



Minutes

September 12, 2018

10AM to 12:30PM

Jamestown Community College Carnahan Training Center
525 Falconer Street Jamestown NY 14702

- I. Mark O'Brien called the meeting to order at 10:15AM. Members of the Board introduced themselves. Howard Hitzel moved to approve the minutes of 5/9/18; seconded by Vicki McCarthy. Motion to approve the minutes was approved by the BOD.

- II. **WNY RPC By-laws:** Mark explained that as a membership organization, the RPC has bylaws. He discussed how a set was approved by this group earlier in 2018; he shared that the by-laws up for discussion today are an amalgamation of the earlier by-laws and a suggested version from Central RPC. The kitchen cabinet reviewed the new version and recommended approval by the board. There were no questions regarding the new version. Andy O'Brien made a motion to approve the new by-laws as written; motion seconded by Bruce Nisbet. Motion carried; the new by-laws are approved. They will be posted on the RPC website and will be sent to all BOC members.

- III. **Board Membership Action Items:** Mark discussed some board management issues: (a) no proxy votes are allowed; (b) attendance is important to allow BOD members to contribute to the process; (c) for most board seats, the seat belongs to the person. If someone leaves their employment position there will be a special election to fill that seat by a person from the appropriate stakeholder group. If a PFY leaves their employment position they will retain their seat as they are advocates for the PFY perspective. Members were asked to read the section of the by-laws pertaining to board member responsibilities. BOD members were advised that they could request an item be placed on an upcoming board agenda by contacting Margaret Varga (coordinator) at least 10 days prior to the scheduled board meeting.

Board Membership Vacancies: Ken Sass (children's services CBO rep) is retiring by the end of 2018. Margaret will be coordinating a special election and will be sending a notification to CBOs in the WNY region. Per the newly approved by-laws, individuals who registered to vote in the last election will be voting on Ken's replacement. Individuals can nominate themselves or someone who meets the requirements for this stakeholder seat.

The HCBS stakeholder seat is represented by Cheri Alvarez from Compeer, Inc. She has not attended since replacing a former rep who also had poor attendance. Margaret explained that

when the prior person could not attend, she followed the State process to allow the organization to name someone else who would be able to come. Mark reached out to Cheri to explain the bylaws and attendance policy and she agreed to attend. Today, however, she has her own Board meeting that she must attend. Mark is asking the Board to consider a vote to vacate the seat or to allow Cheri to remain on the board.

Chris Syracuse asked if the bylaws required that two absences constituted automatic removal; Mark replied no, that bylaws say “may” result in removal but do not require that this happen. It was noted that the HCBS seat has not been represented on the board for some time and that HCBS has been an important point of discussion at each meeting. Andrea Wanat recommended that a final warning be given. Chris Smith inquired if Compeer has been attending the HCBS workgroup, answer – no. Mark noted that Cheri or another representative from Compeer would be eligible to run in a special election if the seat were declared vacant. Bruce Nisbet noted Compeer’s lack of participation in the HCBS workgroup and moved that the seat be declared open. Andy O’Brien seconded the motion. Motion carried. Special election will be held. Margaret will send a notification to HCBS providers informing them of the vacancy and solicit nominations per the process identified in the by-laws.

Bruce Nisbet had another Board seat question. The Value Network (BHCC) recently hired Andrea Want as the Vice-President of Operations for their organization. Andrea had been representing Millennium PPS as a Key Partner. Can WNY RPC have Board seats for the BHCC’s in the region? Mark asked Donna for input, who replied that she would like to understand the value and impact before determining. Laura clarified what is the ask - can we add BHCC’s as Key Partners to Western or all RPC’s?

Anne clarified that all of the founding BHCC RPC Board members were elected to represent stakeholder groups, and that they need to represent who they were elected to. In addition, with the likelihood of PPS’s ceasing operations as they are today, and BHCC’s being the next iteration, it is important to have the representation included in this group.

Jennifer Earl suggested adding BHCC’s to HHSP group. Several dissented and noted that there is full complement of members in that group. Margaret noted in the by-laws (page 4) that Key Partners do not have a designated number of participants and therefore that group could be larger than six (6) members. Mark noted that the PPS’s were already KP’s, so it makes sense for the BHCC’s to be in that group, they have a voice, but not a vote. Donna noted that the purpose of the KP group was to include those who are relevant, so there is more flexibility.

Andrea will represent Value Network as a BHCC representative; once Integrity Network hires staff they will be permitted to send a representative of their organization to the WNY RPC Board meetings to participate as a Key Partner.

Bruce Nisbet made a motion to add representatives from two (2) BHCCs – Value Network and Integrity Network to the Key Partner Group. Laura Kelemen seconded

Margaret reminded BOD members that they voted at the May board meeting to extend terms to three (3) years. She requested that if anyone does want to complete their term and leave at the end of two years that they notify her no later than November 1st in order to include their seat in the special election to be held that month.

IV. Discussion of Current Status of WNY RPC

A. Feedback from surveys completed for Syracuse University research study: Matthew Spitzmueller has been conducting a research study about the RPCs since early 2017; BOD members have been completing surveys at past BOD meetings. Scoring for questions ranged from 1-5 [1 – strongly disagree to 5 – strongly agree]. Members believe we have the right people at the table and want to work further on refining goals and quantifying results. There are some small concerns on data (see discussion later in minutes).

Donna added that RPC's and Co-Chairs are looking at regional goals and objectives. She reminded members when thinking about results, think about what regions can accomplish themselves and not just what the State needs to do.

Mark added that the West region was mentioned often (positively) in the recent Co-Chairs call when the results were reviewed by Dr. Spitzmueller. Anne noted that in some of the workgroup activities, Margaret has been tenacious, pursuing issues that the groups are working on and that groups have been trying to work on alone for all these years. She specifically acknowledged the work on expediting enrollment in MMC for clients in OASAS stabilization programs and stated that this was able to move forward due to the work of the RPCs advocating with NYS.

This speaks to the fact that the RPC's are not just another meeting and led to Mark asking the board members group about their expectations for the WNY RPC.

B. Input re expectations, future goals

Andy noted that, to his knowledge, there have not been many successes such as Anne described. He would like the group to pursue specific issues more often, but to do this, we need to get away from everything being related to Medicaid re-design. Anne shared that her belief that most barrier issues do relate to MA redesign, we just need to clear the path differently. She shared that organizations will need to learn to re-engineer service provision and advised that organizations are often told to prepare for "x", but also keep doing "y". It was noted that large organizations can do this, smaller ones often cannot. Jennifer Earl noted bylaws require the focus on Medicaid re-design, and would need to be changed if the focus of the RPC were to change. Mark replied that it just

requires a broader definition of what Medicaid redesign is and what that entails. Vicky McCarthy noted that attention needs to be paid to family and youth peers services that will be coming online with the children's transition; it will be critical to pay attention the utilization of these services and make sure that enough people are engaged and family voices included to support the delivery of these services.

Andrea Hurley-Lynch shared that she would like to see more attention to how HCBS services can be included. Colleen Klintworth spoke about how health plans hope that growth can occur in providers reaching out to MCO's to partner with them on what is needed. She asked for more networking opportunities to share ideas of how to work together. Denise Kennedy spoke about barriers to getting people connected to services, especially in rural areas.

Anne asked if there is an MCO workgroup – Melanie Washington from BCBS is working on developing a local BH/MCO cooperative. The greater consistency that can be agreed upon, especially regarding data sets, the better for providers. Anne hopes that providers can receive info from this MCO group. Mark asked if it would be an advantage to have a group established to have MCOs receive information from other stakeholders. Howard agreed that more dialogue with MCO's would be important. He talked about a pilot regarding reimbursement rates and stated that MCO's should be aware and involved. Anne said this will set the table for the future and what funding will look like. Lots of data and data matters, but it is siloed and not shared. Andrea Wanat noted that this is constant across partners and workgroups. The Board agreed that a new workgroup be formed to further develop a partnership/dialog between the WNY RPC and MCOs. Sharon Bauer from HHUNY has been participating in an MCO HH workgroup and has been advocating for providers to get some of the data coming out of this effort.

The transition of the PPS's may lead to the next version of our work. Chris Smith hopes OMH WNYFO can be useful to this group as they already have some data that would be useful.

Anne asked is this a data workgroup, with MCO's as very valuable participants? Mark said that it could be sub group of larger group, but to not lose major purpose of this larger group. Efforts will be coordinated with Melanie at BCBS as they are already starting this effort of bringing MCO's together.

Margaret talked about Cathy Hoehn's (State RPC) efforts to develop a spreadsheet of the data resources that are currently available through various state agencies and how that will be available to board members. It is anticipated to be released within the next few weeks.

Chris Marcello told group "let us know what you need, we have data." Laura Kelemen emphasized that we need to make sure the voice of the consumer is not lost in all of these discussions and immersion in data. Andy noted that historically repeated efforts to look at data never seem to result in substantive changes and advised not to use all of your/our time focusing on data.

Anne noted the difference between metric and benchmark data as particular data that can inform our effort.

Mark said there is a clear desire to move this forward to get people around the table. He stated that we do not want to reinvent the wheel, but move forward and build upon progress already being made. Chris Smith noted the importance of identifying the questions that need to be answered to guide you in what data you need. Bruce said to pay attention to what the MCO's want and how these common metrics can also guide what data supports these needs and the related interventions, which narrows the world of needed data.

Anne moved to establish in next 60 days an MCO agenda driven multi-stakeholder workgroup, seconded by Colleen, motion approved.

Mark thanked group for setting direction for group's future activities.

V. Review of Due Diligence Process

Margaret reviewed the due diligence process for identifying and focusing issues for State Co-Chairs meeting. She noted some of the successes and shared current work group progress.

The Board talked about due diligence at last meeting. The key questions are: What do we know and what are we going to do with it? The workgroups have been meeting to identify the questions and recommendations. They are moving to develop action plans. Margaret presented the Quick Example of Due Diligence Process. She and Donna stressed that it is important to talk with State officials along the way for information and assessment of viability.

Mark noted that we have a Co-Chairs meeting scheduled for late fall and the importance of keeping that dialogue going in our process. He and Donna have discussed a two-prong approach to these discussions: First, issues that have been taken through the due diligence process and include recommendations; second, a more general discussion about what we are experiencing and working on in the region and getting State feedback on the direction of regional discussions.

VI. Discussion of Issues/Concerns for WNY

Margaret talked about the initial issue identification process and how work is occurring on many of the issues that were identified at the initial board meeting in February 2017. The issues were aggregated into categories (workforce, etc. see PowerPoint for today's board meeting for details) Board recently was surveyed about most critical issues in April; Access to care and integration of care were the two issue categories deemed most important. Margaret also reviewed the 2019 Local Service Plans and identified the issues rated as high need across counties in this region.

Slide number 16 was reviewed. This slide shows the workgroups currently in process in the WNY region along with the outside factors (MMC, etc.) influencing each workgroup. After developing

this slide, Margaret, Mark and Kirsten developed a group of questions about identified issues to guide our 2019 activities. The questions are listed on slides 18-20.

She posted these questions around the room and the Board was broken into groups to review them and comment. Mark asked groups to look at specific questions and help prioritize it, refine it, develop a list of related issues and/or barriers, and recommendations on how to deal with issues/barriers discussed relevant to the questions. He also asked them to think of how the WNY RPC would like to address the question in 2019. Each group will report out.

Updates re workgroups were included in the PowerPoint presentation for Board's review. If members have questions, they should contact Margaret or the workgroup lead. Dates for upcoming meetings were listed on slide 31. Margaret also reviewed two issues brought up at the May board meeting – developing a statement regarding the importance of local and regional planning and accessing data on the impact of CCBHCs and enrollment in health homes and HCBS. She will review the statement concern with those who volunteered to write it and will talk with the WNYFO re data and CCBHCs. These issues will be on the agenda for the November 28th meeting.

Group Report Outs:

What concerns does your stakeholder group have regarding access/ availability of care? Is there a particular type of service that is not available to individuals in your community? What service and where? Has access to services for opiate-dependent individuals been addressed by recent addition of funds to SUD programs? Do we still have problems with warm hand offs between agencies? Does that matter?

This group identified school based services as an important part of the service array. They stated that this allows providers to meet individuals where they are. There are questions re the viability of providing these services and to how to engage students and families. The group also thought that there needs to be more awareness of programs for families and individuals – how do we better market our services? This group also stated that organizations providing services in rural areas need more flexibility in the delivery of services – particular flexibility re regulations regarding transportation.

The group had the following recommendations:

1. The group also requested more data from the MCOs – organizations state that they need information to make good decisions.
2. Continuation of warm hand-offs and following best practices in this area.
3. A definition of the safety net in NYS and counties.
4. Continue to utilize a collaborative approach to problem solving.
5. Work with MCOs on promoting availability of services.

What type of data is the Board interested in receiving from OMH or other "O" agencies? Think about what is useful in making decisions for this group. Also let us know what you are interested in

knowing as an organization – is what you want something new or is it being collected by another organization/system that you can access?

Discussion included wanting to know what type of data is available from each “O” agency and how it is formatted (batched versus individual files). They also wanted to know often the data is refreshed and how soon is it shared and with whom. There were questions regarding consents for different types of information – does an individual consent need to be signed for each piece of information being released? The group listed various data resources including IPMES, LOCADTR, prevention data, PSYCKES, NYS and local services planning data, immunization rates, 1st degree visits, BHCC data (PSYCKES Tableau view), CCBHC data, Prevention (Communities that Care), Perception of Care Data (can this be shared), Patient Characteristic Survey, GAPS in Income, PHC – Keys to Health, PPS data, local universities, CCSI, CCNY, RHIOs.

They shared that organizations want to know what data is needed and when. Group members noted that while they report data to MCOs that the MCOs are slow in reporting back to agencies (if at all). Members of this group reported a strong interest in taking part in the MCO workgroup to discuss data concerns.

The group had three (3) recommendations to the board regarding data:

1. A webinar for RPC members to demonstrate: where does data live currently and how can it be access to be utilized. This would include data from sources listed below and any new developments.
2. Investigating any regional trends such as client perception of care reports that partners should have access to.
3. The ability to preview the excel spreadsheet being created by state RPC and a webinar to share with members? They would like to see a crosswalk to see where all this data is housed.

Does your stakeholder group see a need for additional housing services? If yes, what kind – serving which populations? Are there specific housing programs you do not see being funded in the next state budget? What ancillary services are needed to make housing programs “work” for individuals? Is there a new type of housing program that you think needs to be developed to address unmet needs in your community?

The group states that there is a need for permanent supportive housing for both mental health and SUD clients. These types of housing do not tend to get support in current OMH/OASAS budgets. The group shared that they would like to see a restructure of policies for housing. There is a need for assistance in navigating the housing system (including outside resources such as Section 8, Belmont Shelter, etc.). There continues to be a lack of public support for BH housing programs – there still is a NIMBY effect. Individuals in housing programs also need increased access to HCBS that, if accessed, can lead to the development of skills to maintain permanent housing. Providers would also like to see the use of harm reduction models rather than automatic discharge from facilities for substance use. We need to see a change in offering housing programs by primary diagnosis – there is a need for more integrated housing by diagnosis and integrated housing within the community. Regulatory reform is needed within the various funding programs for housing services including breaking down some of the

restrictions and increasing flexibility on how to utilize funding. Chris Syracuse added that the best clinical treatment and services cannot overcome not having housing.

Recommendations:

1. Increase access to HCBS for individuals enrolled in MH/SUD housing programs.
2. Develop continuing education program on local housing resources and market to care managers and health homes staff.
3. Research state and national models for housing programs utilizing harm reduction models versus abstinence based models.
4. Advocate for increased integrated housing programs.

What concerns does your stakeholder group have related to the exchange of information between organizations? Are there specific issues related to the exchange of info re individuals with an SUD dx? Have you experienced or continue to experience concerns related to 42CFR Part 2?

The group expressed that different or special requests for release of information are creating barriers. Hospitals have different standards and interpretations of what can be released. A universal release form would be helpful. There is a question if MCOs can accept universal release forms.

Additional education is needed regarding what and how to share information – lack of understanding has led to no one sharing information in order to comply with HIPAA and avoid being sued. Sharing that is done tends to be “vanilla” and does not add to care coordination. There needs to be clarification on sharing information for adolescents – what must be shared with parents and how do you approach this with them. A standardized training is needed on information sharing and forms.

Recommendations:

1. Webinar or other training on how to share information. Have this as part of the on-boarding process and also have required as a yearly training for all agency staff.
2. Research if there is an available webinar or training on complying for 42CFR Part 2 that can be made available to all BH agencies.
3. Develop a training for non-BH agencies (courts, probation, DSS) on information sharing.

What has been the experience of your stakeholder group with integrating behavioral health services into primary care settings (or vice versa)? Several concerns were brought up during the 2017 brainstorming session including risk that PMDs might incur taking on persons identified with significant BH concerns, education of the link between BH and physical health, and expectations regarding behaviors that may be linked to symptoms.

Group members developed a list of statements regarding this issue including:

1. PMDs prefer co-location of services versus integration of services.
2. There are financial concerns as there are not good funding mechanisms for integrated care.
3. Perhaps what is needed is an Article 31 satellite designation.
4. Integration of EMR and billing software packages remains a barrier for integrated care.

5. CCBHCs can do the initial assessment of an individual and then makes referrals – this is a benefit but underutilized. Previously agencies had self-funded nursing services but now they can get reimbursed for these services through CCBHC funds.
6. PMDs would like immediate on-site warm hand-offs but co-located clinicians often have clients scheduled and in their offices.
7. Spectrum is working on inter-communication regarding EMRs. It is designed to be available to all providers in the WNY region.
8. We need to bring PMD into BH clinics and use billing codes to be reimbursed as med clinic visits. This improves follow-up with labs and results. Less than 10% of services are delivered in this way as opposed to through waivers/licensure.
9. There are low reimbursement rates with Medicaid clients versus those with commercial insurance.
10. There tend to be higher no-show rates with Medicaid and/or special needs populations.
11. We need to deal with stigma – can we develop waiting rooms for individuals with special needs (i.e. need for quiet, not crowded, etc.)
12. We need to move to a cost based reimbursement and be able to expand types of services offered.

Recommendations:

1. Develop a webinar on warm hand-offs including links to local services and providers. Make available to all BH organizations and PMDs/Family Medicine providers in the WNY region.
2. Education program for PMD/Family Medicine staff on working with clients with BH concerns – make part of a continuing education program. Have sponsored by MCOs during work hours?

Closing comments: Bruce shared that Community Partners approached Value Network for a grant request for treatment plans being able to be uploaded to HEALTHeLINK so anyone who has relationship with HEALTHeLINK can see, add to, or comment on plan. An agency would not need to have EMR to access and use this. This platform will be built out in stages in the next nine months and will be for any provider to utilize who provides services in eight county area. 42 CFR issues will be addressed through the process.

Margaret will review the group notes to determine if any of the recommendations/barriers can be referred to existing workgroups.

Margaret asked members to review slide 32 re board meeting dates for 2019. She asked if anyone knew of major conflicts (i.e. holidays, state or national conferences) during the dates listed for next meeting periods; please let her know by November 15th.

With no other business Vicky McCarthy moved to adjourn the meeting, Andy seconded. Motion passed to Adjourn at 12:43pm.

**Next Meeting is November 28th from 10AM to 12:30PM at the
Genesee County DSS Building 5130 Main Street, Suite 2 in Batavia.
This is the last meeting of 2018 – please mark on your calendars!**

Approved 11.28.18