FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

AGENDA

March 12, 2021 1pm-3:00pm

Zoom Meeting

- **Call to Order & Welcome** – Margaret
- **Roll Call & Confirm Quorum** – Beth
- **Approve Nov 13 Minutes** (attached) – Margaret
    - Motion
    - 2nd
    - Discussion or Corrections?
    - All in Favor? Any Opposed?
- **Update re RPC Funding Status** – Beth
- **Upcoming Survey** – Margaret
- **Review of Open Issues & Work in Progress** – Beth
- **Regional Collaboration v.2?** – Margaret and Ellen
- **Stay Tuned!** - Beth - Next Scheduled Meeting – June 11, 2021, 1-3pm
- **Wrap Up & Adjournment** – Margaret

Questions? *Contact **Beth White, RPC Coordinator** at bw@clmhd.org or 518-391-8231 or **Margaret Morse, RPC CoChair** at mmorse@co.seneca.ny.us*

28 Board
1 Coord
5 guests
34

FINGER LAKES REGIONAL PLANNING CONSORTIUM - BOARD OF DIRECTORS MEETING
BOARD MEMBERS ROLL CALL - MAR 12, 2021

Group	Name	Sign In	Group	Name	Sign In
LGU	Margaret Morse	✓	MCO	Colleen Klintworth	✓
LGU	George Roets	no	~~MCO~~	~~Angela Vidile~~	
LGU	Shawn Rosno	no	MCO	Jennifer Earl	✓
LGU	Michele Anuszkwiecz	✓	MCO	Ivette Morales	✓
LGU	Brian Hart	✓	MCO	Claire Isaacson	✓
LGU	Kelly Wilmot	✓	MCO	Michelle Clavecilla-Chan	✓
CBO	Sally Partner	✓	EX OFFICIO	Christina Smith	no
CBO	Val Way	✓	EX OFFICIO	Christopher Marcello	✓
CBO	Jennifer Carlson	✓	EX OFFICIO	Colleen Mance	✓
CBO	Ann Domingas	no	EX OFFICIO	Kathy Muller	no
CBO	Lori VanAuken	✓	EX OFFICIO	JoAnn Fratarcangelo	no
CBO	Lindsay Gozz-Theobald	✓			
			KEY PARTNER	Melissa Wendland	no
Peer	Jennifer Storch	no	KEY PARTNER	Peter Bauman	✓
Peer	Jeannine Struble	no	KEY PARTNER	Christopher Bell	no
Family	Julie Vincent	✓	KEY PARTNER	Denise DiNoto	✓
Family	Jeffrey Hoffman	no	KEY PARTNER	Lisa Stauch Smith	✓
Youth	Rita Cronise	✓	KEY PARTNER	Steve Harvey	✓
Youth	OPEN		KEY PARTNER	Katie Serio	✓
HHSP	Ellen Hey	no	OTHERS?	Kate Lewis	
HHSP	George Nasra	✓		Tara (MVP)	**QUORUM**
HHSP	Mandy Teeter	✓		Cara Daniels	**To Meet: 15 plus 1 per VSG**
HHSP	Mary Vosburgh	✓		Kate Gaylord	**To Vote: 3 per VSG**
HHSP	Craig Johnson	✓		Lori Kicinski	
HHSP	Laurie Donohue	✓			***Currently 29 VSG Members***

FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

AGENDA

November 13, 2020 1pm-3:00pm
Gotomeeting Conference Call

- **Call to Order & Welcome** – Margaret
- **Roll Call & Confirm Quorum** – Beth
- **Approve September 11 Minutes** (attached) – Margaret
    - Motion
    - 2nd
    - Discussion or Corrections?
    - All in Favor? Any Opposed?
- **Welcome New Board Members** Margaret
    - **FQHC Representative for HHSP**

      Dr. Laurie Donohue, Chief Medical Officer, Jordan Health
    - **DCS Stakeholder Group**

      Brian Hart, Commissioner of Community Services, Chemung County
    - **Key Partner - BHCC**

      Katie Serio, Quality Oversight Committee Lead, Your Health Partners of the Finger Lakes BHCC

      (Updated Board List Attached to Meeting Materials)

Questions? *Contact **Beth White, RPC Coordinator** at bw@clmhd.org or 518-391-8231 or **Margaret Morse, RPC CoChair** at mmorse@co.seneca.ny.us*

Finger Lakes RPC Board Meeting Agenda – November 13, 2020

- **BHCC Updates** Beth

  Your Health Partners of the Finger Lakes – Katie Serio

- **Albany CoChairs Meeting – October 29** Beth, Ellen, and Margaret

RPC Cochairs and Coordinators with 42 State Partners from:

Office of Mental Health
Department of Health
Office of Health Insurance Programs
Office of Addiction Services and Supports
Office of Children and Family Services

Meeting Agenda

- Regional Updates
  - Transportation
  - 820 Residential
- Telehealth
- OMH Consumer Survey
- Breakout Groups
  - VBP/Managed Care
  - Children & Families
  - Workforce/Peers

- **RPC Quarterly Activities** - Beth

Finger Lakes RPC Q3 Report (attached)
Children & Families Subcommittee
CFTSS/HCBS Sustainability Learning Collaborative Final Report
Bed Finder Migration to North Country/Tug Hill continues
Clinical Integration & Practice Workgroup
BH Crisis Response
Kelly Wilmot – Monroe County Update
Emergency Service Follow Up – RHIO Alerts
Telehealth Clinical Guidelines
Subgroup to meet

Finger Lakes RPC Board Meeting Agenda – November 13, 2020

- **Racial Inequity and the RPC – What is our Role?** Beth

  Board was surveyed – 20 responses – thank you!
  Survey Results

- **2021 and the RPC? Reflection on 2020 and Moving Forward**

  2020 has been extraordinary – best focus for RPC in 2021? Has the value statement for the RPC changed?

- **Next Meeting** Beth

  2021 Board Meeting Dates

  March 12, 1-3pm - Virtual
  June 11, 1-3pm - Virtual
  September 17, 1-3pm – location TBD
  November 12, 1-3pm – location TBD

- **Adjournment** Margaret

FINGER LAKES REGIONAL PLANNING CONSORTIUM - BOARD OF DIRECTORS MEETING
BOARD MEMBERS ROLL CALL - NOV13, 2020

34 BOD
3 BW, TM, KG
37

Group	Name	Sign In	Group	Name	Sign In
LGU	Margaret Morse ✓				
LGU	George Roets ✓		MCO	Colleen Klintworth ✓	text
LGU	Shawn Rosno ✓		MCO	Angela Vidile ✓	
LGU	Michele Anuszkwiecz ✓		MCO	Jennifer Earl ✓	
LGU	Brian Hart ✓	text	MCO	Ivette Morales ✓	
LGU	Kelly Wilmot ✓	will be late	MCO	Claire Isaacson ✓	
CBO	Sally Partner ✓		EX OFFICIO	Christina Smith ✓	
CBO	Val Way ✓		EX OFFICIO	Christopher Marcello ✓	
CBO	Jennifer Carlson —	decl	EX OFFICIO	Colleen Mance —	decl
CBO	Ann Domingas ✓		EX OFFICIO	Kathy Muller —	
CBO	Lori VanAuken ✓	will be late	EX OFFICIO	JoAnn Fratarcangelo ✓	text
CBO	Lindsay Gozz-Theobald ✓				
			KEY PARTNER	Melissa Wendland ✓	
Peer	Jennifer Storch ✓		KEY PARTNER	Nathan Franus ✓	
Peer	Jeannine Struble ✓		KEY PARTNER	Christopher Bell —	
Family	Julie Vincent ✓		KEY PARTNER	Denise DiNoto ✓	
Family	Jeffrey Hoffman ✓		KEY PARTNER	Lisa Stauch Smith ✓	
Youth	Rita Cronise ✓		KEY PARTNER	Steve Harvey —	
Youth	OPEN		KEY PARTNER	Katie Serio ✓	
HHSP	Ellen Hey ✓		OTHERS?	Kim Hess	
HHSP	George Nasra —	decl		Kat Gaylord	**QUORUM**
HHSP	Mandy Teeter —	will be late		Tiffany Morse	**To Meet: 15 plus 1 per VSG** ✓
HHSP	Mary Vosburgh ✓				**To Vote: 3 per VSG** ✓
HHSP	Craig Johnson ✓				
HHSP	Laurie Donohue ✓				***Currently 28 VSG Members***

Finger Lakes Regional Planning Consortium

Board of Directors Meeting Minutes

November 13, 2020 - 1pm-3:00pm

GoToMeeting

- **Call to Order & Welcome** – Margaret
- **Roll Call & Confirm Quorum** – Beth
    - Beth took roll call and confirmed voting quorum to be present
- **Approve September 11 Board Minutes** – Margaret
    - Motion – Mary Vosburgh
    - Second – Lindsay Gozzi-Theobald
    - Discussion or Corrections - None
    - All in Favor – Unanimous, None Opposed
- **Welcome New Board Members** - Margaret
    - **FQHC Representative for HHSP**
      Dr. Laurie Donohue, Chief Medical Officer, Jordan Health
    - **DCS Stakeholder Group**
      Brian Hart, Commissioner of Community Services, Chemung County
    - **Key Partner - BHCC**
      Katie Serio, Quality Oversight Committee Lead, Your Health Partners of the Finger Lakes BHCC
- **BHCC Updates –** Beth
    - Your Health Partners of the Finger Lakes – Katie Serio
        - Quality Oversight Committee Lead
            - 360 Collaborative Network Expansion – allowing access for Community Based Organizations and Healthcare Partners across 12 counties with a multi-phase expansive approach.
                - Phase 1 – Monroe, Steuben, Livingston
                - Phase 2 – Wayne, Ontario, Yates, Seneca, Cayuga
                - Phase 3 – Schuyler, Tompkins, Chemung, Tioga
            - United Us platform allows providers to connect together social determinants of heath needs immediately and see the loop close
                - Referral types from September 2019 – September 2020
                    - 57% Housing and Shelter

        - 22% Food Assistance
        - 7% Other
        - 5 % Clothing and Health Home Goods
        - 5% Utilities and Income
        - 3 % Employment and Education
        - 2% Physical Health and Benefits Navigation
        - 1% Behavioral Health
        - 1% Individual and Family Support
    - Continued Growth
        - In January, there were 57 providers; now, there are 80 providers.
        - The new grant allows for unlimited licenses to grow the program further.
        - Working on becoming an IPA.
- **Albany Co-Chairs Meeting – October 29**- Beth, Ellen, and Margaret
    - Annual meeting with Coordinators, Co-Chairs, and State Office Leadership
        - Office of Mental Health
        - Department of Health
        - Office of Health Insurance Programs
        - Office of Addiction Services and Supports
        - Office of Children and Family Services
            - The meeting went well and had over 80 in attendance
            - Interesting to see the similarities and difference between regions
            - The state appeared open to what was shared
    - Agenda
        - Regional Updates
            - Transportation
            - 820 Residential
        - Telehealth
        - OMH Consumer Survey
        - Breakout Groups
            - VBP/Managed Care
            - Children & Families
            - Workforce/Peers
    - Relevant information for the work being done
    - Meeting slides will be forwarded to the group
        - Minutes are pending approval by state partners
        - Audio recording available upon request (because it is such a large file, it will not be sent out in a mass email)
    - Follow-up on agenda items has been scheduled with the state agencies

- **RPC Quarterly Activities –** Beth
    - Finger Lakes 3rd Quarter Report (June – August)
        - Key Focus Area #1
            - The Future of Telehealth (well attended) workgroup discussed issues emerging with the ongoing use of telehealth. Consensus is that it is not always the best/most appropriate modality with certain populations or in certain situations. The Clinical Integration and Practice workgroup has been charged by the RPC Board to develop clinical guidelines for telehealth.
        - Key Focus Area #2
            - Recent events in our community have highlighted the inadequacy of response to people experiencing urgent behavioral health problems, with the default responders inappropriately being solely law enforcement. A fuller continuum of 24/7 services must be put in place to serve our communities better and more safely when they have behavioral health needs. The RPC Board charges the Clinical Integration and Practice workgroup with examining the existing response resources and making recommendations for the development of a more comprehensive and truly responsive continuum of services.
        - Key Focus Area #3
            - Physician Assistant Scope of Practice in Article 31 Clinics cannot assess or prescribe without the completion of the OMH waiver process, resulting in an important workforce resource unable to fully deliver critically needed services to clients. The survey of region's mental health clinics have been completed to determine where there might be adequate psychiatric coverage for OMH to permit physician assistants to practice fully without the need for the waiver process.
                - Hope to reschedule another meeting. Only one survey still needing information, the others have been completed.
        - Achievements
            - Substance Use Disorder Treatment Bed Finder – Programming has been uploaded to an open source site that others may create this useful resource in their communities. The Finger Lakes region is supporting the North Country/Tug Hill region in creation of their own Bed Finder.
                - Thanks to Rochester Regional for their support in helping to share this information with others.

- The Children and Family Treatment Support Services/Home and Community Based Services Sustainability Learning Collaborative – Completed their engagement. Nine Finger Lakes regional children's service providers were introduced to a tool designed to help them identify the factors that could lead to sustainability of these services.
    - Final Report
        - Overview and Decision to Proceed – 4/13 (12 participants from 6 organizations)
        - Initial Training – 5/4 (12 participants from 6 organizations)
        - Voluntary Office Hours, Session #1 – 5/21 (9 participants from 3 organizations)
        - Voluntary Office Hours, Session #2 – 5/27 (3 participants from 3 organizations)
        - Reconvene Group for Results and In-Person Discussion – 7/9 (4 participants from 2 organizations)
            - Deep Dive – Cayuga Centers
              Kelly Ware, Vice President of Residential Services, reports their experiences
                - Kelly was able to use the tool to objectively show the number of services needed for viability through the start-up, ramp-up, and fully operational stages of delivering child and family treatment support services.
                - Credibility with the County was increased when they used data from the tool to recommend how to transition from preventive funding to child and family treatment support service revenue. The information provided important insights into when and how to best stage this transition.
                - The tool helped Kelly demonstrate the value of adding clinical child and

family treatment support services to their foster care programming.

- Overall: Use of the tool supported the premise that child and family treatment support services could be sustainable. It provided objective information to others in the organization that sufficiently reassured and convinced them to move forward.
    - Could the data produced be generalized and inform standards for other agencies? The tool is designed for customization. Generalization was not the goal.
    - Aspire Hope of NY – a smaller agency – reported a similar experience. The information was helpful and validated their concerns. It also gave a new perspective for the future and was valuable overall.
    - Breakdown of data on size and types of service – there was not data.
    - Model for getting technical assistance as moving towards value based payment.
    - Ask the agencies if there was anything specifically viable and not viable that can be generalized, as this was not a data-driven project.
    - It would be wonderful for consultants to be available

for each organization but that is not feasible. Through this system, providers can be successful moving towards alternate payment models.

- **Clinical Integration & Practice Workgroup**
    - Meeting held on October 19th
    - 27 were in attendance with 21/27 being board members
    - Topics
        - Clinical Guidelines for Telehealth
            - Available resources – began rudimentary list
            - A sub-group will gather, review, and organize resources to draft initial guidelines
            - CMS is not, yet, on board with authorizing telehealth services post-pandemic
                - RPC leadership should keep an eye on the situation
        - Expansion of Treatment and Support Services Continuum to More Adequately Respond to Behavioral Health Emergencies
            - Group consensus agreed that it is valuable for regional stakeholders to be apprised of the work in Monroe County
            - Kelly Wilmot – Monroe County Planned Response
                - Build cultural responsiveness/diversity of support options to better align with the community's needs
                    - Location is important – workers responding in the field or clients going to a physical space
                - Acknowledge and address mistrust among communities of color that have not been well-served under the current system
                - Reduce stigma, allowing for earlier interventions to occur that would avoid the crisis in the first place
                - Leverage peers and activate other informal supports
                - Ensure transparency by evaluating results and sharing with stakeholders; refine based on the data
                    - Use data partnering for intentional work
                    - Work that is happening is all moving towards the same end goal
                - Goal #1: Increase connection to community crisis services that meet the need (avoid 911 calls/de-escalate the crisis)

        - Strategy: Develop/implement culturally responsive education and outreach strategy for individuals, families, and providers to understand the full-range of crisis supports available
    - Goal #2: Divert mental health and substance use disorder calls coming into 911 to the most appropriate response option; activating law enforcement, only when needed
        - Strategy: Develop/implement 911 diversion and selective dispatch pilots
    - Goal #3: Strengthen supports post-crisis to address the full-range of needs to stabilize and prevent future crises.
        - Strategy: Re-design the process for linkages to support post-crisis, leveraging peers, and developing longer-term relationships needed to support stabilization and recovery.
    - Focusing on high-utilizers, first
    - Kelly and Beth are meeting regularly
- Mental Health Crisis Response
    - Summary of Action Items
        - Sub-group of the Clinical Integration and Practice group will meet to draft the initial telehealth guidelines
        - Beth and Kelly will discuss Monroe County's efforts and how/where the RPC may be able to support them
        - Beth will attempt to catalogue and map the current regional crisis services for the group
            - What is feasible
        - Beth will connect with Nathan to identify any crisis services work still underway post-DSRIP
        - Beth will poll the group to see which participants may be interested in forming a group to leverage 211 as a resource for community awareness and education
            - Could there be RHIO alerts?
                - 945 admissions – then not realizing the person was discharged to the same situation shortly after
- **Racial Inequity and the RPC's Role** – Beth
    - 20 board members responded to the survey
        - Do you agree with the statement, "Racism is a Public Health Crisis"?
            - 12 – Yes, and the RPC should publicly make a statement to that effect

- 4 – Yes, but it is not necessary for the RPC to make any specific statement to that effect
- 1 – No
- 3 – Not Sure

- Do you believe that the membership of the RPC reflects the diversity of our communities?
  - 1 – Yes
  - 10 – No
  - 9 – Not Sure
- Do you wish to have this topic on the RPC agenda for additional discussion?
  - 11 – Yes
  - 1 – No
  - 8 – I have no strong feelings one way or the other
- In your opinion, what should the role of the RPC be in support of the discussions occurring in our communities about racial equity issues?
  - Representing the views of providers and the impact on those we serve
  - Any decision of care we speak of should be based on looking at any bias or inequities
  - At a minimum, the RPC should come out and identify racism as a public health crisis
  - Share information about the commonalities and differences throughout the region
  - Unsure
  - Keep members informed and allow for discussion as issues and solutions arise
  - In regards to Medicaid managed care implementation and regional services for the behavioral health populations, including workforce, there are racial inequities. So it is in the RPC purview
  - First, model racial diversity in the board. If it isn't through direct positions, then an advisory committee made up of people of color (providers, administrators and recipients of care – it could mirror the make up of the main Board stakeholder group, for this important issue should be formed with forward thinking that members of this committee someday serve on the board
  - Awareness options for trainings, law enforcement CIT as a standard, advocacy in the entire region for health inequities as it

relates to Mental Health and Addiction, those with disabilities, SDoH issues to combat the health inequities
    - I think we should have a seat at the table
    - Limited, if any
    - We should make a statement about racism and the health disparities that exist. Perhaps work to identify where those disparities are and how we can do our part to close the gap would be appropriate
    - How does this impact communities in obtaining the services or care that they need?
    - Ensuring equal access to care, regionally identifying impact of race/economic divide possibly impacting continued health issues, lack of services, etc.
    - Similar to its current role. Advocacy and prioritization issues
    - Promote dialogue on common issues faced by providers. Communicate/promote resources available. Advocate for resources for providers to address these issues
    - The RPC is in a unique position to look at racial equity issues from a rural, a small city, and an urban perspective. There is an opportunity to broaden the understanding of RPC members about both similarities and differences of need and approaches based on geographic differences
    - Informing and being aware of biases. ACEs impact brain development and can have a lasting effect on mental, physical, and emotional wellbeing and ACES occur as a result of racism
- If you do not believe that the membership of the RPC reflects the diversity of our communities, how might we address this?
    - By actively identifying and/or recruiting diverse Board membership
    - Look at membership diversity
    - The RPC does not represent the diversity of our communities we serve, as the key stakeholders from which membership is drawn does not represent the diversity of the communities we serve
    - Honestly, membership reflects my community and probably several others that are overwhelming white. It probably doesn't reflect cities, urban areas very well. I know the "correct" answer is to say we need to be as inclusive as possible, though the honest answer is that with less than 2% of African Americans in my area,

it's not worthwhile to spend much time on the issue. Latinos, particularly those that seasonally migrate are probably 3% of the population with language barriers being the primary issue. Rural, generational poor is the demographic that I need to focus on
    - No representation by persons of color
    - Bring in a few partners to add to the board that specialize in disparities, equity and inclusion
    - Reach out to networks of color and engage them in our work – deliberately seek board members of color. Not sure if the diversity of our communities are entering in this field however
- Additional thoughts you have on this topic
    - Potentially RPC can make recommendations for how to recruit and retain diverse staff members
    - As a social worker, I feel guilty not taking a stronger, affirmative stance, on the need for racial equality as I know even though our population is mostly white, the issue transcends race and is really applicable to the values of the society. However, since many of the rural, generational poor in my community feel marginalized, it's not a popular topic. Perhaps figuring out how to reframe it in a way that speaks to the demographic would be most useful in my community
    - The RPC should control the agenda but should also be responsive to issues that relate to our goals
    - I've brought this up at several meetings prior to Daniel Prude's homicide. Sad that it took a local death to make it a priority
    - Glad we are looking for opinions on this topic
    - Glad to see it as a possibility in our discussion
    - This is about our role and responsibility in our communities. Being aware and understanding cultural biases underpins all of our work
        - Where to go from here?
            - Summarize action items and put out to the larger group for feedback
            - How should we expand and address the issue of board membership
                - Add to key partner groups?
                - Who to approach?

        - Define what is being sought – racial or health inequity because health equity is not just a racial issue and we need to be inclusive of all these factors
            - Identify what population in the different regions is, who is seeking services, where is there a disparity
        - Focus on potential inequities in the work category for peers (been touched on in discussions)
        - Reach out to community to identify the lack of diversity
        - Define what the actual issue is
        - Affirming - racism as a public health crisis, in addition to population specific work
        - Broaden representation
            - Uncomfortable conversations are important
            - Listen to the stories of anger, sadness, and hopelessness
            - What is it like for racial minorities to reach out for services when there is only a small percentage in certain regions
        - Racial inequities are health inequities
        - Intentionally diversify board
            - Not just about race, meaningful expertise is important
        - OMH Bureau of Cultural Competence has been completing a series of webinars that should be considered by the board
    - Is this an RPC issue?
        - How to diversify the board when there are clearly defined sections?
        - Look at scope and structure
        - Decision makers at the table
        - How to alter the configuration?
        - Consider at least affirming the statement that "Racism is a Public Health Crisis"
- **Reflections on 2020 and moving into 2021**
    - What should be focused on in 2021?
        - Racism

        - Issue identification
        - Breakout groups
        - Stakeholder group convening for issue identification – very helpful to identify priorities (email will be sent out on this)
    - Has the value statement changed?
        - The ability to move forward through the pandemic attests to the strength of this collaborative effort
- **Next Meeting** – Beth
    - 2021 Board Meeting Dates
        - March 12, 1-3pm – Virtual
        - June 11, 1-3pm – Virtual
        - September 17, 1-3pm – location TBD
        - November 12, 1-3pm – location TBD
- **Adjournment** – Margaret
    - 2:46