



Key Points:

1. Survey Results Discussion:

- Community population is changing, individuals with greater needs than current services we can provide, getting creative, asking agencies to collaborate together to provide range of services, creating “team” around high need individuals, need for low barrier housing, criminal justice reform and housing re-design contributing factors
- Need for more crisis beds; RSS- Applied to convert South Lake to all crisis beds, would add 5 to Region; Unity House- Applied for funding for crisis residence, 6 beds
- E-SHY awards- Unity House- waiting on signed OMH contract to put 15 bed online, supportive, permanent housing, another project in works to add 28 more beds to open June 2021; RSS- 10 E-SHY beds opened in June, filled quickly
- Waiver extension for COC funded housing through coordinated entry; previously if there for 90+ days lose homeless status, extended to 120+ days
- Long term stays, especially those requiring nursing home level of care/resistance of nursing homes to take seriously mentally ill people
- Many providers now providing hybrid of services, tele practice and in-person with safety precautions for higher need individuals
- Support of bi-directional capacity with primary care, moving maintenance clients to primary care providers to open up space for folks challenging the primary care system with higher needs
- Transportation barriers- closing of transportation services, lack of reliability of uber, lyft, medicab

2. Regional Updates:

- Regional Directors of Community Services working with hospital/health systems for uniform referral form to improve efficiency, separate form for adults/children
- Work on Regionally huddle development to get organizations to look at issues regionally instead of organizationally; decisions such as hospital diversion and bed closures have regionally impacts
- Reduced regional bed capacities due to pandemic
- Regional CPEP, barriers in ability to build a fiscally sustainable model
- Ongoing psychiatry shortage, recruitment and continuation of pandemic regulatory relief around nurse practitioners
- Fellowship between St. Peter’s Health Partners and Albany Med: Addiction services, constant workforce development pipeline
- Relationship between provision of healthcare to high utilizers and social determinants of health, NYC initiative: health insurers had part in funding development of housing and workforce staffing; possible regulatory challenges to Regional development

3. Other Updates:

- Meetings will be held bi-monthly
- Focus Areas for task specific Workgroup development:
 - standardized form, regional huddles, payer landscape

Please contact RPC Coordinator with any questions: Colleen Russo, cr@clmhd.org, 518-396-9413

Attendance:

Rachel Handler- Executive Director Behavioral Health Services, St. Peter's Health Partner's
Angela Vidile- MVP Healthcare, Clinical Director Children's Services/Government Liaison
John Arcuri- Manager, Behavioral Health HARP Utilization and Case Management, CDPHP
Frank Pindiak- Executive Director, St. Catherine's Center for Children
John Paduanao- Managing Director, RSS
Kevin Jobin-Davis- Executive Director, Health Capital District Initiative
Kirstein Donvito- Deputy Commissioner, Rensselaer County Dept. of Mental Health
Laura Isabelle- Program Coordinator, Crisis Services, RSS
Linda Lewis- Service Director, Unity House
Sam Bastein- CEO, Four Winds Saratoga
Sarah Lasko- SPOA Housing and Specialized Case Management Services, Albany County Dept. Mental Health
Tyleia Harrell- Behavioral Health Systems Manager, Albany County Dept. of Mental Health
Bill Dickson- Executive Director of Capital District Psych Center
Bob Gibson- Commissioner, Columbia County Dept. of Social Services
Sarah Watson- NYS OTDA
Victoria DeSimone- NYS OMH
Moiria Manning- Commissioner, Albany County Dept. for Children Youth and Families
Colleen Russo- Project Coordinator, RPC