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## AGENDA

- Call to Order and Welcome .....Suzanne Lavigne  
Meeting called to order by Suzanne at 10:05am.
  - New board members .....Suzanne Lavigne
    - Brittany Rozelle, Hudson Headwaters Health Network- Director of care manager operations, joining the H&HS stakeholder group.
    - Rebecca Evansky, Northwinds IPA – Director of Operations, joining the Key Partner Stakeholder group.
  - Roll call by stakeholder groups .....Karen Rappleyea  
Please see attached attendance sheet.
  - Confirm quorum.....Karen Rappleyea  
Meeting and voting quorum confirmed.
  - Approve Meeting Minutes from 06/26/20 – Q2 RPC Board Meeting .....Voting Board  
Q2 Board Meeting minutes sent out with the meeting invitation for prior review. Motion to approve minutes made by Joann Caswell, 2<sup>nd</sup> by Mary McLaughlin. Minutes unanimously approved without discussion or edits.
- Discussion - Board elections .....All  
Previously, the board elected to have a staggered elections, which means that there would be an election every single year. Due to the current times preventing in person conversations and the inability to host a town hall for the elections, the discussion was had to default back to the original by-laws and have elections every three years for all seats. Terms would stay the same, the only stakeholder groups that would NOT be a part of the election are the MCO's, state partners and DCS's. Suzanne supports this idea and would like the board to discuss.  
Sally: why should we revert back? Response: due to the activity and the natural turnover that we will be seeing. For example, upcoming retirements, open seats still need to be filled and the two new members that were announced today. It is to lessen more of the administrative work and help focus on the other work of this region.  
Suzanne: We're actively recruiting for two people in HHSP, two key partners, 1 in PYF and have 2 that are eyeing retirement. Are there any concerns with reverting back to the 3 year cycle?  
Karen: This would mean the next town hall meeting would be in 2022 with the elections taking place and the elected seats being filled for the 2023 term.



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Suzanne: The reason that the by-laws were changed previously, because there was concern that the board would have a complete turnover and could cause major disruption.

Amanda: It's hard for any board at this time to fill board seats and take on any new responsibilities. She would support going back to the original 3 year election cycle.

Karen: We would need a motion to make this amendment

Suzanne: Asked for any concerns or objections regarding the change back.

Karen: Reviewed the exact verbiage- see attached by-laws.

Mary: pointed out that the current by-laws actually state that it is a choice to stagger the elections. So the board could actually make a motion to not hold elections this year due to the pandemic.

Suzanne: Pointed out that there are two ideas on the table: 1) make a motion to suspend this year's election due to the pandemic 2) make a motion to revert back to the original by-laws, with elections every 3 years.

Suzanne asked for a motion to suspend this year's election due to the pandemic. Mary McLaughlin offered the motion and Sally Walrath seconded. No opposition offered. Motioned approved/accepted.

- Discussion - Cochair update and Next Steps .....All

Suzanne announced that Lee Rivers, North Country Co-chair, has submitted his resignation as the co-chair and from his position as a PYF seat holder. We thank him for his participation and leadership throughout his time with the RPC. We are accepting nominations for this seat.

JoAnne Caswell offered her self-nomination, but would need someone to take over her role as the lead for the C&F subcommittee.

Mary McLaughlin stated that she did speak with Lee yesterday and clarified that he would still be willing to continue serving as his role in the peer stakeholder group. Mary also, offered that she would self-nominate herself as community co-chair.

Suzanne accepts both of the nominations for co-chairs. How should the voting take place?

Karen noted that the by-laws allow for electronic voting and we can proceed with the community co-chair election via electronic vote. Once the results are in, if we need to find a person to take over the co-lead of the C&F subcommittee, that would be pursued. In regards to Lee's resignation, he expressed to the RPC coordinator and the other co-chair that he wanted to resign from both roles. There has been the discussion of getting a youth advocate to sit on the board and there are two likely candidates for that.

- RPC Updates.....Karen/Katarina

- RPC Cohort Strategy- This evolved in quarter 2, under the direction of the project director, assistant project director and state partners. This is meant to take a look at the activities across the region collectively, team assessment based on coordinators backgrounds, their interests and the focus in their regions. There have been four cohorts developed: 1) VBP/MCO, 2) SDoH/Transitions and Co-Occurring Integration 3) Behavioral Health Workforce and 4) Children and Families. These cohorts were kicked-off in August.

Current updates for these cohorts:

- 1) VBP/MCO: This cohort is hosting bi-monthly MCO roundtable calls, discussion about HCBS funds winding down and money needing to be spent and opportunity to take the successes to apply them to the upcoming HCBS transition. Also, looking how to best move forward with some



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projects, looking at training and best practices with MCO partners. They discussed the desire to support state contracts addressing special populations, concerns brought up regarding the sustainability of small providers if there aren't VBP contracts yet. Managed care billing requirements and practices.

- 2) SDOH: Has met twice, developed a purpose statement. Housing as a treatment component related to individuals with mental health and/or substance use disorders upon discharge from inpatient facilities with special attention to rural areas. This group is in the very early stages.
- 3) Behavioral Care workforce: Peer Behavioral Health workforce is discussing CASAC in the rural areas. There has been a peer survey sent out statewide.
- 4) Children and Families: Working on the capacity, most regions have conducted a capacity survey. There is a pilot being pursued by Mohawk Valley and possibly Southern Tier on the Children's services menu to make it more user friendly.
- State/Cochairs Meeting – October 29  
Annual meeting with state partners, this year it will be a virtual platform. This provides an opportunity to have conversations with the state partners, bring up concerns of any kind and there will be breakout sessions in a variety of topics. We have been working hard over the last few months to firm up the agenda, it looks like it will be a very thorough agenda. Katerina added echoed that the platform is virtual, new and exciting for us. All of the co-chairs from each region will be in attendance, as well as state partners from OMH, OASAS, DOH, and OPWDD. We will have time carved out for the RPC regional updates, the future of telehealth and a panel discussion with the state partners. This is a 4 hour meeting and the break-out sessions will be one hour in length and will be co-facilitated by an RPC co-chair as well as a state partner. The purpose of these sessions is to raise some solutions for identified issues within the cohort's categories. We recognize that there may not be absolute solutions made at this time, we are hoping that it will provide the opportunity to have ongoing conversations. Karen pointed out to the BOD that the highlights/updates from each region are housed on the RPC webpage. Lori added that starting in November, the state partners will be convening with the RPC regions for regularly scheduled calls to discuss the work that is reflected on the quarterly updates. More details will follow.

- **RPC Activities**

- North Country & other RPC Q2 Report.....Karen Rappleyea  
This report has been distributed, and is housed on the RPC webpage for further review.
- MAS / Transportation – OTP update .....Karen Rappleyea  
Emily Childress (Southern Tier Coordinator) and Beth Solar (Tug Hill Coordinator) have been working with MAS and the transportation topic. They arranged a presentation from MAS on the newer OTP process with MAS. Joe LaCapolla and Ellen Friedman, are heading this department at MAS. Both have extensive experience and knowledge in the BH/SUD field. MAS has started a specific process that allows for clients seeking OTP services allows for the provider to schedule transportation by using "INTAKE" as the medical necessity reason. This will allow providers to



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bypass the 72 hour scheduling requirement and also makes an exception to getting a 2020 or 2015 form approved prior to the transportation appt. The provider will still be responsible for submitting those forms but will have 3 days to do so. This department will also be working with providers to develop a standing order process, preferred provider list and will work directly with the provider to develop more efficient ways to deliver services. After the discussion that Emily and Beth had with the MAS team the “intake” medical necessity reason will be crossing over into behavioral health services as well. This is a direct reflection of the work from the RPC regions.

- North Country/Tug Hill Pilot Project: SUD Bed Finder .....Karen/Bob Cawley  
Provider call was back in July. We currently have 5 participants and this is approx. 150 actual beds. NCBHN is a key partner in this project and they have agreed to host the webpage.  
Bob added that the initial person that was going to build the webpage with the coding provider is no longer available due to his other obligations. There has been another contractor identified and a call scheduled for this afternoon to discuss the programming and answer any of their questions. Karen stated the next steps are getting the webpage up and running, and then the next steps will move into provider training and eventually a user training.
- Children & Families Subcommittee .....Richelle Gregory  
This subcommittee met in August and reviewed the capacity survey results. There was a good response. Joanne provided a recap of what CFTSS services are. OLP, CPST, Family peer support, Youth peer support, PSR, and crisis intervention. The next meeting will discuss best practices and providing services under the new style of school year (COVID restrictions). An updated designation list went out statewide. Richelle added that there has been a lot of focus around telehealth and the services for children, advantages and barriers.
  - Next C&F: Wednesday, Nov 4, 2:30p-4p
- HCBS / HHH Workgroup.....Andrea Deepe  
As reported at the last Board Meeting, a letter was sent on behalf of the North Country in support of the transition. The transition will be called CORE, community-oriented recovery and empowerment services. The change from ARS to CORE stemmed from the public comment period. In this letter we expressed our willingness, as a region, to participate in any work that needed to be done. The state wide report showed HARP and HH enrollment increasing but at a slower rate. There was discussion that the pandemic was impacting the HH enrollment. AHI participated in the statewide call. There has been a report of heightened anxiety regarding housing. Karen reminded the attendees that all dates for meetings are posted on the webpage.
- OASAS/SOR RFA Update .....All



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RFA released focused on the regional approach to prevention, treatment and recovery to address opiate use disorders and stimulant use disorder in NY. This came by way of federal funds through the state opiate response initiative. The RFA has been rescinded due to many concerns being expressed by providers. Davia reports that OASAS remains committed to the regional collaboration of services.

- Housing Workgroup .....Suzanne Lavigne  
There has been a lot of progress. A survey has been crafted and distributed to approx. 125 providers across the spectrum of housing. Have currently received 24 back. Please, if you have received this survey, complete and return it. We are receiving a number of comments so far. Next steps will reconvene the group, and we will finalize the purpose statement.
  - Preliminary survey: Has been sent out to approx. 125, and currently have had about 24 responses.
  - AHI Health Home initiative - care management training. Mary McLaughlin shared that there was a concern shared that the housing availability has decreased. It was shared that it would be helpful if CM could work with clients on alternatives for housing. Teach clients how to be their own advocate, how to use the CM as an advocate. Create a toolkit that would help identify how to navigate through all the different housing programs, client training, housing options, landlord lists and other resources that would be specific to each county.

**Updates**

- North Winds Integrated Health Network, Rebecca Evansky: We are wrapping up efforts with ACO under value-based contracts. Taking a look at regional Quality Project Improvement activities and existing collaborations with emphasis on primary care and hospitals. Doing an assessment on the current data collections practices and needs of our region and partners. We have a pilot project with NAAMI providing support services to augment and support care management for high risk identified patients with focusing on lowering the readmissions. Also wrapped up SOR funding, this month in September we submitted our report on the BHCC SOR grant. Under that we reached an agreement with CHES Health, we are going to expand this to our complete partnership offering the e-intervention application. This supports patients and organizations giving immediate access to crisis and intervention services. This connects them immediately with a provider at one of our organizations. Also, in the collaboration meetings between the ACO and providers, partners are reporting that almost double in the increase of crisis intakes.
- OMH, Laura Zocco: Short term and intensive crisis respite will not be transitioning with HCBS. This is being pull out and transitioning to part 589 or being implemented into the 1115 benefit. What



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this means is that current short term intensive respite will need to become licensed under 589 to be able to bill under the 1115 benefit. The claims will begin to be paid by the end of the year. This will allow for the MCO's to configure their systems. The reimbursement will begin the date of licensure. A notification was sent out to notify providers to let them know that they can start the application process. Once they become licensed, they will be able to get reimbursed for claims. Guidance for billing for tobacco use was released recently. Effective August 1<sup>st</sup> for Medicaid fee for services and November 1<sup>st</sup> for Medicaid managed care clients NYS is expanding smoking cessation counseling session to allow for as many visits as medically necessary for Medicaid members. This means there is no longer a yearly cap for these services. If there are HCBS providers that are interested in providing telehealth services permanently, please reach out to Joe Simko or Laura Zocco to start that process. Keep in mind that when applying for HCBS teleMH services, you are applying as it relates to current regulations. You must meet those requirements. Health Equity Committee (known in the past as cultural diversity): Purpose of this committee is to see how the OMH field office assist and support the region, and work with the RPC and supporting the RPC cohorts. This is in the planning stage, and the upcoming state co-chairs meeting will help form/direct this committee.

- OASAS, Davia Gaddy: Telehealth update, if you have not already applied for your permanent designation, the OASAS deadline is October 4<sup>th</sup>. OASAS has started on virtual re-certification this month. OASAS also released, at the beginning of this month, guidance on establishing an OTP additional location, known federally as a medication unit. Providers must already be certified by OASAS as an OTP, establishment requires a SAMSHA application to OASAS. OASAS has also started their annual performance review, so budgets are due to OASAS by October 1<sup>st</sup>.
- MCO – CDPHP, Fidelis, MVP, UHC
  - CDPHP: Carl Rorie Alexandrov: CDPHP has partnered with Valera Health. Valera is a case management tool, CDPHP signed the contract with them in 2019, went live January 2020 with the case management app. The member downloads that app from their smartphone, then allows the CDPHP case manager the ability to text the member to remind them of appts. Also, based on diagnoses, you can send the member information such as signs, symptoms, and importance of medication. Valera also has video chat feature. In addition to engagement, CDPHP CM's are able to deal with SDoH issues. In addition, Valera has Alliant Health, this went live July 1<sup>st</sup>. Alliant is a telemedicine platform. This contract guarantees that a member will have a telehealth visit within 7 days of discharge from an inpatient psych facility. These services are for all CDPHP products (commercial and Medicaid). They are working with a partnership with HH to share the access. More to come.
  - UNHC: Jennifer Earl: no updates to offer at this time.
  - MVP: Angela Vidile: MVP no longer is using a vendor for behavioral health; all BH has been brought in house. This allows for better collaboration between physical health case management teams as well.



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- Fidelis: Yvette Morales: They continue to work with the HH for step down process in preparation for the changes.

- Open Floor and Announcements.....All  
Rob York: Glens Falls Hospital Outpatient Behavioral Services are transitioning to a new provider, also including their family support services program. Behavioral Health Services North is the new provider, they are in the late stages of licensure right now, and the target date of this transition is November 2020. They have received approval from OMH and OASAS and have the operating certificate for their location.
- Adjourn Meeting  
Motion made by Richelle Gregory, seconded by Rob York at 11:52am

**NOTE:** 2020 – Q4 meeting, Friday, December 18, 10am to 12pm - ONLINE



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Stakeholder	Name	Org	Roll Call
CBO	Robin Gay	St. Joseph's Addiction Treatment and Recovery Center	Y
CBO	JoAnne Caswell, CoChair-C&F	Families First	Y
CBO	Shawn Sabella	BHSN	N
CBO	Jennifer Neifeld	820 River Street	Y
CBO	Sally Walrath	Lakeside House	Y
CBO	Andrea Deepe, CoChair-HHH	Warren Washington Association for Mental Health, Inc.	E
H&HS	Christine Venery	St. Regis Mohawk Tribe Health Services	N
H&HS	OPEN	Glens Falls Hospital	
H&HS	Meredith King	UVM: Elizabethtown Community Hospital	Y
H&HS	OPEN	CVPH	
H&HS	Brittany Rozelle	Hudson Headwaters Health Network	Y
H&HS	Mary McLaughlin, CoChair-VBP	AHI Health Home	Y
PYF	Amanda Bulris	NAMI Champlain Valley; Youth/Family	Y
PYF	Craig Barney	St. Joseph's Addiction Treatment and Recovery Center; Peer	N
PYF	OPEN		
PYF	Valerie Ainsworth	MHA Essex; Peer	N
PYF	Robin Nelson	Families First Essex; Parent/Family	Y
PYF	Denis King	Champlain Valley Family Services/MHAB Life Skills; Peer	Y
LGU	<b>Suzanne Lavigne, CoChair</b>	Franklin Co	Y
LGU	Richelle Gregory, CoChair-C&F	Clinton Co	Y
LGU	Terri Morse, CoChair-VBP	Essex Co	E
LGU	Bob Kleppang	Hamilton Co	Y
LGU	Rob York	Warren/Washington Co	Y
MCO	Carl Rorie Alexandrov	CDPHP	Y
MCO	Jennifer Earl	United HealthCare	Y
MCO	Angela Vidile	MVP	Y
MCO	Ivette Morales	Fidelis	Y
<b>Nonvoting:</b>			
Govt	Laura Zocco	OMH	Y
Govt	Doug Sitterly	OCFS	N
Govt	Davia Gaddy	OASAS	Y
Govt	Deb Czuback	OASAS	N
Key Partner	Erin Streiff	Clinton County Public Health	Y
Key Partner	Rebecca Evansky	North Winds Integrated Health Network	Y
Key Partner	Kelly Owens	Adirondack Health Institute	Y
Key Partner	Barry B. Brogan	North Country Behavioral Healthcare Network	E

Guests: Bob Cawley, Nicole Hall, Kat Gaylord, Lori Kicinski, Colleen Russo, Beth Solar