



REGIONAL PLANNING CONSORTIUM

Capital Region Board Meeting #1

January 25, 2017 - 10am-12pm,

The Radisson Hotel

205 Wolf Road, Albany, NY

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1. **Introductions (Name, stakeholder group, agency/organization, title)** - Kathy Coons RPC CO-chair welcomed the board. Board members and observers introduced themselves (Name, Role, and Stakeholder group they belong to) - Please see last page for list of board member attendees and observers.

 2. **Why are we here? - Led by RPC lead and RPC Coordinator** -Kathy Coons reviewed the RPC Charge-*See the attached RPC Charge Talking Points*
 - a. Reviewed Transition to Medicaid Managed Care
 - i. Margaret Leonard commented on how there are various issues (ex: health home, DSRIP, etc.) and the RPC could be a venue to talk about these issues by bringing various stakeholder together. It is also important to share successes as well.
 - b. Reviewed Frequency of Meetings
 - c. Purpose of RPC BOD Meetings- Will receive updates from OMH/OASAS and subcommittees- Use this meeting as a think tank to come up with solutions from the ground level- Topics can be sent to Alexis Harrington, RPC Coordinator to be added to the agenda.
 - d. RPC BOD Meeting Minutes will be posted on the CLMHD.org website
 - e. Subcommittees/Stakeholder groups- Will meet in between RPC BOD Meeting, most of the work will happen at these meetings- Board will be updated on these subcommittees for feedback
 - f. Education/Training Opportunities- Training opportunities- Open to suggestions from the board for training opportunities
 - g. Will have access to data to help inform our process
 - h. Alexis Harrington will outreach board members regarding certain topics areas
 - i. Board Member Expectations- Meet in Person at the quarterly meetings, be a conduit, be able to share solutions/successes

Questions/Comments-

-From Margaret Leonard- How will we receive data? - Response from Kathy- As we developed goals, we will be utilizing state partners in assisting with providing data, board members may also be able to provide data (non-PHI)

-Ruth Fennelly- Recommendation- having agenda items in advance so that the group can come to the meetings with possible solutions, and try to stick to agenda items - Response from Kathy - this is a great idea and the goal. Alexis will be gathering agenda items prior to each meeting
-Michael Cole- Help with understanding with Acronyms- When using an Acronym- please use the full explanation of what that acronym stands for. This will help those who do not know what they mean.

3. **Co-Chair Election - Review Nominations – Will be Announced at the Meeting** - Open the floor to any additional co-chair nominees. No additional nominees were recognized.

-Current Co-Chair Nominees were recognized and reviewed

-Board Members were asked to complete the ballot before the breakout groups

Co-Chair Election Winner: Bob Holtz, MA, MBA, LMHC, Vice President, Behavioral Health Services, CDPHP

4. **Confer on Key Partners Appointments - Review Nominations** - Board reviewed the current list of key partner nominees

- a. Floor was open to the board to get feedback on the key partners- Bill Gettman asked if Albany County DSS rep. could also connect with other DSS in order to hear their feedback as well. Alexis reported that Albany County LDSS nominee would be expected to represent the collective voice of their county DSS's counterparts
- b. Kevin Connelly- asked for review of the Key Partners role- Alexis reported that they are ex officio status/non-voting members of the board
- c. There are two additional key partner's slots that remain open
- d. Motion to Elect four key partners- Ruth motioned, second by Peg Leonard- All in favor
- e. All 4 Key Partners have been elected- Alexis will outreach the four elected Key Partners- She will contact them to invite them to the next RPC Board meeting

5. **Seek Recommendations for Children & Families Committee Chair**

- a. Cap Region RPC will pilot the C&F subcommittee
- b. Looking for nominations for Lead for the C&F subcommittee
- c. Kathy reviewed expectations (see attached list) for this position
- d. Kevin Connelly recommend Bill Gettman- Bill accepted the nomination
- e. Please contact Alexis if you would like to also be considered for this position

6. **MCTAC- review what this training will entail – March 22, 9:30-11:30am at The Radisson Hotel** - Kathy reviewed the purpose of this meeting

C& F stakeholder meeting will be held that afternoon (1-2:30)- Board was asked that if they have individuals that they feel should be invited to this stakeholder meeting, please contact Alexis with those names

What future stakeholder/subcommittee meetings will look like? Kathy Coons explained the purpose of the breakout groups and what areas will be discussed. Each group will have a note taker/ spokesperson.

7. **Breakout groups** - 30 Minutes was set aside for breakout groups
 - a. **Future stakeholder/subcommittee meetings?**
 - b. **Discuss how they envision community outreach to occur**
 - c. **Any issues to discuss?**

8. **Reconvene: How to bring agenda items to the table?** - Groups reconvened and reported per stakeholder group on the 3 areas mentioned above (see attached breakout group minutes)

9. **Share issues with larger board to see if there are any issues to begin pursuing right away**
 - a. **Issues resolution** - *See attached Issues resolution flowchart*- used an example- HCBS- and the need for education/training- What are they? -Used resolution flow chart to practice how this issue could be addressed to come up with proposed solutions.

10. **Schedule upcoming board meetings – venues?** - If you have a venue at your agency that can host an RPC BOD meeting (for up to 65 people), please contact Alexis Harrington

Additional Questions-

1. Will the same OMH/OASAS staff be at the same meetings? Response from Melissa Staats (OMH)- Victoria and Bill Porter will be the Capital Region points of contact
2. If groups need data- please contact Alexis Harrington- she will outreach the appropriate people at OMH and OASAS for needed data

Outcomes/Next Steps

- Spokespeople from stakeholder groups will email their notes from their breakout groups to Alexis
- Board Members- Outreach Alexis if you are interested in leading the Children and Family committee
- Board Members- Outreach Alexis with names of individuals who should be invited to the Children and Family Subcommittee
- Board Members- If you have a venue at your agency that can host an RPC BOD meeting, please contact Alexis Harrington
- Alexis will outreach stakeholder groups to set up email groups

Upcoming Meetings:

- **First Quarter Meeting:** Jan 25 10am-12pm
- **MCTAC Training/Children and Families Committee:** Wednesday, March 22 9:30-11:30am and 1-2:30pm
- **Second Quarter:** Tuesday, May 16 2-4pm, location TBD
- **June- Co Chairs Meeting, closed meeting**
- **Third Quarter:** Tuesday, July 11 2-4pm, location TBD
- **September- Co Chairs Meeting, closed meeting**
- **Fourth Quarter:** Tuesday, Oct 10 1-3pm, location TBD

Questions about this process can be answered by your RPC Coordinator, Alexis Harrington via email, ah@clmhd.org or phone, 518-396-9413

Capital Region RPC Board Meeting #1
January 25, 2017 10am-12pm

	Name	Attendance	Stakeholder Group
1	Kathy Alonge-Coons	X	LGU
2	Samuel Bastien IV	X	H&Hs
3	Marianne Briggs	X	PYF
4	Michael Cole	X	LGU
5	Kevin Connally	X	CBO
6	Katie Conroy	X	PYF
7	Victoria DeSimone	X	State Gov
8	Jennifer Earl	X	MCO
9	Edward Elles		MCO
10	Ruth Fennelly	X	PYF
11	Bill Gettman	X	CBO
12	Stephen Giordano	X	LGU
13	Maggie Graham	X	LGU
14	Rachel Handler	X	H&Hs
15	Bob Holtz	X	MCO
16	Peggy Leonard	X	MCO
17	Linda Lewis	X	CBO
18	Cher Montanye		State Gov
19	Anne Ogden	X	CBO
20	John Padauno	X	CBO
21	Amanda Pierro	X	PYF
22	Frank Pindiak	X	CBO
23	Bill Porter	X	State Gov
24	Michael Prezioso	X	LGU
25	Eushabell Rodriquez		PYF
26	Darin Samaha	X	LGU
27	David Shippee		H&Hs
28	Lisa Sioufas	X	MCO
29	Brendon Smith	X	H&Hs
30	Brian Stewart	X	H&Hs
31	Lyndsi Wickert		PYF
32	Care Central		H&Hs

Observers: James Button-RPC Project Director, Melissa Staats-OMH, Ese Oghenejobo-Fellow at OMH, Caitlin Stein-Miner-OMH, Rebecca Fitzpatrick-OMH, Doug Ruderman-OMH, Cathy Hoehn-RPC Initiative Coordinator, Eric Weiskopf-OMH, Alisa Costa-OMH, Ken McGivney- Bonadio, Marcie Colon-RPC Coordinator Mid-Hudson Region



The RPC Charge TALKING POINTS

What are we doing here?

- Focus on an agenda related to the Managed Care Rollout
- Our charge is to help to eliminate hurdles that people encounter when trying to access services
- Communicate Best Practices

Purpose of these meetings

- RPC BOD will meet quarterly
- During this time, we will receive updates on the Managed Care rollout
- We will identify issues that we are facing as a region- If these issues do not have a quick easy fix we will ask our subcommittees/work groups to focus on these issues
- We will hear updates from these subcommittees on their progress at our full BOD meetings

Our Goals – *Problem solving; Identifying a concern, agreeing what the concern is, brainstorming and problem solving*

- Identify as a group: 2-3 goals you would like to focus on as a RPC BOD (i.e. what to be able to address/monitor issues related to the children's health home roll out)

How we will get there

- Our process- How to bring agenda items up- Review: Issue Resolution Flow Chart
- Hear from the public/Providers
- Review the data- where are the areas that need improvement

How we will communicate updates?

- Minutes will be posted (CLMHD website)
- Subcommittees will provide updates at full BOD meeting
- From there- it will be Important to communicate updates to your agencies/line staff/utilize existing forums for updates
- Education and Training Opportunities

How we will know we are achieving our goals

- How will we measure how this process is working? Discuss as a group
- One way- review the data
- RPC coordinator will continue to do outreach to board members as process develops to gather feedback

What we are asking of our BOD members

- Attend in person
- Communicate updates to your agencies/networks
- Be willing to share successes, take part in subcommittees, encourage SME that you know to attend subcommittees/work groups



Capital Region
Co- Chair Ballot

Directions: Please check off one nominee and return to Alexis Harrington by 1/25/17. You must be in attendance at the Capital RPC Board Meeting to submit your vote.

- Bob Holtz, MA, MBA, LMHC, Vice President, Behavioral Health Services, CDPHP:** Capital District Physicians' Health Plan, Inc. (CDPHP®) is an award-winning, not-for-profit health plan serving more than 400,000 members in 24 counties. At CDPHP, we take our responsibility to support and promote the health, vibrancy, and quality of life in the communities we serve seriously. We understand that the economic vitality of our region depends on the strength of its businesses. That's why we're working to provide businesses with innovative products and services that will lead to better health, better care, and lower costs.

I represent CDPHP which insures more than 90,000 Medicaid member in the capital region and holds 50% or more of the market share in the core counties in the Capital region. My own personal background includes the following:

I Currently am the Vice President of Behavioral Health Services for CDPHP® health plan. I oversee all behavioral health administration and operations for CDPHP. My responsibilities include budgeting, program development, financial management, employee supervision, strategic planning, behavioral health provider network development, contract negotiations, quality control and quality improvement. In addition, I currently serve as chairman of the Rensselaer County Community Services Board, Board of Directors for AIM Services for the Developmentally Disabled and NYS Office of Alcoholism and Substance Abuse Services SBIRT Policy Advisory Committee.

- Katie Conroy, Family Peer Advocate, located in Greene County:** I have three children I advocate for every day - I would like to serve on the board to represent the families I work with who may otherwise never have a voice.

I work with people with all different life experiences and perspectives. Being a co-chair I will be able to share collective views without bias.

- Marianne Briggs: Program Manager for the Empowerment Exchange (Mental Health Empowerment Project), located in Rensselaer County:** I want to serve on the Capital Region RPC Board representing the Peer/Family/Youth Advocate Committee as a Peer Advocate because as someone who has a lifetime of personal experience dealing with mental health issues and who now works to support people in finding their best options

to live their lives to the fullest, I want to make sure that the voices of everyone living with mental health issues are heard and respected when policy recommendations are being made.

I'm interested in serving as the Co-Chair for the Capital Region Regional Planning Consortium, because I believe it's important to advance the interests and concerns of those served by our regional health care/mental health care systems in this setting. And, as a Peer Representative to the Consortium, I'm looking forward to promoting this opportunity to be heard to people who use these services and bringing their perspectives to the Board.

- **Peggy Leonard, MS, RN-BC, FNP, Vice President Medicaid, Government and Community Initiatives, MVP HealthCare:** MVP is a nationally recognized, regional not-for-profit health plan, committed to having a positive impact on the health and wellness of our members. MVP offers the Harmonious Health Care Plan, a health benefit plan offered through the New York State Health and Recovery Plan program (HARP). The Harmonious Health Care Plan provides traditional Medicaid benefits through MVP's participating provider network, as well as a broad range of Home and Community Based Services (HCBS).

Regional Planning Consortiums (RPC) are uniquely positioned to move our State's Medicaid Redesign initiatives forward. By convening all the stakeholders regularly to discuss issues, brainstorm, and collaborate on strategies, they will have the ability to bring the people we serve the care and services they need and create healthy communities. If elected, I will work with all the co-chairs from across the state and listen to what they have identified as opportunities and challenges in their areas and help develop creative and innovative solutions and advocate on behalf of our RPC members with our State Agency partners.

Additional Write-In Nominees:

The Co-Chair will be announced: **1/25/17**

(Alexis Harrington: ah@clmhd.org 518-396-9413)

Capital Region: Key Partners – Voting Ballot

PHIP:

- Healthy Capital District Initiative: Kevin Jobin-Davis, Executive Director – Located in Albany, NY. The Healthy Capital District Initiative is the regional Population Health Improvement Program supporting the advancement of NYSDOH initiatives with health data, evidence-based practices and stakeholder engagement.
 - *Counties Served*: Albany, Rensselaer, Schenectady, Saratoga, Columbia, Greene

PPS:

- Alliance for Better Healthcare: Meg Wallingford, Senior VP of Transformation – Located in Albany, NY.
 - *Counties Served*: Albany, Rensselaer, Saratoga, Schenectady, Fulton, Montgomery

LHD:

- Saratoga County Public Health: Amanda Duff, Public Health Educator – Located in Saratoga Springs, NY. Saratoga County Public Health outreaches to at-risk population, develops and sustains active coalition work, organizes emergency planning, conducts needs assessments and develops action plans, provides vaccines, testing services and home visiting services.
 - *Counties Served*: Saratoga

LDSS:

- Albany County: Michele McClave MSW, Commissioner, Albany County Department of Social Services – Located in Albany, NY. Albany County DSS serves as the safety net for the poor and near poor as well as abused and neglected adults in Albany County facilitating access to multiple federal and state means-tested benefit programs including Temporary Assistance for Needy Families, Safety Net, Child Care Subsidies, Employment Readiness, SNAP, HEAP, Medicaid for special populations, Child Support recovery, as well as Adult Protective Services and the NY Connects No Wrong Door helpline providing assessment, information and referral to long-term services and supports for elderly and disabled individuals.
 - *Counties Served*: Albany

Children & Families Committee Chair Responsibilities:

- Board Members will serve 2 year terms
- Attend Quarterly Meetings (in person, no proxy)
- Attend Children & Families Committee Meetings
- By volunteering for board consideration, you agree to represent the collective views of the respective stakeholders in your region
- Board Members should expect to 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 the C & F Lead (*A member of the LGU with expertise in child serving systems) and RPC Coordinator on developing/organizing agenda items for RPC Board Meetings
- Keep Co-Chairs updated on Children & Families Committee Discussion
- Keep meeting on track and focused on agenda items

Peer, Youth, Family Stakeholder Group: Reported by: Katie Conroy

A. Future stakeholder/subcommittee meetings:

- Meeting monthly until the next quarter – moving locations around geographically? (Rensselaer, Columbia, Greene)
 - Feb 27, 2pm – web meeting
 - March 22, 12-1pm – face to face
 - May 1, 2pm – web meeting
 - May 16, 1-2pm – face to face

B. Community Outreach:

- Board subcommittee will outreach to individuals to develop list of concerns and what is working (access) and bring to subcommittee meetings via web or in person

C. Issues:

- I. Difficulty engaging individuals in Managed care services – how are individuals getting interested/receiving information?
- II. There is no concrete definition to give individuals that is easy to understand
 - *Proposed Solutions/Best Practice:*
 - Rensselaer county is trying to compare and contrast HCBS serving Rensselaer in order to explain to individuals in the county.
 - Same services – different funding
 - A definition that is in plain English is needed to use universally.

Community Based Organizations Stakeholder Group: Reported by: Linda Lewis

A. Future stakeholder/subcommittee meetings:

- This group has a rather large stakeholder population so we will need a venue that holds at least 60 ppl in order to meet with the entire group.
- Bill Gettman from Northern Rivers has offered the space at Parsons located at 60 Academy Road as a meeting space.
- Catholic Charities also has space in their Wolf Road office for future meetings.
- We also discussed offering web ex meetings once we get started but the initial will be in person.
- We agreed to host our first meeting on 2/13/17 at 9:30- 11:00 am at Parsons. We will request that Alexis send out an invite to our stakeholder group of Community Based Organizations to invite them to our first get together.
- Agenda for this meeting will be:
 - 1. Issues around HCBS services, successes and challenges, where are agencies at with this, who is providing services, are all providers that need to be here, here?
 - 2. Prioritize issues that need to come to the table. We are here to be the representation for the stakeholder group and bring issues and ideas to the entire board.
- Would it be possible for Alexis to create an email group for the CBO board members and another user group for all CBO?

B. Community Outreach:

- Will outreach various providers - Darin Samaha (Schenectady County DCS) will co-lead this group

- Will include OMH and providers and status of these services
- Looking at challenges and successes
- Will be solution focused

C. Issues:

- Question-Any providers access to start up funds- what did they use them for?

Managed Care Organizations Stakeholder Group: Reported by: Ese Oghenejobo

The discussion was centered around three areas:

- HARP, Health Homes, and HCBS.

The general consensus was there needed to be more education to providers, target populations, and the communities about HARP, Health Homes, and HCBS as there is a lot of confusion.

A. Future stakeholder/subcommittee meetings:

- The managed care organization stakeholder group will be meeting monthly (by phone) in addition to in-person quarterly board meetings.

B. Community Outreach:

C. Issues:

Priority Issues:

- I. Network Adequacy for HARP, Health Homes, and HCBS. Members are not getting needed services which results in increased hospital admissions.
- II. MCOs are not aware of the State's status on a number of programs. There seems to be a hiatus on a number of issues but MCOs are not aware of the status.
- III. Respite (both short and long-term) services

HCBS:

- I. Managed Care Organizations having difficulty contracting HCBS with providers for three main reasons (Non-response from providers; Providers not returning contracts; Providers are not ready to provide services).
- II. Feedback from providers have been that the providers are reluctant to commit staff because requests for HCBS services are not there and there is no money.

Health Homes:

- I. Additional and consistent training is needed for health homes and care management agency (CMA) staff. CMA staff are not feeling competent to complete assessments, Plan of Care, and other necessary documents. MCOs are not getting full plan of care documents which could lead to a loss of benefits if full plan of care is not there.
- II. Whose responsibility is it to get full assessment within 90 days-the MCO or HH? Interventions and goals listed in care plans do not match.
- III. Tracking of health home documents
- IV. No oversight from health homes to care management agencies 5. CMAs are not making referrals to HCBS. There appears to be a gap between assessments and making referrals.

- V. CDPHP noted that don't have access to health homes in Columbia and Greene counties. Due to CDPHP's NCQA Medicaid accredited status, health homes were reluctant to contract with them.

HARP:

- I. Problems with HARP enrollment
- II. Disenrollment from Exchange to enroll in HARP is an issue in addition to Medicaid recertification processes.
- III. In some instances, primary care providers are telling clients to not enroll in HARP because there is a misperception that the clients will not be able to see their original PCP under HARP. This issue was noted as more of a downstate problem, not necessarily the Capital Region.
- IV. Is the volume of services matching network adequacy/capacities? Providers are worried about staff and service adequacy. Providers feel that financial reimbursement for some HCBS services are not sustainable.

Hospitals and Health Systems Stakeholder Group: Reported by: Brian Stewart

A. Future stakeholder/subcommittee meetings:

- The committee members discussed the role of the subcommittee and settled on the framework of a steering committee to influence policy.
- The group agreed to meet monthly by conference call and to encourage the inclusion of community stakeholders in the calls.

B. Community Outreach:

- Board members agreed our role is to bring the voices of the community to the RPC. Some board members are already well integrated to the greater community and efforts to solicit community input will be a priority.
- The committee will emphasis solution focused efforts to resolve Issues that are brought to the committee and an example of the MAX Services (Medicaid Accelerated Exchange) was briefly discussed.

C. Issues:

- I. One priority that was identified is the establishment of community based services that will accommodate a reduction in in-patient beds. Consideration for how systems will need to adjust to a less inpatient intensive system is necessary.
- II. Regulatory relief for flexibility in addressing issues was discussed with the understanding that regional concerns would be forwarded via the Co-Chairs to the statewide Planning Consortium.