**LONG ISLAND REGIONAL PLANNING CONSORTIUM**

**Board of Directors**

**Minutes**

*September 17, 2020 10 am- 12 pm*
Meeting held via Go To Meeting

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**Call to Order & Welcome**

Meeting called to order at 10:05 am by Alyssa

**Roll Call & Confirm Quorum**

Roll call completed/no quorum
Welcomed new board members
Mike Stoltz unable to join as he is preparing for retirement and Alyssa Gleason thanked him for all his work.
There are currently has 2 nominations for co-chair. If anyone else is interested please reach out to Alyssa by Monday. Bios and ballot to be sent out via Survey Monkey on Friday 10/25 and voting deadline is October 1st.

**Review of Slides from Feedback from Small Breakout Groups.**

- **Value of RPC Experience:**
  - Collaboration
  - Peer Services was previously led by past Coordinator, Melissa W. This continues in the region, as well as on a State level. RPC holds monthly meetings for Peer/Family/Youth Board members. Peer Learning Collaborative still up and running.
- **What could have been changed:**
  - Work plan would be helpful to keep Board on task and ensuring we are working toward goals. Those assigned to particular tasks could then report out at the quarterly meetings.

- Going through the process of smaller groups helped to see what major issues were. We should be solution-focused and the report outs should be by those assigned to work on specific tasks to meet the goals.
- Talking about the issues and communicating as a Board is still key.
- Discussions should be solution-focused.

- **What would be helpful moving forward:**
  - Discussion around looking at doing metrics or dashboard. Will be able to look at it quarterly to keep us on track on progress toward goals.
  - Managed Care Partners – Challenge providers have is they have to contract directly with MCO's that were not a part of the contract before. Question was asked if those on the call feel like they're in a decision making seat to move the agenda. Feedback is that those on the boards are clinical, so Providers Relations or Network Provider needs to be at the table within the MCO's. The MCO's said they were comfortable being the liaison around this issue.
  - Clearly identify goals and outcome measures to make sure it's attained and give direction for focus.
  - Discussion around who should be at the table. MCO's felt that they also cover commercial insurance and would be able to represent this in discussions. Discussion around why commercial market was brought up as needing to be at the table. Lori Kicinski, Project Director, gave background on this. Innovative pieces in the commercial side can be brought to the Medicaid side.
  - General agreement that primary care at the table is critically important. Question – if primary care is at the table does DOH have to be at the table? Lori Kicinski answered that they should be and that this is something that can be followed up on. DOH being at the table will be helpful, especially around primary care and behavioral health integration.
  - BHCC would also be important to have at the table.
  - Key Partners – will be focusing in on this after the meeting. Alyssa asked for recommendations for Key Partners to bring to the table.
  - Peer/Family/Youth – not seeing a lot of representation in the groups. Alyssa will do some outreach to those on the Board who did not attend.
  - Alyssa will be outreaching at least one Board Member in the CBO group who has not been active to ensure that they still want to participate and be a part of the RPC. Alyssa voiced wanting to ensure that members are actively participating in meetings and/or subgroups.

- **Future Focus for LI RPC:**
  - Discussion around the areas to focus on as a Board. Focusing on 2-3 areas.
    - Important to not lose focus of Social Determinants of Health (SDOH). Suggested that it be imbedded in to each of the focus areas. There are

other groups meeting specifically on SDOH so focusing only on this may be duplicative.

- Telehealth – should be prime focus as it is evolving quickly. Pivotal time to bring voices to telehealth to shape future regulations. Unique opportunity now to have an impact.
- Could lump Integration of behavioral health and primary care, substance use and cross-system of care and Foster Care Transition together. Goal would be focusing on the systemic shifts in care. Can look at experiences of the West Coast as they are ahead of us in these transitions.
- Use SDOH as the metrics to imbed them within the goals. Ex: Access to phones and data plans for telehealth. Looking at things through the lens of SDOH is key.
- NYS Prevention Agenda – Public Health Document that may be useful to look at. Has metrics that we may be able to use.
- Pharmacy carve out for Medicaid that is pending. Wonder if there are advantages to keeping an eye on it locally. This is a significant system change for the Managed Care Organizations. Donna Taylor discussed the system change and how they will not have access to data surrounding medication and having a holistic view of the members.
- Clarification was asked about Cross-System of Care. Marcie Colon, RPC Coordinator and Mid-Hudson reviewed the work being done in that region on Co-Occurring System of Care for Mental Health and Substance Use Disorders.
- Looking at total cost of care. How do we really know if medical costs are going up without data on cost of care? Will need to rely on MCO partners to sort through the data to look at what happens to the total cost of care over time.

**Focus Area # 1: Telehealth**

- Telehealth – data collection around efficacy of telehealth. Organizations have seen changes in no show rates and cancellation rates. Agencies have been able to reach more people through telehealth. Making sure the changes remain on the books once the emergency is over is critical. Advocacy for policy change is important. Data is out there showing more engagement in the children's world with the families.
- Another area would be supporting and training providers, agencies, parents on how to use telehealth. RPC can create materials to help with

- Access is another area with telehealth and ties in the social determinants of health. Access to technology is a key part of this. Some have fears of technology which impacts access.
- Key to telehealth is timing as the ending of the executive order will end and can cause a lot of disruptions for current clients in the system.
- Quality of telehealth is another thing to look at. Not everyone responds to telehealth. Many need real connection. We must integrate telehealth and in-person services. Use of phone is important for clients to have this option.
- State DOH ran workgroups, Regulatory Modernizations Initiative, a few years ago. One of the workgroups was on integration of primary care and another on telehealth. Would be good for the State to reconvene these groups to look at where we are at today with telehealth.
- We are at a place where we have a lot related to telehealth and find ways to make things measurable.
- Telephone use with telehealth is very important. Removing this as an option will create a lot of barriers for clients.
- Cost of getting appropriate telehealth platforms for agencies is a concern in other regions. If moving forward with telehealth, the platforms can be expensive, especially for smaller agencies.
- Might want to look at efficacy measures to demonstrate telehealth is effective. Less CPEP, ED visits…frame it to show how it's been helpful and that it's been serving clients well. May help with advocacy around getting funding to support telehealth.
- Peer services – this is the first opportunity that peer services had to bill for services via phone. Without the State of Emergency this will be lost. Can look at this for data collection. Peers are being integrated in to all aspects of care and collecting this data is very important.

**Subgroups:**

- Reviewed current groups: C & F, HHH and Peer Supervision Learning Collaborative.
- Suggestion for a technology group or imbedding it into the current groups.
- As we narrow things down we can look at the current subgroups to see if they're still needed.
- With Adult System transition to CORE may be best to put HHH group on hold until the transition. This will be addressed in the meeting next week.

**Changing Structure of LI RPC**

- Reviewed the NYC structure and discussion around whether this was something to explore for LI.
- Alyssa P – there are so many subcommittees talking about the same thing in the NYC Structure. Population specific groups work better (current structure). Smaller groups would have to talk to the larger group to make it work.
- Will look at adding smaller groups as the goals are fleshed out more.
- Alyssa P - Additional areas RPC could consider is Access and Awareness to Care and Marketing and communication of services. Standardizations, Access and Awareness to Care and Marketing would be 3 areas the RPC could assist with.

**Next Steps:**

- Next Board Meeting is 12/3/2020 and will be held virtually.
- Replacing Mike as Co-Chair. Reminder about voting.
- Alyssa will summarize all of the goals and discussion. RPC will look at DOH representation.
- Once we have the new Co-Chair, Alyssa will work with them to break these goals down more and update Board as needed. Possibly send Survey Monkey to assist with breaking the goals down more.
- Alyssa will reach out to the P/F/Y Board members that could not be in attendance today, as well as the CBO representative that has not been attending. If needed, will look at replacing them through an election.
- Alyssa updated Board on upcoming State Co-Chairs. Telehealth is a focus, as well as C & F.
- Alyssa will keep the Board updated on next steps and where things go after the Board Meeting
- Linda Milch suggested Children's Probation as a Key Partner. Alyssa asked for contact information to outreach.

**Meeting adjourned at 11:43 am**