

Mid Hudson RPC Board Meeting
June 12, 2019

- Welcome & Introductions
 - New board members –Tony, Jeff Zitofski (Peer Advocate), Joan Crawford
 - Nicholas Batson brought 2 psychiatry residents to give them a chance to listen and get out of clinical perspective
- Approval of Minutes from March Meeting
 - Nadia Allen made motion to accept minutes; Dr. Batson seconded
- Board Elections/Bylaw Updates
 - Per by-laws board terms are 3 years, which will end at end of 2019.
 - Also agreed to staggered elections, with half this year and half next year.
 - Also agreed if joined within 6 months prior to election you could stay on.
 - Since then have received suggestion stay on for 1 year prior. This requires a vote.
 - Amy Anderson-Winchell made motion to vote; Nicholas Batson seconded
 - Amy: What is nominating process to nominate – same as last election?
 - Marcie: Yes, we will be doing a similar community stakeholder event October 10. Anyone who is interested in nominating someone or themselves can come.
 - Organization board seats represent the organization; so if you step down the organization can choose someone else to fill seat. Peers on the other hand represent themselves.
 - Stephanie: Can you explain the staggered process?
 - Marcie: If you choose not to run for 2nd term, please notify us in writing. Otherwise, half of each stakeholder group term will end. Alphabetically by last name, the first 3 seats will have an election this year. The rest the next year. Unless a board member has decided not to run again in which case we omit that alphabetical name last on the list for each individuals not running again.
 - Stephane: So that would be unless the seat is staying because it was filled in the past year? Because for Peer/Family/Youth Stakeholder group, all board members are new.
 - Marcie: Right, then no election is needed; they are the turnover. However that is not accurate for the PFY group. There are 3 seats up for election because 2 individuals have resigned.
 - Do our by-laws differ from other regions?
 - Marcie: There are slight differences. Here, the board was concerned about too much turnover so we went with a staggered process however not all regions are using a staggered approach.
 - Marcie question: Shall we include in by-laws that anyone elected within one year prior to board elections shall remain until next term. VOTE: Unanimously passed.
 - Marcie will update by-laws.
 - Amy: Could you also notify those of us whose term is ending?
 - Marcie: Yes but I needed the decision on this first.
- Bill Porter from OMH
 - Announced Inaugural Community Cares Award given to Susan Miller
- Co-Chairs Meeting Update
 - Spirited discussion about peer services

- What's happening statewide with peers
 - Perception of how different agencies work with peers
 - Darcy: Did you discuss controversy of peer run, peer led agencies?
 - Marge/Ilana Adler: On Long Island looking at standardization of credentials and supervision. Also FPAs not having training to do documentation planning.
 - Darcy: Interesting new "Peer Rx" app by Competitive Solutions; it's being piloted in Orange County. App that allows peers to sign up and organizations (i.e. hospitals) can get a peer to engage within 10 minutes in route.
 - Also spoke about HCBS services – the RPC will be creating a well-formed position paper/state taskforce.
 - Ilana: Will RPC coordinate with other groups, like MCO state workgroup? A: Yes
 - Article 31 Clinics Mid Hudson RPC has been using a different process when it comes to discussing issue with state reps. A private meeting with appropriate "O" offices have been of great benefit and the taskforce felt it was a better process so it is thought we should use similar process for HCBS – position paper being developed and then we will request a meeting with appropriate state reps.
 - Darcy: Upcoming Friday 6/14 discussion on Value Based Payment
 - Amy: Most important question is where behavioral health fits into VBP. The new version of roadmap does acknowledge behavioral health is important, but stops short of actual policy. Was a little more acknowledgement, but didn't go far enough. Doesn't have high expectations for meeting on Friday. Messaging hearing from DOH is they are moving at the pace they can – but it's leaving behavioral health out.
 - Darcy: If pace stays slow we should be very concerned.
 - Fidelis: Right; it's not outlined in roadmap. It would bankrupt community providers if they had to take on full risk. But just to reassure us somewhat, we are trying to help ACO see the connection and see how valuable behavioral health is. MCO's VBP team can provide data showing that even though you're not required to bring BH providers on board, it is in your best interest. It is being pushed (at least from Fidelis), even though it's not absolutely required.
 - Marge: Plans are very motivated.
 - Darcy: Reminder that state facilities and county government Article 32s cannot join IPAs. So we should think about what happens to those safety services.
 - Amy: Acknowledge plans trying, but it's about the business models – we should spend time thinking about that.
 - Susan: Not having state & county safety net will leave many without services they need. Article 31 and 32s work with people with complex needs; these are specialty services that cannot be sustained.
 - Josh: Can we make these things move in parallel? Because sustainability is an issue.
- Co-occurring System of Care Update
 - Stephanie – a lot of exciting stuff is going on. The Mid Hudson region is the largest group taking this on and with no funding. Michael O., Marcie C and Stephanie have been presenting the project at various conferences as Co-occurring is one of largest public health emergency; many said it should be the keynote event. Michael, Stephanie presented to NAMI October. Just

regional leadership forum June 4. We have been asked to participate in a presentation with Ken Minkoff at the NYS Psychiatric Institute – CPI – facilitated discussion stages of change for Regional COSOC leadership team. The Harris project will utilize the 2 star logo to brand. Prevention is cheapest and best way to change outcomes. Looking to create a generation of young people

- Michael- Orange County started but we're learning from each other.
 - Stephanie – But we need policy to change.
 - Susan Miller –At end of day it's a change in culture, and being no wrong door. Makes agency better.
 - Darcy – Survey showed increase in anxiety and depression, but also that in 2 years 30% decrease in perception of marijuana.
 - CODA prevention done in schools – youth driven – they are appreciative of the support, the materials, they can make it their own pick and choose.
 - Josh – are we doing enough to screen for ACEs and wrapping services around that?
 - Darcy: Many schools have purchased the Resilience Project. Less about screening but universal assumption that we all have trauma and need trauma-informed environment in schools.
 - Perryn – Lots of cross system initiatives – she is doing a lot of initiatives on trauma informed care.
- Sub-committee/work group/taskforce reports
 - C&F Subcommittee
 - Last meeting focus was around new services and new SPOA app
 - Those who got the app said was working well
 - Children HH implementation – family of one C-YES process unclear
 - Maximus taking 3-4 weeks to act
 - Long Island conversations with C-YES indicate kids waiting 90 days to receive services
 - Kelly – RPC has asked for meeting with DOH, C-YES
 - Nicholas B – Are the MCOs seeing claims?
 - Fidelis: Seeing chunks of CFTSS claims – actually starting to get anxious about having appropriate staff in July. Have got some good calls from providers.
 - Ilana/United: – We're hearing that there's not enough OLP so there's a bottleneck, and there's not enough staffing. Also seeing some incorrect billing for SSI kids, so a lot of (correct) denials. A lot of issues – Fidelis agreed.
 - Stephanie – was invited to workgroup on transitional age youth – young people are required under 18 to be engaged in programming. How do we create a system that is seen by 18 year olds as something to engage wellness not be a burden?
 - Peer/Family/Youth Advocate taskforce
 - Josh had first “customer focus and feedback” thanks to Susan Miller who brought together lots of people who receive services.
 - Went through what's going on with state and how confusing it is shocking. Need to make it easier to understand.
 - Some people scared to leave the system, scared to get better because it's the only support they get.
 - Need to emphasize value of social supports

- Don't cost a lot and they save millions
 - Group talked about how important the DJ is!
 - Jeff Zitofsky: Sometimes it's also hard for you [providers] to leave them [recipients]. Normal human behavior (i.e. moving to another state) is not necessarily illness.
 - Mike Piazza: What I've seen at public hearings is that the #1 need is for drop-in social groups.
 - Josh: We want to do more of these, so if you have regular established groups we'd love to jump in. But we want to talk to people who are not engaged.
 - Darcy: Equity Project Community Forum
 - People have confusion about roles – different types of care managers. Ilana: NYC created a Share Care Management matrix.
- Clinic Sustainability taskforce
 - Psychiatrists don't want to be called "prescriber" – we'd like to see physicians incorporated into leadership positions; less burnout.
 - Comment: But we need prescribers!
 - Fidelis: We're not just the "payors".
 - Ilana – There was conscious effort to bring social workers and MDs into managed care process, but the perception about insurance companies hasn't much changed.
- HH/HARP/HCBS work group update and issue taskforce
 - Conversation about HCBS provider list:
 - Marcie – HVC HH called every provider to make sure have right person for a referral
 - Ilana – could this be a state project? MCOs are responsible for keeping updated contacts on MCTAC website; could state create a better list? This is a system issue that underlies the mission.
 - State: Yes, this is something we can take back for discussion (see below)
- OMH Update
 - Don't expect any further changes to Children & Family transition timeline
 - On 7/1/19, Family Peer Support will begin; there was a recent Webex.
 - There was a 5/2 memo re specialty clinics about carve-in 7/1; Webinar for that available as well.
 - 7/1 - also APG rates (? – didn't catch this).
 - Also 5/17 memo re OLP- increase unit limits for evaluation.
 - Educational materials are available for HCBS.
 - Family Forums were held around state.
 - Last C&F roundtable has a good slide on continuity of care
 - Re Adult HCBS provider lists: Providers can have two names, and they should be current.
 - Bill: It's almost a full time clerical position to keep this current. Best to establish rapport and working relationship and then you'll know who current contact is.
 - Ilana – If MCTAC acts as repository for MCO contact. So if OMH – it's a system issue that undermines the mission.
- Next Board meeting: September 11 board meeting will need to be rescheduled – date to follow. Dutchess County Dept. of Behavioral & Community Health, 230 North Road, Poughkeepsie
- December 11, 2019, Dutchess County Dept. of Behavioral & Community Health, 230 North Road, Poughkeepsie.

