



# Western New York Regional Planning Consortium

**Board Meeting**

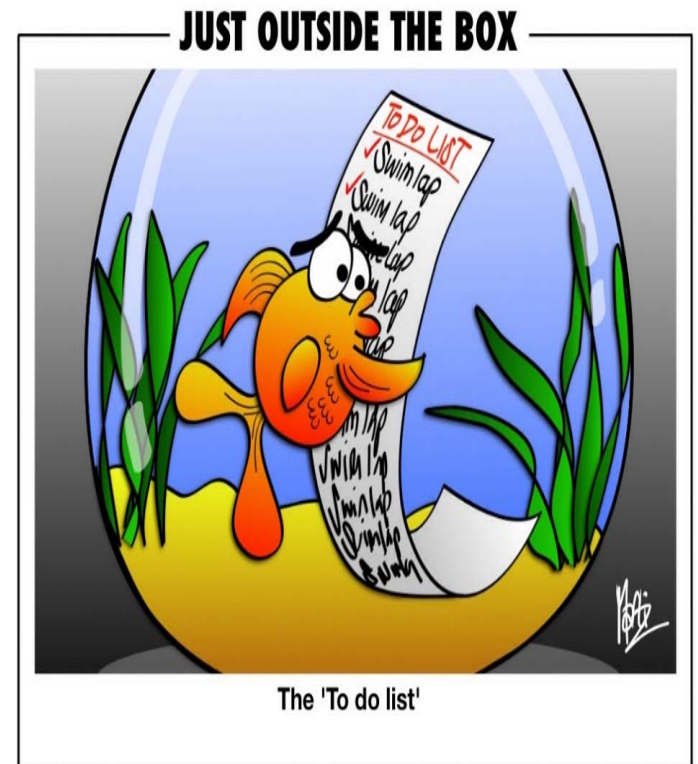
**December 14, 2017**

**Quality Inn Batavia, NY**



# Today's Tasks

- Introductions
- Approval of Minutes
- Syracuse University Survey
- Updates from Field Offices
- Data Sharing from OMH
- Report from State Co-chairs Meeting
- Reports from ad hoc work groups
- Information Sharing – Key Partners
- Review of Accomplishments of 2017
- Looking ahead – what's up for 2018?



The 'To do list'

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# Syracuse University Research Study



- Dr. Matthew Spitzmueller from Syracuse University and Dr. Lynn Warner from University at Albany—SUNY are conducting a study of New York State’s Regional Planning Consortia. They are interested in learning more about the use and impact of collaborative governance in the RPC model.
- If you choose to participate in this study, you will be asked to complete a survey, reporting your experiences of the RPC process to date. The survey will take approximately five to ten minutes of your time. Involvement in the study is voluntary. This means you can choose whether to participate and may withdraw from the study at any time without penalty.
- By completing the survey and placing it into the envelope, you agree to participate in the study. If you choose not to participate, you may simply leave the survey blank and place it into the envelope. By agreeing to be a part of this study, you are acknowledging that you are 18 years of age or older.
- Please take this consent form with you when you leave. If you have any questions, concerns, or complaints about the research please, contact Dr. Spitzmueller by phone at 315-443-0451 or by email at [mcspitzm@syr.edu](mailto:mcspitzm@syr.edu).



# Updates from WNY Field Offices



- OCFS – Dana Brown: draft regulations and draft 29I licensing guidelines have been published for review.
- OASAS – Jerry Puma
- OMH – Chris Smith



# Data Presentation from OMH



- The slides were sent to you earlier in the week. If you do not remember receiving them please let Margaret know and she will re-send.
- We will be receiving this information on a quarterly basis and will be reviewing at each RPC Board meeting.



# HCBS Access Data by County Fiscal Responsibility

HCBS Access Data by County Fiscal Responsibility as of Sep. 22, 2017

Transaction District	HARP Eligible	HARP Enrolled	Health Home Enrolled	HCBS Assessed	HCBS Eligible	HCBS Claimed
ALLEGANY (AG)	353	149	53	21	20	
CATTARAUGUS (CS)	714	278	74	47	45	6
CHATAUQUA (CQ)	1,521	877	311	147	142	5
ERIE (ER)	7,480	4,202	1,776	732	694	19
GENESEE (GN)	404	196	46	23	23	2
NIAGARA (NI)	1,941	1,070	555	278	256	22
ORLEANS (OL)	261	140	40	20	18	
WYOMING (WO)	175	59	24	18	18	
TOTAL	12,849	6,971	2,879	1,286	1,216	54

Note: All counties with census population less than 20,000 are grouped to avoid HIPAA concern.

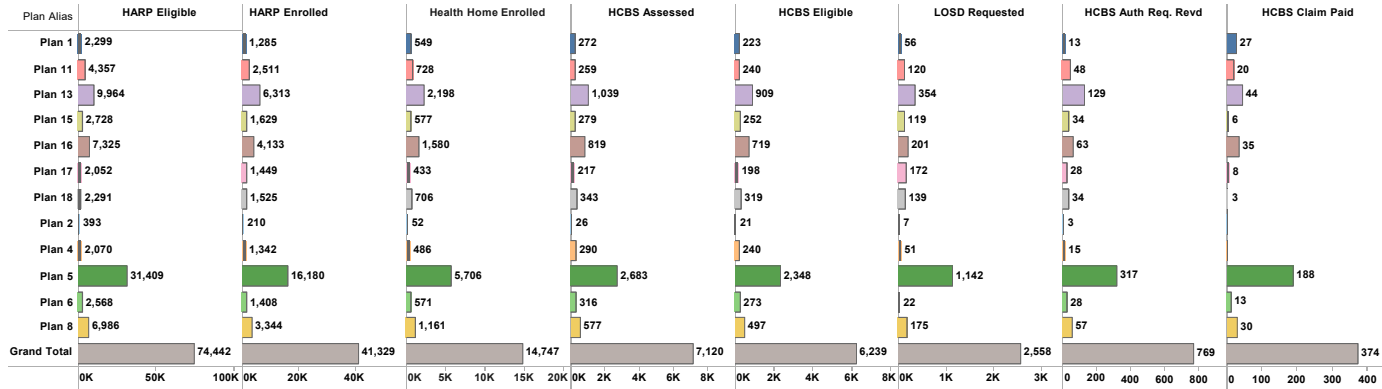
All metrics in this table are count of unique recipients.

HARP Eligible column include all recipients who have active H code as of 09/22/2017 and enrolled in Mainstream, HARP or HIVSNP.

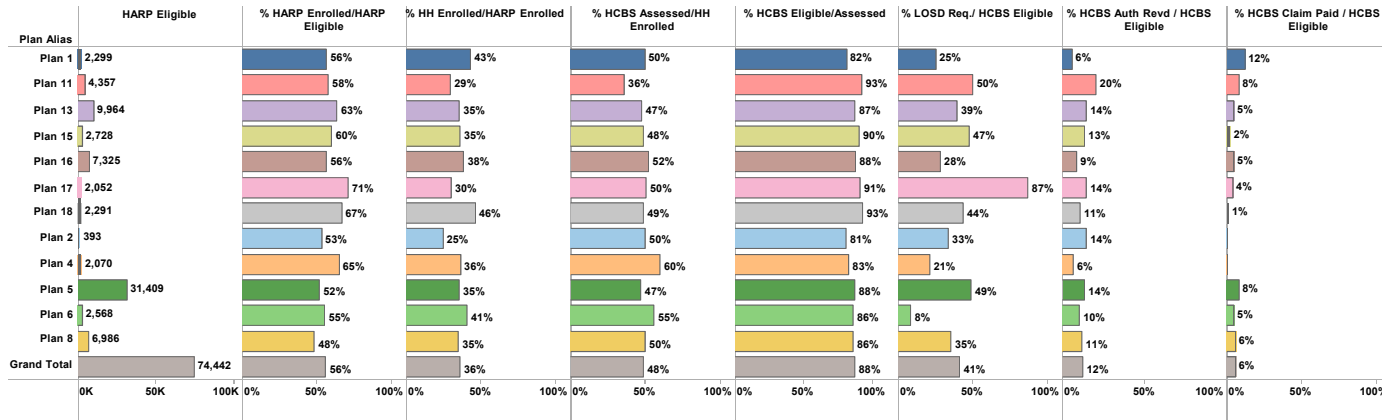


## NYS Medicaid Adult HCBS Access Dashboard, Region: ROS

Source: MDW, UAS & MCOs reported Data. Update Date: 10/23/2017. All metrics in this dashboard are count of unique recipients.



### In Percentage



Notes:  
 Column 1, 2, 3, 8 are from MDW/PRDM as of update date in the subtitle; column 4, 5 are from UAS as of update date in the subtitle; column 6, 7 are plan-reported data as of Sep. 30, 2017.  
 We are following up with Plan 6 to understand why their HCBS Auth Req. field is higher than their LOSD field.

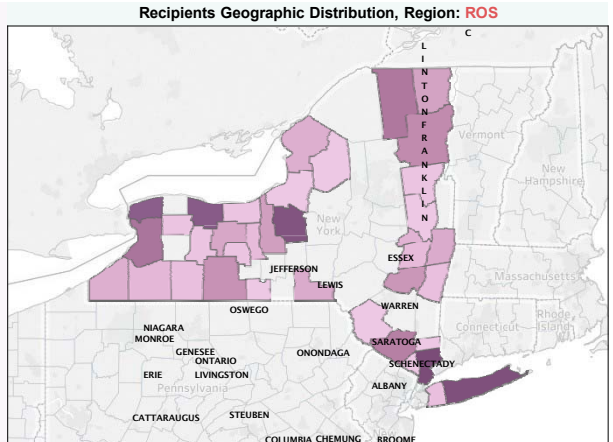


## NYS Medicaid Adult HCBS Service Claims and Encounters Dashboard, Region: ROS

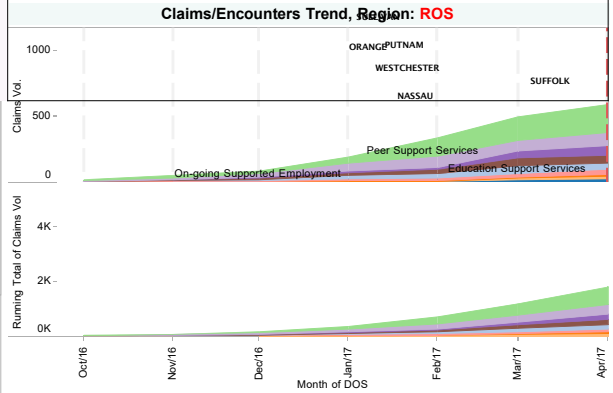
Source: MDW, Update Date: 10/23/2017

By Service Type, Region: ROS		
HCBS Service Sub-Catgy	N Claims/Encounters	Unique
<b>Recipients</b>		
<b>Total</b>	5,267	374
Peer Support Services	1,883	178
Psychosocial Rehabilitation	882	107
Provider Travel Supplement	735	77
Habilitation Services	683	59
Education Support Services	492	66
Pre-vocational Services	244	38
Family Support and Training	126	13
Intensive Supported Employment	102	23
Community Support and Treatment	86	13
Transitional Employment	31	3
On-going Supported Employment	2	1
Short-term Crisis Respite	1	1

Provider 31	352	37
Provider 63	124	23
Provider 55	160	22
Provider 69	32	22
Provider 7	250	22
Provider 2	101	20
Provider 3	54	19
Provider 54	140	19
Provider 91	128	18
Provider 61	121	15
Provider 20	239	14
Provider 23	102	14
Provider 51	66	13
Provider 50	31	12
Provider 56	30	10
Provider 16	78	9
Provider 9	18	7
Provider 81	31	6
Provider 40	12	5
Provider 88	47	5



- HCBS Service Sub-Catgy**
- Peer Support Services
  - Psychosocial Rehabilitation
  - Provider Travel Supplement
  - Habilitation Services Education
  - Support Services Pre-vocational Services Family Support and Training Intensive Supported Employment..
  - Community Support and Tre..
  - Transitional Employment
  - On-going Supported Employ..
  - Short-term Crisis Respite

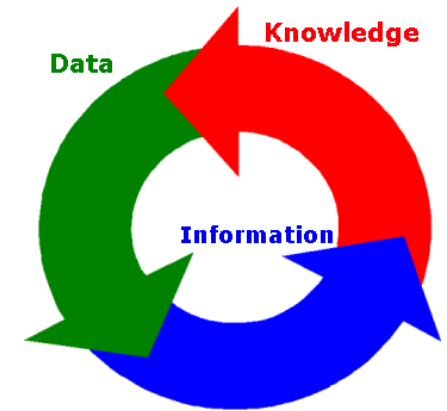


Note: The latest claims data (Apr.2017-Oct.2017) are excluded in this graph (only) to avoid any potential confusion due to claim-lag.





# Information Sharing from a Key Partner



- Millennium PPS – Andrea Wanat: Key Behavioral Health Metrics



# Report from State Co-Chairs Meeting



## WNY Issues

- Issue #4 – discussed how delays in getting Medicaid approval for clients creates barriers to residential OASAS services. We are setting up meetings between affected agencies and state agencies along with county DSS departments. Will be reporting back to board at February re changes we have been able to facilitate.
- Issue #11 – discussed current APG rates and how they do not reimburse at current costs of providing services. OMH requests that RPCs create ad hoc committees to collect, organize, and produce a report on that which will reinforce and demonstrate need for proposed rate changes. Are there individuals who would be able to participate on this type of committee? Margaret has contacted other regions who also raised this as a concern to see if they have any plans in place re collecting information.



# Report from State Co-Chairs Meeting



## **Other issues discussed (these issues have been discussed at WNY meetings but were not sent to the co-chairs meeting by this board):**

- #1- Increasing access to HCBS. Answer: state continuing to examine data re utilization of services. Working on increasing engagement activities. Regional efforts on-going re networking.
- #5 – Information sought re clarification of responsibility of collecting data associated with social determinants of health. Answer: DOH is working on defining social determinants of health measures to be utilized in VBP standards.
- #6 – Hospitals having difficulty with discharges for individuals with multiple diagnoses. Answer: RPCs to collaborate with PPS's to develop plans for multiple diagnoses after discharge from hospitals. DOH states that PPS should be the drivers of local ways to address these concerns.
- #7 – Confusion around changes to Health Homes outreach. Answer: see DOH update re health home outreach
- #8 – Shortage of prescribers. Answer: looking to RPCs for innovative solutions. Working on telemedicine and collaborative care model.
- #9 – Integration of primary and behavioral health care. Answer: see state regulations as indicated on written materials.
- #10 – Access to PSYCKES or other data bases to allow agencies to look up HARP, Health Home, etc. assignments. Answer: see written response re access. State also looking to RPCs re development of limited view models.



# Ad Hoc Work Groups



- Health Homes – this group is considering merging with the Health Home work group that is part of the Millennium PPS. If RPC issues are not addressed in the combined work group we will resume meeting separately.
- HCBS – will be holding 1<sup>st</sup> meeting in January. Have several new participants from networking event interested in working on issues & concerns. At first meeting will set agenda for 2018.
- VBP – process is state driven. Proposed that this work group be dissolved and information continue to be forwarded by Margaret.
- Systems – work on access to SUD services completed. New task to be developed during discussion of regional framework.



## Some things to think about . . .



- **Attendance Policy:** All members are expected to attend all scheduled board meetings. Two absences (excused or absent) are cause to remove someone from the board. As there are only 4 board meetings scheduled for 2018 we ask that members consider their commitment to this process – if you have concerns regarding this requirement please discuss with Mark, Andy, or Margaret.
- Information will be shared at the next board meeting on board terms, replacement of board members (due to absences or leaving their position), and elections.



## 2017 – What have we done?



- January 2017 – election held and first members elected to the WNY RPC Board
- February 2017 – first board meeting, key partners appointed to the board. Regional Issues list developed. Andy O’Brien elected as co-chair of the board.
- March 2017 – training from MCTAC on MMC.
- April 2017 – 2<sup>nd</sup> board meeting. Developed list of 10 issues to be submitted for consideration at the first state co-chairs meeting. Ad hoc work groups developed.
- June 2017 – Mark and Andy attended first co-chairs meeting. This was an opportunity to meet with state officials to share concerns and issues from all RPC regions throughout New York State.



## Accomplishments, continued . . .



- July 2017 – Third board meeting held in Jamestown – keeping with our goal of moving meetings around the region. Decision made to move forward with developing the Children and Families Subcommittee ahead of schedule.
- September 2017 – Fourth board meeting held. Voted on issues to send to next co-chairs meeting. Decided to split HHH work group into two working groups – Health Homes and HCBS.
- October 2017 – attended 2<sup>nd</sup> state co-chairs meeting. Received positive feedback that board attempted to resolve issue on a regional basis prior to submitting to state for consideration. It was encouraged that all regions do this in the future.



## Accomplishments, continued . . .



- November 2017 – first networking meeting held with MCO/BHOs and representatives from Health Homes, Care Management Agencies, and HCBS Providers. Over 90 participants and many signed up to work on either Health Homes or HCBS work groups.
- December 2017 – 5<sup>th</sup> board meeting held. Accomplishments reviewed along with feedback from WNY RPC Board Survey. Began to set agenda for 2018.
- December 2017 – kick-off meeting for Children and Families’ Subcommittee held.





# What do members think about what we've done so far? (Board Member Survey Results)



- Most responses came from the PFY and MCO groups
- 96% said that meetings were held in accessible locations
- 100% said co-chairs & coordinator are responsive to members needs & ideas:
  - Very responsive. Clearly make an effort to reach out to participants, and appear very open to input.
  - As a local DCS, I have the opportunity to provide direct input regarding the needs of my county.
  - It has been my experience that the Co-Chairs and Coordinators truly respect each individual voice. The meetings are conducted to highlight the importance of the entire community.
  - I feel that Margaret and Mark are always attentive and amazing to work with. I haven't had much interaction with Andy, but I know he is working with the team in order for the RPC to be successful
- 100% said that WNY RPC is identifying regional issues and concerns – one comment stated that the group has only been meeting for a year and has limited meetings – it takes time to get at the root of issues.



# What do you think is beneficial about participating in the WNY RPC?



- The variety of participants- consumers, managed care, government, as well as providers.
- Having all stakeholder groups together in one place hearing the same issues.
- I am hearing the same things I have concerns about
- The inclusion and input of all stakeholders as well as the direct line it provides to the State partners.
- Hearing the concerns of the various stakeholders and seeing (at times) them work through "bugs"
- Getting a collective view of regional needs and advocacy
- Those who regularly attend the WNY RPC can actually see the work, mission and vision unfold through collaboration. I think that hearing that other organizations have some of the same struggles as my own and being able to come together to find solutions to those struggles is the most beneficial part of the WNY RPC. I also think it is good to hear the progress being made to fix these problems.
- Ability to provide relevant issues/concerns pertaining to my organization to the group to take back to the state.
- Ability to identify and discuss issues and concerns, and have them addressed on a state level.
- I feel the RPC has really help narrow the scope of the issues facing WNY in order for us a group to address and work on what we can. It is a very exciting process.
- Identification of real issues and concerns with plan to address and follow up. Also, the dialogue at the meetings is important.
- Very regionally focused group wiling to work collaboratively for change.
- The RPC provides a useful regional perspective on the delivery of behavioral health services.
- As a PHIP, not directly involved in mental health services, the information provided at these meetings are very informative and educational
- The sharing of concerns
- It's beneficial to get up-to-date information as well as to share this information with all members
- Shared knowledge and strategies involving BH issues
- The networking across all areas that are happening in WNY.
- It is a very engaging process. The work is relevant to shaping the system.
- Networking across the continuum and increased awareness of challenges and concerns for all stakeholders.



# Is there anything that you would like to see different or improved in the WNY RPC?



- it seems like there are still a lot of layers to go through take it to RPC , then regional RPC meet then state, my understanding is that it was going to be faster access to services and programs we need but did not get through our DSRIP
- Not really. Please try to maintain the individuality this region represents. We are a unique region in so many ways!
- What role the key partners can play
- I think it would be helpful to see what every agency is doing well towards each of the areas we have identified (i.e. what are people doing to be integrated). This could assist with us seeing what is working and formulating a more solid argument of what needs we still have for each area identified.
- Be sure that the topics are relevant to the group and not just a single agency or group of providers.
- I think we are on the right track. I am interested to see where we are heading for the next year.
- How key partners can become more involved and/or useful
- wish there were participants from the medical community- medical providers to discuss integration of service issues.
- More high level MCO participation.



## Additional Comments . . .

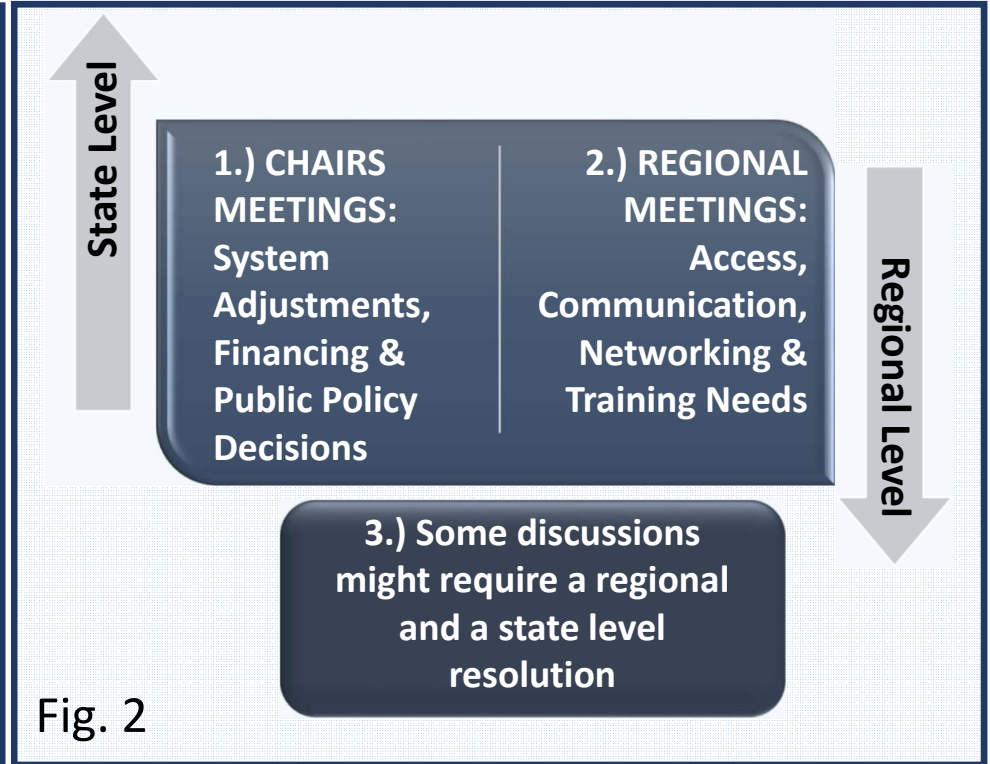
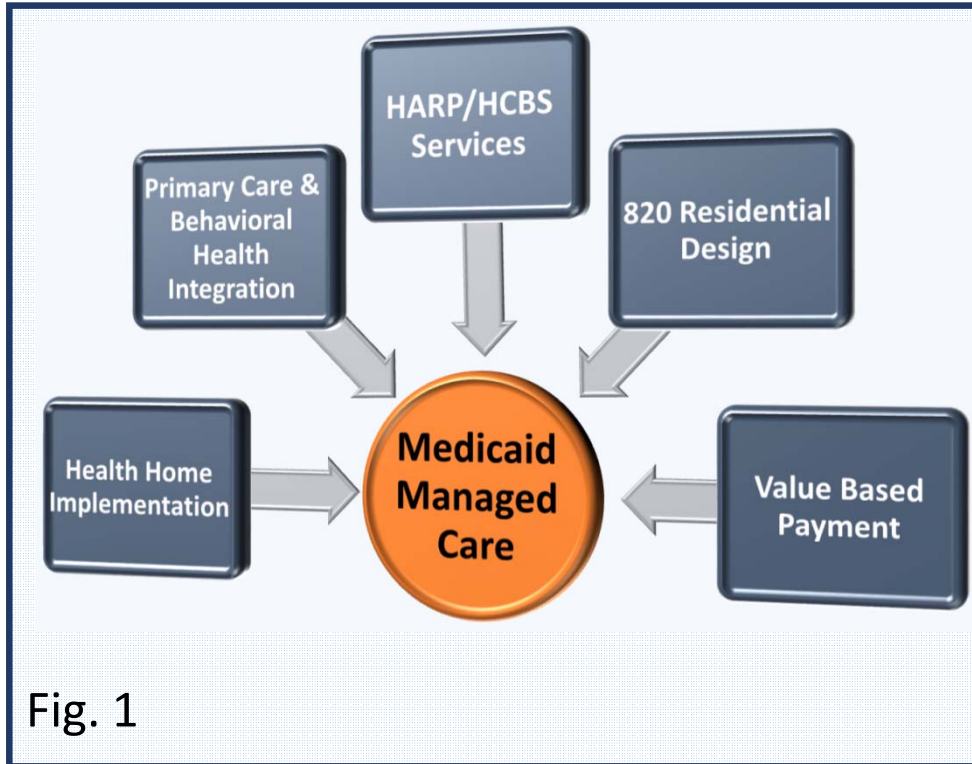


- I have not been able to participate as much as I intended. But from what I have seen, the leadership group is making a strong effort to get input and to reach out. I think it takes time to make progress when pulling together this many diverse interests.
- The concept is good. I still feel like the large agencies in the larger counties are the focus not the more rural settings. we have not had a large turn out from our area because it has become more of the same things a lot of ideas shared no tangible results seen.
- It is great to see all the stakeholders working together!
- I think the RPC is a much needed piece of the puzzle as we move more and more toward integrated health care systems for physical, mental and behavioral health. I am proud to be a part of this process.



# REGIONAL PLANNING CONSORTIUMS

## RPC LOGIC MODEL



**NOTE:** We are using this logic model to shape the discussions in each of the regions. It should be noted that this is not an exclusive list. We have encouraged the RPC Boards, to ‘goal tend’ the issues that are discussed and develop a sense of what is a permissible issue for the RPC’s to work on. Also, it will benefit each board to develop an awareness of what is already worked on in other venues within each region. An issue that is completely relevant to the work of the RPC’s, but is already discussed elsewhere can be triaged accordingly.<sup>21</sup>



CONFUSION

You're not making any sense at all.



# What's Next?



- What concerns from our regional framework do we want to address next?
- Regional Concerns:
  - Technology/Data
  - Transportation
  - Housing
  - Workforce
  - Access/Availability of Care
  - Education
  - Integration of Primary Care & Behavioral Health



# Children & Families Subcommittee



- Kick-off Meeting today!
- Vicki McCarthy is the Chair of the Subcommittee.
- Marie Sly (ECDMH) is serving as the LGU lead (or subject matter expert)
- First Town Hall Meetings are scheduled for:
  - January 8<sup>th</sup> or 11<sup>th</sup> in Salamanca
  - January 25<sup>th</sup> at the Buffalo Library





# 2018 Board Meetings



- February 15<sup>th</sup>                      Location TBD
- May 10<sup>th</sup>                              Location TBD
- September 13<sup>th</sup>                      Location TBD
- December 13<sup>th</sup>                      Location TBD
- Are there any volunteers to host a meeting? The room needs to hold the hollow square table for 40 members and then have additional seating for approximately 20 others. We also need a wall to project the presentation.



## From Andy, Mark, and Margaret



- Thank you for all of your hard work in getting the WNY RPC off the ground! We appreciate all the time and effort that you have contributed to this project!!!
- Have a happy and safe holiday and we will see you in 2018!!