



Minutes

November 28, 2018

10AM – 12:30PM

Genesee County Department of Social Services

5130 East Main Street Batavia, NY

The meeting was called to order at 10:10AM. Mark O'Brien, DCS Chair, welcomed board members and guests and commended them on attending the meeting during a snowstorm. He called for a motion to approve the minutes of the September 12, 2018 meeting. Anne Constantino moved to approve the minutes, seconded by Michelle Scheib. There were no objections, additions, or deletions. The motion to approve the minutes was unanimous.

Kirsten Vincent, community co-chair, shared the results of the recent board election for two stakeholder seats. First, she asked that Margaret Varga, WNY RPC Coordinator, review the election process.

MV reviewed the stakeholder meetings that were held in the fall of 2016 including how people were nominated for Board seats and registered to vote in the election. An organization has only one vote no matter how many people they have attend the community stakeholder meeting. Elections for all eligible seats will occur at the end of 2019. To facilitate the election process, there will be a community stakeholder meeting to report on RPC activities, solicit nominations for all eligible seats, and build a new voter registration pool. The election will be run through Survey Monkey.

Mark reviewed the five voting stakeholder groups: Community Based Organizations (CBO), Managed Care Organizations (MCO), Director of Community Services (DCS), Hospital and Health Systems (HHS), and Peer, Family & Youth (PFY). Three of these are elected by their larger stakeholder groups: CBO, HHS and PFY. All Board members will be eligible to run for another term

Elizabeth McPartland from Child & Family Services was elected to CBO Children's seat, replacing Ken Sass who has recently retired. Nancy Singh from Restoration Society, Inc. was elected to the open HCBS seat. Each of them will serve out the remaining year on the original terms and are eligible to run for a full term in 2019. Nancy and Elizabeth talked about the services that their agencies deliver.

Mark shared that OASAS was not able to attend today due to budget meeting. He also shared that local OCFS staff are involved in assisting agencies in the transition from Bridges to Health to new children's services and were unable to attend.

OMH Report: Chris Marcello shared information about CHAMP (Community Health Access to Addiction and Mental Healthcare Project), a resource available for people with commercial insurance having difficulty accessing behavioral health services. He will share the flyer with the group.

OMH is on the cusp of rolling out Child & Family Treatment Support Services (CFTSS) January 1. They are working to see that designated providers are contracted and credentialed with MCO's.

Chris described the three services: Other Licensed Practitioner (OLP), Psycho-Social Rehab (PSR), and Community Psychiatric Treatment and Supports (CPTS). Unlike the adult services, these are new services and everyone is still learning how they will fit in and work. As part of this process, the waiver programs will be moving into managed care on April 1, 2019.

Family Support, Youth Support and Crisis Services will be rolled out later in 2019. HCBS services will also be added in 2019.

Elizabeth shared that her agency (Child & Family Services) has started to look at the claims testing process but has not yet received finalized rates. Experience with the adult transition showed us that providers who did the claims testing in advance of the services starting had a better experience with the transition.

Mark stated that we need to look to see where there are gaps in services. Margaret shared that she will be using the presentation that was recently given in the Finger Lakes region and adapting it to WNY – this presentation includes information on what services are provided where and by whom as well as an overview of the new services.

Beth White (RPC Coordinator – Finger Lakes) talked about the recent Childrens & Family Subcommittee event in the Finger Lakes and two items that resonated with the participants. The first was the learning curve about the process of becoming a provider for an MCO including designation, then credentialing, contracting, and claims testing.

The service that people were excited about are the new OLP services. Children are not required to have a behavioral mental health diagnosis in order to be assessed. This will open up access for earlier intervention to many families.

Chris Smith talked about the OMH/OASAS ombudsman program that has an outreach component. It is housed in OASAS and individuals should feel free to contact the ombudsman team about how to best utilize this advocacy service. It targets commercial members and self-pay individuals. The service is staffed by volunteer social workers and attorneys.

<https://www.oasas.ny.gov/prevention/senior/CommunitySupport.cfm>

The next children's roundtable is coming up in January. If you have agenda items, send them to Margaret (mv@clmhd.org) or the OMH Field Office.

PPS Update: Al Hammonds gave an update from the Millennium PPS. It is midway through Measurement Year 5 and is now being paid through performance measures. They are still receiving data from State re their performance measures for prior years. Millennium has improved measures of medication management and hospital readmissions. In 2019 they will be focusing on behavioral health measures (8-10) and are pushing their network to focus on that as well as continued focus on hospital readmissions.

Al also reports that Millennium has turned the corner on data analytic capability. Their system is operational at this point and they are starting to see longitudinal patient records and robust data. They are also working on an enhanced patient services initiative – working through high volume primary care and high volume behavioral healthcare providers for high utilizing patients, looking to add case management through nursing services and

pharmaceutical management. They are starting to get traction on this initiative but have not received much clarity from the State in this area, so they are trying to figure their own path.

Quarterly updates available on the website (<http://www.millenniumcc.org>). They are also engaged in discussions regarding the sustainability of PPSs post-DSRIP.

Chris Smith talked about providers being included in discussions/meetings regarding efforts to deal with high-utilizing patients. She shared that there is a high-utilizer group at ECMC that would be good to connect with. Anne talked about need to include OP BH providers in this meeting. Chris suggested that providers interested in participating in this group contact Michael Ranney, Erie DCS (michael.ranney@erie.gov).

Mark asked how to break down the silo between providers (inpatient and outpatient). Chris replied that it is a county run meeting at ECMC. Al reported that they do occasionally attend these meetings. Anne, Chris Smith, and Chris Syracuse will reach out to Mike re participating in the meeting.

Chris Syracuse and Anne talked about how difficult it is to get clients admitted to ECMC, but at times clients cannot be successful in residential and OP settings without an intensive intervention. Non-admissions result in multiple emergency level interventions that do not result in stabilization. Hospitals don't admit, police don't arrest, and individual continues to suffer. As a result, residential providers cannot adequately address their current high need. There is a risk to the community in not addressing these situations and serves as a disincentive to residential providers to admit high need individuals.

Mark talked about this being an ages-long issue and asked if there a system level conversation about when and how to get a needed admission to interrupt a dangerously escalating situation. Members agreed to schedule this meeting in early 2019.

BHCC update: Andrea Wanat (Value Network) reported that they have 30 network providers, including Article 31, HCBS providers. They have 80 affiliate partners covering a much broader array of services. Value is developing workgroups regarding data, clinical integration and quality. The four (4) lead agencies are BestSelf, Endeavor, Horizon, and Spectrum.

Anne commented that the key to success will be data, and they are looking at the importance of HH's sharing data with the BHCC. HealthNow has been very progressive in metric identification, sharing, and cooperation. A value based payment is probably not going to happen the way BHCC's initially envisioned, as plans are already using total cost contracting starting with the medical side. There are many possibilities for how the MCOs will use the BHCC networks. There is great value in how this initiative is bringing providers together looking at their mutual system of care.

Andrea is part of statewide BHCC workgroup that includes the 19 BHCCs from across the state. Lori from the National Council has been included in his group and she is helping them look at how the VBP Road map does not include BHCC's in the Roadmap. This group is also advocating for the HH to share data with the BHCCs. Both Millennium and Community Partners are very collaborative in sharing data, though this is not the case in other parts of the state.

Mark gave update re Integrity Partners, which is a rural focused and extends further east than the Value Network. Integrity has a similar network and is pursuing a very similar process. Ellery reported that the BHCCs have come together to meet with OMH and DOH.

Old Business:

Statement re Importance of Local and Regional Planning

MV gave an update, commenting that it is an OASAS issue and not an OMH issue. Mark reminded people that this issue arose when new providers were approved to provide methadone maintenance services in Chautauqua County by OASAS disregarding local input. Local service providers had met to enhance/expand their services (already provided in other areas of the county) to the northern section of the county. Once the NYC agency came into Chautauqua County, local providers were forced to revise their plans and subsequently cancelled their efforts to provide the expansion of services.

Anne talked about the need for regional development vs county by county. Laura added that both local and regional planning is needed and gave some details about how the local input would have identified problems in the example given. Anne shared that regional planning would not replace local input, but can support the development of unique services that would not be possible to put in place county by county. She also shared that this has been an issue in other regions. Anne talked about also the large for-profit providers getting more aggressive due to the “managed caring” of IP rehab services.

Mark asked the board if they want to outreach OASAS or issue some kind of statement on this topic. Is this the right time to address this? Vicky McCarthy said there isn't a right time and that we need to do so now. Laura indicated that there are some instances where the State is reducing the need for local input. Ellery indicated that this was the Commissioner's decision in spite of all of the local planning that had been completed.

Laura and Bruce Nisbet had offered to draft an initial statement from the WNYRPC Board and they are still willing to do so. Laura will contact Bruce and Pat Brinkman, DCS Chautauqua County, to follow up on drafting a statement. Chris Smith offered checking in with all of the RPC Coordinators to see how widespread this issue is across the state. Laura reported that from the Conference's Executive Committee perspective, this is not an isolated incident. Andrea said National Council and ASAP could be good resources re issue as well.

Need + Quality + Planning = Good Local Programs

It was also reported that OASAS will not pay for out of state services. We will seek clarification on this statement.

Assessing data on the impact of CCBHCs and enrollment in health homes & HCBS

This issue was not addressed as members who had brought up this topic were not present at the meeting.

November 30th State Co-chairs Meeting:

Kirsten reported that she, Mark, and Margaret are headed to Albany tomorrow for Friday's meeting.

She shared that the structure of meeting has changed somewhat. Some regions, including WNY, will be doing updates. MV had circulated our update for the board to review including information regarding the Children & Families Subcommittee work. Vicky (Chair of the Subcommittee) shared that the group has come a long way since its inception. She shared that there has been misinformation about what is coming regarding new services and health homes and how to support families for this change. Vicky shared that the focus of the subcommittee is looking at the basics of communication with the various stakeholders and how they connect and work together.

Kirsten said that all workgroups are working on communication. HCBS workgroup has identified several items and has looked at the various steps needed for to get HCBS services, through either health homes or the SDE. At the last meeting, the group reviewed the HCBS manual to determine if there are questions regarding regulations and if these create barriers to receiving services. The group continues to work on the recommendations developed by that workgroup.

The OASAS 820 residential redesign group continues to meet and has invited all residential providers to attend. MV says Erie County pilot program is now able to interview Medicaid applicants via Zoom that can be done in about 2 hours. The county is opening the pilot up to other providers. This program is very helpful to clients to not to have to go to downtown Buffalo to apply for benefits. Mark noted that this is a huge hard-core win for the RPC.

The workforce workgroup is looking at recruitment and retention across the region. This group is also working with CNYRPC Coordinator who is a member of a statewide RC workforce group (Kirsten is a member of the statewide group also).

Several groups across the state are working on workforce issue. MV is aware of many of them and stated that the WNYRPC's group is attempting to be very focused and agreeing to address specific things that can be accomplished. She shared examples of the specific things they are pursuing. Kirsten added that they are helping people interested in the field understand what they can do with various levels of education and the path to advancement in the field. Anne talked about the demands and risks inherent in BH jobs, and the need for services to be delivered by teams vs individuals. Often, people come into the field, get their training, but then leave for less stressful and better paying jobs. Mark talked about how in our field the major therapeutic tool is the staff person themselves that can be very demanding. The demand for community-based providers' volume has become untenable and has resulted in a factory like process. Anne talked about the failure of payment rates to adequately allow proper service to be delivered. Laura added that new staff are not prepared for the acuity they encounter, which drives them to leave the field.

Board members talked about our first job being to serve clients, second is to mind the business aspect of the operation to keep the doors open to do first job. The third job is advocacy. Laura indicated that the system needs to evolve where mental health and substance abuse are not BH issues, rather they are health issues. The need to be recognized and funded as such.

One of the greatest concerns is how to find and maintain adequate staff in current rate structure and employment environment. It has become acutely difficult to attain qualified staff and it has become even more challenging in the SUD system where staff are seeing high numbers of clients die and do not have adequate case management staff/resource to adequately support clients.

MV said we need to look at the issue from two levels; first, who is coming in and how can you best prepare them, so that they have a more realistic view of the job.

Anne talked about how every RPC needs to address inadequate rates. Mark talked about the multiple stakeholders at the table in this discussion and the need to understand that this is not just a provider problem, and this is true across the State. There are worries that we will continue to limp along in commitment to our missions, but RPC's are a way to inform, plan, advocate, and convene to make changes in how we provide services. We deal in human capital and we need to better train, support, pay, and develop these resources. How can we make a difference in this area?

Review of Recommendations from Last Board Meeting:

After last meeting's breakout group reports, MV has compiled and reviewed the recommendations from each group. There was an item regarding an MCO group being formed and we have since learned that there already is a group that meets. Pat Hunter (HealthNow) reported that in the summer there was discussion creating a consortium of Western NY MCO's. They have met and identified issues of concern. There is buy-in from some of the MCOs, but participation is sporadic at present. The group meets once per month. They hope to share some of the RPC issues. They conducted an educational session for PCP's re BH and are now looking to do that again as a group collaborative effort. They are also looking to address shared pain points i.e. HEDIS measures, how best to collaborate with providers, and data sharing. They are currently relying on claims data that is not timely. Question: Can more timely data be accessed? At this time, the membership of the group is just MCO's. Margaret and Mark requested that either members of the RPC be invited to join this group or that the RPC be placed on the agenda as a standing item where the WNYRPC can bring issues/concerns to the MCOs attention.

Pat shared that they have had success with collaborative perinatal services including how they standardized referral forms and some processes under a group branding. Andrea recommended including BHCCs in this group as they are pursuing similar efforts and have access to grants to support some of this work.

MV reported that she has recently gotten access to statewide and regional data, so she may be able to provide data in support of some of our efforts.

Another effort underway is that RPC regions are starting to ID areas where they can collaborate on issues they have in common, also sharing resources among RPC Coordinators.

Open Discussion:

Mark asked if there are any other topics board members wished to address. Andrea had a question about whether or not the RPC will have the previously discussed MCO workgroup in light of the report that the MCO's are already meeting. Will there be an additional forum for MCO's and providers to connect? Pat said that she would bring this question to the group at the next meeting on the 4th. She invited any MCO's not currently participating to join the group.

2019 Meeting Schedule:

MV gave upcoming meeting dates and the 2019 Board meeting schedule. Board meetings will be held on **February 20th; April 17th; July 17th; November 20th**

She also shared that there will be a region wide stakeholder meeting planned for late summer or early fall.

Adjournment:

Mark thanked all for coming out in the sketchy weather. It is a measure of the group's commitment and is greatly appreciated. Laura moved to adjourn the meeting, Michelle seconded. The meeting was adjourned at 12:25.

Items for Follow-Up:

1. Statement re Local/Regional Planning to OASAS
2. Contact Coordinators to see if lack of contact re regional planning occurs in their regions
3. Send letter of concern to Anne Constantino as ASAP President re regional planning
4. Contact LaTonya Diggs at Millennium re disseminating information re OLP to pediatricians/Family Practitioners
5. Develop a systems conversation between hospitals providing inpatient BH services and residential providers/counties/other OP providers for early 2019.