



REGIONAL PLANNING CONSORTIUM

North Country Regional Board Meeting #1

January 19, 2017 - 10am-12pm,

Crowne Plaza Lake Placid

101 Olympic Drive, Lake Placid, NY

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1. **Introductions (Name, stakeholder group, agency/organization, title)** - BOD members introduce selves, and their represented organizations (see below for attendance)
 2. **Why are we here? - Led by RPC lead and RPC Coordinator** - Rob York and Alexis Harrington explained the RPC Charge (RPC Charge Talking Points Attached)
 3. **Co-Chair Election - Review Nominations – Will be Announced 1/26** - Alexis Harrington reviewed list of current nominee (see attached list)- No new nominations were presented- Board was instructed to complete ballot before the end of the meeting- Alexis will tally the votes and will announce co-chair nomination on 1/26.
 - a. Beth Lawyer, Director, Citizen Advocates, Inc. elected as Co-Chair
 4. **Confer on Key Partners Appointments - Review Nominations**
 - a. Board was presented with list of 6 Key Partner Nominees (see attached list)- Consent Vote was used- Steve Miccio 1st, Beth Lawyer 2nd the motion- All 6 Key Partners have been elected. Alexis will notify these six people and will be invited to the second meeting.
 5. **Vacant board seats - Suggestions on how to fill these slots**
 - a. **2 Youth Advocates** - Two Youth Advocate Slots remain unfilled- Board was alerted on the expectations and qualifications for this position. If a board member has any suggestions, they will email Alexis. The peer/family/youth advocate groups will vote on future nominees.
 6. **MCTAC- review what this training will entail – Friday, March 17, 10am-12pm at Holiday Inn Lake George** - Alexis reviewed the next Board meeting - she will send a calendar invite. Please let Alexis know if you cannot attend this training and she will coordinate with you to attend another region's training.

7. **What future stakeholder/subcommittee meetings will look like?**
8. **Breakout groups** - Breakout groups (met for 30 minutes)- Groups were broken down by MCOs, HHSP, P/F/YA, and CBOS- they were asked to focus on the following three areas:
 - a. **Future stakeholder/subcommittee meetings?**
 - b. **Discuss how we envision community outreach to occur**
 - c. **Any issues to discuss?**
9. **Reconvene: How to bring agenda items to the table?** - Groups reconvened and reported per stakeholder group on the 3 areas mentioned above (see attached breakout group minutes)
10. **Share issues with larger board to see if there are any issues to begin pursuing right away**
 - a. **Issues resolution** - Issue Identify- HH Assessment- Identify at this time not all board members are at the table- Next meeting the Key Partners will be at the Board Meeting
 - i. Beth Lawyer reported that it is important to get information to the front line staff- Alexis and Rob encouraged-Will be important to include front line in staff in sub committees
 - ii. Alexis can help coordinate issues related subcommittees which will include various stakeholders
11. **Schedule upcoming board meetings – venues? - Encouraged board to think of venue space in the North Country that is free and can hold the size of the full board- Communicate with Alexis if you have in your area**

Next Board Meeting: MCTAC training- March 17th from 10-12 at the Holiday Inn Lake George

Next Steps:

- Spokespeople from each breakout group will email notes to Alexis
- Alexis will contact each stakeholder group to set up time to meet in between the next RPC BOD meeting

Upcoming Meetings:

- **First Quarter: January 19th, 10am-12pm**
- **Second Quarter: Friday, May 19th, 10am-12pm**
- **June- Co Chairs Meeting, closed meeting**
- **Third Quarter: Friday, July 21st, 10am-12pm**
- **September- Co Chairs Meeting, closed meeting**
- **Fourth Quarter: Friday, October 20th, 10am-12pm**

Questions about this process can be answered by your RPC Coordinator, Alexis Harrington via email, ah@clmhd.org or phone, 518-396-9413

North Country RPC Board Mtg. #1: Attendance

	Name	Attendance	Stakeholder Group
1	Andrea Deepe	X	CBO
2	Angela Vidile	X	MCP
3	Anne Griffin	X	PYF
4	Beth Lawyer	X	CBO
5	Bob Kleppang, LMSW, ACSW	X	LGU
6	Carl Rorie Alexandrov	X	MCP
7	Christine Venery	X	H&Hs
8	Jennifer Earl, M.A., LMHC	X	MCP
9	Jessica Fraser	X	H&Hs
10	JoAnne Caswell	X	CBO
11	Joseph Simko	X	State Gov
12	Linda McClarigan	X	H&Hs
13	Lisa Sioufas, LCSW-R, ACSW	X	MCP
14	Mariane Simas	X	PYF
15	Meredith King	X	H&Hs
16	Michael A. Lawler	X	H&Hs
17	Rob York, LCSW-R, MPA	X	LGU
18	Robert A. Ross	X	CBO
19	Rosemary Reif	X	H&Hs
20	Sally Walrath	X	CBO
21	Shelley Shutler		PYF
22	Stacey Beebie, LCSW-R	X	LGU
23	Steve Miccio	X	PYF
24	Steve Valley, LCSW, MSW	X	LGU
25	Susan Frohlich, LMSW, CSASC	X	State Gov
26	Suzanne Lavigne, MHA, CTRS, CASAC	X	LGU
27	Valerie Ainsworth	X	CBO



The RPC Charge TALKING POINTS

What are we doing here?

- Focus on an agenda related to the Managed Care Rollout
- Our charge is to help to eliminate hurdles that people encounter when trying to access services
- Communicate Best Practices

Purpose of these meetings

- RPC BOD will meet quarterly
- During this time, we will receive updates on the Managed Care rollout
- We will identify issues that we are facing as a region- If these issues do not have a quick easy fix we will ask our subcommittees/work groups to focus on these issues
- We will hear updates from these subcommittees on their progress at our full BOD meetings

Our Goals – *Problem solving; Identifying a concern, agreeing what the concern is, brainstorming and problem solving*

- Identify as a group: 2-3 goals you would like to focus on as a RPC BOD (i.e. what to be able to address/monitor issues related to the children's health home roll out)

How we will get there

- Our process- How to bring agenda items up- Review: Issue Resolution Flow Chart
- Hear from the public/Providers
- Review the data- where are the areas that need improvement

How we will communicate updates?

- Minutes will be posted (CLMHD website)
- Subcommittees will provide updates at full BOD meeting
- From there- it will be Important to communicate updates to your agencies/line staff/utilize existing forums for updates
- Education and Training Opportunities

How we will know we are achieving our goals

- How will we measure how this process is working? Discuss as a group
- One way- review the data
- RPC coordinator will continue to do outreach to board members as process develops to gather feedback

What we are asking of our BOD members

- Attend in person
- Communicate updates to your agencies/networks
- Be willing to share successes, take part in subcommittees, encourage SME that you know to attend subcommittees/work groups



North Country Region

Co- Chair Ballot

Directions: Please check off one nominee and return to Alexis Harrington by 1/19/17. You must be in attendance at the North Country RPC Board Meeting to submit your vote.

Andrea Deepe, CEO, Warren Washington Association for Mental Health, Inc.: located in Hudson Falls, NY. WWAMH provides Residential services, Outpatient Article 31 Clinic services (therapy and psychiatry), Adult and Youth Health Home Care Management, Dual Recovery, Home and Community Based Services, and Representative Payee Services, and operates a Psychosocial Program.

While I have not been in my current role within WWAMH for very long, I am very well versed and experienced on the needs in our communities relative to all mental health, substance use, and developmental disability services from my past work experiences, especially in working with the New York State Commission on Quality of Care and Advocacy for Persons with Disabilities (now the Justice Center). I feel that my work experience and drive to ensure services match the needs, in concert with my effective and efficient management style, I would be an essential support to the RPC Coordinator and representative for the RPC Board.

Angela C. Vidile, Director, Medicaid Services and Supports, MVP Health Care: MVP is a nationally recognized, regional not-for-profit health plan, committed to having a positive impact on the health and wellness of our members. MVP offers the Harmonious Health Care Plan, a health benefit plan offered through the New York State Health and Recovery Plan program (HARP). The Harmonious Health Care Plan provides traditional Medicaid benefits through MVP's participating provider network, as well as a broad range of Home and Community Based Services (HCBS).

I am interested in serving as the co-chair of the North Country Regional Planning Consortium to ensure and oversee the implementation of HARP benefits. This would include making sure that there is adequate linkage to community services and that all members are able to receive the individualized care needed during their recovery. I feel that if I am selected as the co-chair I can assist the chair interfacing with all board members, making sure that all issues are brought to the table, that follow-up and action items are addressed, and that statewide issues are identified and on the agenda of the RPC Co-chair meetings.

Beth Lawyer, Director of Behavioral Health Services, Citizen Advocates Inc.: located in Malone and Saranac Lake, NY. Citizen Advocates Inc., operating in Franklin, Essex, Clinton, St. Lawrence and Hamilton Counties, employs over 750 staff who provide a full continuum of patient centered, evidence based and trauma informed OPWDD, OASAS, OMH and DOH services, including integrated Behavioral Health Treatment, Prevention and Recovery services, Child and Adult Health Home Care Coordination, WAIVER and in home Child HCBS, Community Support Services, Supportive Housing, Treatment Apartment Program, Homeless Housing, Youth and Adult Residential, Vocational and Supported

Employment, school based Student Assistance/Prevention, 24 hours Crisis Services, Outpatient withdrawal management, integrated Primary Care Services, Parent, Family and Peer Support services, Mental Health First Aid Training, Respite, Mentor Programs and HCBS services. With administrative offices located in Malone, NY we have 17 integrated outpatient treatment office locations throughout the North Country and will be opening up a 24 hr Crisis Stabilization/Ambulatory Detox center in Malone in March 2017.

Why I'm interested? – passionate about the field, systems collaboration and integration. Have a fairly good understanding of the full spectrum of services to represent the region at the table and dedicated to system improvements that meet our patient/client/community needs!

Robert A. Ross, CEO/President, St. Joseph's Addiction Treatment and Recovery Center: located in Saranac Lake, NY. St. Joseph's Addiction Treatment and Recovery Centers' services include: a co-ed 67-bed Inpatient Rehabilitation facility; a 25-bed long-term residential program for male veterans; an Intensive Family Program; and Adolescent Inpatient Services all serving Clinton, Essex, Franklin, Hamilton, Warren, and Washington Counties; outpatient services in seven sites in Essex and Franklin Counties; substance abuse services in the Essex and Franklin County Jails; aftercare services; supportive homeless housing services scheduled to begin operations in late 2017 serving Essex and Franklin Counties; on-site clinical assessments services working with the Franklin County Department of Social Services; and DSRIP Medical Village collaborations for primary and behavioral health care with Adirondack Medical Center/Adirondack Health in Franklin County and Moses Ludington Hospital/Elizabethtown hospitals in Essex County.

There are two specific reasons why I am interested in serving as the RPC Co-Chair for the North Country Region: (1) I strongly believe that the most important level for planning and coordinating behavioral healthcare and primary care now and into the future is at the regional level involving stakeholders with different expertise and service responsibilities and of different sizes; and (2) I am totally committed to the fact that, on a statewide basis, healthcare planning (behavioral health and primary care) has consistently shortchanged considerations for the unique challenges and needs pertaining to rural healthcare services delivery, and I would like to be an active part in positively changing that situation.

Shelley Shutler, Peer/Youth Advocate/Family Stakeholder: located in Franklin county. I am interested in becoming an RPC board member because I have 20 years of experience in Human Services in Franklin County. I want to Advocate for the people in our community (rural) and the challenges we have in our area. We are a peer run driven recovery center who also has a peer advocate program. We can gain valuable information from individuals and families who utilize our agency for services.

I am interested in being on the RPC board to ensure that peer services being delivered are peer driven, outcome based and consistent in the integrity of peer delivered services.

Additional Write-In Nominees:

The Co-Chair will be announced: **1/26/17**

(Alexis Harrington: ah@clmhd.org 518-396-9413)

North Country: Key Partners

PPS & PHIP:

- Adirondack Health Institute: Thomas Tallon, Program Manager – Located in Glens Falls, NY. AHI is an independent, non-profit organization supporting hospitals, physician practices, behavioral health providers, community-based organizations, patients and others in our region transform health care and improve population health. AHI is the PPS for the North Country/Adirondack region and operates several programs including Adirondack Medical Home, Health Home, Adirondack Rural Health Network, PHIP, and Enrollment Assistance Services and Education.
 - *Counties Served*: Clinton, Essex, Franklin, Hamilton, Warren, Washington, Fulton, St. Lawrence, Saratoga

LDSS:

- Essex County: John O’Neill, Commissioner – Located in Elizabethtown, NY. The LDSS serves thousands of county residents in various capacities, and necessarily networks with all regional service providers. We have always enjoyed a close working relationship with our mental health partners, as such collaboration and cooperation is critical to best serving our mutual clientele.
 - *Counties Served*: Essex

Other:

- North Country Behavioral Healthcare Network: Barry B. Brogan, Executive Director – Located in Saranac Lake, NY. North Country Behavioral Healthcare Network is a program development and administrative service agency currently involved with transition to Value Based Payment, homelessness prevention & housing, and suicide prevention.
 - *Counties Served*: Essex, Clinton, Franklin, Hamilton, St. Lawrence, Lewis, Jefferson
- Children’s Home of Jefferson County (CHJC)/Community Clinic of Jefferson County (CCJC): Karen Richmond, Executive Director – Located in Watertown, NY. The Children’s Home of Jefferson County’s array of services includes 21 programs dedicated to the mental health and wellbeing of children and adults including Care Coordination, a Residential Treatment Center, Therapeutic Crisis Respite, Foster Care, and the Community Clinic of Jefferson County (CCJC) - an Article 31 Mental and Behavioral Health Clinic.
 - *Counties Served*: Clinton, Essex, Franklin, Hamilton, Warren, Washington, St. Lawrence, Lewis, Jefferson
- Housing Assistance Program of Essex, Inc.: Alan Hipps, Executive Director – Located in Elizabethtown, NY. We operate Homebuyer, Home Repair, Rent Subsidy, Foreclosure Prevention and Community Development programs in the Adirondack/North Country.
 - *Counties Served*: Clinton, Essex, Franklin, Hamilton
- Champlain Valley Educational Services: Reggie McDonald, Director of Special Education – Located in Plattsburgh, NY. Champlain Valley Educational Services (CVES), one of 37 BOCES in New York State, is committed to serving our region’s many needs. Through the services it offers, CVES accomplishes its goals with the cooperation of its boards of education, school superintendents and other component school district personnel. CVES provides career preparation, special education, instructional services, administrative support and professional development for educators, and is a valuable source of assistance to its 17 component school districts as they strive to keep pace with technical advancements and in stride with economic and social uncertainties and change. As a result, the relationship between CVES and its 17 component school districts is truly a “Commitment to Excellence.”
 - *Counties Served*: Clinton, Essex, Washington, Warren

Breakout Group Minutes:

Peer, Youth, Family Stakeholder Group: Reported by: Steve Miccio

A. Future stakeholder/subcommittee meetings:

- The group felt a monthly check in is needed and ask that Alexis assist with coordination of the meeting. An e-mail group is requested also.
- The group wants DCS involvement as well

B. Community Outreach:

- We will ask the OMH consumer affairs dept. to provide a list of peer groups in the region so that we can outreach to them
- We will ask Families Together to assist with family groups and advocates in the region so that we can reach out to them
- There are several Family and youth meetings occurring now that one of the members will reach out to in Warren/Washington counties
- We will reach out to Stephanie Orlando from Youth Power to see if she can assist with bringing youth on to the RPC board and for outreach resources.

C. Issues:

- I. The assessment/application process is arduous and not accepted well by people served and Health Home Care managers
- II. Families and peers feel that there is less face to face relations as case management has moved to health home care management and is disappointing to people served.
- III. Health Home Care managers require more training/education around all Medicaid, HCBS changes
- IV. The group agrees that if we had a list of questions that would answer the challenges of all the changes occurring in the state, it would help us hold more meaningful forums with people served and families.
- V. AN idea of mapping services as discussed similar to the Sequential Intercept Mapping that is done for the criminal justice system. It would serve to educate all providers and members about what exists and where gaps exist and help develop a strategic plan to move forward with RPC agenda.

Community Based Organizations Stakeholder Group: Reported by: JoAnne Caswell

A. Future stakeholder/subcommittee meetings:

- The group decided to meet monthly via conference call, have Alexis do a Survey Monkey to select a consistent date, for a 1 hour mtg.
- Have Alexis set up an e-mail list serve for communication purposes
- The RPC Coordinator will convene the call, with the DCS being involved, will need a CBO representative to lead the calls?

B. Community Outreach:

- The group discussed that since we all sit on so many groups/attend so many meetings we could use these forums to do community outreach. Examples include CSB, SPOA, Tier II, etc. We could ask the CSB for assistance with things like surveys.
- we can also all reach out to our own Agency constituents.
- We can access OMH and OASAS for assistance with regional data.

C. Issues:

- I. **Expansion concerns:** current OMH & OASAS providers need many approvals to do any kind of expansion of services. Potentially new providers or medical providers can expand without these approvals. What accountability/oversight/regulations in place for this? This is a concern for the current CBO's business. Do the new providers know that the CBO's exist and that they are already providing these services to the community? More communication needed, especially with medical providers looking to expand. How do we build a bridge from the current regulatory situation we have now to the system of more creativity and ability to contract with MCO's for new services? How do we know what is happening in this arena? How do we deal with RISK, especially for small CBO's? Everybody is talking about IPA's, ACO's, PPS's, affiliations, mergers, etc.
- II. **Uniqueness of Rural Challenges:** we need to be heard at the State level about the extraordinary concerns of the rural areas of the state. We need to gather a list of the issues that we can discuss/promote with MCO's, hospitals, state agencies, etc. (things like transportation, unit costs, staff time, etc.) Why can't we get traction around this issues, we have been trying for years? Hoping this forum will be an opportunity!
- III. **Connection with DSRIP:** How this works is important to CBO's. Currently it feels as if it is very hospital driven and we are not seeing much transformation for the CBO world. We want to more a part of the planning and collaboration, not an after-thought.
- IV. **Shifting Risk in CBO's:** we need to become better trained in risk management and become more sophisticated in this area; this is an area that is very concerning to the CBO world, especially the small CBO's.

Managed Care Organizations Stakeholder Group: Reported by: Angela Vidile

A. Future stakeholder/subcommittee meetings:

- MCO subgroup agreed to exchange email addresses and have a phone conference for ½ hour each month. If a pressing issue was on the table, then a face-to-face meeting would be scheduled – meeting place would be Albany area (central location for the 4 MCO's in the North Country territory).

B. Community Outreach:

- MCO's would like to participate in the local county mental health commissioners' meetings.
- Also possibly being invited to the State Directors of Community Services annual meeting held each October.
- If other stakeholder groups would like us to attend a meeting they can reach out to the group and we would either send a representative or we might all attend.

C. Issues:

- I. Locating members – one way is to partner with the LGU Directors of Community Services who often work closely with members. They can assist in contacting members who are either homeless, have no phone information, incorrect addresses, etc.
- II. Health Home/CMA trainings are needed.
- III. Exchange issues – HARP members were not supposed to be able to enroll on the exchange. LDSS needs to assist with this process when a member is identified.
- IV. HCBS – State list of vendors who have opted to be put on Hiatus needs to be updated. In addition, assisting HCBS providers with workforce balance so that these agencies can serve members in need. We understand the issue of hiring staff when no requests have been received but services also need to be available to each member since our primary goal is to assist the member in receiving the services needed to recover or manage their illnesses.

- V. CMA trainings are desperately needed. Brief assessments often conflict with recommended services. Also process is lengthy. MCO's are training on a daily basis. Training is needed from a single entity with accompanying presentations and step aides to follow after the training sessions are completed.
- VI. Develop a system of communication that is distributed to all groups. Information is often not consistently communicated. Also have a website location for questions to be posted with answers to these questions.

Hospitals and Health Systems Stakeholder Group: Reported by: Linda McClarigan

Purpose of sub group meetings: - discuss questions, challenges and issues facing each of us and discuss how the design and focus on Medicaid managed care and value based payment is affecting us.

A. Future stakeholder/subcommittee meetings:

- Monthly conference calls to be scheduled: February 9th, 3p to 4p; and April 13th 3-4pm
- Face to face meeting on March 17th after the training from 1p – 2p in Lake George post meeting
 - *Alexis to help schedule (check for conference call in number, etc.)

B. Community Outreach Issues:

- I. Schools not active partners with behavior/primary care
- II. Lack of follow up/collaboration
- III. Lack of satellite Mental Health Clinics, not integrated with schools
- IV. Do we use a Survey Monkey to identify existing problems to our community agencies?
 - Alexis can help
- V. Can each of us in each of the counties identify agencies to survey-yes
- VI. Who are the providers not at the table today?
 - Hospital
 - Others
 - Health Home
- VII. What issues do the hospitals have that could be resolved?
- VIII. ED MAX Program-CVPH success with community service support discussed – AMC just starting.
- IX. Clinton County Agencies – BHSN – other community agencies not included
 - “seems to be missing members” of key stakeholder groups of the North Country Regional Planning Board
- X. Attendance is key – not appointing designees or alternates
 - Suzanne to work with Alexis to assist with agendas, etc. for future meeting planning.

C. Issues for North Country discussed:

- I. Availability of providers specifically psychiatrists
- II. Hand offs / Pharmacy process
- III. Network adequacy
- IV. There seems to be discord between OMH and DOH requirements and requests
- V. Co-Chair goal – offer solutions to state agencies
- VI. Community Outreach
- VII. Health Home – Referral Hubs
- VIII. DSRIP Mid-Point Assessments
 - a. Regulatory barriers?
 - b. Multiple co-pays required by patients