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 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

34 BOD
3 BW, TM, KG
37

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

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*

✓ = present

Finger Lakes Regional Planning Consortium
Board of Directors Meeting
Minutes

September 11, 2020 - 1pm-3:00pm
GoToMeeting

- **Call to Order and Welcome** – Margaret
  - Moment of Silence in Remembrance of September 11th
- **Roll Call and Confirm Quorum** – Beth confirmed meeting and voting quorum present
- **Approval of May 15, 2020 Minutes** – Margaret
  - May 15, 2020 Minutes approved
    - Sally Partner - Motion
    - Lori VanAuken - Second
      - No discussion
      - No opposed
      - All in favor
      - Steve Harvey – Abstained
- **Welcome New Board Members** - Margaret
  - Christopher Bell. Executive Director, Monroe County Medical Society
  - Lindsay Gozzi–Theobald, Chief Program Officer. Villa of Hope
  - Claire Isaacson. Manager of Case Management, Molina Health Care
  - Denise DiNoto, Director of Community Services, Rochester RHIO
  - Steve Harvey, President, Integrity Partners (BHCC)
  - Lisa Smith, Interim Executive Director, Finger Lakes and Southern Tier BHCC
- **FQHC Nomination to Board –** Jordan Health – Margaret
  - Melissa Wendland – Motion
  - George Roets - Second
  - Unanimous vote among eligible, voting members
  - Motion approved
  - They will join at the next meeting in November
- **Albany Co-Chairs Meeting Preparation for October 29th** - Margaret
  - Co-Chairs and Coordinators for the 10 RPC regions and New York City, meet with state leadership from DOH, OMH, OASAS, and OCFS

- Break-out Sessions
  - Value Based Payment and Managed Care Organizations
  - Peers and Workforce
  - Children and Family
    - Clarified – this is not an open meeting

- **Black Lives Matter** – Beth
  - Resources
    - Hard Facts: Race and Ethnicity in the Nine County Greater Rochester Area
    - SHRM Tips for Discussing Racial Injustice in the Workplace
    - Racial Equity Tools Tip Sheet: How Can We Avoid Blaming the Victim….?
    - Research Addressing Racial Disparities in Mental Health Treatment
    - Greater Rochester Black Agenda Group - DECLARATION: "RACISM IS A PUBLIC HEALTH CRISIS"
  - Intersection with RPC's Work
  - Client Impact
    - What are your agencies doing to address the issue?
      - Mandy – death of Daniel Prude called out the importance of MH Crisis Response
        - Includes those with addiction issues
        - Structural racism
        - Everyone is impacted
        - RRH having conversations with clients, staff, the system, and the community
          - Any way the RPC could assist?
            - Not sure
            - Table confusion – who's addressing what?
      - Craig – working with those having co-occurring disorders
        - Some focus on Quadrant 4 individuals with increased levels of Mental Health and Substance Use Disorders.
      - Lori – important to have these conversations because of the positions held within the community and the ability to do something but it must be germane to the conversation
        - Agrees that there is table confusion
      - Melissa – racism is a public health issue effecting marginalized communities
        - Part of the collective effort
        - How to work with communities in regions
        - Importance of who is delivering the message (RPC)

- Approaches for support in rural areas
  - Melissa – elevated conversations among marginalized communities
    - Programs and initiatives effecting 60 – 70% depressed, socio-economic areas
    - Social determinants of health
    - Starts with leadership
  - Jennifer – House literacy course on public health perspective, heath literacy, and cultural competency of care
    - Will be emailed out
- Supporting Law Enforcement – how can we increase support to them in working with people with mental health problems? Does CIT training address racial inequities?
  - George – decades of promise of continuum of care
    - Defaulted to police but haven't developed those types of crisis programming to complete the system
    - 7,000 mental hygiene arrests in Monroe County, to date this year
    - People are not equipped to serve within the community
    - Person arrested but quickly released – needing to address our responsibility in that and develop real partnerships
  - Margaret – CIT Curriculum
    - Implicit bias is touched upon
    - Dealing with the whole person, including the racial and social makeup
    - Single-person oriented
    - Does it also address the bias of the individual police officer?
      - Not necessarily
      - It stresses the police needing to know the makeup of their community and that some will be the same as them, but others will be different – treating everyone the same
    - Recruitment of officers for who they are and why they want to be police officers
    - Social work role falls on police – how to engage with the community which is a lot of what the role involves
    - Military organization with lots of rules
    - Need to build a continuum of care and not have holes in the system
    - CIT having the right people to the problem
    - How do we cut-down on calls to the police?
      - Treatment first
        - Yates County

- Mary – Broome county has diversion with 911, engaging in next steps
- Margaret – reinvention of law enforcement efforts underway statewide – critical for BH leaders to be at those tables and participate in this process
    - Reforming policies in Seneca County
    - Engaging the community in public forums
    - Effective efforts at diversion
- Kelly – Monroe County
    - Not all officers are not mandated to attend the training, only 20%
- Brian – emphasized pick-up order as a moral obligation, vs. a legal obligation
- Melissa – health disparities often at their worst in Black and Latino communities
    - Exacerbated by poverty
    - These communities are up to 3x more likely to live in poverty

- **Future of Telehealth –** Margaret
    - Key Takeaways
        - Everyone - clients and providers, want the telephonic mode of Telehealth to be retained and the State is working to make that happen – it has significantly addressed access issues caused by lack of transportation and/or broadband resources
        - This valuable modality will only be sustainable with the continuation of viable rates – there is intense concern that, post-COVID, rates may be reduced to an unsustainable level
        - Continuation of the flexible permitted time intervals will be important – practice may evolve to more frequent, but shorter, contacts with clients – doing this has increased engagement with some clients
        - Request for the State to be deliberate in moving toward uniformity in regulations across MA agencies
        - While the telephonic mode is extremely valuable, there are some clients and circumstances in which it is not always the best modality
            - New Clients, in some cases
            - Some Youth
            - Some Clients with Substance Abuse disorders
            - Assessments evaluating Risk for Harm
            - Situations where abuse is a concern - child, family, or partner
            - Presentations where visual observation is needed or preferable
        - Survey Results – ranked on importance and regional work viability
            - Client Satisfaction
            - Retention of Telephonic Modality

- Development of Clinical Guidelines
- Indications
- Contraindications
- Best Practices
- Workforce Ramifications
- Rates, Permitted Time Intervals, and Frequency of Visits

▪ Rochester Regional Health Telehealth Overview - Presentation by Mandy Teeter to workgroup – provided valuable framework for assessing implementation & issues
  ▪ RRH identified large volume of "meaningful contacts" with clients that are not billable and have collected data - Will share with group once information is received
▪ Highest Ranked Telehealth Factors in Survey (ranked by workgroup for Importance and Regional Work Viability)
  - Client Satisfaction
  - Retention of Telephonic Modality
  - Development of Clinical Guidelines – Indications, Contraindications, Best Practices
  - Workforce Ramifications
  - Rates, Permitted Time Intervals, and Frequency of Visits

From the above ranked items, the following are referred to the Clinical Integration workgroup:

- Development of Clinical Guidelines
- Indications, Contraindications, Best Practices
- Permitted Time Intervals and Frequency of Visits with Viable Rates

o Clinical Integration & Practice workgroup
  ▪ In light of new issues being referred to workgroup, the purpose of workgroup is to be expanded to address clinical practice versus just integration
o Next steps
  ▪ Convene Clinical Integration & Practice workgroup
  ▪ Since there has been lots of interest, meeting information will be sent to the full board in addition to current workgroup members

- **BHCC Updates**
  o Finger Lakes and Southern Tier BHCC – Lisa Stauch-Smith
    ▪ Agency level – how to use data to drive best practices and quality improvement projects

        - How to support those within the network
    - Integrity Partners for Behavioral Health – Steve Harvey
        - 14 LGU and 10 Community Based Providers
        - Partner with the UB School of Social Work
        - Data warehouse – comprehensive data analytics
        - Data points understand cost
        - Fiscal monitors
        - Stronger effort to connect partners
        - Sharing expertise
        - Referral module – to launch the week of September 14th with the treatment services closest to you
        - MAT project – OASAS funding model with 8 providers - successful

- **FLPPS – STACI process**
    - System Transformation and Community Investment (STACI) – Nathan Franus
    - How should FLPPS invest the remaining $3 million – poll of community focus groups
        - Objectives
            - Build upon the principles of DSRIP by using data-driven and transparent inputs to identify high-value and high-impact programs that support region-wide collaboration
            - Continue and scale DSRIP "promising practices" across the following domains:
                - Behavioral Health
                - Maternal and Child Health
                - Social Determinants of Health
                - Care Management
            - Social Determinants of Health, Care Management, Telehealth, Workforce, and addressing health disparities will be considered throughout all domains
    - Needs Assessment and Methodology
        - Using data driven approaches to inform future decisions
    - Funding – money remaining from the DSRIP project
        - Working with partners to deploy these interventions – hope to complete by the end of the year
        - Prioritize areas by ranking criteria
        - Data ends June 2019
            - Margaret - Integrated clinics – data is wonky because the metrics do not necessarily reflect services provided

- **RPC Activities for Quarter 2 –** Beth reviewed the Finger Lakes Q2 Report
  - RPC Areas of focus
    - Behavioral health work force
    - Children and family
    - Innovations in value based care
    - Social determinants of health
  - Mental Health Access Survey
  - Behavioral Health Crisis Resource Guide
  - COVID-19 TeleMental Health Tracker
  - Quarter 2 – Top Issues
    - Physician Assistant (PA) Scope of Practice in Article 31 Clinics – cannot assess or prescribe without completion of OMH waiver process, resulting in an important workforce resource unable to fully deliver critically needed services to clients
    - Children & Families providers report CFTSS/HCBS services not financially sustainable
    - Residents of 820 OASAS housing programs are losing Managed Care insurance due to a processing problem at LDSS around the Congregate Care Level 2 application.
  - Next Steps
    - Confirm Status of new Physician Assistant Psychiatry Track Curriculum at RIT which may result in PA's being permitted to prescribe in Article 31 Clinic without needing the currently required OMH waiver process
    - Convene closing session of CFTSS/HCBS Sustainability Learning Collaborative
    - Survey Learning Collaborative participants on the value of the learning tool & the Collaborative experience
    - Follow-up with regional 820 OASAS providers to gauge success of the implementation of the formal GIS notice intended to correct the interruption of clients' Managed Care coverage
  - Achievements and Upcoming
    - Finger Lakes Crisis Resource Guide issued – Apr 29
    - Convened First Meeting of New Finger Lakes RPC Workgroup – Future of Telehealth
    - As a direct result of the work of the WNY RPC, with advisement and support from the Finger Lakes RPC, NYS DOH, OTDA and OASAS jointly issued a formal GIS notice to Local DSS Commissioners correcting the interruption of clients' Managed Care coverage when they are admitted to OASAS 820 settings

  - Next Steps
    - Meet new physician leader for the RIT Physician Assistant program to discuss their curriculum for new psychiatric PA certificate and the potential to connect with OMH early in hopes of graduates being exempt from current OMH waiver process

- Children & Families Subcommittee – met August 3rd – 53 Attendees
  Children starting to tire of Telehealth visits
  Exhausting for staff to do 8 hrs/day TH visits
  Concerns about not being able to be on-site in schools in fall
  Still much confusion about how to use OLP services and the difference between a referral and a recommendation, need for more education and outreach to community allied health providers

- CFTSS/HCBS Sustainability Learning Collaborative - almost wrapped up

- Bed Finder Migration to North Country/Tug Hill continues

- **Next Meeting –** Beth
  - ***Friday, November 13*** from 1-3pm – GoToMeeting

- **Wrap Up and Adjournment** – Margaret
  - Adjourned at 2:54 P.M.

CHEMUNG, LIVINGSTON, MONROE, ONTARIO, SCHUYLER, SENECA, STEUBEN, WAYNE, YATES

FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors – November 2020

RPC CoChair: Margaret Morse **RPC CoChair:** Ellen Hey **RPC Coordinator:** Beth White

Community Based Organizations

Mental Health: Sally Partner, VP of Strategic Growth and Advocacy, Catholic Family Center

Substance Use Disorders: Jennifer Carlson, CEO, FLACRA

Children's Services: Lindsay Gozzi–Theobald, Chief Program Officer, Villa of Hope

Housing: Valerie Way, Vice President of Programs, East House

HCBS: Lori VanAuken, Executive Director, Catholic Charities Community Services

Rural Provider: Ann Domingos, CEO, CASA-Trinity

Hospital and Health System Providers

Hospital: Mandy Teeter, Vice President of Behavioral Health, Rochester Regional Health

Hospital: George Nasra, Psychiatrist, Division Chief, University of Rochester Medical Center

Hospital: Mary Vosburgh, Vice President of Nursing, Arnot Health

FQHC: Ellen Hey, Chief of Quality, Finger Lakes Community Health, *Board CoChair*

FQHC: Laurie Donohue. Chief Medical Officer, Jordan Health

Health Home Lead Agency: Craig Johnson, COO, Huther Doyle Memorial institute

Peers, Family and Youth Advocates

Peer: Jennifer Storch

Peer: Rita Cronise

Youth Advocate: Julie Vincent

Family Advocate: Jeannine Struble

Family Advocate: Jeffrey Hoffman

Youth Advocate: OPEN

Managed Care Organizations/HARP's

Excellus Health Plan: Colleen Klintworth, Behavioral Health Gov't & Community Affairs Manager

Fidelis Health Care: Ivette Morales, Clinical Program Development Manager

Molina Healthcare: Claire Isaacson, Manager, HARP/HCBS Case Management

MVP Health Care: Angela Vidile, Director, Behavioral Health

United Healthcare Community Plan: Jennifer Earl, Government Liaison

Directors of Community Services - LGU's

Livingston County: Michele Anuszkiewicz

Monroe County: Kelly Wilmot

Ontario County: Diane Johnston

Schuyler County: Shawn Rosno

Seneca County: Margaret Morse, *Board CoChair*

Yates County: George Roets

Key Partners

Common Ground Health: Melissa Wendland, Director of Strategic Initiatives

Finger Lakes and Southern Tier BHCC: Lisa Stauch Smith, Interim Executive Director

Finger Lakes PPS: Nathan Franus, Director - System Transformation and Community Investment

Integrity Partners for Behavioral Health BHCC : Steven Harvey, CEO

Monroe County Medical Society: Christopher Bell, Executive Director

Rochester RHIO: Denise DiNoto, Director of Community Services

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

Ex Officio

OMH Western Field Office: Christina Smith, Director & Chris Marcello, Deputy Director

OASAS Field Office: Colleen Mance, Program Manager

LDSS: JoAnn Fratarcangelo, Schuyler County Commissioner of Social Services

LDSS: Kathryn Muller, Steuben County Commissioner of Social Services

FINGER LAKES RPC – Q3 REPORT

DCS Co-chair: Margaret Morse, LMSW, Seneca County

Community Co-chair: Ellen Hey, MS, FNPC, Chief of Quality, Finger Lakes Community Health

RPC Coordinator: Beth White

Board Membership: Finger Lakes RPC Board Members

Click HERE to visit the Finger Lakes RPC web page

Key Area of Focus #1

- The Future of Telehealth (TH) Workgroup discussed the issues emerging with the ongoing use of telehealth. Consensus is that it is not always the best/most appropriate modality with certain populations or situations. Clinical Integration & Practice workgroup has been charged by the RPC Board to develop clinical guidelines for telehealth.

Next Steps

- Clinical Integration & Practice Workgroup to meet in October. Initial discussions will include the identification of existing telehealth guidelines for review.

Key Area of Focus #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 & Practice Workgroup with examining the existing response resources and making recommendations for the development of a more comprehensive and truly responsive continuum of services.

Next Steps

- Clinical Integration & Practice Workgroup to meet in October. Initial discussions will include the identification of other community groups meeting to address the continuum of services and how best to connect the RPC to those efforts.

Click HERE to return to Table of Contents

FINGER LAKES RPC – Q3 REPORT

Key Area of Focus #3

- Physician Assistant (PA) Scope of Practice in Article 31 Clinics – cannot assess or prescribe without completion of OMH waiver process, resulting in an important workforce resource unable to fully deliver critically needed services to clients. Survey of region's MH clinics has been completed to determine where there might be adequate psychiatric coverage for OMH to permit PAs to practice fully without the need for the waiver process.

Next Steps

- Meet with OMH Chief Medical Officer and staff to review survey results and identify MH Clinics that might be exempted from the PA waiver process.

Achievements & Upcoming

- SUD Treatment Bed Finder: Programming has been uploaded to an open source site so that others may create this useful resource in their communities. Finger Lakes region is supporting the North Country/Tug Hill RPC's in creation of their regions' Bed Finder.
- The CFTSS/HCBS Sustainability Learning Collaborative completed its engagement. Nine Finger Lakes region children's services providers were introduced to a tool designed to help them identify the factors that could lead to sustainability of CFTSS/HCBS.

Meetings Held During Quarter 3

- CFTSS/HCBS Sustainability Learning Collaborative – Final Session: 7/9
- RPC - MCO Roundtable – 7/10, 9/15
- NC Bed Finder Project Meeting – 7/15, 7/30, 9/9, 9/25
- Children & Families Subcommittee – 8/3
- Future of Telehealth Workgroup – 8/25
- RPC Board Meeting – 9/11

Click HERE to return to Table of Contents

FINGER LAKES REGIONAL PLANNING CONSORTIUM

CFTSS/HCBS Sustainability Learning Collaborative

Final Report

May 4 – July 9, 2020

Challenge

How can children's services providers deliver CFTSS and HCBS services in a sustainable manner?

Report of a Helpful Resource

During a Children & Families Subcommittee discussion, it was reported that one provider had received a technical consultation that had been incredibly helpful to their organization in assessing financial sustainability of CFTSS service delivery.

The CFTSS Productivity Tool allows providers to identify service delivery volume, service mix, and operating expenses to structure their service delivery in a manner that meets their outcome and quality standards in a financially sustainable fashion. It answers the questions:

1. What is the financial impact of implementing the new Children and Family Treatment and Support Services?
2. What is the service mix that will meet our quality and outcome goals and is financially sustainable?
3. The CFTSS Productivity Tool and its Guide (does not include HCBS) are now available to all at: https://ctacny.org/tools#caregiverguides

Collaboration

The Finger Lakes Performing Provider System (FLPPS) agreed to support the engagement of the tool's creator, CCSI Consultant David Wawrzynek, to work directly with the providers to learn how to use the tool and apply it to their organizations' CFTSS/HCBS operations.

Learning Collaborative Opportunity Offered to Finger Lakes Children's Services Providers

Initial plans were to convene Learning Collaborative for up to four of the region's children's services providers, but interest was high, and six providers participated. The Learning Collaborative had been about to begin when the COVID-19 pandemic ensued in March 2020. Because of the intense disruptions and critical needs that providers were facing, an initial overview meeting was held to determine providers' interest in proceeding. Due to support from FLPPS, there was no cost to providers to participate in the Learning Collaborative, just the commitment of the key executive agency staff in the process.

Learning Collaborative Sessions

- Overview & Decision to Proceed – **April 13** (12 participants from 6 orgs)
- Initial Training – **May 4** (12 participants from 6 orgs)
- Voluntary Office Hours Session #1 – **May 21** (9 participants from 3 orgs)
- Voluntary Office Hours Session #2 – **May 27** (3 participants from 3 orgs)
- Reconvene Group for Results & In Person Discussion – **July 9** (4 participants from 2 orgs)

Participant Feedback

Four of the six participating organizations participated in a survey after the Learning Collaborative

Three organizations reported that this experience changed their opinion about their ability to sustainably deliver CFTSS and/or HCBS services:

2 - Yes, it helped us see how these services might be sustainable for our organization.
1 – Somewhat
1 – did not answer

They shared the benefits of participating in the Learning Collaborative:

-In joining the Learning Collaborative, I learned more about other agencies providing CFTSS and how they are working within the model to provide services. The tool was incredibly useful for projecting services.

-we were introduced to the sustainability tool and connected with other agencies

-Hearing from other providers and of course access to the tool

They recommend this tool to other children's service providers:

3 – Yes
1 – did not answer

They reported that the group experience of the Learning Collaborative was helpful in learning about and using the sustainability tool, vs. simply receiving the tool and instructions for its use

1 - Absolutely, the Learning Collaborative enhanced our understanding and ability to use the tool.
2 - The Learning Collaborative was helpful.
1 – did not answer

One Agency's Deep Dive

Kelly Ware, Vice President of Residential Services at Cayuga Centers, reported having benefitted from using the productivity tool in several circumstances. She reported their experience to the Children & Families Subcommittee in its August 4 meeting.

Highlights:

- Kelly was able to use the tool to objectively show the # of services needed for viability throughout the start-up, ramp-up and fully operational stages of delivering CFTSS services.
- Credibility with the County was increased when they used data from the tool to recommend how to transition from Preventive funding to CFTSS 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 CFTSS services to their foster care programs.

Cayuga Center's Overall Finding:

Use of the tool supported the premise that CFTSS services *could* be sustainable and provided objective information for reassuring and convincing others in the organization sufficiently to move forward.

Facilitator Observations

Though interest had been high at the beginning of the Learning Collaborative, participant engagement waned as the process unfolded. This is felt to be due to numerous factors:

- The pandemic had several impacts on the project:
    - Event had initially been planned as an in person experience, but had to be changed to virtual
    - Demands on people's already intense schedules were increased. Multiple participants reported that they wished they could have participated more fully.
- Larger organizations were more likely to already have this type of tool in use and dropped out having seen the tool, or they saw it and had staff able to use it without needing the collaborative part of the experience. Smaller organizations clearly had more appreciation for and benefit from the experience.
- For those who did utilize the tool and the Learning Collaborative, the experience left them better able to understand where the viability/sustainability points were for CFTSS services.

CFTSS/HCBS Sustainability Learning Collaborative

Participants

AspireHope
Catholic Charities of Livingston County
Cayuga Centers
Glove House
Hillside
Pathways

Finger Lakes Regional Planning Consortium

Clinical Integration & Practice Workgroup Meeting – October 19, 2020

GoToMeeting, 1pm – 3pm

MEETING SUMMARY

- **Welcome and Roll Call**

  27 attendees including 21 RPC Board members

- **Issues Referred to Workgroup by RPC Board – Why are We Here?**

Today's Goal: Decide How to Approach the Work in Two Main Areas

Development of Clinical Guidelines

RPC Board established a Future of Telehealth Workgroup in March. The group met twice and concluded that the most useful RPC activity in this area would be the establishment of Clinical Guidelines for Telehealth.

Indications, Contraindications, Best Practices
Permitted Time Intervals & Frequency of Visits w/Viable Rates

Racial Equity Discussion

September 11 RPC Board Meeting – Intersection with RPC's Work – Our Role?

Awareness that many discussions are taking place – reports heard from many Board members. Conclusion re RPC's Role:

Inadequacies in BH service and response options have led to law enforcement being the responder in too many behavioral health situations. Not fair to clients and not fair to law enforcement.

Question for RPC: As the long term work of building more and better services and response capabilities takes place, can we look now at existing resources to see what might be shifted or redeployed for a more immediate improvement?

• Development of Clinical Guidelines for Telehealth Services

Available Resources – very rudimentary list begun (attached)

Subgroup to Gather, Review & Organize Resources?

Other Approaches?

Question was asked re CMS stance on continuation of telephonic modality. It was reported that CMS is not yet on board with retaining that modality post-COVID. Will be a great concern to all if telephonic no longer permitted.

Next Step: Subgroup will meet to draft initial guidelines. To be scheduled in Q4 2020.

• Expansion of Treatment and Support Services Continuum to More Adequately Respond to BH Emergencies

Monroe County's Planned Response – Kelly Wilmot

Kelly reported that Monroe County has created a Task Force charged with looking at existing services and advising how to divert 911 calls that concern non-violent BH crises to responders other than law enforcement.

Dilemma exists that there are many services in the community, but most people do not know about them, and the worst time to learn about them is in a crisis.

Too many times, people are discharged from the Psychiatric Emergency Room right back to police involvement.

The County and City of Rochester are collaborating. City looking at a CAHOOTS type program, where BH experts respond to most BH 911 calls instead of police. County is assessing 211/911 crisis lines and how diversions might occur for BH urgent calls.

County Public Health is creating an Impact Team, that would include peers to support more timely and effective engagement in follow up services after a crisis. There were several comments that noted that peer involvement would be appropriate and desirable post-crisis, but that response to the actual crisis event is not in the scope of peer practice.

Regional Perspective to Response

Many RPC Stakeholders are Involved in the Monroe County efforts - Is there value in sharing Monroe County's work with other regional stakeholders of the RPC?

Group consensus was yes, that it is valuable for regional stakeholders to be kept apprised of the work happening in Monroe County.

Action Item: Beth and Kelly will keep in touch re Monroe County's efforts and how/where the RPC might support them.

Current Resources – how to Review & Potentially Improve their Responsiveness?

There was extensive discussion that mostly focused on two areas:

MH Crisis Response – what is needed, what exists and how to bridge the gap

Public Education about and Connection to Services

MH Crisis Response

General consensus that more is needed in between immediate police/ER and traditional outpatient services – people mentioned "safe zones" and places for "de-escalation," but it is not feasible for every county to have one, so how many would be enough? How far of a distance or long a travel time would be reasonable for access?

24/7 availability is an enormous issue, which results in police being the only option many times. This results in entirely too many MH arrests. Great frustration with having people in crisis taken to the Emergency room, only to have a general medical physician release them hours later without a psychiatric assessment. DCS's who execute 945 emergency admission frequently are not informed when the person in need of help is quickly discharged back to the same situation.

For SUD population, COTI and Open Access programs have helped, but not all of them are operating 24/7.

Val reported that Affinity Place, a peer run respite service in the city of Rochester, runs at about 86% occupancy, so could provide more service, but an ongoing issue is getting transportation to Affinity Place for someone in an outlying area.

It was noted that DSRIP had tried to address this but was not successful. Several commented and agreed that "We talk about this over and over, but nothing changes."

So, what do we have now in the way of crisis response services?

Affinity Place
COTI (SUD)
Open Access (SUD)
Mobile Crisis Teams & CPEP's
County Crisis Plans (required by OMH in 2018)
County Suicide Prevention Coalitions
New OMH Crisis services (residential and mobile) projected to begin in December 2020.

The New York State Office of Mental Health and NYS county leadership, with input from various stakeholders, have developed a shared vision of a coordinated behavioral health crisis response system available to all New Yorkers, regardless of ability to pay.

Detailed information about their progress and existing services can be found at: https://omh.ny.gov/omhweb/bho/crisis-intervention.html

Action Item: Beth will attempt to "catalogue" and map current regional crisis services to bring back to group.

Action Item: Beth will connect with Nathan to identify any crisis services work still underway at the PPS via the post-DSRIP STACI transition.

Public Education about and Connection to Services

Group generally agreed that it is not feasible to educate everyone in all communities about all services – focus quickly became 211 and how to strengthen and publicize it.

It was noted that 211 looks different from County to County. All counties have some kind of 24/7 call in #, but it is not known how robust they are or what a person can actually connect with by calling them.

Might the RPC work with a marketing agency to promote 211?

Action Item: Beth will poll group to see which participants might be interested in forming a subgroup to address 211 resource and community awareness and education.

Summary of Action Items

Next Step: Subgroup of CI&P will meet to draft initial telehealth guidelines. To be scheduled in Q4 2020.

Action Item: Beth and Kelly will keep in touch re Monroe County's efforts and how/where the RPC might support them.

Action Item: Beth will attempt to "catalogue" and map current regional crisis services to bring back to group.

Action Item: Beth will connect with Nathan to identify any crisis services work still underway at the PPS via the post-DSRIP STACI transition.

Action Item: Beth will poll group to see which participants might be interested in forming a subgroup to address 211 resource and community awareness and education.

Clinical Integration & Practice Workgroup will meet again in Q1 2021.

Finger Lakes Regional Planning Consortium

Racial Equity – What is the RPC's Role?

Board Survey Results – Narrative Responses – November 13, 2020

In your opinion, what should the role of the RPC be in support of the discussions occurring in our communities about racial equity issues?

Responses (20):

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 do 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 approach 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 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?

Responses (11):

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.

Try to recruit more CBOs that have more diversity in leadership?

add board seat that focuses on this issue

Engage diverse representatives

Please feel free to share any additional thoughts you have on this topic

Responses (7):

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 that 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 opinion 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

Racial Inequity - RPC's Role

SUMMARY → DESIGN SURVEY → PREVIEW & SCORE → COLLECT RESPONSES → ANALYZE RESULTS →

PRESENT RESULTS

Back to dashboards

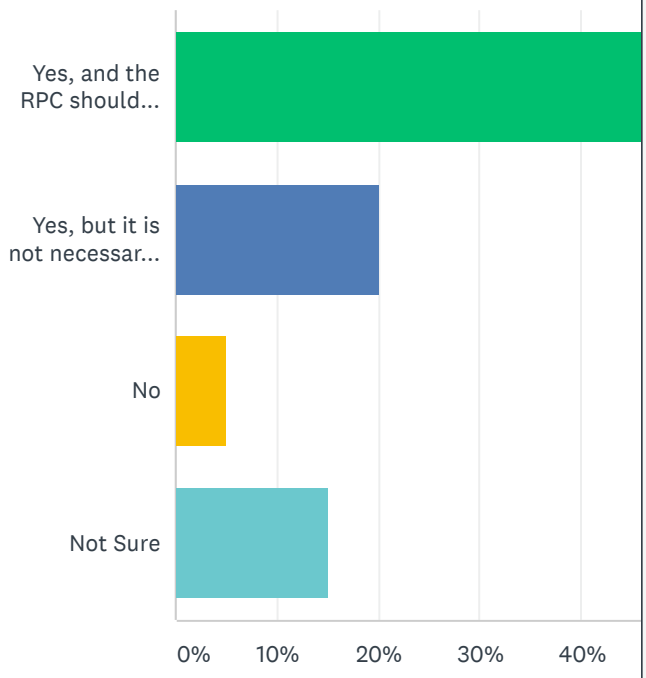
PUBLISH

Racial Inequity - RPC's Role

SUBTITLE

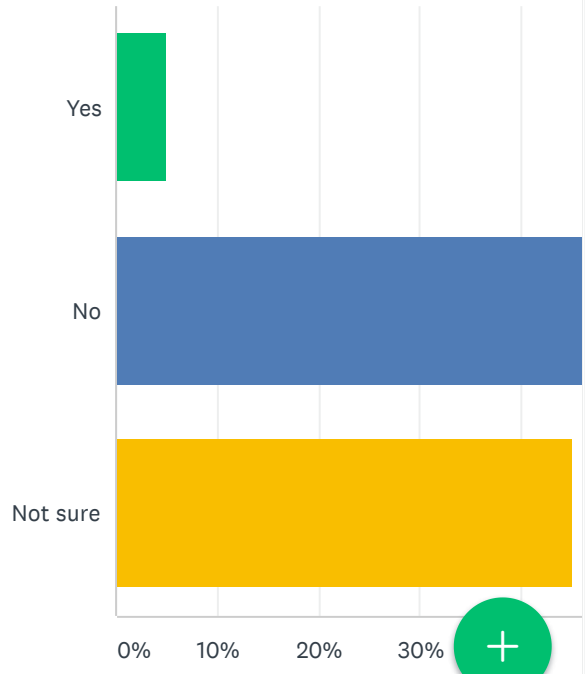
Do you agree with the statement ...

Answered: 20 Skipped: 0



Do you believe that the members...

Answered: 20 Skipped: 0

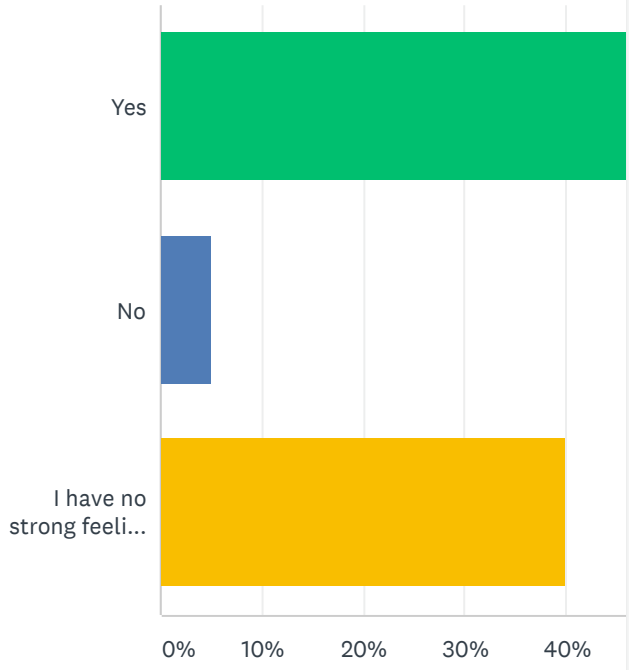


Racial Inequity - RPC's Role (0)

Racial Inequity - RPC's Role (0)

Do you wish to have this topic on...

Answered: 20 Skipped: 0



Racial Inequity - RPC's Role (0)

Finger Lakes Regional Planning Consortium
2021 Board Meeting Dates

All meetings are on Friday from 1-3pm

Friday, ***March 12*** from 1-3pm: Virtual
Friday, ***June 11*** from 1-3pm: Virtual
Friday ***Sept 17*** from 1-3pm: TBD (Hope springs eternal!!) 
Friday ***Nov 12*** from 1-3pm: TBD (Hope springs eternal!!) 

Questions?

Beth White, RPC Coordinator
bw@clmhd.org
518-391-8231