

Western New York Regional Planning Consortium

**Board Meeting
February 1, 2017**

Today's Meeting

- Welcome
- Introductions
- Review RPC Board Charge
- Nominate Co-Chair
- Nominate Key Partners
- Board Governance Procedures
- Discussion
- Subcommittee Formation
- Set next meeting date/location
- Agenda Items for next meeting

Introductions

RPC Board Charge

Mission

As the Medicaid, behavioral health system undergoes transformation, the RPC will work to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.

RPC Board Charge, continued . . .

Charge

- **The RPC will work collaboratively to resolve issues related to access, network adequacy and quality of care occurring in the region around the behavioral health transformation agenda (specifically Medicaid Managed Care);**
- **The RPC will strengthen the regional voice when communicating concerns to the state partners;**
- **The RPC will act as an information exchange and a place where people can come to get updates and provide experiential information on the behavioral health transformation agenda.**

RPC Board Charge, continued . . .

Board Member Commitments

- **Attend Board meetings in person**
- **Consider issues and needs on behalf of all providers in stakeholder group**
- **Engage collaboratively in problem solving process**
- **Solicit input from and communicate updates to your stakeholder group's agencies/networks**
- **Be willing to share successes and recommend solutions to identified issues**
- **Take part in subcommittees, either in person or via designee**
- **Identify and encourage appropriate Subject Matter Experts to participate as needed**

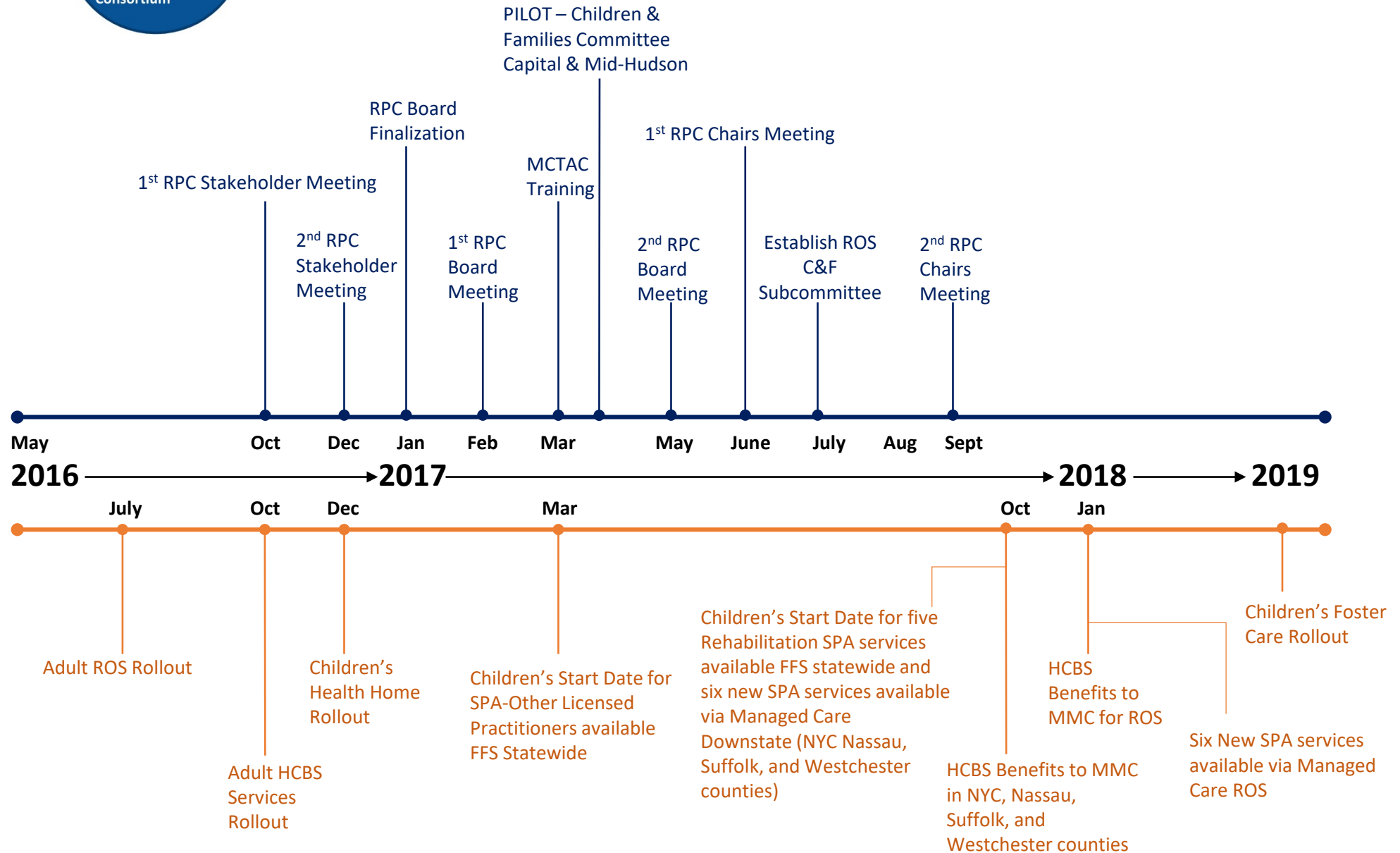
Charge, continued . . .

Scope of Activities

- Learn and apply knowledge of new principles and processes to the analysis of regional behavioral health system performance.
- Identify measures of adequacy and success in regional behavioral health service delivery, and methods of reporting and monitoring those measures.
- Determine regional training needs, i.e. managed care training for behavioral health providers, human/social service systems training for MCO's, information regarding new services and access processes for service recipients.



RPC and State MMC Timeline



Selection of Co-Chair

- Role of the Co-Chair
- Introduce the Candidates
- Vote by paper ballot

Role of the Co-Chair

- The Co-Chair will serve a 2 year term
- You will attend Quarterly Meetings in person
- You will attend the quarterly RPC Co-Chairs Meetings in Albany
- As both Co-Chair and as a Board Member you will serve as an access point for members of the community who have questions or would like to bring issues to the attention of the RPC
- Work with your Co-Chair and RPC Coordinator on developing/organizing agenda items for RPC Board Meetings
- Keep meeting on track and focused on agenda items
- Facilitate any break-out discussion groups taking place during a board meeting

Call for Additional Nominations

Candidates

- **Vicki McCarthy**
- I am the Executive Director of a family run not-for profit agency in Erie County, providing support services for parents raising a child being served in any system due to behavioral challenges. I have extensive experience working on various boards and committees.
- Our family's experience with my youngest son and his recovery process after being diagnosed with bi-polar disorder as an adolescent has taken many years. We experienced hospitalizations, day treatment, years of HCBSW services and finally, success. He lives independently, works full time, and has great social supports.
- I am equally as passionate about the opiate addiction epidemic. My 33 year old son was (is) addicted to heroin. He has lost everything to heroin, even his physician dropped him as a patient when he tested positive after 6 weeks of being clean as he was too high a risk for the practice.

Candidates

- **Andy O'Brien:**
- I have over 40 years experience in behavioral health services , directing psychiatric and substance abuse programs including child services . I am a long serving member of the statewide Hospital Association of New York State Behavioral Health Task Force and I am active with many local and regional coalitions addressing system transformation.
- In the past I have served on the WNY BHO, the OASAS Advisory Board , and as a former board member of the WNY Chemical Dependency Consortium .

Candidates

- **Kirsten Vincent:**
- At this time, I would like to formally state that I am interested in be a co-chair for this group. I feel that the combination of my being a peer as well as my work experience would be a valuable asset to the position.
- In addition, I have 3 children who all have disabilities, both developmental and who also have mental health issues. So I also have experience with family and youth services. As such, I have a well-rounded knowledge in all the aspects of the family/peer/ youth challenges that we face in our region. I will be bringing all of that knowledge to the group and I feel with that knowledge and experience, I can effectively serve as the co-chair.

Appointment of Key Partners

Key Partners

- Finger Lakes Preferred Provider System (FLPPS) – Doug Hurlburt
- Millennium Collaborative Care – Andrea Wanant
- P2 Collaborative – Karen Hall
- Erie County Department of Social Services – Al Hirschberger
- Niagara County Department of Health – Dan Stapelton*

Potential Key Partners

- Western New York Homeless Alliance – Andrew Dearing
- Community Services for the Developmentally Disabled – Sharon Chmielnicki
- CCNY – Heidi Milch
- Parkview Health Services – Robert O’Leary

Vote on Key Partners

- Approve 5 key partners as prescribed by RPC process
- Vote on one (1) additional key partner at a later time via Survey Monkey.

Board Governance Procedures

RPC Board Charge, continued . . .

Board Member Commitments

- Attend Board meetings in person, no proxy allowed
- Consider issues and needs on behalf of all providers in stakeholder group
- Engage collaboratively in problem solving process
- Solicit input from and communicate updates to your stakeholder group's agencies/networks
- Be willing to share successes and recommend solutions to identified issues
- Take part in subcommittees, either in person or via designee
- Identify and encourage appropriate subject matter experts to participate as needed

Voting Process

- One person = one vote
- Ex-officio members & Key Partners do not vote but do have a voice in discussions
- No proxy voting
- Robert's Rules of Order will be followed.
- You must attend meetings in person; meetings are quarterly and we will develop a calendar for the rest of this year at today's meeting
- Proposed: Quorum is achieved when at least 3 members of each stakeholder group are present plus one.
- Proposed: Simple majority prevails for voting.
- Voting can include approval of minutes, identification of regional priorities and proposed solutions, recommendations for use of reinvestment dollars, etc.

Meeting Locations

- Proposed – 2 meetings in central location (e.g. Batavia, Buffalo) and one each in northern and southern parts of WNY
- Proposed – meet during first month of each quarter (January, April, July, October)
- Proposed – meetings are two hours in length
- Proposed – agenda items must be submitted at least 2 weeks prior to next Board meeting
- Required – meeting places must have space for 30 board members plus ex-officio (approximately 10 members), 20 community members, and have 2 phone lines to connect to GoToMeeting.

Removal Process/Appointments to Vacancies

- Possible Causes for Removal:

- ✓ Miss 2 board meetings during the calendar year
- ✓ P/F/Y positions are tied to the person; all other board positions are tied to the stakeholder cohort

- Appointments to Vacancies:

- ✓ Vacant board positions will be advertised to appropriate stakeholder group
- ✓ Election will be held via Survey Monkey

Break – 15 minutes

BEHAVIORAL HEALTH TRANSITION TO MEDICAID MANAGED CARE

- **Adults in Mainstream Managed Care Plans:** All adult recipients who are eligible for Medicaid Managed Care will receive the full physical and behavioral health benefit through managed care.
- **Children in Mainstream MCOs:** Children's behavioral health services, including all six home and community based service (HCBS) waivers currently operated by OMH, DOH and OCFS, will be included in the Medicaid Managed Care benefit package in 2018.

The goals of the *transition are to improve clinical and recovery outcomes for participants with SMI and/or SUDs; reduce the growth in costs through a reduction in unnecessary emergency and inpatient care; and increase network capacity* to deliver community-based recovery-oriented services and supports.

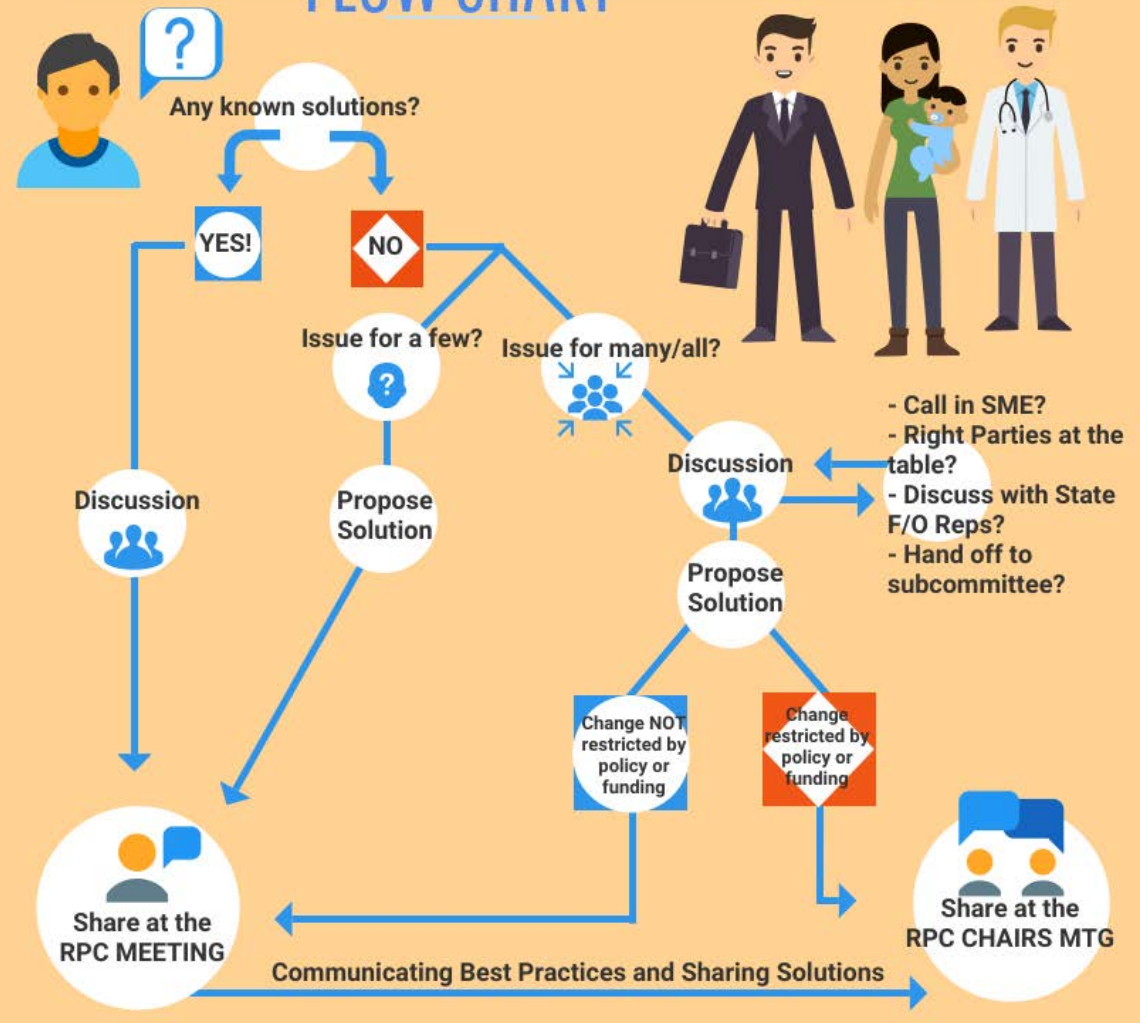
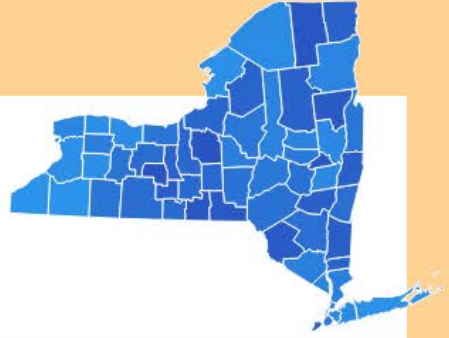
POSSIBLE AGENDA ITEMS

- Increased children's mobile crisis services
- Gaps in child psychiatric care
- Transportation – non medical
- Additional and more specialized services such as family therapy modalities and resources for developmental issues such as autism
- Children's Respite - out of home and crisis respite
- Financial Viability and System Re-structuring – risk and vulnerability
- Value Based Payments
- HARP enrollment
- IT Systems and coordination of EHR
- Recruitment and Retention of trained QHPs
- Patient education re primary care and changes in Medicaid system

Identified Issues/Concerns

- Reports from small group break-outs
- What work groups might be needed?

RPC PROCESS "ISSUES RESOLUTION" FLOW CHART



Conclusion

- Summarize meeting accomplishments
- Next meeting date: March 1st, Quality Inn in Batavia 10AM – noon with MCTAC – training/updates on Medicaid Managed Care
- Next Board Meeting date/location
- Agenda Items:
 - Updates from “O” agencies
 - Summary of Issues/Concerns
 - Send any additional agenda items to Margaret (mv@clmhd.org) two weeks prior to meeting