



MINUTES

Board of Directors Meeting

May 9, 2018

Horizon University 60 E. Amherst Street Buffalo NY 14214

10AM to 12:30PM

Mark O'Brien called the meeting to order at 10:10AM. Mark took a moment to thank board members, key partners, and state officials for their kind thoughts and outreach to Vicki McCarthy, Margaret Varga, and himself over the past few months re the passing of family members.

Board Members, Key Partners, State Officials, Guests, and RPC staff introduced themselves. Mark shared that Doug Hurlbut, Jerry Puma, and Julie Vincent were attending their last board meetings. Doug is moving on to private practice, Jerry is retiring, and Julie is moving to the Finger Lakes region.

Anne Constantino made a motion to approve the meeting minutes of the February 13, 2018 Board of Directors Meeting. Laura Kelemen seconded. With no changes or objections, the minutes were approved.

Margaret discussed the Syracuse University study of the RPC initiative and had the final survey distributed to Board members eligible to complete them. She expects the results of the survey to be available at the end of the year.

Board Elections:

As discussed at the February board meeting, Andrew O'Brien has decided to step down from his position as co-chair. Mark thanked his "twin sister" Andy O'Brien for his service as co-chair. Kirsten Vincent volunteered to serve as the community co-chair. A call was made for additional nominations, none received. Anne Constantino moved to elect Kirsten by acclamation, seconded by Vicki McCarthy. Motion carried unanimously. Kirsten Vincent will serve as the community co-chair for the WNY RPC Board of Directors.

Due to a reorganization at YourCare Mary Jo Muscolino will no longer be serving as their representative – Linda O'Donnell will be representing YourCare from this point forward. Mark requested that another MCO board member volunteer to serve on the Kitchen Cabinet to provide input into agenda development. Linda volunteered to fill this role.

Laura requested a refresher on the different stakeholder groups; Mark and Margaret provided an update.

Andrew (Andy) O'Brien shared that since he will be in semi-retirement mode that the board consider another representative to the kitchen cabinet to represent the Hospital & Health Systems Stakeholder Group. There was

discussion around recruiting a hospital representative to this group. Andy will approach Mark Gunther from ECMC to discuss taking his place.

Margaret reported that the statewide RPC has been discussing length of terms of service and that regional RPCs have the option of deciding to have a two (2) vs. three (3) year term of service. Does it make sense to keep the two year term and have it match the current funding period for the RPC's or does it make sense to extend the terms to 3 years to continue the current group's work? It has always been possible for people who need to step down to have another rep from their program take over, and that would apply if the terms are extended to 3 years and individuals do not feel they can continue beyond the 2 years. Decision needs to be made soon, due to the logistics that would be required if an election is to be held this year.

Mark talked about how the first year was really start up, and it has only been in the second year that the RC has hit its stride. Laura agreed, many board members also expressed their agreement. Laura made a motion to have terms of service be three (3) years in length; Bruce Nisbet seconded. The three-year term was approved with no opposition. Current terms of service will end December 2019.

Mark asked the group to consider what happens when a vacancy occurs. Does the Board wish to have the seated organization name another rep to the Board or should the question go back to the stakeholder group to fill that seat? Andy stated he believes that he thinks another organization should have the opportunity to fill the seat. Anne and other board members agreed. Anne made a motion that when a seat is vacated that the stakeholder group fill the open seat through a new vote. Andy seconded the motion. The vote carried to have the open seat go back to stakeholder group for a vote to fill the seat.

State Updates:

Dana Brown from OCFS shared that she is doing outreach/education regarding the children's transition. She reports that OCFS is looking at working with MMC re billing for services.

Jerry Puma from OASAS gave his final report – his wit and insight will be missed.

OASAS has changed the make-up of the region. The Western Region will be comprised of 15 counties. No longer called Field Offices, the local office is now Western Regional Office based in Rochester, with a "satellite office" in Buffalo. Donna Stott is the Regional Coordinator of the newly configured Western Regional Office.

There is no succession plan to date for Jerry's position, but a replacement should in place by the next RPC meeting. This will be included in Jerry's transition instructions that he is preparing.

Jerry began an update of programs in the Western Region. He reported that two methadone programs are now located within a few blocks of one another in Dunkirk. It was noted that local planning was not properly included in this decision. The question arose if this should this be an issue for the RPC to make a policy or advocacy statement.

Anne stated that local planning is essential to ensure that community is aware and in support of changes. Andy shared that the regional office used to be more forthright in sharing information but lately has been reluctant or unable to share information that contributes the non-inclusion of the local voice in planning.

Anne talked about how New York State is building a system that is not sustainable for a variety of reasons including workforce recruitment and retention issues. There is not sufficient personnel coming into the pipeline to support the new “free market” approach being pursued. Laura noted that when you go to this free market approach, small providers can sometimes be more agile and able to collaborate on local solutions, such as sharing scarce workforce resources.

Mark asked about the RPC’s role. Is the wish of this Board that we create an advocacy statement to OASAS advocating local input to these processes? Question was asked “local” or “regional?” Mark responded that the statement would be whatever the Board approved, that the group would get to see this and approve it in advance. Anne supported this plan.

Mark observed that this was specifically related to OASAS. Should a small group get together to draft a statement? Laura asked Jerry how this statement might be received. He replied that it would be received, but not necessarily acted upon. Bruce noted that the LGU is on the forefront of knowing a community’s needs, but that a regional perspective is valuable as well, especially where resources across multiple counties are concerned.

A group will create a draft and share it with the entire Board for review. Ken Sass asked if the statement should be a general one applicable to all of the “O” agencies, not just OASAS. Laura said issues have been mostly with OASAS and that OMH has worked pretty well with local planning entities.

Mark indicated that reference to the RPC is showing up in all of the state agency’s plans, so he thinks that the RPC will be around for the long run and thus should consider its role in regional planning going forward. Andy agrees that the RPC will be an important voice in planning.

Chris Smith recommended that the ask or statement be very specific, not a general statement. She further recommended that the statement relate to the problem being discussed today with any supporting evidence. Mark added that it is important to nurture the relationship with the State partners that is developing through the RPC’s

Bruce moved, Anne seconded, to establish the small group to draft the advocacy statement. This motion was approved with one abstention (due to potential conflict of interest). Bruce agreed to get a group put together – members to include Laura Kelemen and Jennifer Gesing. Margaret will send an email to Pat Brinkman to request that she take part. Anne stated that she would be glad to review the statement before it is presented to the board. Mark stated this is an excellent example of what the RPC can be and do.

Chris Doherty-Smith from OMH shared that the state is moving ahead on developing crisis intervention plans and guidance. She stated that LGUs have been requested to submit plans and that these are being reviewed by the field office. Plans should include telephonic and mobile response components. Chris also added that phase 2 planning continues – this covers crisis residences. OMH is working on developing regulations and working with OASAS on developing integrated regulations and policies.

Chris shared that the children’s transition to MMC is moving forward. Three (3) of the six (6) SPA services will be offered beginning January 2019. She reports that OMH is working on a formal designation process for these. Chris reminded participants of the May 30th training in Rochester regarding the children’s transition.

Chris Marcello reviewed updated data with the group. OMH Division of Managed Care puts together this data in advance for RPC meetings. Chris noted that Margaret and Beth White (Coordinator, Finger Lakes) have requested that the data be sorted by RC regions when possible and Chris has passed this request along to Central Office, as he would like to see the data arrayed that way as well.

Chris talked about the importance of the number of HARP enrollees enrolled in health homes who have been assessed for HCBS services. Because it is so low, the State has authorized SDE's, now referred to as RCA's, to assess HARP members for HCBS services who are not enrolled in health homes. It is felt that this new process will significantly increase the number of HARP members who will access HCBS services.

There was discussion re HARP members who are being served in CCBHC's and whether or not those clients consider additional HCBS services of value. Chris replied that the CCBHC/HARP data should be examined to inform the consideration of this issue. Many of the CCBHC's are offering very robust services and so HCBS services may be redundant for many for them.

Chris noted that, specifically, if a comparison of the nine services offered are available in both settings, it might show additional insight.

Utilization of HCBS services is slowly increasing, with Peer Support being the service delivered in the highest numbers. On the County slides, Chris noted that the Western region's HARP enrollment is lower than the rest of the state and he noted that one of the region's major MCO's does not offer a HARP plan as a possible factor for this. It was also noted that there are three (3) CCBHC's in Erie County.

There was discussion re accreditation for peer specialists and related problems. The major difficulty for the peer is not gathering of the information, but there seems to be a problem with the accreditation board returning the completed and approved applications and issuing the credentials. Robert Dempsey from OMH WNYFO will investigate these concerns and will contact Margaret with findings.

It was noted that there is no reciprocity with Pennsylvania re credentialing of peer specialists.

Updates from Board Members and Key Partners:

Kirsten Vincent & Michelle Scheib provided a brief update on the Living Room Program, now known as the Renewal Center. It is open seven (7) days a week from 3-11PM. People are welcome to take a tour of the program and should contact the Program Manager, Renee Law, at (716)245-4200 ext. 425. They are working to develop warm hand offs for clients using the service.

Ellery Reaves – Integrity Network submitted their preliminary work plans in March. They are meeting with Fidelis to review that plan and are awaiting approval. Integrity continues work on network development. There are some concerns regarding the contracting process. It is much more complicated than can be shared in the time available here.

Anne Constantino - Value Network is progressing on the same path as Integrity. They are working closely with four (4) workgroups including a provider advisory group, data group, and a quality and clinical integration group. Bruce referenced discussions with Ellery re how the two might work together as the funding challenges are significant.

Anne talked about how the current BH system is underfunded, so viability of these new networks will be reliant on adequate funding going forward. BH issues are such critical drivers of ED utilization and hospital readmissions. There needs to be a sharing of the savings from addressing those issues to the BH system to build and grow increased quality approaches to these issues.

Bruce talked about the workplans setting up the way that BH system can successfully participate in value based funding. By combining various infrastructures and supporting the BH entities going forward, there should be opportunity to build the proper structure for the new service environment.

Laura talked about how different MCOs will be approaching contracting differently, so how will this affect these new BH systems? Anne noted that every time money passes through an organization, some of the money is kept, so the more entities involved, the less money is available for services.

Mark talked about the announcement at Spring CLMHD meeting that MCO's won't be contracting directly with BHCC's, but with another larger contracting entity.

Sharon Bauer talked about how the dollars don't line up with the changes desired in system, both in providers and clients' behaviors.

Bruce noted that this is more of an upstate issue with one particular MCO. Downstate, he said that MCO's are contracting with BHCC's and IPA's.

Doug Hurlbut gave an update re FLPPS PPS activities. NOCN application for hub service and a number of new pilots are in process.

Andrea Wanat shared that Millennium is focusing on three areas: Population Health services, Data Analytics, and VBP. She reported that Millennium is sponsoring a VBP Conference June 6th. Go to their website for information on how to register.

Phyllis Gunning from Community Partners reports that they are in performance mode. They are working on an incentive program to connect BH and PC providers, formalizing communications and connections at present. They have gotten excellent participation re how they would like to see the work they do making connections continue and how to use the RHIO. Project Advisory meeting on May 16 focusing on BH projects. There will be presentations on how various providers are approaching integration efforts.

Work Group Reports:

Systems Group – Anne Constantino reported that the group is looking at how clients are enrolled in MA. There are a few concerns associated with this issue including the lag between enrollment in Medicaid and transfer to MMC, signing up for Medicaid and Public Assistance when it is potentially life-threatening to leave the treatment site for an in-person interview, and the requirement for a third party assessment. Third party assessment process is a problem as it doesn't use the State assessment tool (LOCADTR). Erie County and Horizon are starting a pilot project June 1st to utilize skype technology to have clients sign up for Medicaid and Public Assistance while remaining at Terrace House to begin treatment services. Margaret is working with OASAS and OTDA to determine if issues are truly state issues, entrenched local practices, or federal requirements. Question

arose is this just an issue in Western NY, probably not. Anne reports that “we” discover issues before other regions – it was shared that concerns re 820 Residential Redesign will be impacting other agencies with the region and state.

HHH Group – Bruce Nisbet & Michelle Scheib. Michelle reported that they have met twice since the last board meeting. The group has identified 24 steps to move from being designated HARP eligible to receiving HCBS services. Bruce said there may be some opportunities to develop some best practices to get over some of the obstacles that exist and that next meeting will work on these. Margaret shared that she has been talking with the Capital RPC to shared information regarding this process.

Workforce Group – Kirsten Vincent shared that 44 agencies responded to our survey re workforce. Findings: turnover of over a quarter of staff yearly by many organizations. She shared that respondents shared that staff leave for better pay but that over 25% report that they are burnt out or overwhelmed by the job. With the rise in minimum wage, our compensation is relatively low and inappropriate to our skills and qualifications. The workgroup is looking into information on loan forgiveness programs and is coordinating that effort with the Central RPC.

Data Group – Margaret talked about what Board wants in terms of data and whether or not a data group is needed at this time. She shared that at the last board meeting it had been discussed that a survey be conducted to see what type of data the group wanted to collect.

Bruce talked about CCBHC data and how looking at that data might be useful. In addition, BHCC’s efforts might inform the discussion of what should be the RPC focus. Mark said that these areas can be looked at in terms of how they will have a regional impact, which would be appropriate for the RPC to address. Bruce added that these various efforts will result in options for looking at data. Margaret will revisit the charge from the February meeting and will coordinate with CCBHCs, BHCCs, and DCSs.

Children’s Subcommittee:

Vicki McCarthy shared that some SPA services will be available soon. The subcommittee is looking at narrowing down their scope of focus including:

- Looking at how to “sell” a health home to a family. Families report wanting to dis-enroll and not being “allowed” to dis-enroll once they see the scope of the health home involvement.
- Who is making decisions on how services should be referred and accessed? Is there too much offered at beginning of engagement? Are Care Managers discussing the role of natural supports as services are made available?
- Looking into home care model for the elderly - could this be used for children’s respite services, which are not adequately available in our region.
- There is issue with clients choosing to go outside of county for services due to which payer they have, or proximity to services. Access to services or Medicaid eligibility is also difficult for families living in border communities. One family with many special needs children is losing hope that system can provide services that will help her address the system complexities. Some Care Managers have been trying to personally provide everything that a family needs instead of bringing in others. This will lead to Care Manager burnout.

Due Diligence Model

Margaret briefly introduced the due diligence topic and asked Board members to review the materials on this effort to do a deeper dive into issue identification. She indicated that we already follow much of this process. The ultimate goal is to identify how the issue is affecting the client, and to ask questions to determine the nature of the issue and develop information and/or data to support the impact of the issue. The goal will be to recommend most likely a smaller number of issues, but ones that are well defined and researched.

The state co-chairs meeting scheduled for April was deferred and will be rescheduled.

Donna DeWan shared that we are looking at how we define and support issues, utilizing subject matter experts in the state agencies and throughout the regions. The state RPC is also looking at the structure of the co-chair meeting to have mutual accountability and to work together on issues in a more continuous manner versus twice a year in a big meeting.

Review of Issues noted in 2018 LGU Plans:

Margaret briefly talked about LSP's and the valuable information included in them. Areas of high need are identified by each county. MV will send survey to identify which of the LSP high needs areas and the broad issue areas identified in the February 2017 brainstorming session the RPC should focus upon. Results of the survey will drive this process. The survey will be going out by the end of May.

When a consensus is reached on the next need areas to be addressed, new workgroups will be formed. Mark talked about ad hoc groups and the fact that people will not be wedded to the group forever. When its work is done, it will be done.

Next Meeting:

MV talked about possibly moving September meeting to August to allow more time for in-depth discussions. She also proposed moving the December meeting to November due to problems with December meetings. There were no objections voiced re plans to move these meetings.

The next board meeting will be August 8th and will be held in Jamestown. Location to be determined.

With no other business Andy made a motion to adjourn, seconded by Laura. The meeting was adjourned at 12:35PM.