

Minutes of the Inter-Office Coordinating Council
December 10, 2009

OMH
44 Holland Avenue
Albany, NY

Time: 1:00 p.m. – 3:00 p.m.

In attendance:

Commissioner Karen M. Carpenter-Palumbo
Commissioner Michael Hogan
Commissioner Diana Jones Ritter
Sheila Carey, Executive Director – DDPC
Tania Allard - DOH
Michael O’Leary, Columbia County DCS – MH Planning
Committee – Co-Chair
Peg Bonneau - OASAS
Leesa Rademacher - OMH
Ceylane Meyers - OMRDD
Michael Peluso – SED-VESID

Mary Coppola - CLMHD
Karen DeRuyter - OMR
Sharon Budka - OMR
Gary Weiskopf – OMH
Norm Bryer – OMH
Pat Lincourt – OASAS
Ilyana Meltzer – OASAS
Bill Phillips – OASAS
Jane Lynch – CQC
Amy Button – Schenectady County
Jeremy Darmin – CLMHD
Vesna Marincek – OMH
Brooke Shewe – Families Together in New York State

Staff:

Anna Lobosco - DDPC
Susan Richardson – OMRDD

Members of the Public:

Ms. Olive Jacob – Independent Consultant

Name	Topic/Issue	Discussion	Action/Follow-up
Karen Carpenter-Palumbo	Welcome, Introductions, Opening	<p>Commissioner Carpenter –Palumbo welcomed everyone.</p> <p>Commissioner Carpenter-Palumbo briefly shared highlights:</p> <ol style="list-style-type: none"> 1. Budget is taking a priority for everyone. 12.5 percent cut in local assistance. 2. Rockefeller Drug Law Reform, effective October 7, 2009, removing mandatory prison terms and replacing them with a variety of sentencing alternatives. We are 	

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		<p>seeing significant progress.</p> <p>3. The Governor’s ACTION initiative was highlighted noting 20 agencies are participating from public safety, education, health and welfare. The next meeting is January 28 from 10-11:30.</p> <p>4. Community Solutions – This initiative encourages the county’s community partners and individuals to work together, assess the available data, focus on a priority and to make changes within their current system of care. One of the Communities of Solutions initiatives is 100 walkthroughs in 100 days, rolled out in December. The intent is to encourage providers to conduct walkthroughs to take a fresh look at their client’s experience when first seeking treatment from their programs, all to increase access.</p> <p>6. Veterans’ Initiative –released 100 beds and are looking at policy agenda for the future to best address the collaboration for veterans.</p>	
Commissioner Hogan	.	<p>1. The budget cuts are pretty big for OMH. The budget division is cooperating with us as to how the cuts are taken. There will not be across the board 10-12% reduction in local aide as predicted.</p> <p>2. Healthcare reform is still uncertain</p> <p>3. Pam Hyde has been confirmed as administrator of SAMSHA. Important to have someone who can deal with HUD and CMS</p>	
Commissioner Ritter		<p>1. Budget – being cooperative with OMRDD. Some reductions that will go forward will present a great deal of challenges, particularly with my county partners. Our goal is to minimize the impact on existing services and sustain existing services while looking for efficiencies wherever</p>	

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		possible.	
Commissioner Carpenter-Palumbo	Approval of the August 27, 2009 Minutes		
Leesa Rademacher	Committee Report Update	Franklin DCS appointment request to appoint Suzanne Goolden is pending.	Additional review on Franklin County DCS is necessary.
KCP	2009 IOCC Annual Report	2009 IOCC Annual Report – by legislation we have to submit a report to the legislature on December 31 st . Input from OMRDD and OMH was included.	Report to be submitted by 12/31/09
Michael O’Leary	The Mental Hygiene Planning Committee	<p>Celebrating efficiencies -</p> <p>Having the three state agencies together with the conference representing the counties of NYS and NYC around this big issue, the big task of planning. Slide presentation provided the mission statement to enhance this partnership between counties and state agencies. To have planning coordinated and integrated in ways that meets the needs of our customers. Community Services boards guide their local licensed providers to establish an agenda to work on through the year in areas that are identified in the plan as high priority needs.</p> <p>Partnership was talked about in our mission statement, they meet monthly. All state agencies are represented and we typically have six or so counties presented. We have real live planners who do and guide us. We have a data needs subcommittee with a goal to get as close to point and click planning as possible. We have a planners’ community of practice under Matt Roosa from Onondaga County.</p> <p>Integrated summary of Medicaid reports for OASAS and OMH is going to be standardized in 2010.</p>	
Mike Pelusa		Question on DOH data. The waivers, like the nursing home waiver, how is that incorporated. Are they making the waiver data available?	It’s something that we can probably request

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Bill Phillips		<p>Community of Practice is an ongoing focus group where we continually have access to the core planners who have actively engaged.</p> <p>We want to continue the other part of the mission statement promoting person centered services.</p> <p>We are asking explicitly of the counties what their experience has been on some of these initiatives, drug law reform, and clinic restructuring among others.</p> <p>Great response rate on our data collecting system 100% - 97% of the survey users were somewhat or very satisfied.</p> <p>Goals for 2011. Continue to focus on access, expanding this community practice, more around getting the word out through the webinar. Continue to monitor how we keep the guidelines functional, efficient, easy to use and useful.</p>	
Commissioner Hogan		<p>A lot of work to be done on the local county level, smaller counties need to participate on voluntary boards. It takes years to develop an active, engaged, informed community services board.</p>	
Michael O'Leary		<p>We have to make efforts to make information available. Either through the conferences website or the three state agency websites.</p>	
Commissioner Ritter		<p>Talking about six collaborative ventures in our plan. #1 OMH/OMRDD collaboration on dual diagnosis. #2 Most Integrated Setting coordinating council. #3 Autism Task Force #4 MISCC, #5 Task force on Aging, #6 health care transition project which really focuses on helping youth and young adults with developmental disabilities and their family transition from pediatric care to adult health care providers</p>	
Commissioner Carpenter-Palumbo		<ul style="list-style-type: none"> • OASAS is using their not-for-profit community to make sure clinic services are available to every child in need. • Leading the nation on tobacco issues. • Smoking rates now for NYS are at an all time low. 	

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		<ul style="list-style-type: none"> • ACTION, 20 state agencies signing on for the addiction collaborations to improve outcomes. 	
Ilyana Meltzer, OASAS	APG	<p>Looking at a fall implementation date for APGs. Working on putting action items into place. We have a steering committee, a clinical subcommittee and a fiscal subcommittee that have been working cooperatively. One action item recently completed by OASAS, OMH and OMRDD was getting one key component of the APG pricing structure, known as weeks, into the overall system. It talks about a pricing component that is equally shared by all the different behavioral health agencies so three of us through Department of Health, negotiating, worked to create the weight table. This allows us to start looking at pricing in general. As a function of that exercise we were able to do some benchmark prices out to the field. Next step of the process is putting together the prices for the actual APG categories themselves that go above and beyond our core.</p>	
Pat Lincourt, OASAS		<p>The clinical provider group has been working to help us define each of the APGs and they will inform the regulatory group that's just formed within OASAS to get the regulatory language that we need. We are looking to broadly define each APG in the regulation and then more specifically in a clinical guidance document to support that. We are also looking at an IT survey to make sure that our providers have the software capabilities to implement APGs when we are ready for that. We are working on a website and a modeling tool for individual providers to be able to model revenue projections and programming projections going forward.</p>	
Gary Weiskopf		<p>Restructuring isn't just fiscal. It's fiscal and programmatic. We have developed a whole range of new services including optional services. We recently trained over 1,000 people on clinic restructuring all across NY. We have done</p>	

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		<p>a whole set of webinars, whole series of tools on our website for modeling the conversion from the current system of threshold reimbursement to the new system of APGS including the new service array and how you can model how we get from where we are to where we are going. We have draft regulations sitting with the Governor's Office of Regulatory Reform waiting to be published in the state register. We are finalizing outstanding technical issues e.g. rate codes and modifiers that are part of the APG system. We anticipate implementation no earlier than May, 2010 with one outstanding issue – the Department of Health and OMH are still waiting for Federal approval on our indigent care pool.</p>	
<p>Commissioner Ritter</p>		<p>Question: On evaluation, is that something that all three agencies are going to share? Are we going to try to look to evaluate using common criteria and standards so there is performance data across the board? Or are we kind of hitting those one by one?</p>	<p>I think that's probably our next discussion – on the weights and everything else.</p>
<p>Commissioner Hogan</p>		<p>We are doing this in part because this is a life or death for the mental health clinic. The outpatient clinics represent, after in patient care the biggest single area of expenditure and it represents the only level of care that most people ever experience.</p>	
<p>Karen DeRuyter</p>		<p>Unlike OMH – OMRDD is not doing a complete restructuring of our clinic program. Finding out where our services intersect, mainly around the psychotherapy and the pharmacological management. Alone we are looking at the long-term therapies. Don't anticipate starting APGs until January of 2011. We participated in the NYSRA summit and the Cerebral Palsy annual Conference. Our largest to date has been the conversion of numerous Article 28 clinics. Focus group is on developing the weights; next focus is</p>	

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		determining what our base rate would be. Each agency would have their own base rate even though we share the weights.	
Commissioner Hogan		The Cross-System Children's group is starting to work well together. Brook Schewe is with Families Together is going to be working on bringing a systems of care perspective across all the state agencies for the council on children and families. Nice thing about this group is the parent representatives and soon to be youth representatives from all the systems that meet with the commissioners.	
Commissioner Carpenter-Palumbo	Other Business	Asked if there were any other comments or questions. There being no other business, the Chair announced the next IOCC meeting is on January 27 from 1-3 pm at OMH, 44 Holland Avenue – 8 th Floor	
	Motion to Adjourn	Meeting adjourned at 3 pm	