



MINUTES

Board of Directors Meeting
February 20, 2019
10AM-12:30PM
Quality Inn, Batavia NY

Welcome: Mark O'Brien called the meeting to order at 10:05AM. Members and guests introduced themselves. Mark gave a special acknowledgement to Sharon Bauer (HHUNY) for her return to the board meetings after a health incident.

Approval of Minutes: Vicki McCarthy made a motion to approve the November 28, 2018 minutes as written. The motion was seconded by Michelle Scheib. With unanimous approval the minutes were approved and accepted.

Board Vacancies: Mark shared that at this time there are some vacancies on the WNY RPC Board. He shared that Vicki Landes has moved to a new organization (Kaleida Health), will be working at Childrens' Hospital, and would like to remain on the board. With her new position Vicki would still be eligible to remain in the HHS stakeholder group and therefore will maintain her seat for the remainder of her term.

Jennifer Gesing has resigned from her position with The Resource Center and is employed by an organization in Pennsylvania. Therefore the CBO-Rural Seat is now vacant. Andrew O'Brien has retired from UPMC-Chautauqua (WCA Hospital) and therefore there is vacancy within the HHS stakeholder group.

Margaret Varga explained the process for filling vacant board seats: to be eligible for a seat on the board for any stakeholder group (except PFY) the individual must be in a decision-making role within their organization and be able to speak for their organization. The CBO-Rural seat can be filled by an individual employed by an organization located in one of the following counties: Allegany, Cattaraugus, Chautauqua, Genesee, Orleans, Wyoming. The organization must provide behavioral health services of some type and be eligible to receive Medicaid reimbursement. The HHS seat can be filled by a hospital or FQHC. At this time our board has 2 hospitals (ECMC and Children's), 2 health homes (Community Partners and HHUNY), and 1 FQHC (The Chautauqua Center). When we first had elections for the HHS

stakeholder group we were able to recruit 1 FQHC and decided to have 3 hospital representatives. The desire is to elect a representative from a hospital that provides some type of inpatient behavioral health services (psychiatric and/or SUD).

Margaret stated that she has the nomination forms for each stakeholder seat and asked that anyone interested in nominating someone for the seat to contact her and she will forward the form. Individuals may nominate themselves or another interested party. Nominations forms are to be returned to Margaret no later than March 29th with the elections (if necessary) to be held in April with the individuals being seated at the May board meeting. She will be sending out the nomination forms to the community stakeholder list. Please contact Margaret if you require additional information.

Margaret also shared that all seats will be up for election at the end of 2019; the process for this election will be detailed at the May board meeting.

Kirsten Vincent discussed the openings for Youth Advocates and the difficulty in recruiting youth. Because of this, for the remainder of the year, the PFY group will be comprised of three peers and three family advocates. Vicki McCarthy will be developing candidates for the Youth Advocate positions in time for the elections at the end of the year. Kirsten encouraged members to send contact information for possible candidates to Vicki. Vicki said that the hope is to develop a group of youth advocates to become an advisory group to the WNY RPC board. Chris Smith said that Jean Sadowy may be a good resource for candidates.

Updates from State Partners:

1. Carol Cornacchio was not in attendance today. Mark and MV recently met with Carol to review the work of the RPC, the role of OASAS with the RPCs, and current SUD concerns that the WNY RPC is addressing.
2. Margaret is working with the RPC Central Office to determine who will be the OCFS contact for this region. It was acknowledged that this is an important role to have filled in cooperation with the children's transition.
3. Chris Smith from the OMH WNYFO gave an extensive update to the board. OMH and other State partners are convening webinars with families to get feedback about the significant changes that are occurring. They have been scheduled for 2/26 and 3/21 at 5:30PM and will be recorded. It has been suggested that agencies consider sponsoring listening opportunities. New

marketing and outreach materials are available. The WNYFO has a supply for those who would like to use them in their local outreach efforts. Children's Roundtable Meetings are being hosted monthly at the field offices (you can also listen to the webinars from your computer). These are an opportunity for MCOs, CFTSS providers, and other stakeholders to discuss the transition and their experiences with it. You can contact the field office for more information about the roundtables.

OMH is rolling out a bed availability system for adult and children's inpatient services. It will be accessed via the Health Commerce system but is not on-line as of this meeting. OMH has been conducting a pilot for a few months and has gained a great deal of knowledge. All hospitals with licensed beds will be required to update their availability status twice a day. This service is going live on March 1st state-wide for OMH licensed beds.

The comment period is still open for telemental health regulations (until March 10th). Chris believes that Central Office will be getting a lot of comments. She is hopeful that the final regulations will be promulgated this summer. Chris also shared that more organizations in rural communities are making use of waivers due to workforce issues.

Part 599 regulations are being reviewed and staff from the Central Office are making site visits around the state to collect information regarding the regulations and standards of care. This has been helpful but there is more work to be done to have the regulations be as effective as possible. Mark shared that he has a meeting scheduled with Central Office staff and requested that anyone having questions or comments that they would like him to address with CO staff to let him know those as soon as possible. One example of a topic under discussion is the requirement that psychiatrists review treatment plans. Do they actually review the plan or is this another signature to be collected? More to come . . .

Chris also gave a budget update. Article 28 rate adjustments are being considered with significant increases being considered (27% increase for children's inpatient services, 10% increase for adult inpatient services). There will also be an extension until March 2022 of government rates required for MCOs to pay for outpatient services. The current budget proposal also includes DOH funds for expansion of services under the children's transition. These are all additional steps by OMH to continue to seek MH parity.

There was a question asked regarding who can access the info on MH bed availability? As initially proposed this information would be available to DCS's only. Board members shared that they believe

outpatient providers should be able to access this information. It was suggested that OMH examine how OASAS shares the information re bed availability on their website.

Updates from Key Partners:

1. Michele Mercer, Millennium PPS: Michele shared that all PPS's met last week in Saratoga to discuss the theme "Beyond the Finish Line." The focus was on what will happen after the end of the DSRIP process – what will the PPS's become? A major program focus was on Social Determinants of Health and what various PPS's are doing in this area. The state is actively encouraging PPSs and CBO's to work with MCO's on these initiatives. Millennium has had an active task force of CBO's working on this concern. They have been helping them to build their value propositions. Millennium has also been funding some Tier 1 CBO's to understand how to participate in VBP arrangements. They have contracted with a VBP expert who is working with this group as well as how CBO's can become relevant in the VBP world. Millennium is also working with PCPs on how to connect with community programs and how CBO's can support them and their patients. Michele shared that LaTonya Diggs is now the behavioral health lead. She will be working with BHCC's to coordinate efforts.
2. Nathan Franus, FLPPS was unable to attend today's meeting.
3. BHCC – Integrity Network: Laura Kelemen gave an update for Integrity Partners. She shared that governance work is progressing with bylaws and member agreements completed. Laura reports that they have been conducting research around data formats and are participating with the state-wide BHCC group to create a foundational network of BHCC's with an emphasis around data.
4. BHCC – Value Network: Andrea Wanat was unable to attend today's meeting; in her absence Howard Hitzel (board member of Value Network) reported that they have completed their paperwork to be recognized as an IPA. He shared that Value Network is presenting monthly webinars for network partners (WNYRPC Board requested that their members be invited to participate in these meetings and Howard stated he would forward this request to Andrea). Howard shared that they are working on data/quality assurance and are also participating in state-wide effort to have standardized metrics. He also shared that they are working with Millennium PPS and HealtheLink to coordinate metrics. Value is discussing what arrangements with MCO's might look like in the face of total cost of care models being pursued. He shared that

Andrea and her staff are diligently working to keep everyone informed of what is occurring as work progresses.

Old Business/State Co-Chairs Meeting:

1. Statement re Importance of Local Planning/Input:

Mark asked Cathy Hoehn to discuss how issues were selected for presentation at the CoChairs meeting. She discussed the evolution of the process, from the first meeting that had an agenda of 17 issues, which turned out to be too many to process in that setting. This time around, fewer issues were referred, but were much more thoroughly developed for detailed discussion. She reviewed the issues that were discussed at the meeting including: Transportation to pharmacy, HCBS services, open access clinics; Children's Transition; Lack of affordable and safe transitional and permanent housing; OMH limitations on PA assessing and prescribing.

Chris Smith commented on the significance of the RPC's having facilitated this very substantial dialogue around critical issues with all of the State partners.

Laura asked about how to express concern about specific transportation incidents or circumstances. Cathy said that MAS did provide guidance around this and she will provide that information to the group. MV reported that a MAS rep had met with folks in this region and she was given specific contacts and she will also share those with the group.

Mark shared that during the Western Region's allotted update time they discussed the local planning issue and the need for DCS and community involvement in the establishment of new providers in local areas. He believed the message was noted. MV noted that there was a vote taken previously by the RPC to send a letter re this issue and asked if the group still feels that the letter is needed. Laura suggested that the issue be tabled since the message has been delivered.

2. Data/Metrics Discussion with MCO Stakeholders:

MV discussed that the region's MCO's have gotten together to discuss BH concerns and what kind of metrics are going to be used. This board has requested to be part of these meetings but at this time the current membership of the MCO group wanted to defer this request as they are still in the

organizational phase. Mark then suggested that there be an additional group of the eight MCO's and the region's BHCC's along with the RPC to be a working group for planning. The MCO response was that again, they are in the organizational phase and requested additional time to proceed in this process. One of the MCO representatives suggested that there be a meeting an hour in advance of the Board meeting to do initial discussion about this issue; other MCOs agreed that it is a good idea but they need more time to be able to effectively engage. Howard said that it is important to agree upon the group's focus. Laura agreed that when the BHCC's have firmed up their planned metrics it will be a more productive time to convene. Mark added that PPS 2.0 would also be a good addition to the group if 2.0 occurs.

Updates on WNYRPC Workgroups: MV reviewed the attachments sent out with the board packet. There is a resource sheet for the children's transition and explained that there are links to resources relevant to the children's transition. She reviewed HCBS data and noted that hopefully in the next quarter's data there will be some impact from the RCA's in the reported data. There was also included in the packet a data resource list detailing various places to access different types of data.

Workgroup updates: C&F Subcommittee did a review of the children's services for approximately 50 individuals in late January and it was notable that health home participants reported not having heard this information before. There were reports from clinic providers that it is difficult to find OLP providers at this time. Vicki will be pulling together resource information and working with the subcommittee leaders on a distribution/messaging plan.

The HHH workgroup has broken into subgroups that will report back to the main group. Transportation subgroup met and discussed the communication difficulties between HH's and CBO providers. Another group is working on messaging while the third is working on outreach to non-traditional referral sources.

The workforce group is sending a survey to recent graduates (social work and counseling programs at five (5) local universities and colleges) about the educational preparation for working in behavioral health and their experiences in their first BH positions. Participants will indicate if they wish to participate in a focus group to expand on the survey questions/results. The workgroup will be providing feedback to participating programs about the results. One of the next steps being considered is how to outreach the community about behavioral health careers.

The OASAS 820 group is working on OTDA issues. It appears the many of the problems that agencies are dealing with are related to a disconnect between OTDA and OASAS regulations.

Workgroups meet every 2-3 months and organizations are encouraged to send staff members to participate. An organization does not need to be on the WNYRPC board to participate in a workgroup.

Focus for 2019: Action Steps: IPAC:

MV reviewed all of the issues that have been identified through Board discussions, survey and workgroup activities to focus in on work to be undertaken in 2019. Mark referred to the construct of IPAC: Inform, Plan, Advocate, Convene. MV asked the board to look at the items listed under each construct area to prioritize them and develop action steps for each chosen item.

Vicki noted that developing resources for school systems is a huge task. Should this be a webinar? She observed that when information is shared it seems to stop at the delivery point and not get disseminated to the targeted audience. Sue Gagne indicated that MHANYS provides a great deal of information about schools and behavioral health; she suggested that there be further research into what they can provide and thus avoid reinventing the wheel. Mark asked if the proposed action is to get people to know about that resource versus creating a new one. He asked the group if this issue list is realistic and what the group wants to work on.

MV discussed that there remains a problem with affordable housing for clients. Another concern related to housing is the requirement that physician must sign off on recommendations for client's need for community housing.

Susan Fallis from ECMC noted that sharing of information is a huge issue that was shared by NAMI and discussed at great length at a recent event. It can be heartbreaking for families who in some cases are the only ones still connected to the patient. Vicki agreed and discussed the challenges to the timing of sharing. The board shared that lack of current knowledge re the ability to share information between providers, clients, and family's needs to be addressed. Beth White, the Finger Lakes RPC Coordinator, shared with the group that there will be a day long Symposium in Rochester on May 8 devoted to the sharing of clinical information: why it should happen and how it can happen within current requirements. She will share the registration information with MV when it becomes available.

Howard observed that this is all important work, but that the list is extensive. Mark agreed even though this has been distilled from the initial 197 item list that was originally compiled. He suggested that at the next meeting there will be time spent to prioritize the list and decide which to select for specific action. Kirsten noted that some of the issues are already underway in workgroups. A suggestion was made that a survey might be a good way to have Board prioritize the list before the next meeting and that will give a result that will be more workable for the group.

Other Business: Chris Smith asked if at the next meeting, the group could hear from people about how the children's transition is going. She also requested an update from MCOs and HCBS providers on the HCBS infrastructure dollars and how they are going to be used.

Mark asked for any additional agenda items to be sent to MV no later than May 1st. He also asked if there was additional feedback on the RPC process in general. A question was raised about the location of the RPC meetings and Mark responded that there was a commitment to locate meetings in either a central location or in a specific geographic region to ameliorate the travel time for board members in rural counties. The next meeting is in East Amherst; the summer meeting will be in the Southern Tier.

Reminders: Board meeting attendance is important. Attendance at last year's Southern Tier meeting was under 70%. Important information is shared and while MV attempts to send out information on a regular basis the board discussions are essential to identifying and prioritizing key regional concerns.

A question was raised regarding the capability for conference calls. Several people replied that adding this capability will almost certainly result in less personal participation, which results in less engagement. The Board only meets four times per year so with advance notice of the meeting dates the hope is that people will keep the commitment of participating in the RPC. MV shared that there have been changes in upcoming meeting dates – please see the power point for details.

With no further business Howard Hitzel made a motion to adjourn the meeting, seconded by Vicki McCarthy.

**Next meeting is May 15, 2019 from 10AM to 12:30PM
at Horizon Health, 55 Dodge Road, East Amherst.**

Approved 5/15/19