Name, stakeholder group, agency/organization) – attendees introduced themselves

- a. New Key Partner: Mary McLaughlin, Executive Director – Glens Falls PHN, AHI
- b. New MCO Rep: Bill McHugh, Program Manager, Behavioral Health, MVP Healthcare

3. Approve Meeting Minutes from 3/1/19 – Q1 RPC Board Meeting **Rob York first, second Lee Rivers**
– approved

4. AHI Workforce Committee Report Out (Kelly Owens, AHI) – context of Kelly’s report out; NC looked into creating a workforce workgroup but realized one has already been established by AHI. Please refer to presentation slides.

12 members – led by a committee chair; 4 workgroups were created (training & resources, employee engagement, compensation & benefits, recruitment & retention). Met regularly since end of 2015.

Analysis completed:

- *Compensation & benefits (6/30/16) – second analysis completed in 2018, 98 unique assessments from 85 organizations*
- *Future state (9/30/16)*
- *Gap (9/30/16) – projected needs by key priority areas (# of projected needed positions filled)*
- *Current State comparison (2015 & 2017) – key priority areas BH providers, PCP, post-acute care*

Clarification about analysis of the cohort – was a 9 county DSRIP cohort vs. the specific North Country defined region (St. Lawrence, Saratoga, Fulton excluded from North Country but included in DSRIP cohort)

Recruitment & Retention – good multi-stakeholder representation. Focused on recruitment & retention fund (sign on, relocation, retention costs) and training specific to recruitment & retention (train-the-trainer models, certifications and training for positions with identified shortages)

Position Supported through R&R Fund:

- *20 Psych NP, 14 Psych, 9 LMSW, 7 BH specialists, 6 LMHC, 2 LCSW, 1 child psych*

Training Opportunities – in-person trainings and behavioral health webinars (averaged 30-40 attendees aside from telehealth with 113 attendees) many train-the-trainers established from these training initiatives to create a robust training system

Next Steps: DSRIP Year 5 – continued focus on workforce committee, compensation & benefits and training, recruitment & retention. Consideration for submitting recommendations from the RPC to these committees.

Question to consider new hires in analysis – will be under consideration

Question for the Board: do we want to create a workforce committee in the North Country in addition to the DSRIP committee? Or in addition to the Statewide RPC workforce taskforce?

Response from Board: if AHI is doing this, it seems we're covered in the Region. Statewide resource seems like a great idea to volunteer for. Missing link seems to be the CBOs – may be missing from the AHI data. CBO Consortium may be able to fill in this gap – next steps to follow up with this consortium to see if this may be referred to them. Clarification – some CBOs are included in this data, whoever is in AHI's PPS network has been included in this process/focus. Opportunity for collaboration with AHI and the children's services/system inclusion in future workforce focus

Next steps:

- Have a report out at quarterly NC boards to hear updates on what's happening at AHI workforce and statewide RPC workforce task force
- Need volunteers from NC to attend the statewide RPC workforce task force – Kelly Owens interested in volunteering

5. Review/Approve edits to North Country RPC By-Laws

- a. See Bylaws Attachment
- b. Pete, Suzanne and Lee have updated Bylaws- See yellow highlights with changes
- c. Pete reviewed the highlighted changes-Board was asked to review the highlighted changes, to provide feedback
- d. Question about second term – could this turn into a third term? Can the language be updated to say “additional terms” vs. restricting to two terms? Board in support of this change
- e. Recommendation: With 6 people per stakeholder group, 2 people 1 year, 2 people 2 year, 2 people 3 year – have people draw from a hat to select their second term. Board in support of this recommendation to be reflected in the bylaws
- f. Edits recommended about quorum to be consistent
- g. Motion to accept bylaws pending the changes that will be made (mentioned above) 1st, Jennifer Earl, 2nd Rob York. No oppose, all in favor. Motion passes.

6. 2019 RPC Elections:

- a. What to expect: Reviewed upcoming election and highlighted that nominations can be made for existing board seats and new organizations that are not represented on the board that fit into a stakeholder group. Community stakeholder meeting in October – any organization that is interested in being a board member will need to be physically present at this meeting to be added onto the ballot and to receive a ballot. One nomination per agency (Example: CBO with multiple people nomination, only one person would be on the ballot for that organization). Between October meeting and 4th quarter board meeting, electronic ballots will be sent to vote on board nominations. Results will be announced at the 4th quarter board meeting.

Question about agencies that may represent multiple stakeholder groups: agencies can only select one stakeholder group to be nominated for

- b. Next Steps: October 9th will be the community stakeholder meeting in the North Country, venue TBD (likely Crowne Plaza in Lake Placid). Nominations can be made to Pete at any time.*

7. Review 2019 Strategic Plan

Refer to strategic plan attachment.

- Housing Panel – no updates at this time*
- RPC Goals – revisited at last board meeting*
- VBP Work Group – successful meeting held Q1 2019*
- RPC Board Recruitment – ongoing goal; elections coming up this will be a primary goal later in the year*
- Goals & Objectives for Work Groups & Subcommittees – see regional updates below*
- RPC Steering Committee – board supported this but the leadership for the workgroups and subcommittees were not present. Once leadership discussed this there was a realization that a connectivity to leadership already exists.*
- Workforce – see updates above & within C&F subcommittee.*

- 8. OMH Updates** – *Joe Simko; Many transformations happening no updates on new initiatives but status updates. Referred to OMH data. Percentages remain the same related to those receiving HCBS. North Country percentage for claims significantly higher than other regions/ROS. Infrastructure funding – most contracts have been finalized and money is starting to flow to providers. Could be used to hire more HH CMs or more provider staff to deliver HCBS. HCBS providers need to submit attestations to the State regarding required policies and procedures in place. Some providers have dropped out of the process (14 agencies across the State). OMH hosting BHCC meetings this summer to include all of the network partners and discussing next steps towards VBP. Meeting will be in Plattsburgh (July 30th). Crisis service benefits for adult and children – working with MCOs to make these services billable via MMC. Insurance should not matter – rates should be built to support this. Mobile crisis/telephonic crisis services. End date by October – agencies should be getting paid for these services. Next phase residential crisis component. List of approved providers for crisis services have recently been shared with the MCOs and contracting process anticipated to being soon. MCO claims denials are being looked at by OMH and root/cause analysis being completed. Any claims issues – please submit a complaint form with OMH to notify them of these challenges and issues. Many issues are on both sides due to the learning curve (provider and MCO side). National Mental Health Awareness Month – nominations were made across the State to each of the OMH regions. Doug from MHA Essex was given the aware in the North Country.*

- 9. OASAS Updates** – *Davia Gaddy; new to OASAS; new Chief of Medical Services Dr. Mark Manseau effective 4/29/19. Key points in the budget – prohibit charging of multiple service visits per day (BH & PC visits example), hospital ED P&P in place to provide MAT prior to patient discharge, 1/1/2020 commercial insurance have to pay for preferred formulary MAT without prior authority within 24 hours. Medicaid eligible within last 30 days of incarceration. APG extended to 2023. SPA approval Medicaid FFS, 820 res to bill for 16 beds or less. Community services, off-site can be billed for FFS and MMC. Employer of someone in recovery - \$2k tax credit for OASAS approved providers/connected to recovery community*

Question about APG rates being extended – opportunity to evaluate the rates? TBD

MAT and hospital issue – note that the provider community will want to be at the table when the regulations are being drafted to ensure a smooth/warm handoff to the community based treatment providers

10. Regional Updates

- a. **HHH Workgroup** – *ad hoc meeting group; participants chose to continue to focus on the networking and educational events/focus. Fall 2019 will hold next forum. Feedback loop to the State related to HARP/HCBS/Health Home.*
- b. **Children & Families Subcommittee** – *have created resources for care managers and families (1 page contact list for those involved in the family's life/healthcare involvement) and was challenging to collect the workforce data on vacancies. Refocused on being a feedback loop to the State related to the children's transition to MMC. Also providing clarification in meetings with all of the right stakeholders are in the room.*
- c. **VBP Workgroup** – *ad hoc meeting group; continuing to hear updates on the BHCC progress*

11. Transportation Grant (Lee Rivers) – AHI awarded a transportation grant to Community Connections of Franklin County – started process 4/1/19. Looking at number of transportation providers and if people can afford transportation. Now up to 8 transportation providers in Franklin County. Still have pockets where there is no transportation/challenge (Tupper Lake). April-May 185 rides paid for through this funding opportunity. Payment of transportation proven to work. 98% of these rides were medical. None MAS eligible. Seeing people that have lost Medicaid and now Medicare – treatment appointments 3 times a week. Also seeing people with cancer that would not have had the transportation to appointments if it weren't for this grant and would need to stay in the hospital. 4 vehicle repairs. 1,000 gas cards purchased – only 20 have been distributed. Purchased over 1,500 bus passes – connected with DSS and hospitals to distribute these. Data will be able to support the outcomes of this funding – hoping to share with the state for continued funding. Warren/Washington County were also awarded this funding and just began this week. More details to be coming. Essex County also awarded this funding and just getting off the ground. Ability to pick up prescriptions has been beneficial and getting to support groups. Fulton and St. Lawrence also awarded this funding. Opportunity to collaborate with data to approach State about future funding.

12. Announcements

Pete announced he has resigned his position with the RPC. Last day will be next Thursday. Board thanked Pete for all of his work and contribution to the North Country RPC

13. Adjourn Meeting (Motion Needed) – *Motion Andrea? Lee second? 11:46am meeting adjourned.*

****Please contact RPC Coordinator, Peter Griffiths, with any questions about upcoming meetings or events – (518) 424-1014 – PG@CLMHD.org****