REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Housekeeping

Housekeeping

For audience members -
In addition to the computer link, you must call in via telephone to the main conference line sent in the invite (888-392-4564 Passcode: 2996807#).

If at anytime you need assistance, please contact TelSpan Support:
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webhelp@telspan.com

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Welcome

Welcome & Housekeeping

Mark O'Brien, RPC Co-Chair, Western Region

Lori Kicinski, RPC Project Director

CLMHD Regional Planning Consortium

RPC CENTRAL OFFICE - ALBANY
Lori Kicinski, RPC Project Director
Katerina Gaylord, Assistant RPC Project Director

TUG HILL/SEAWAY REGION
Tim Ruetten, DCS, Jefferson County
Jennifer Earl, Government Liaison, United Health Care/Optum
Beth Solar, RPC Coordinator

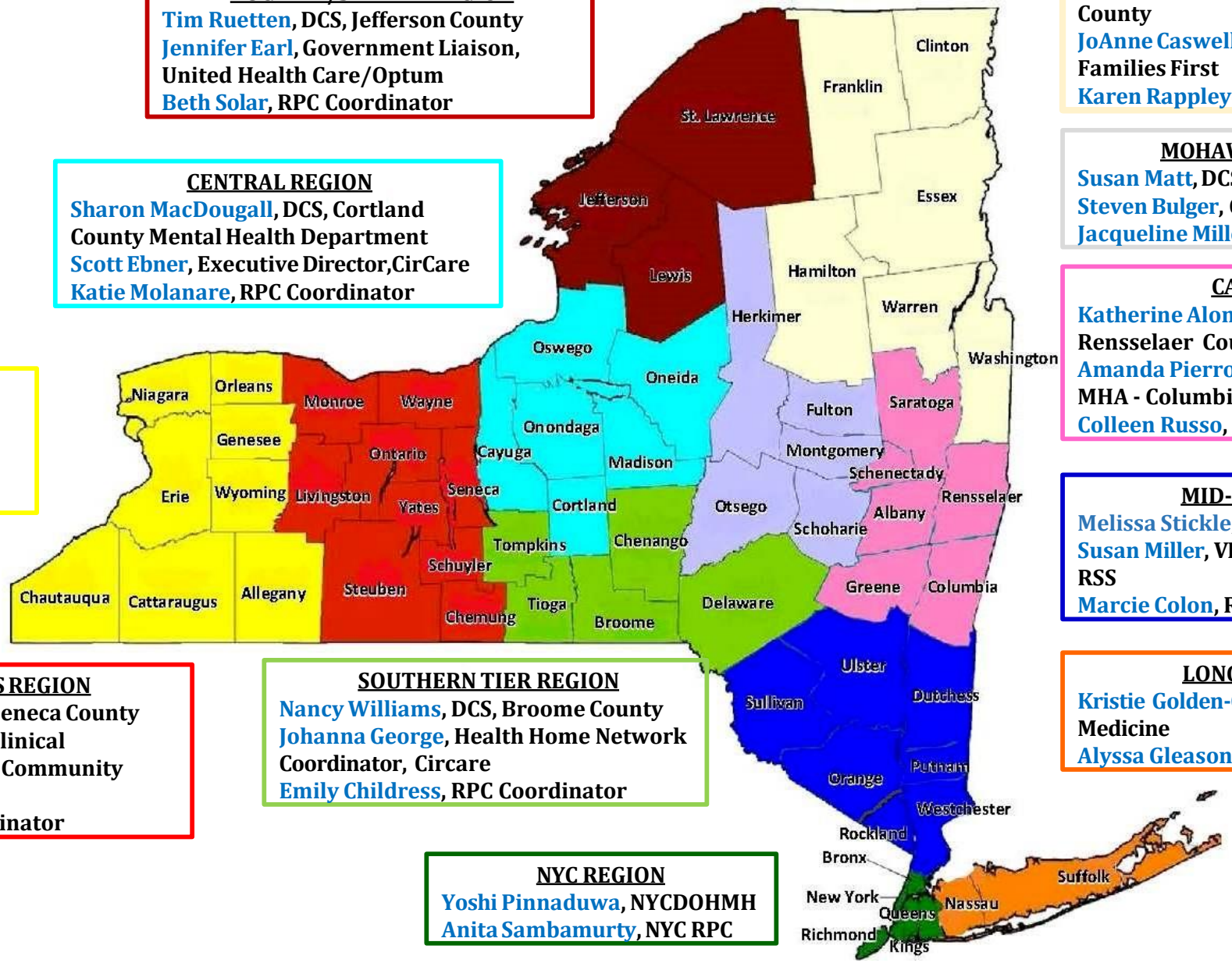
CENTRAL REGION
Sharon MacDougall, DCS, Cortland County Mental Health Department
Scott Ebner, Executive Director,CirCare
Katie Molanare, RPC Coordinator

WESTERN REGION
Mark O'Brien, DCS, Erie County
Kirsten Vincent, CEO, Recovery Options Made Easy
Tiffany Moore, RPC Coordinator

FINGER LAKES REGION
Margaret Morse, DCS, Seneca County
Ellen Hey, Director of Clinical Services, Finger Lakes Community Health
Beth White, RPC Coordinator

SOUTHERN TIER REGION
Nancy Williams, DCS, Broome County
Johanna George, Health Home Network Coordinator, Circare
Emily Childress, RPC Coordinator

NYC REGION
Yoshi Pinnaduwa, NYCDOHMH
Anita Sambamurty, NYC RPC



NORTH COUNTRY REGION
Suzanne Lavigne, DCS, Franklin County
JoAnne Caswell, Executive Dir., Families First
Karen Rappleyea, RPC Coordinator

MOHAWK VALLEY REGION
Susan Matt, DCS, Otsego County
Steven Bulger, CEO, ICAN
Jacqueline Miller, RPC Coordinator

CAPITAL REGION
Katherine Alonge-Coons, DCS, Rensselaer County
Amanda Pierro, Director Apogee Center, MHA - Columbia-Greene
Colleen Russo, RPC Coordinator

MID-HUDSON REGION
Melissa Stickle, DCS, Sullivan County
Susan Miller, VP, Hudson Valley Services, RSS
Marcie Colon, RPC Coordinator

LONG ISLAND REGION
Kristie Golden-Campo, Stony Brook Medicine
Alyssa Gleason, RPC Coordinator

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Housekeeping

Today's Virtual Meeting:

- Due to number of attendees, we will not be taking Roll Call
- This is an Operator Assisted Call: Olivia Fritz, TelSpan Operator
- Three-minute Reminders for Plenary, Panel Discussion, and the 3 Breakout sessions
- Please note that you have dialed in to the Main Conference Line; this line will be cut during the duration of the Breakout Sessions. You are asked to return to the Main Conference Line again at approximately 2:10pm, following the Breakout Sessions.
- Requested Breakout Sessions participants were sent a "separate" call-in line for their attendance; slides were also attached to each session
- If you asked to attend a Breakout Session as "Gallery", please be mindful of the assigned group's dialogue for the call
- All sessions will be recorded; slides and any after-action document(s) will be released in November

REGIONAL PLANNING CONSORTIUM

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October 29, 2020

Regional Updates

Regional Updates

Same Day Transportation

Mid Hudson Co-Occurring System of Care

820 Residential Redesign

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Regional Updates

Same Day Transportation

Southern Tier & Tug Hill

Emily Childress, Southern Tier RPC Coordinator

Beth Solar, Tug Hill RPC Coordinator

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October 29, 2020

Regional Updates

Same Day Transportation

Southern Tier & Tug Hill

Issue:

Non-Emergency Medical Transportation to Same Day Appointments at Mental Health & Substance Use Disorder Clinics

Update:

June 2020 - Medical Answering Service (MAS) implemented specific process for immediate transportation of clients seeking intake services at Substance Use Disorder (SUD) providers

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Regional Updates

Same Day Transportation, Cont.

Southern Tier & Tug Hill

Update, cont.:

- Allowed use of "intake" as medical reason for transportation to initial appointments to set up Opioid Treatment Providers (OTP) services, Outpatient Services, or to go to Detox or Inpatient/Rehab
  - Intake will be considered Urgent/Life Sustaining medical reason
  - Exception to the 3-day policy
  - Does not require NYS DOH 2015 or 2020 forms
  - Cannot be set up as a standing order

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Regional Updates

Same Day Transportation, Cont.

Southern Tier & Tug Hill

Update, cont.:

- Implementation of Preferred Provider Opportunity Program (PPO) for SUD providers to enhance safe, reliable, and dependable transportation for Medicaid Enrollees
- MAS has hired 2 OTP Directors with CASAC credentials
- Ongoing conversations between MAS and RPC on replicating this process for other program types

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Regional Updates

Co-Occurring System Of Care (COSOC)

Mid Hudson

Marcie Colon, Mid Hudson RPC Coordinator

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RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Regional Updates

Co-Occurring System Of Care (COSOC)

Mid Hudson

Issue:

The Mid Hudson COSOC was developed to assist counties and the region in developing and implementing an integrated system of care for individuals with mental health and substance use disorders.

Update:

The Mid Hudson Co-Occurring System of Care (COSOC) project has received support from all seven counties in the region and has moved from discussion and to action. The region has offered a variety of trainings, support and assistance to counties as well as individual agencies as we move to build a true co-occurring system of care. The region has worked with content experts across the nation and is incorporating best practices to ensure positive outcomes.

Mid Hudson RPC Co-Occurring System Of Care (COSOC)

May, 2020

2016

- Identified county needs and plans with all DCSs

2017

- Mid Hudson RPC Board identified COSOC as a prioritized regional issue and need
- Developed regional & county COSOC teams
- Hosted regional training "Creating a Welcoming and Integrated, Trauma-Informed System for Addressing Those with Co-occurring Disorders" presented by Dr. Kenneth Minkoff*

2018

- Hosted follow up training "Creating a Welcoming and Integrated, Trauma-Informed System for Addressing Those with Co-occurring Disorders Part 2 – Moving to Action" presented by Dr. Kenneth Minkoff*
- Further developed regional & county COSOC teams

2019

- Case Manager training ""A Look into the World of Medication in Behavioral Health & Substance Use Disorders" presented by Dr. Nicholas Batson**
- Presented COSOC at the annual NY Public Health Assoc., NY State Psychiatry Assoc., and ACLAIMH conference, the Putnam County Leadership Summit, & CLMHD Fall Membership Conferences

2020

- Two trainings; "Stages of Change" & "Developing and Appropriate Tx. Plan for Individuals with Co-Occurring Disorders" presented by Rusty Foster***
- Developed a regional COSOC tool kit
- Three part training: "Encompass"- CODA & Action Planning through the harris project
- Two day Encompass training through the harris project grant Dr. Paula Riggs****

***Dr. K. Minkoff** – Board-certified psychiatrist with a certificate of additional qualifications in addiction psychiatry/National& International leader in integrated treatment

** **Dr. Batson** – Psychiatry Division Lead and Surgical Services/Medical Director for Crystal Run Healthcare

*** **Rusty Foster** – Project Manager II -Research Foundation for Mental Hygiene Center for Practice Innovations at Columbia Psychiatry

**** **Dr. Paula Riggs –** Professor, Psychiatry-CTN - Program Developer Encompass

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Regional Updates

Co-Occurring System Of Care (COSOC)

Mid Hudson

Next Steps:

- Data Collection and Outcomes from “Encompass” to determine appropriateness for additional “Encompass” trainings
- Development of Action Plans for Counties and Agencies with special attention to agencies providing services to the Developmentally Delayed (DD) population
- Work with other regions/counties/agencies that are interested in developing a Co-Occurring System of Care
- Include Primary Care Providers in the Co-Occurring System of Care process
- Continue to build relationship with OMH & OASAS to further develop a Co-Occurring System of Care

REGIONAL PLANNING CONSORTIUM

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October 29, 2020

Regional Updates

820 Residential Redesign

Western

Tiffany Moore, Western Region RPC Coordinator

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Regional Updates

820 Residential Redesign

Western

Issue: Interruption of client's Managed Medicaid status (from State MA to County MA) upon admission to 820 Stabilization or Rehab program

Update:

March 2020 OTDA approved DSS telephonic interviews for Public Assistance (PA) applicants participating in OASAS services (due to pandemic)

June 2020 OTDA sent a letter stating each district DSS could determine what "personal interviews" means to them. Western RPC recommends uniformity across the region re permission for telephonic interviews for 820 residents' PA benefit applications.

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

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Regional Updates

820 Residential Redesign, Cont.

Western

Update cont.:

- To encourage regional uniformity in allowing remote interviews for DSS Public Assistance benefits, the Western RPC's 820 workgroup is engaging with regional DCS's and DSS Commissioners to discuss this process and OTDA's guidance.

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RPC CO-CHAIRS & STATE AGENCIES MEETING

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Telehealth Discussion

Telehealth Discussion

COVID-19 Dashboard Findings

Client Engagement Tracker Data

OMH Consumer Survey

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Telehealth Discussion

COVID-19 Dashboard

Jacqueline Miller, Mohawk Valley RPC Coordinator

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RPC CO-CHAIRS & STATE AGENCIES MEETING

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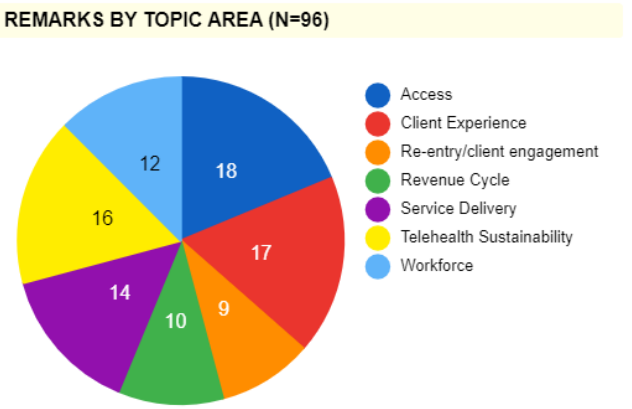
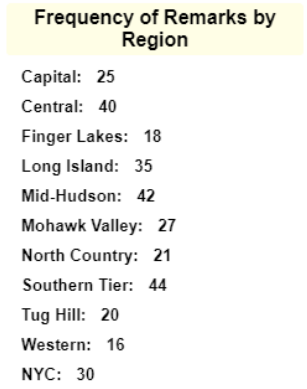
Telehealth Discussion

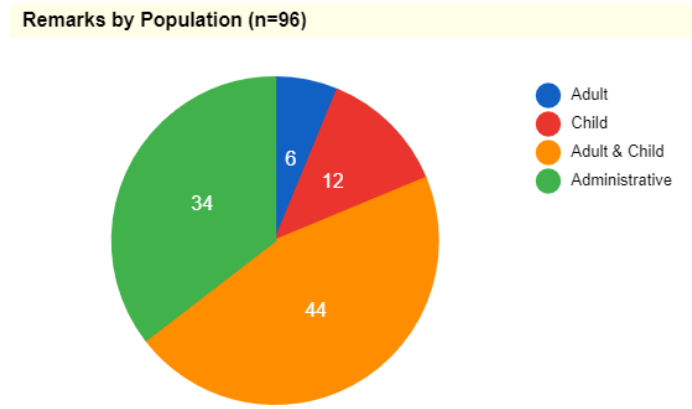
COVID-19 Dashboard

During the period of March 12 through June 15th the Regional Planning Consortium (RPC) launched a statewide effort to catalogue evolving behavioral health service delivery feedback experienced during early COVID-19. Information and comments were captured in real time by RPC Regional staff, and has been stratified by frequency across regions and source type. This data collection is reflective of all 11 RPC regions including NYC.

The following three graphics provide high-level overviews of the qualitative remarks collected: By topic area, frequency in each region, and frequency of remarks by population.







REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

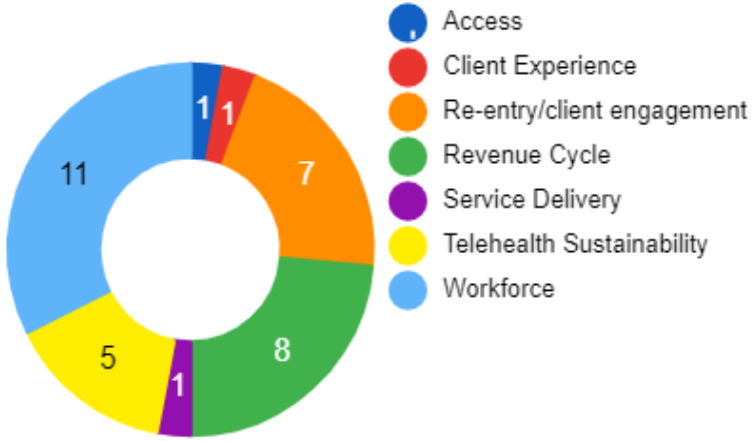
October 29, 2020

Telehealth Discussion

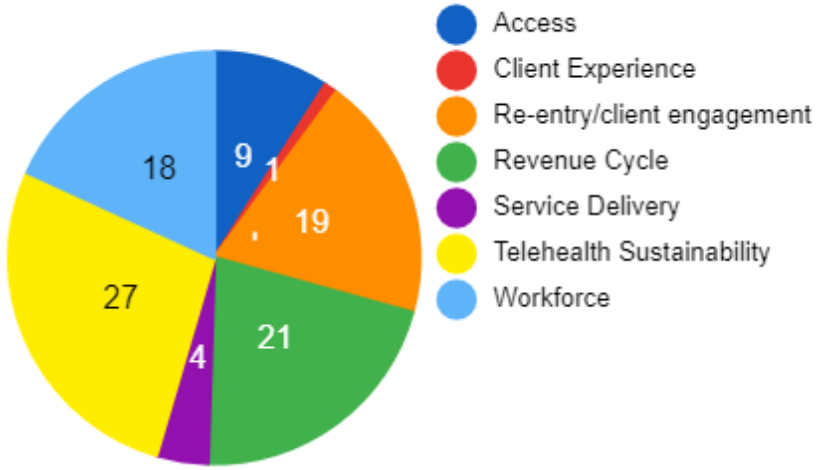
COVID-19 Dashboard

Administrative Specific Remarks: Administrative is defined as an individual who works directly with children, families, or adults by providing services to them.

Provider Specific Remarks by Topic Area n=34



Frequency of Provider Remarks by Topic Area n=91



Top Provider Specific Remarks

ACCESS: 9 regions reported seeing a decrease in cancelled/no-show appointments through telemental health. Clients are more consistently engaging in services with the telehealth option. A hybrid of being able to do in-person, but use telehealth when needed would be beneficial.
WORKFORCE: 5 regions reported most significant COVID challenge has been lack of IT infrastructure to enable staff to work offsite. Working with the County to purchase appropriate laptops and put VPN in place to access clinical records offsite. Ordering webcams for older computers.
REVENUE CYCLE: 5 regions reported concerns related to billing i.e. CPT codes for phone calls. Ensuring set up correctly as guidance was given late and that agencies are paid at the correct rate and on time from MCO's.

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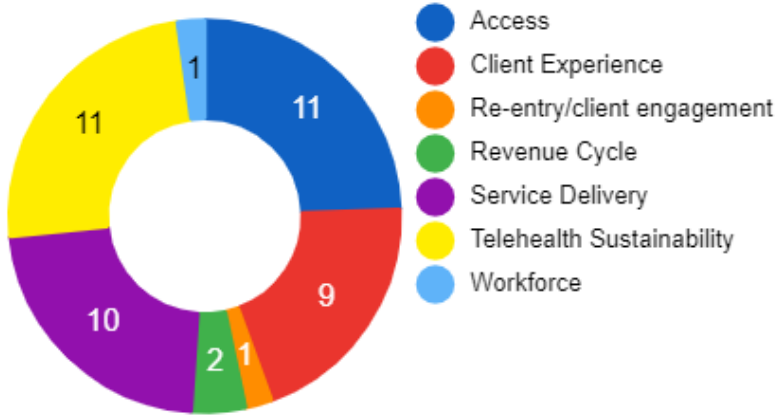
Telehealth Discussion

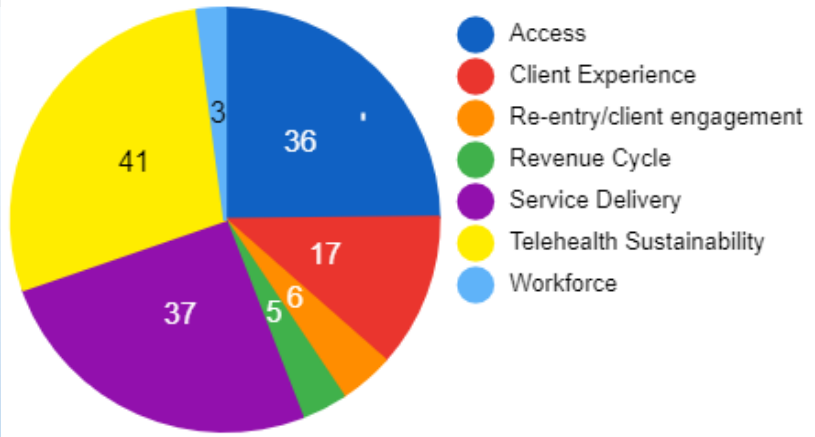
COVID-19 Dashboard

This data sets relates to the delivery of services to both Adult & Child Populations.

Adult & Child Remarks (n=44)



Adult & Child Remarks by Frequency (n=146)



Top Adult & Child Remarks

TELEHEALTH SUSTAINABILITY:

6 Regions reported: Most telehealth services have been over the phone as many clients do not have Internet access. Being able to continue offering these services and getting reimbursed for them post COVID would be an asset.

7 Regions reported: Most providers feel telehealth should be available even after the crisis as a tool in the tool kit and strongly believe it should be client choice although many believe there should be a requirement for some face to face visits.

7 Regions reported: Clients in need of minutes to be able to continue telehealth services. Continued fiscal support will be needed for these clients to allow them to continue to engage in telehealth.

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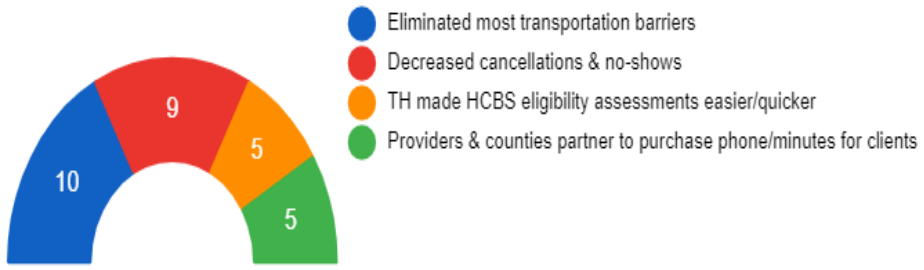
Telehealth Discussion

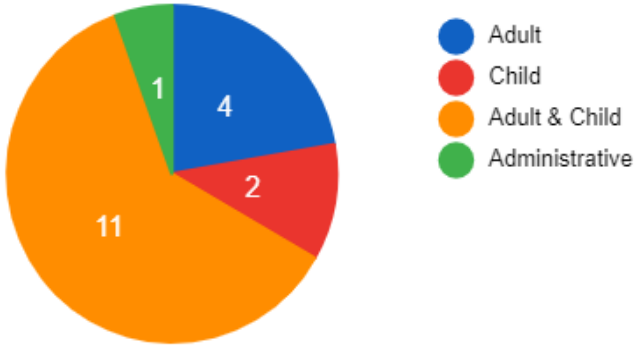
COVID-19 Dashboard

Data relates to the ability to access services, including challenges to access, timely ability to schedule and receive services.

Top Access Rermarks (by Frequency)



Access Remarks by Population (n=18)



Top Access Remarks

ADULT & CHILD POPULATION:
5 Regions reported: Providers are partnering with their counties and other providers (i.e. United Way) to utilize funds and purchase more phones and minutes for clients as many still do not have working phones.
10 Regions reported: Telehealth has eliminated some transportation issues for clients. Able to engage in more services with this barrier being eliminated. Also decrease appointment cancellations for transportation issues.
ADULT POPULATION: 5 Regions reported telehealth option has increased ability to get needed assessments done for HCBS eligibility quicker and easier as many barriers eliminated.
ADMINISTRATIVE: 9 Regions reported seeing a decrease in cancelled/no-show appointments through telemental health. Clients are more consistently engaging in services with the telehealth option. A hybrid of being able to do in-person, but use telehealth when needed would be beneficial.

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Telehealth Discussion

Client Engagement Tracker

Katie Molanare, Central Region RPC Coordinator

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Telehealth Discussion

Client Engagement Tracker

- Tracker developed in March 2020 in CNY Region to capture client engagement in telehealth from the **provider perspective**
- Other regions such as **Western NY and Mohawk Valley** were included in August 2020
- Data looks at administrative data points (i.e. no shows, intakes, and discharges), as well as, telehealth-related data points (modality, frequency, texting)
- Data was collected for an **8-month period** (January 2020 to August 2020); highlighting both Pre-COVID data and data after the Reopening Phases.
- This is raw data and will continue to be collected through the Fall of 2020, including additional regions to participate.

Client Engagement Tracker

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RPC CO-CHAIRS & STATE AGENCIES MEETING

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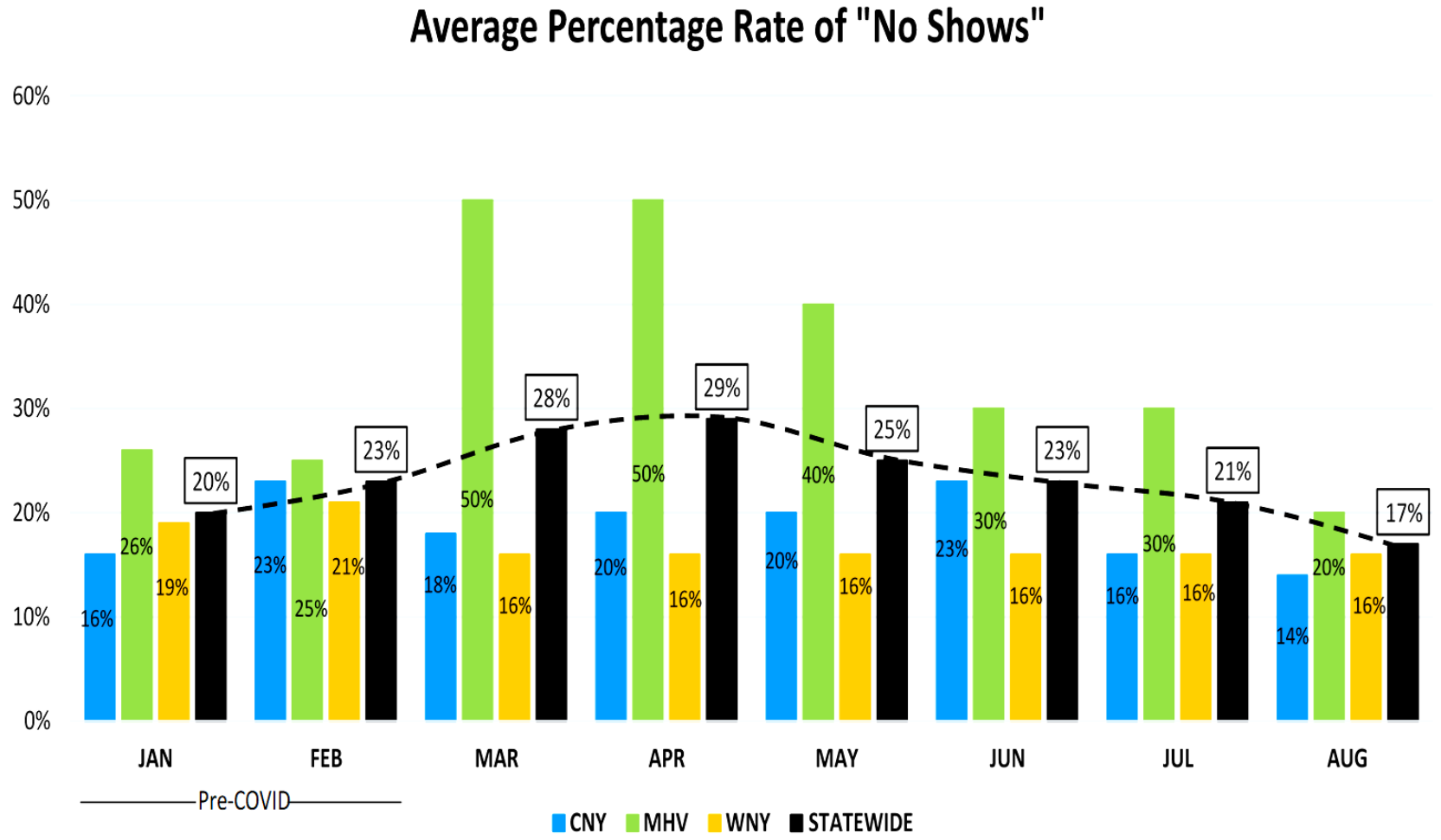
Telehealth Discussion



*Data shows variation in “no show” rates per region, however the Statewide trend shows a steady decrease in “no show” rates

Client Engagement Tracker

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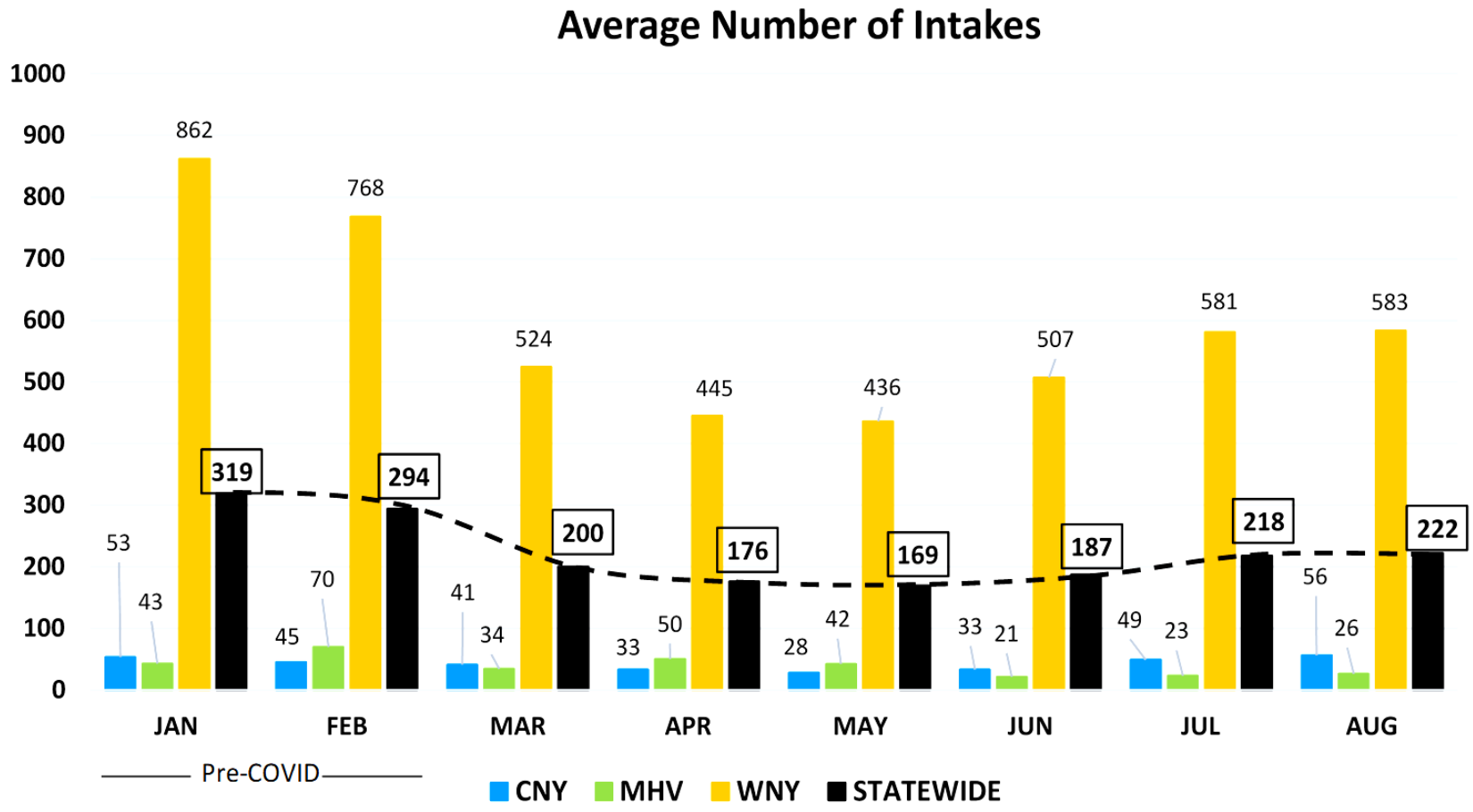
Telehealth Discussion



*Data shows a decrease in intakes with a slight increase after Phase IV Reopening

Client Engagement Tracker

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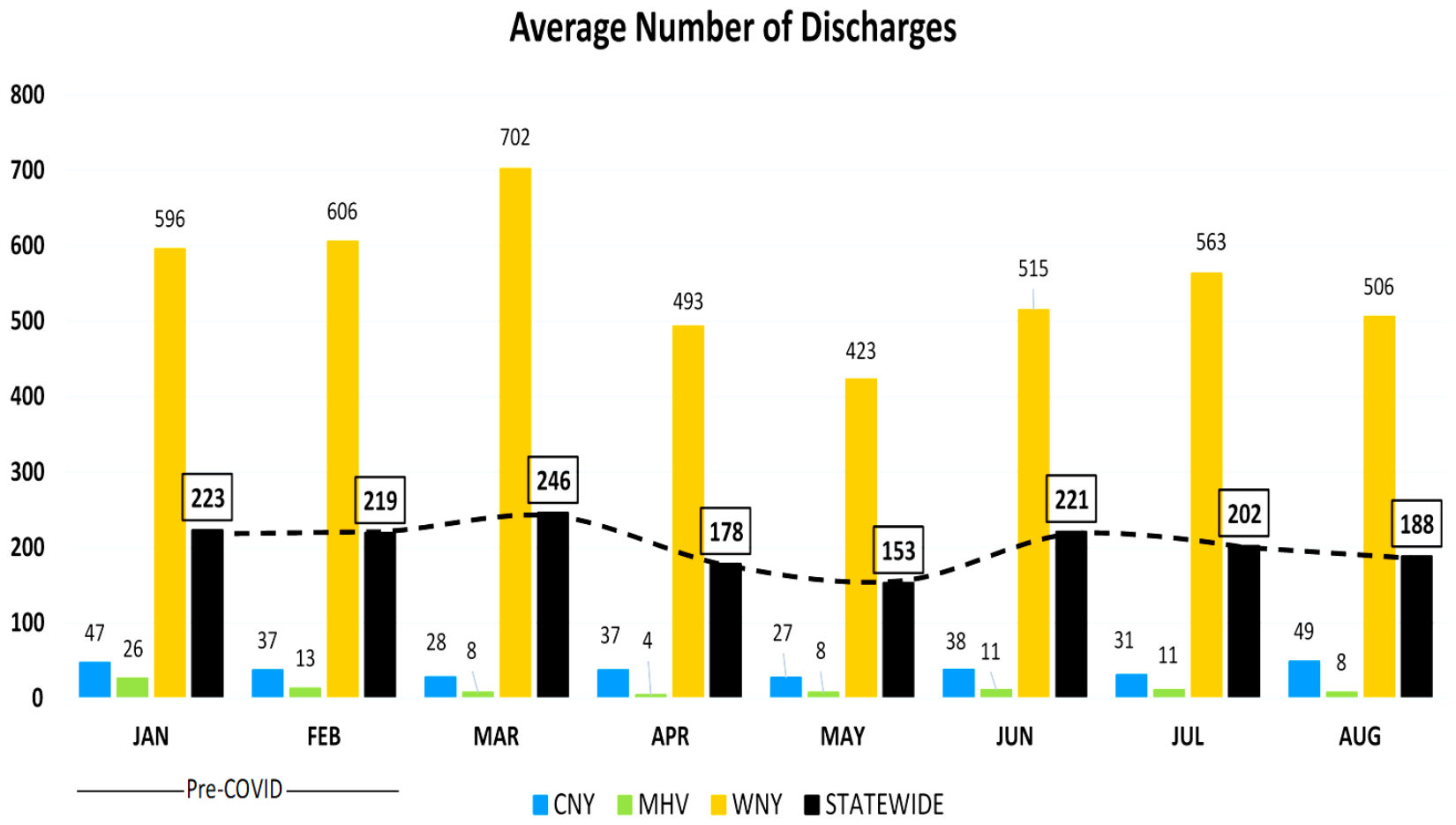
Telehealth Discussion



*Data shows an initial drop in discharges with a slight increase during Phase IV Reopening

Client Engagement Tracker

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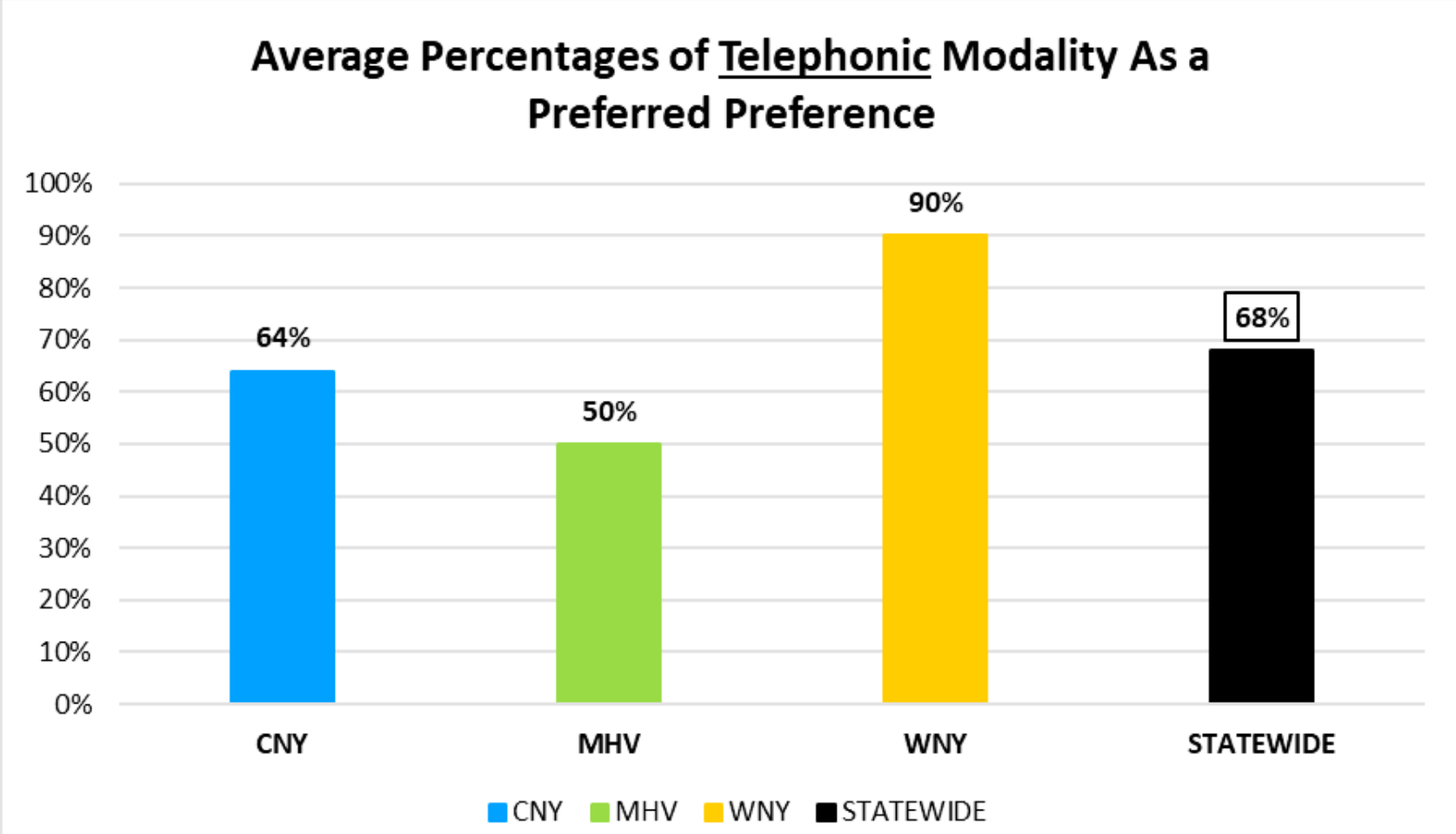
Telehealth Discussion



*The data is based off of percentages within a 6 month period (March- August)

Client Engagement Tracker

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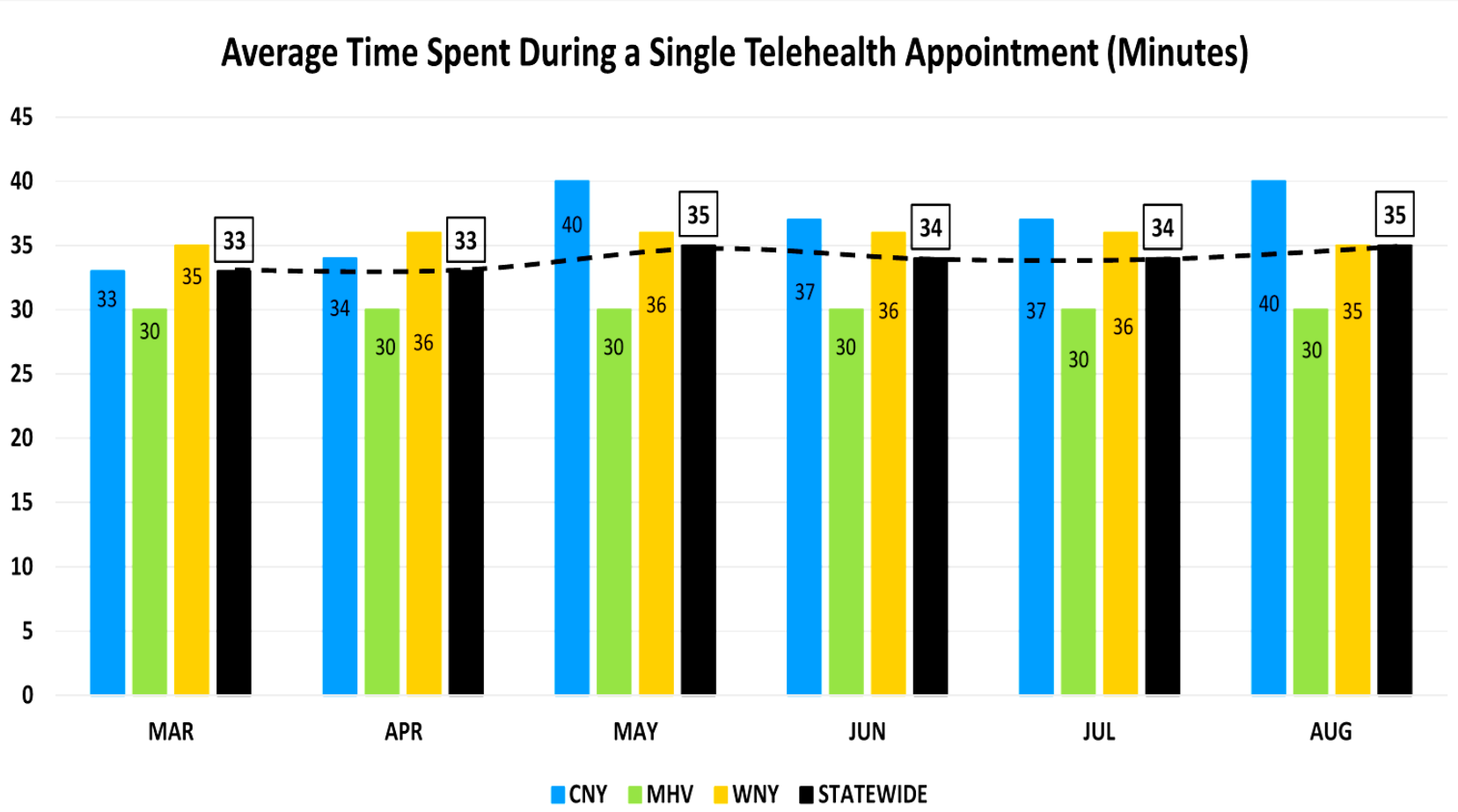
Telehealth Discussion



*Average time spent during a single appointment ranges from 30 minutes to 40 minutes with a Statewide average of 34 minutes

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COVID-19 for Recipients & Families: Focus on Telehealth

RPC Co-Chairs Meeting
10/29/2020

Amanda Saake, LMSW, CPRP, NYCPS-P
Special Assistant to the Commissioner,
Office of Mental Health

Introduction

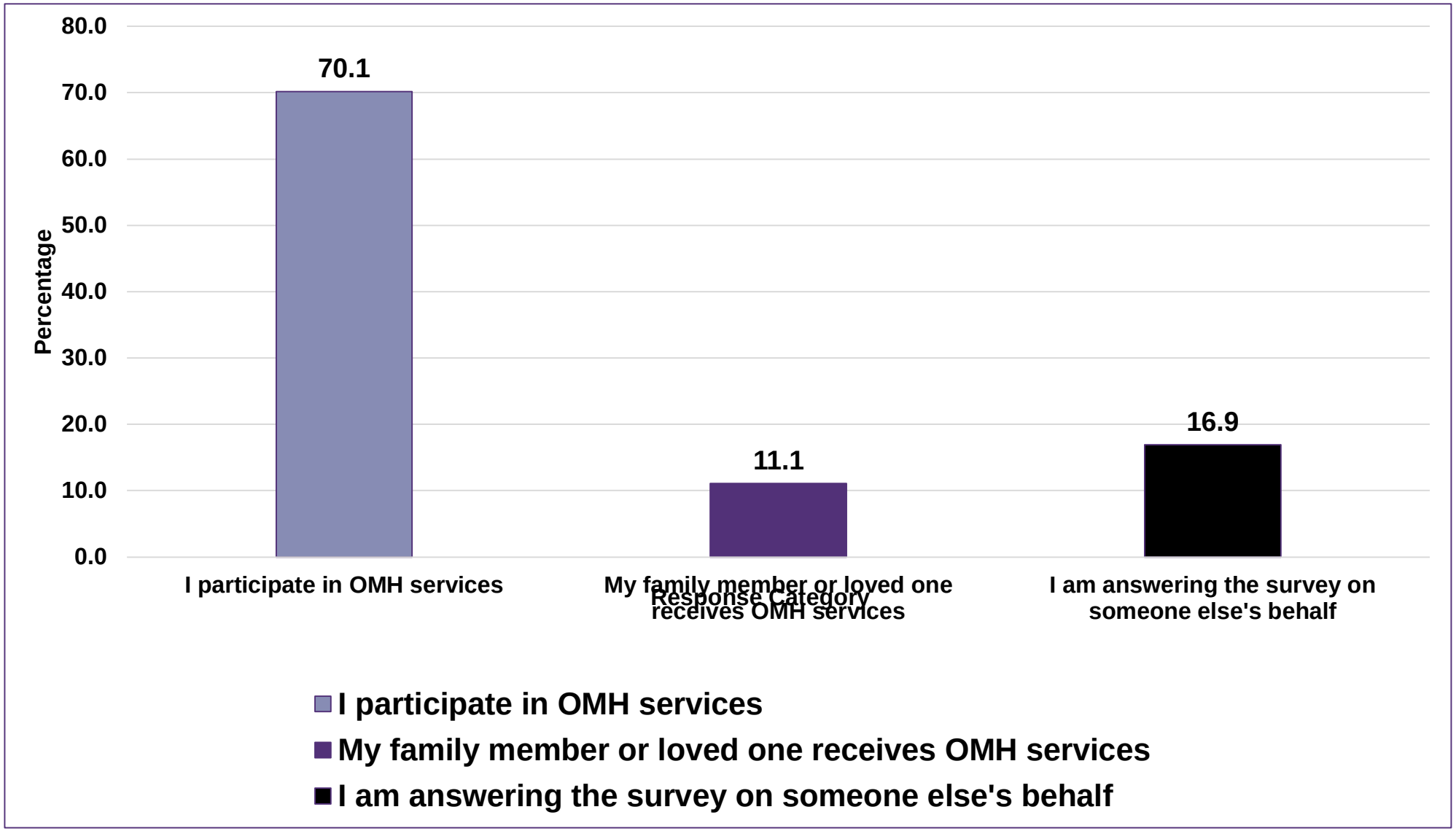
Target Audience: Individuals who participate in or receive services from OMH or OMH-licensed programs, and/or their family members. The survey was also extended to programs that are funded by OMH and monitored by local government units.

Survey Development: The Office of Consumer Affairs developed the survey in collaboration with the Bureau of Cultural Competence, the Institute for Program and Policy Innovation, the Division of Integrated Community Services for Children and Families, and the Division of Adult Community Care Group.

Survey Dissemination: The survey was distributed through consumer advocacy listservs, trade organizations, peer communities of practice, regional field offices, county mental health authorities, directors of consumer affairs in NYC and Westchester, and Facebook.

Data Collection: Responses were collected via the SurveyMonkey Inc. platform. The survey launched **May 8, 2020**. The survey remained open until **June 22, 2020**, for a total of **6,004** responses.

What is your relationship with the Office of Mental Health?



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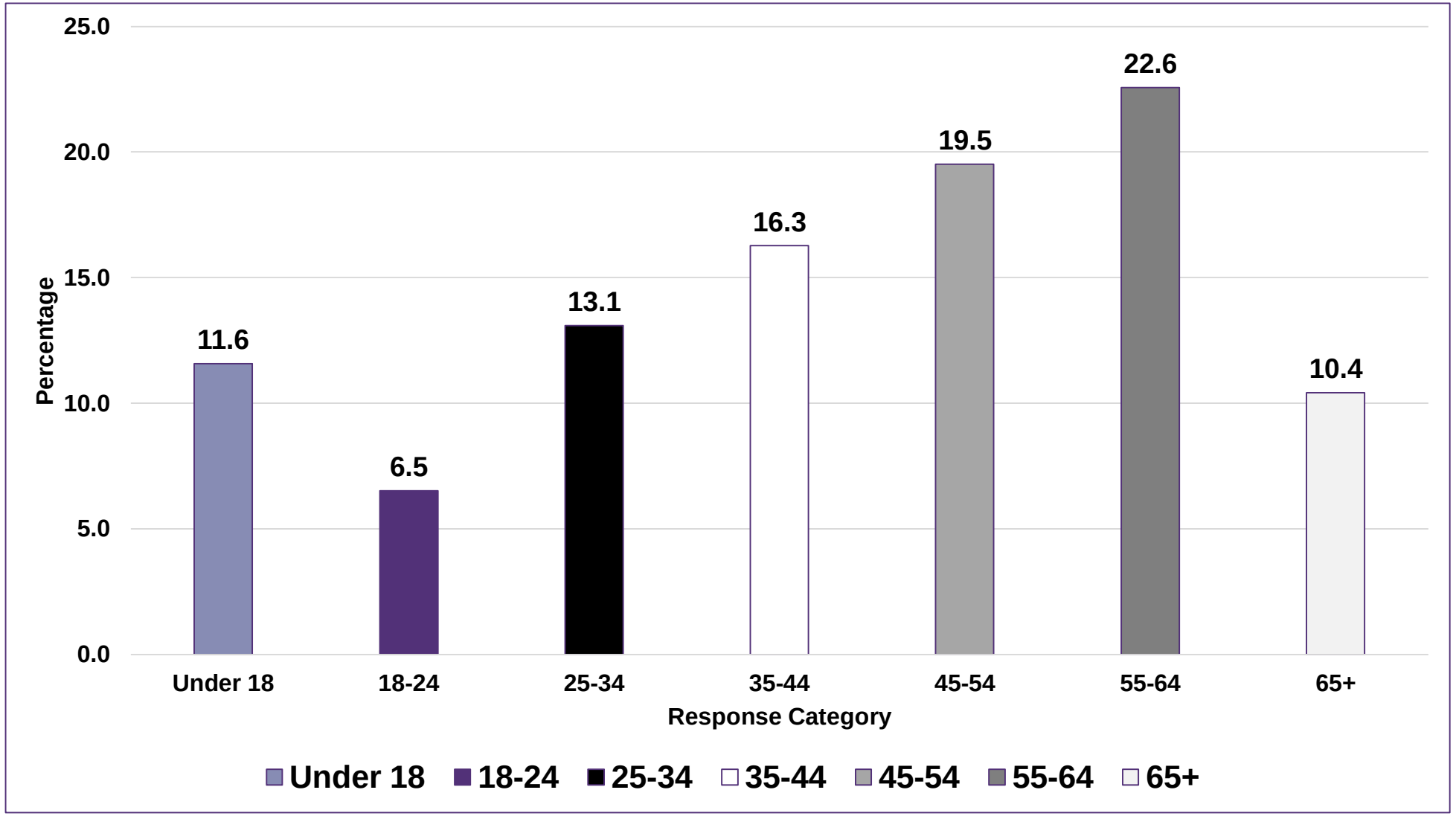
What is your age or the age of your family member?



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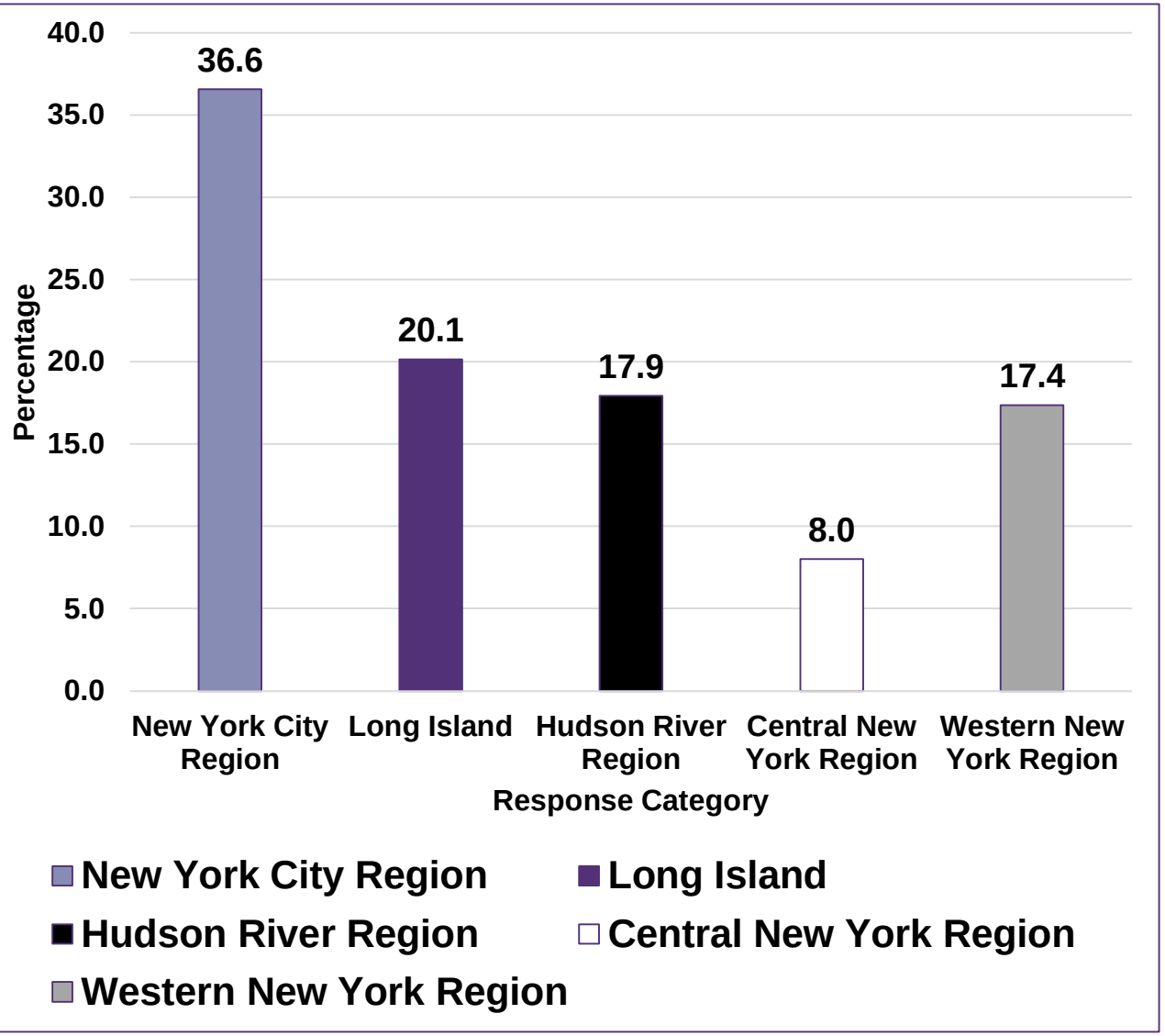
Region where you or your loved one resides



New York City Region: Manhattan, Brooklyn, Bronx, Queens, Staten Island

Long Island: Nassau & Suffolk Counties

Hudson River Region: Warren, Washington, Saratoga, Schenectady, Schoharie, Albany, Rensselaer, Columbia, Greene, Ulster, Dutchess, Orange, Putnam, Westchester, Rockland, Sullivan Counties

Central New York Region: Broome, Chenango, Cayuga, Clinton, Delaware, Essex, Cortland, Onondaga, Oswego, Otsego, Jefferson, Lewis, St. Lawrence, Madison, Oneida, Montgomery, Fulton, Franklin, Herkimer, and Hamilton Counties

Western New York Region: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates Counties

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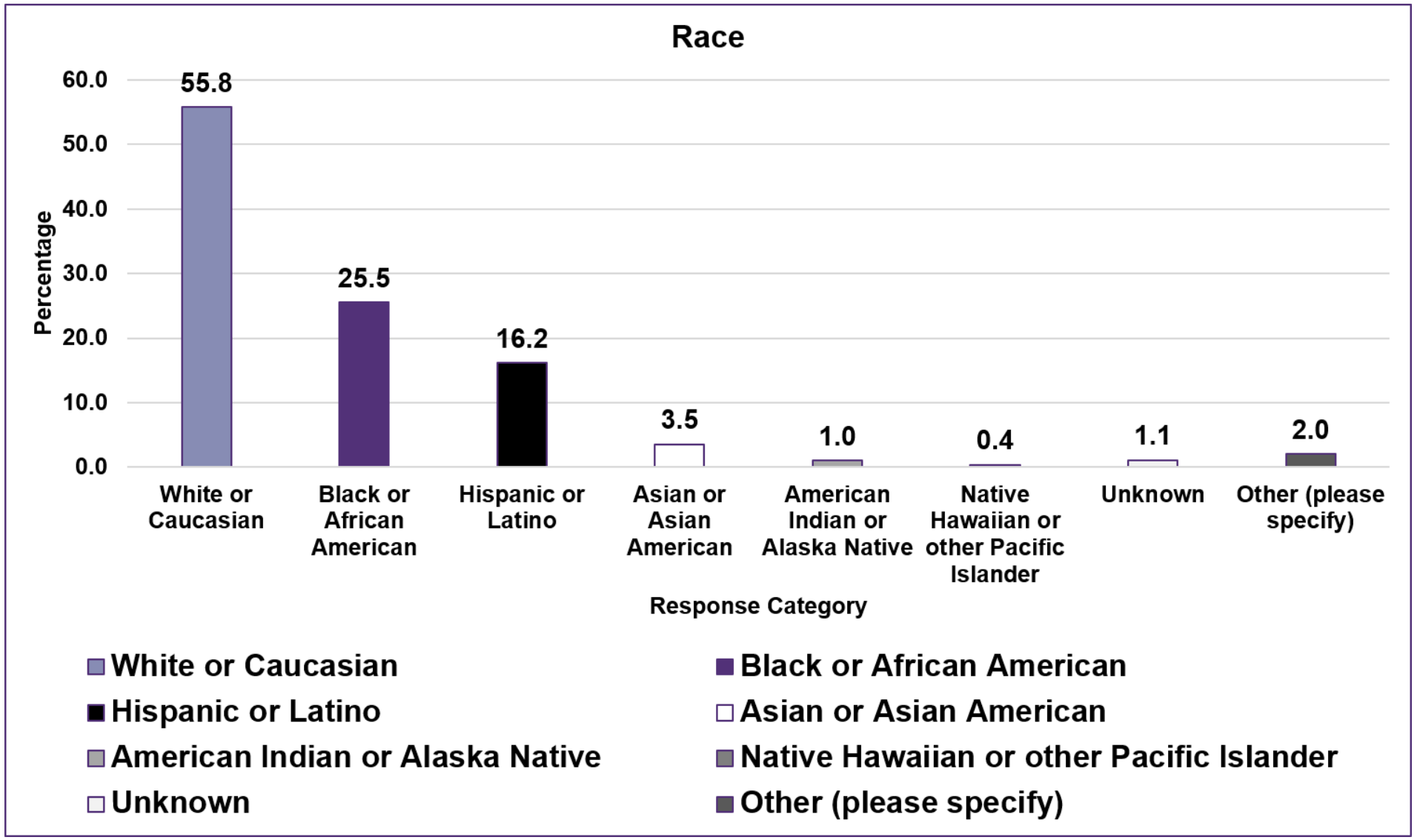
Race (select all that apply)



Note: recipients could select more than one means of support.

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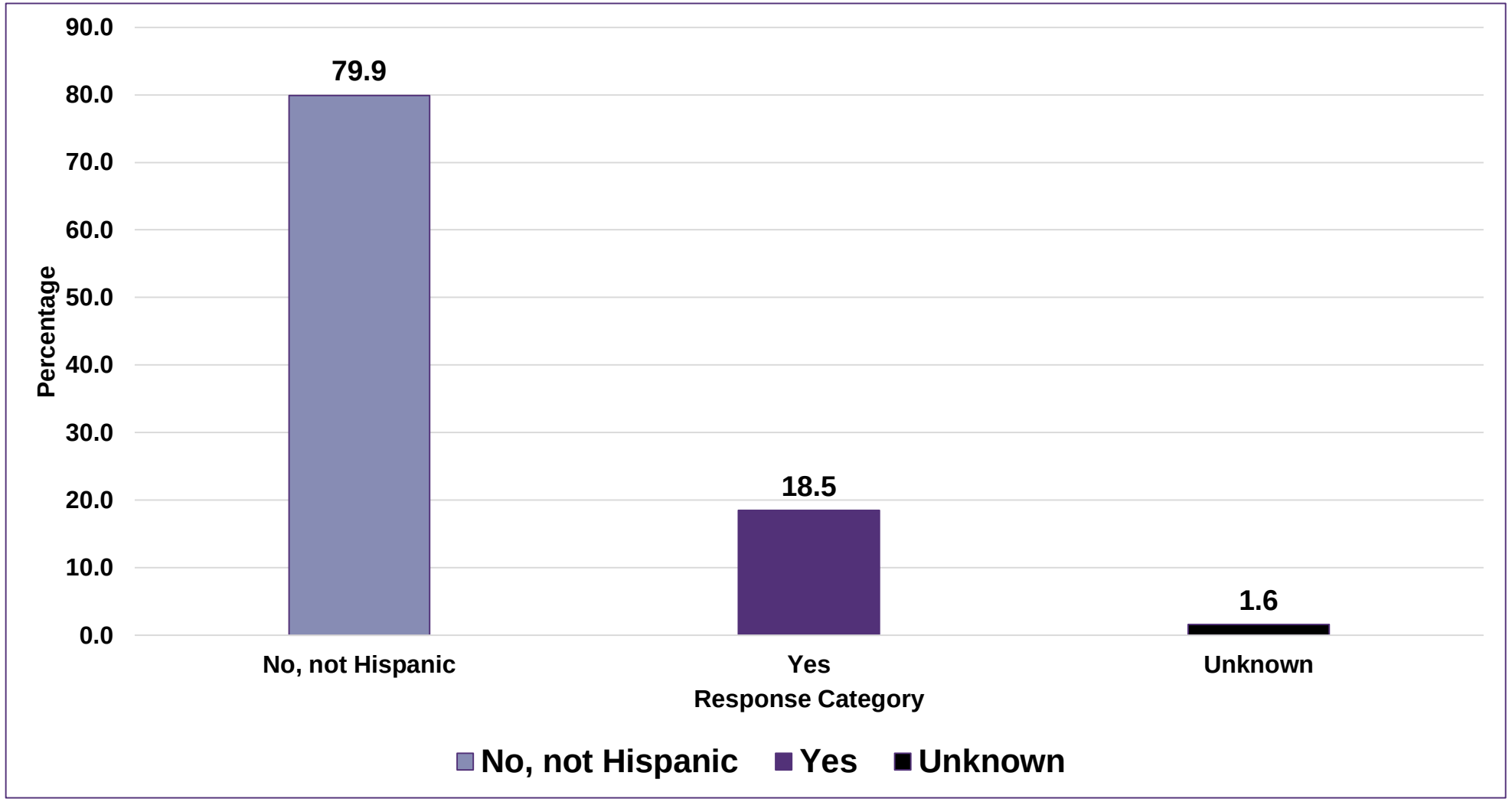
Hispanic Ethnicity



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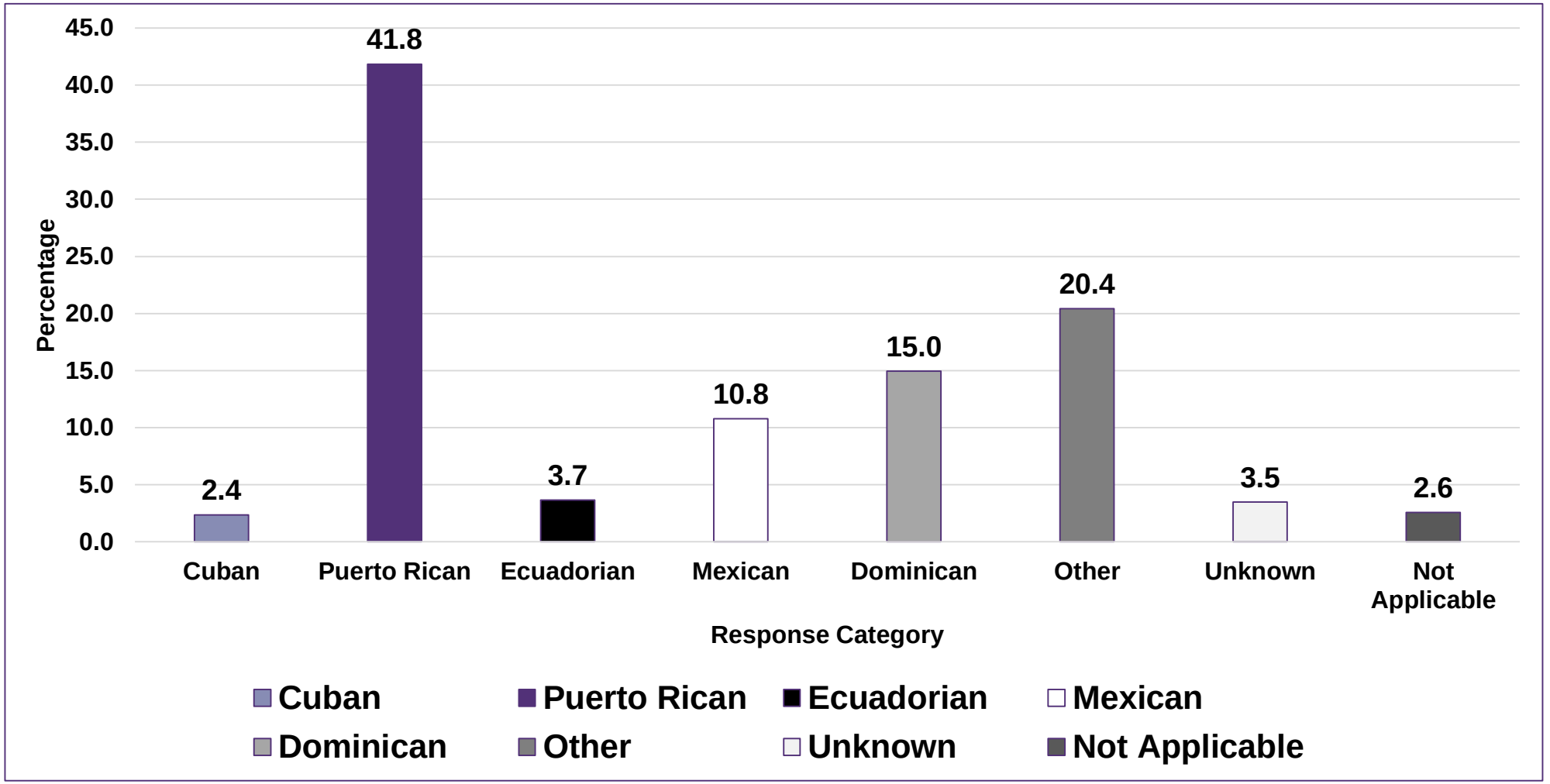
If Hispanic, select one of the following:



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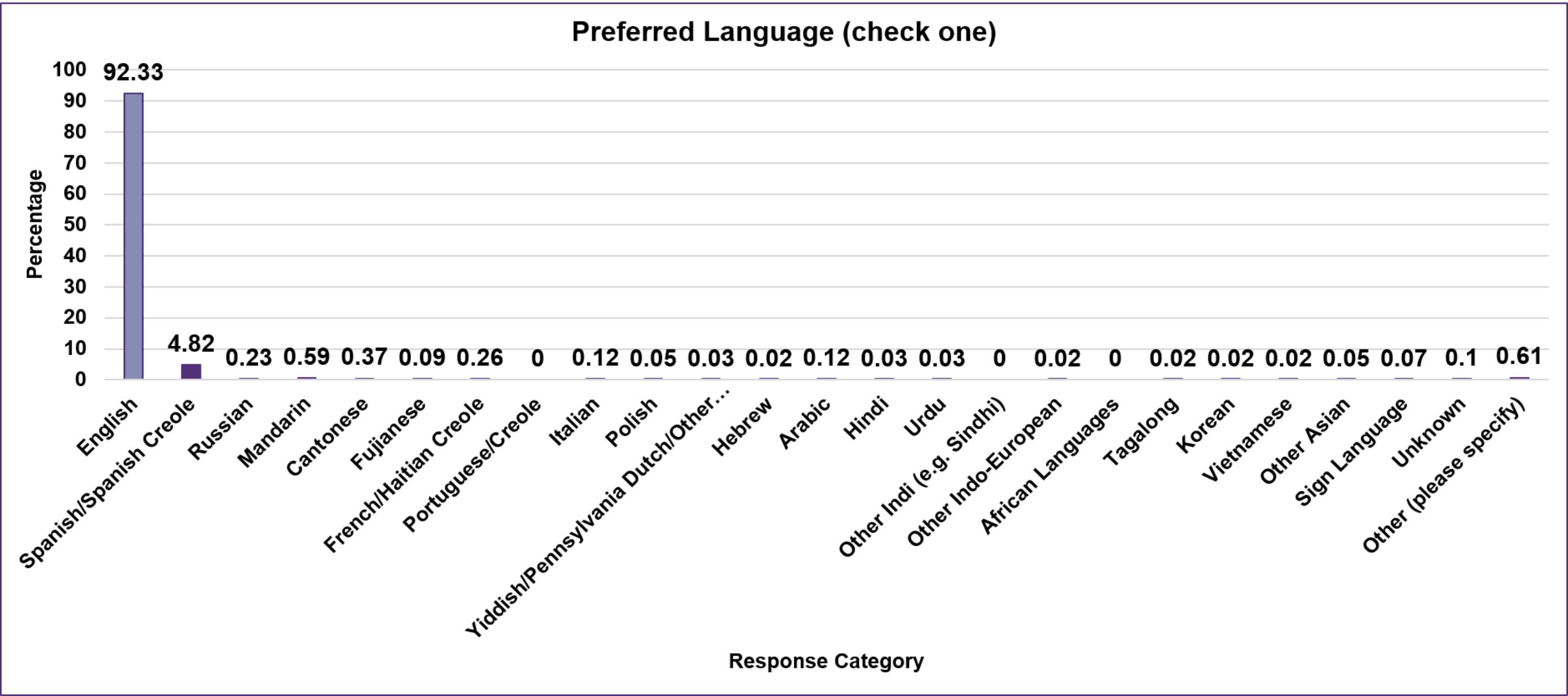
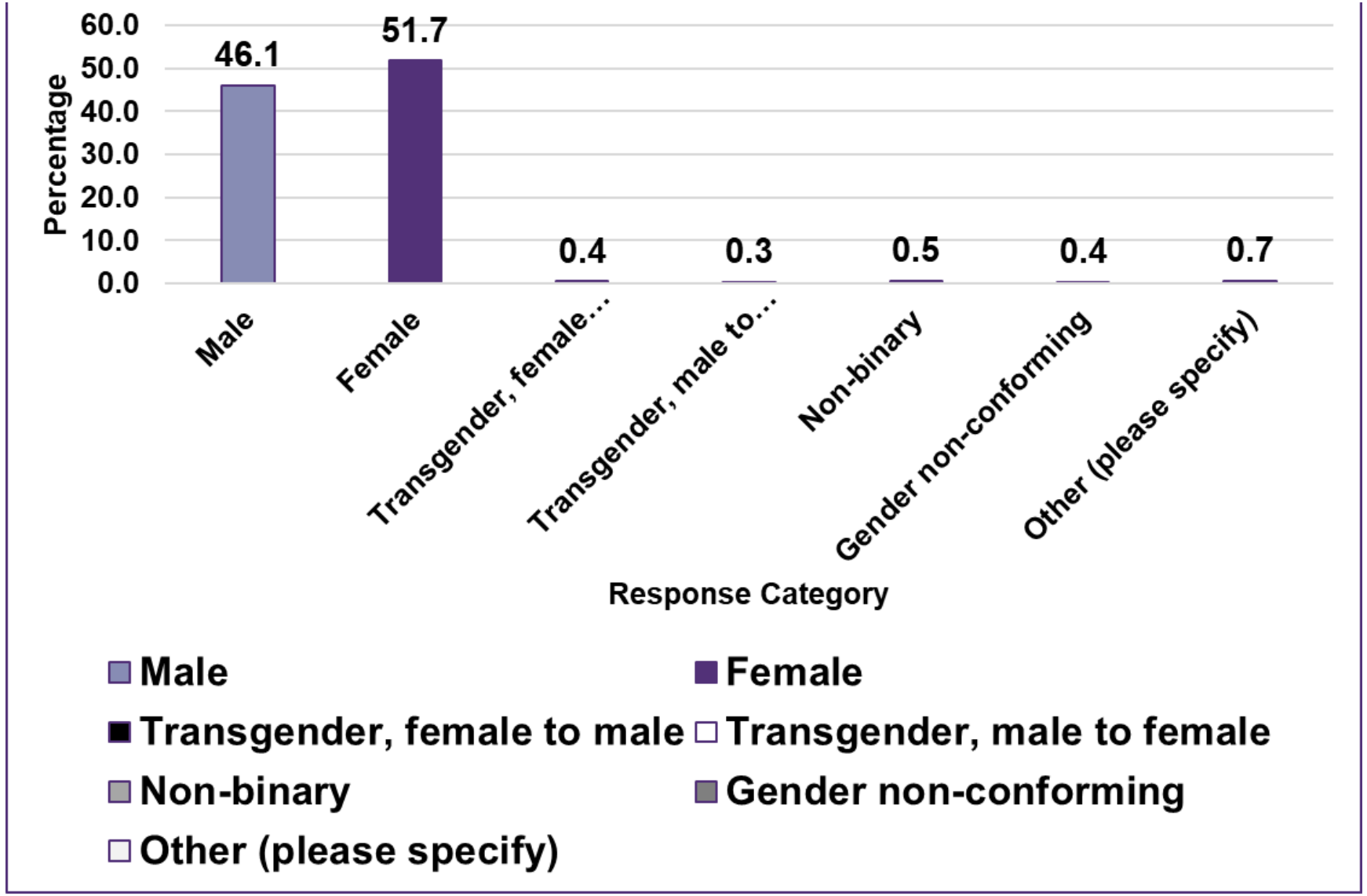
Preferred Language (check one)



Gender Identification



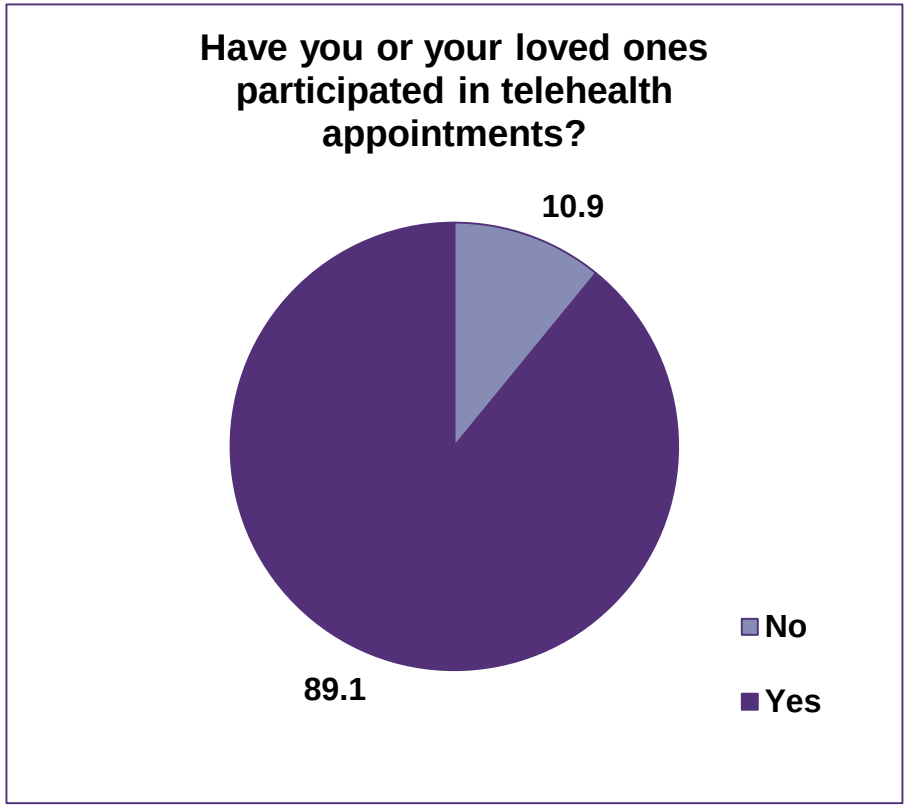
Impact on Recipients' Mental Health & Wellbeing

- Over 70% of respondents reported at least some increase in anxiety, stress, and/or symptoms.
- A majority of survey respondents reported not using substances. Among those who did report substance use, 70% of those said there was no change in their substance use.
- The biggest increases in stress and anxiety as well as substance use came from respondents in CNY as well as TGNC respondents.

Functional Needs & Social Determinants

- Income/benefits, employment, and food were the most commonly reported challenges for respondents.
- Two thirds of respondents did not have trouble accessing PPE, although respondents in WNY, CNY, and the Hudson River regions did report more challenges in this area than in other regions.
- Respondents who participate in OMH services reported facing fewer barriers to accessing PPE and COVID-19 testing than respondents who do not receive OMH services.

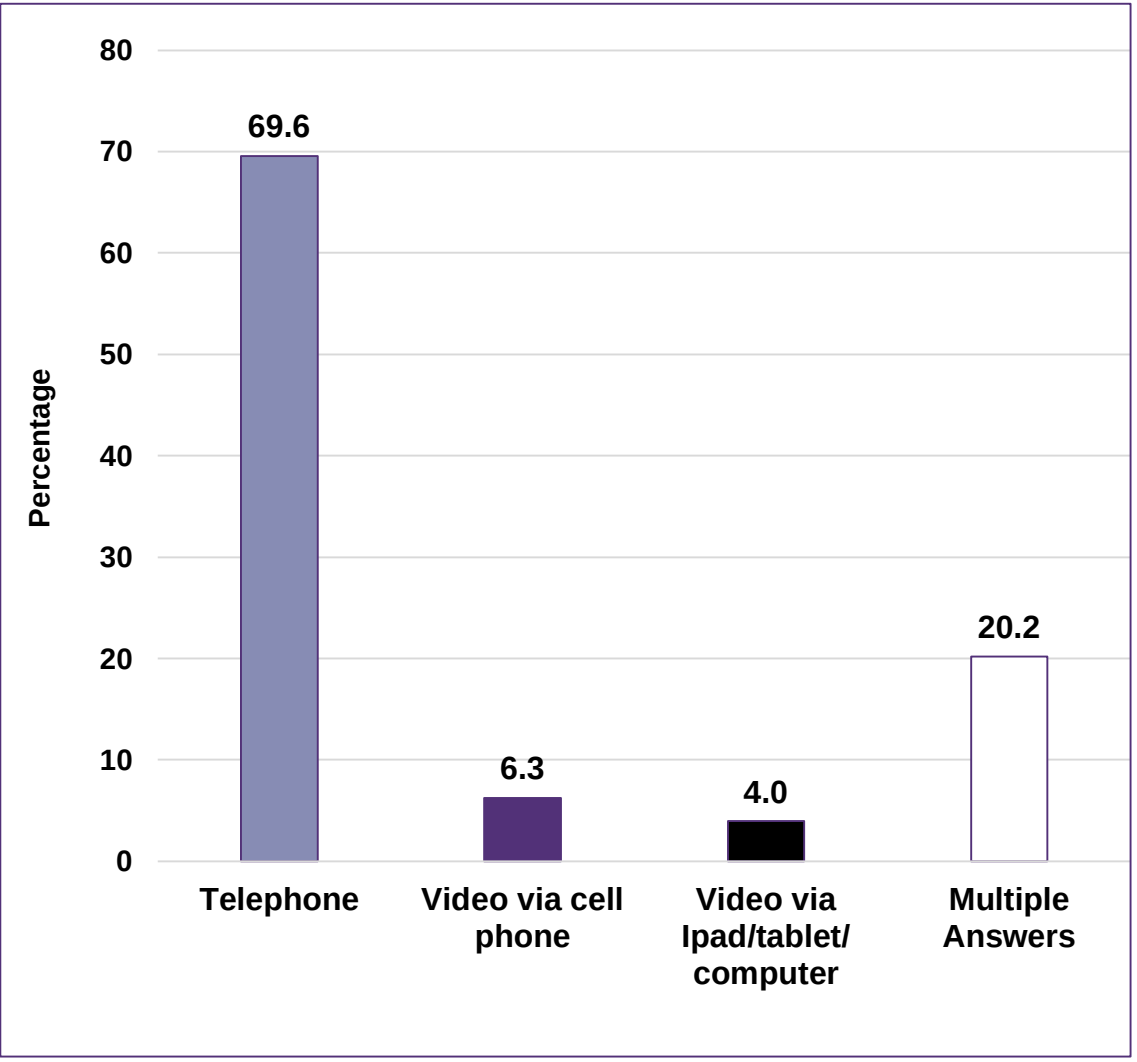
Participation in telehealth, Statewide



89% of respondents participated in telehealth services. This was true across most demographics, regions, and participation in OMH services.

1. Respondents under 18 reported the highest use of telehealth services (94.7%).
2. Respondents in CNY reported the lowest use of telehealth services (84.2%) compared to respondents in LI, who had the highest rate of use (93.1%).
3. Asian respondents reported the highest use of telehealth services (95.2%).
4. Respondents who did not participate in OMH services were much less likely to participate in telehealth (82.7%) compared to those who did participate in OMH services (92%).

Mode of telehealth, Statewide



A majority of respondents reported participating in telehealth via a telephone (70%).

1. Younger participants were more likely to report using video or multiple modes of telehealth (only 53% reported using only a telephone); adult respondents (>18) were increasingly likely to rely solely on a telephone.
2. Respondents in WNY (53.2%) and CNY (60.4%) were least likely to report only using a telephone compared to respondents in NYC (75%) and LI (77.6%).
3. 44.7% of TGNC respondents reported only using a telephone as compared to 66% of female respondents and 74.7% of male respondents.
4. Respondents participating in OMH services were more likely (74.5%) to use the telephone than respondents who do not participate in OMH services (55.9%).

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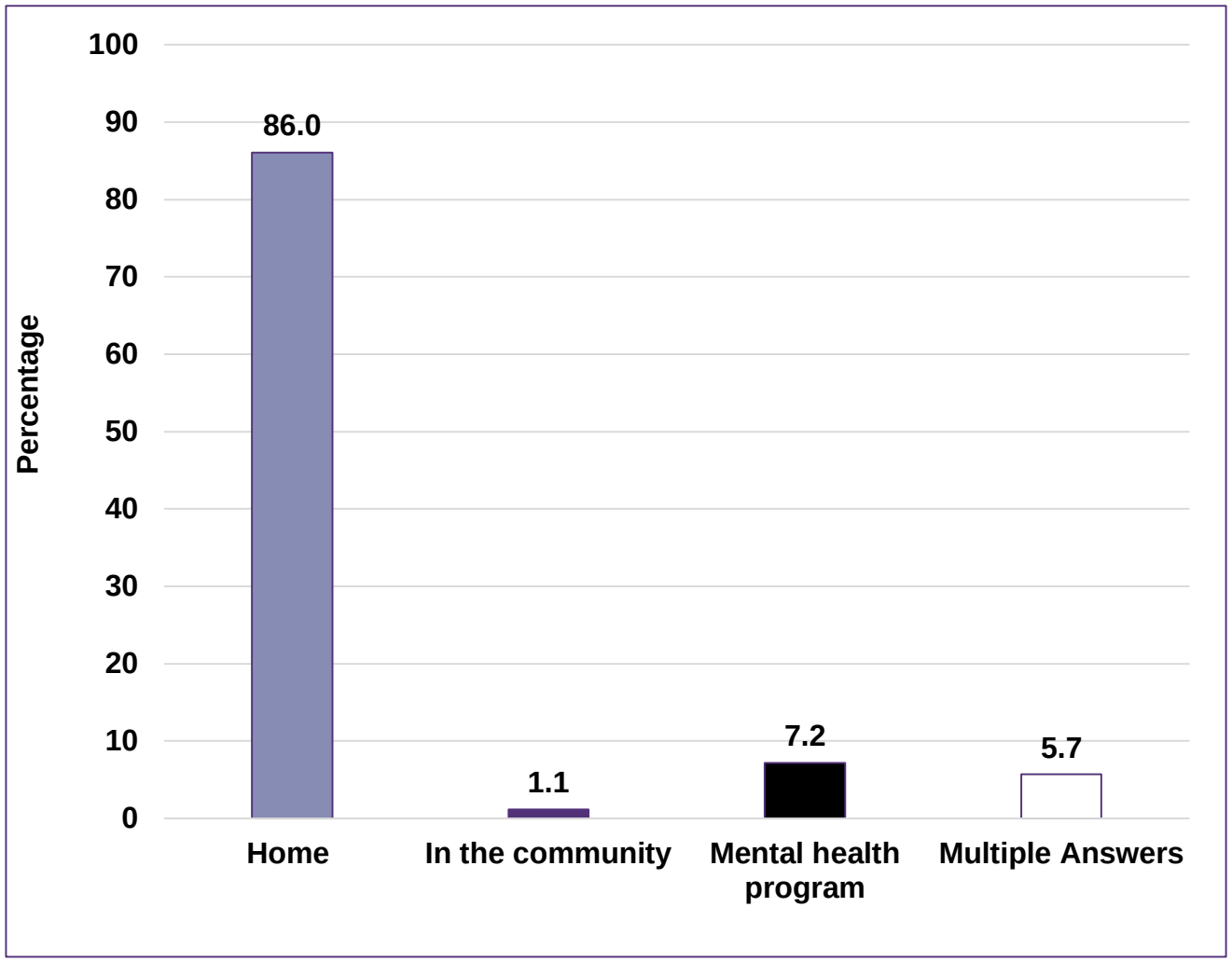
Location of telehealth participation, Statewide



A majority of respondents reported participating in telehealth at home (86%). This was mostly consistent across demographics, regions, and participation in OMH services.

1. Younger participants were the most likely to report participating in telehealth at home (92%).
2. Respondents in NYC (8.3%) were slightly more likely than average (7.2%) to report using telehealth at a mental health program.
3. TGNC respondents were least likely to report using telehealth at home (71.8%) and most likely to endorse using telehealth in multiple locations (14.6%).

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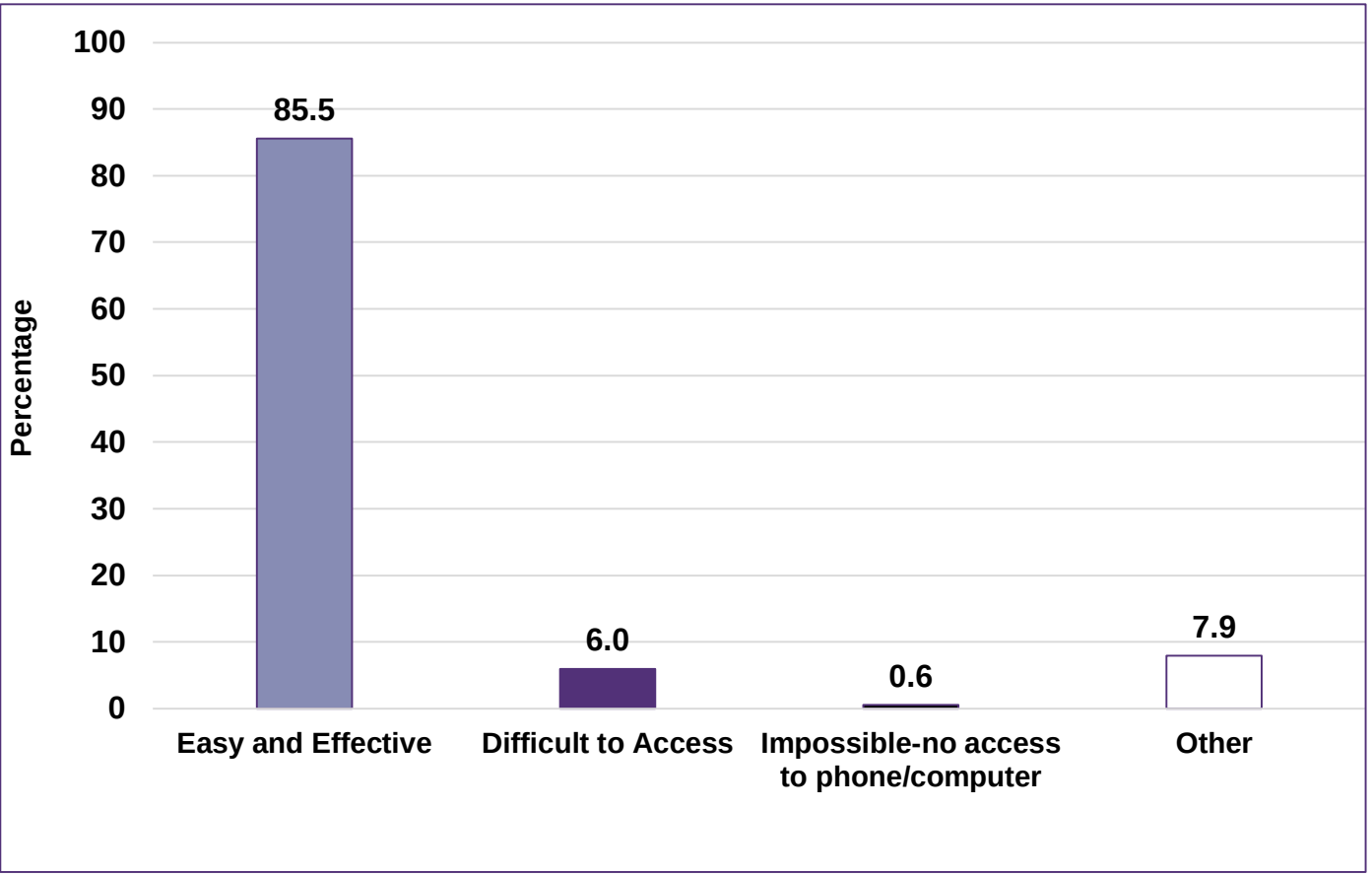
Overall experience with telehealth, Statewide



A majority of respondents reported that telehealth was easy and effective (85.5%).* This was mostly consistent across demographics, regions, and participation in OMH services.

1. Respondents in CNY were least likely to endorse telehealth being easy and effective (74.8%). They were most likely to respond with "other" (17.6%).**
2. TGNC respondents were much less likely to say telehealth was easy and effective (66.7%) compared to female respondents (85.4%) and male respondents (86.6%).

*The survey was conducted mainly via computer, which could affect these results.

**When "Easy and effective" was lower, "other" was most likely to increase. "Other" responses are currently undergoing analysis.

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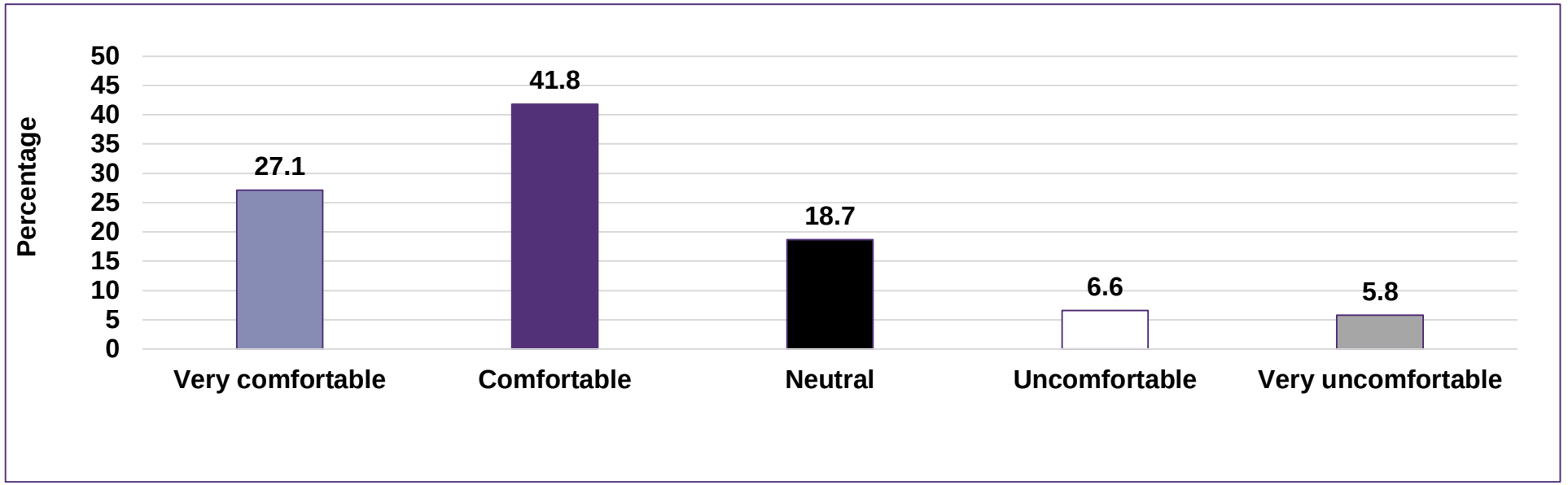
Comfort level with telehealth, Statewide



While a majority of respondents felt comfortable using telehealth, 12.4% of respondents felt uncomfortable or very uncomfortable using telehealth.

1. Younger participants (<18) were the most likely to report discomfort using telehealth (15.2%).
2. Respondents in CNY (21.4%) and WNY (16.2%) were more likely to report any discomfort, while respondents in NYC were least likely to report discomfort (8.9%).
3. 19% of TGNC respondents reported feeling discomfort compared to 12.8% of female respondents and 11.7% of male respondents.
4. Respondents who do not participate in OMH services were slightly more likely to report discomfort with telehealth (15.1%) than those who do participate in OMH services (11.5%).

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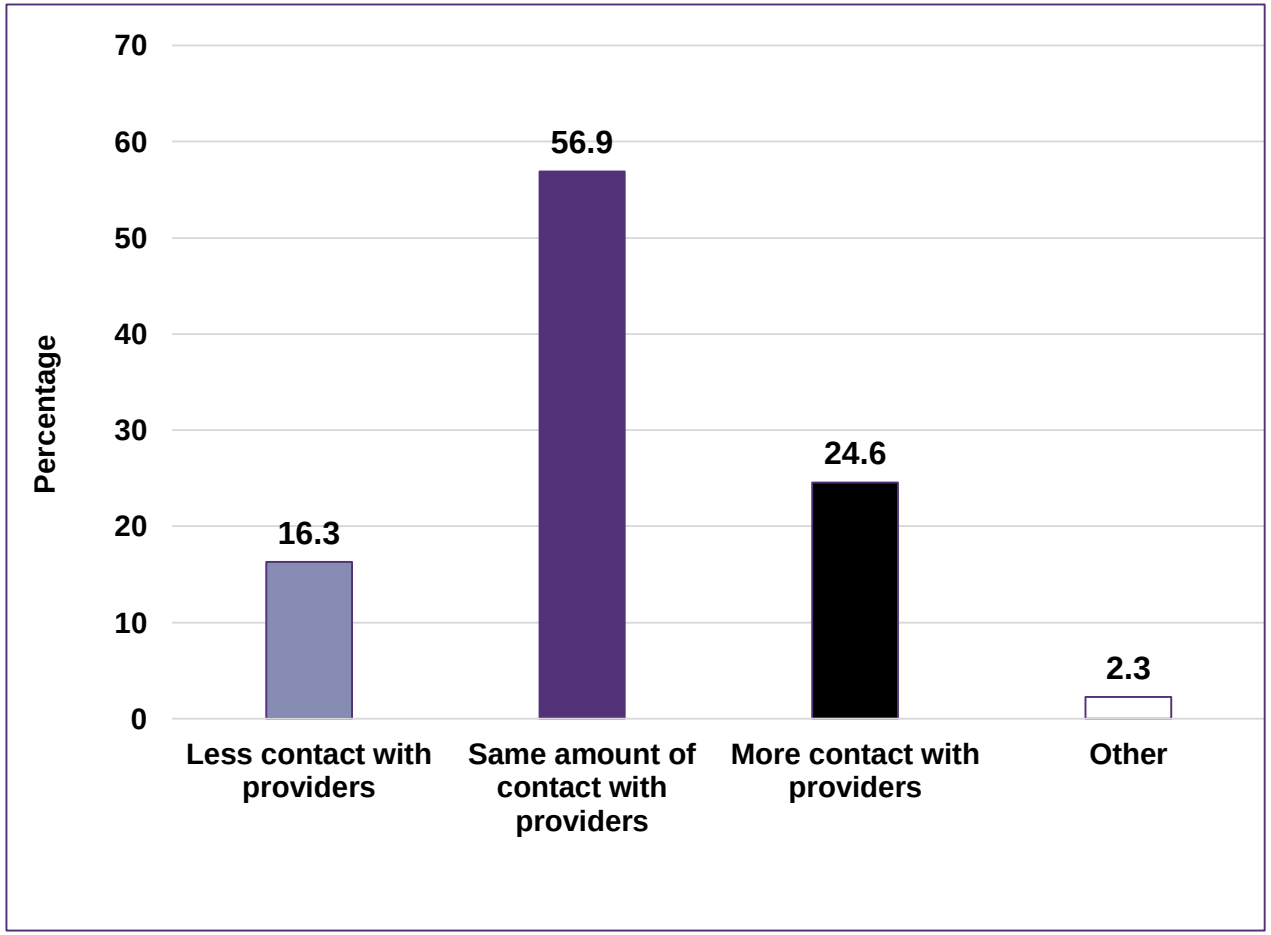
Frequency of telehealth use, Statewide



The majority of respondents reported having the same amount of contact with their providers when using telehealth. 24.6% of respondents reported having more contact, while 16.3% reported less contact.

1. Respondents in WNY were more likely to report less contact with their providers when they used telehealth (19.6%). LI respondents reported much more contact with their providers when they used telehealth than respondents in other regions (30.3%).
2. Asian respondents (22.4%) were more likely to report less contact with their providers.
3. Respondents who do not participate in OMH services were more likely to report less contact with their providers (20.5%).

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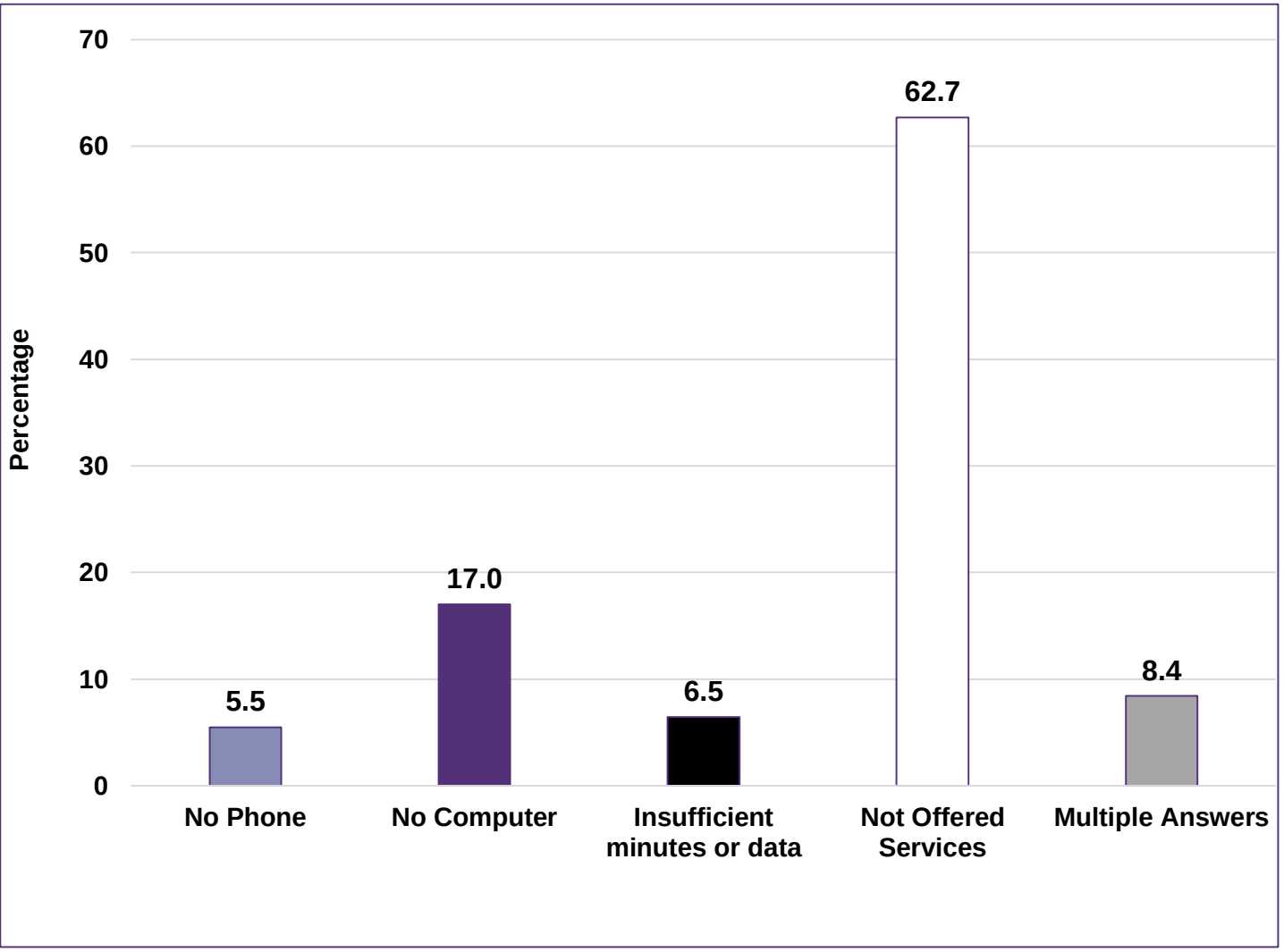
Barriers to telehealth use, Statewide



Among respondents who did not participate in telehealth (n=512), the most cited barrier was not being offered services (62.7%).

1. Young adults ages 18-34 (72.5%) cited not being offered telehealth services as a barrier much more than other age groups, especially compared to older adults (50.9%).
2. 78.7% of WNY respondents reported not being offered services as the reason they did not participate in telehealth. Respondents in the Hudson River region were most likely to cite multiple answers as barriers to their use of telehealth (19.8%).

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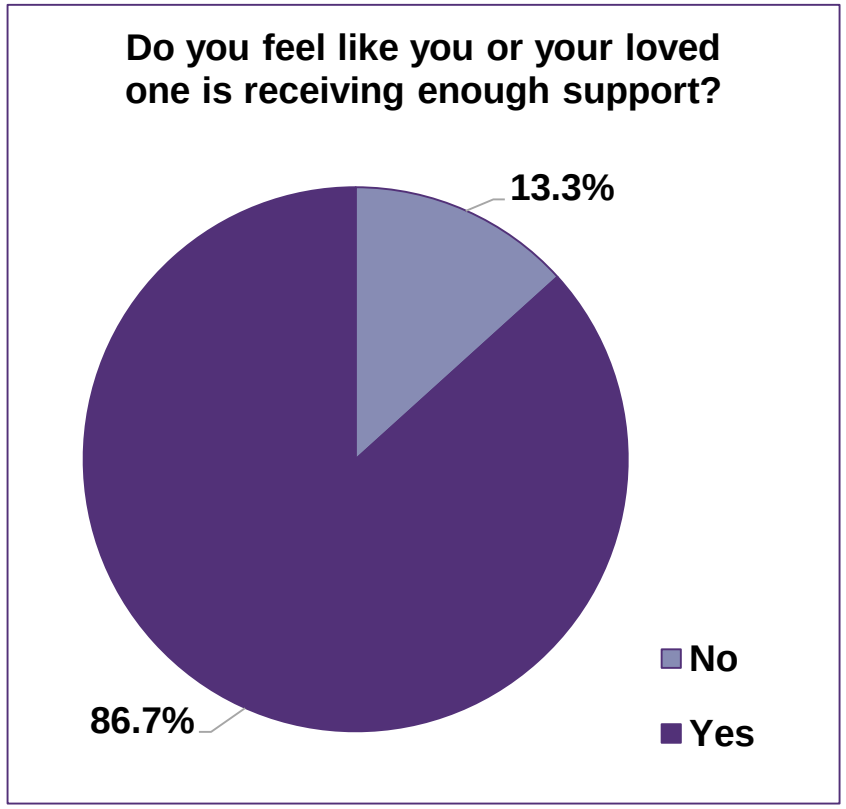
Experience with Accessing Healthcare

- Overall, there are positive findings to suggest that access to care (including telehealth, medications, and physical health care) was largely uninterrupted.
- Younger populations seemed to be comfortable using more technology for telehealth participation, while older populations relied more on the telephone.
- Access to and comfort with telehealth were lower in WNY. Access to physical health care was lower in CNY.
- TGNC respondents reported lower levels of comfort with telehealth and experienced more disruption in access to physical health care.

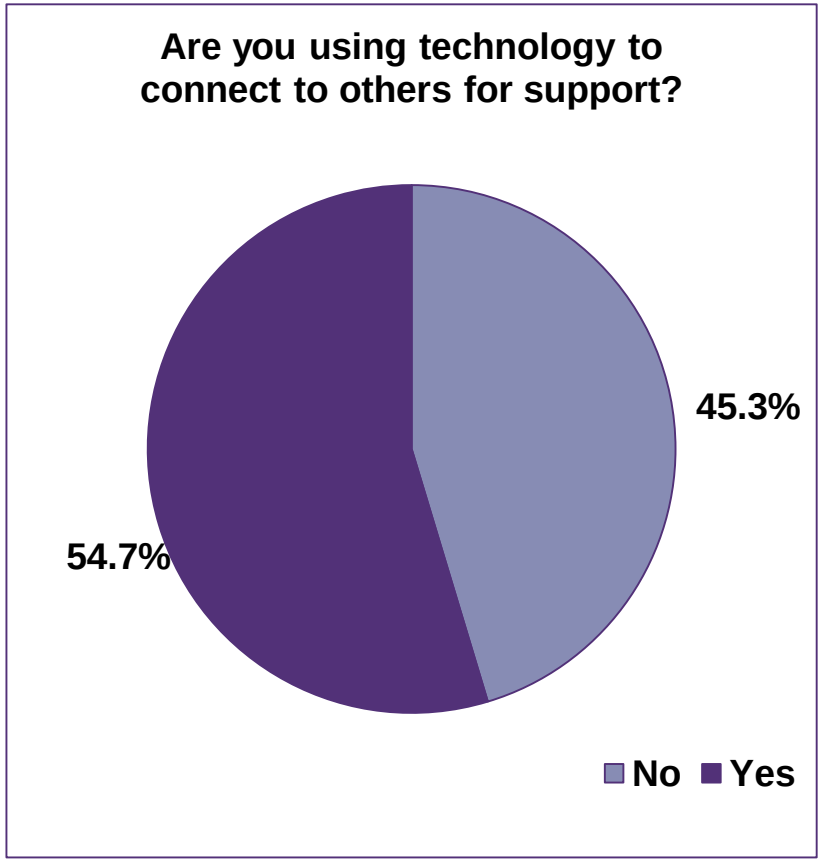
Receiving adequate support, Statewide



The vast majority of respondents reported receiving enough support (86.7%). This was consistent across age groups, but varied in several other domains.

1. Respondents in CNY reported the lowest rate of adequate support in any region (80.8%).
2. While respondents identifying as male or female reported rates of adequate support near the average (88.1% and 86%, respectively), 77% of TGNC respondents reported receiving adequate support.
3. Asian respondents reported the highest rate of adequate support (95%). Rates for all other races were consistently close to the mean.
4. Residents participating in OMH services reported receiving adequate support (89.6%) significantly more than those who do not participate in OMH services (79.3%).

Use of technology to connect to others for support, Statewide



The majority of respondents reported using technology to connect to others for support (54.7%).

1. Respondents were less likely to report using technology for support in proportion with increasing age: the range spanned from 69.4% of respondents younger than 18 to 44.8% of respondents older than 55.
2. Respondents in CNY reported the highest use of technology for connection to support (63.4%), while those in LI reported the lowest rate (46.3%).
3. While male and female respondents reported using technology for support at rates near the average (50% and 58.1%, respectively), 78.4% of TGNC respondents did.
4. Non-Hispanic Black respondents reported the lowest rate of using technology to connect to others for support (46.2%).
5. Respondents participating in OMH services reported less use of technology for support (53.1%) than those who do not participate in OMH services (59%).

Experience with Accessing Support

- Overall, respondents felt they were receiving enough support, and the most commonly reported sources of support were professional supports and family.
- Differences in populations reporting peers as a source of support point to potential disparities: young people were the least likely to report peers, as well as respondents in NYC. Non-Hispanic White respondents were the most likely to report peers as a source of support, which could be because of access issues to peers in minority groups.
- Younger populations were more likely to use technology as a source of support.

Disparities

- Respondents in CNY and WNY experienced higher barriers to care including telehealth and physical health care, as well as access to PPE and testing.
- Older respondents were more likely to only use a telephone to access telehealth services, while younger groups were much more comfortable with other technologies.
- TGNC respondents were more likely to report higher increases in symptoms, lower levels of access to care, testing, and PPE, and lower levels of adequate support.
- Racial/ethnic disparities were evident in Hispanic populations, specifically in regards to testing; Asian populations, specifically with regards to frequency of telehealth use and access to medications; and non-Hispanic Black respondents, in the use of technology to seek support.
- Respondents who did not participate in OMH services were less likely to report uninterrupted access to care, access to PPE and testing, and adequate levels of support.

Overall Highlights

- Overall, a majority of respondents reported increases in stress and anxiety, and a significant proportion of respondents reported difficulties in many aspects of their daily lives, particularly with income, education, and employment needs.
- That said, most respondents reported continued access to health care and adequate support, both from professional and personal sources.
- ***OMH is completing a qualitative analysis of themes identified by respondents and more analysis of data by region***

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RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Telehealth Paneled Discussion

Telehealth Service Delivery

Future State of Telehealth: Where Do We Go from Here?

Q&A Panel

Telehealth Service Delivery

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October 29, 2020

Telehealth Paneled Discussion

Moderators: Kristie Golden-Campo, RPC Co-Chair, Long Island
Suzanne Lavigne, RPC Co-Chair, North Country

State Partner Invitees

OMH

Gary Weiskopf, Bob Myers, Flavio Casoy, Meredith Ray-Labatt, Amy Jones, Ben Rosen, Jeremy Darman, Amy Smith, Amanda Saake, Donna Bradbury, Tom Smith, Bob Moon, Christopher Smith

OASAS

Pat Lincourt, Ilyana Meltzer

DOH

Peg Elmer, April Hamilton, Kendra Muckle, Megan Prokrym, Marcus Friedrich, Alda Osinaga, Doug Fish

RPC Invitees

REGIONAL CO-CHAIRS

Mark O'Brien, Kirsten Vincent, Margaret Morse, Ellen Hey, Nancy Williams, Johanna George, Sharon MacDougall, Scott Ebner, Tim Ruetten, Jennifer Earl, JoAnne Caswell, Sue Matt, Steven Bulger, Amanda Pierro, Melissa Stickle, Susan Miller

NEW YORK CITY

Anita Sambamurty, Yoshi Pinnadu, Steve Helfand

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Telehealth Paneled Discussion

Top Rated Telehealth Topics

1. Telephonic Modality During the Pandemic
2. Client Satisfaction: Person-Centered Care
3. Technology: Challenges & Progress
4. Telehealth and the Future Workforce Landscape

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Telehealth Paneled Discussion

Use of Telephonic Modality During the Pandemic

There have been a large number of reports by providers and consumers across NYS indicating that the telephonic modality of service delivery has **increased access** to services for those who have struggled with transportation and broadband issues.

- How are the Regions adapting to this modality and what are some of the "best practices and lessons learned" to date?
- What conversations are taking place in the Regions that can help assist the State in their post-COVID-19 discussions?

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October 29, 2020

Telehealth Paneled Discussion

Client Satisfaction: Person Centered Care

Data from various surveys indicates that preferences in service delivery modalities vary by client. We all agree that choice in modality should ensure that decisions are person-centered, and based on both the needs of the person, and providers' clinical discretion.

- The RPC has wide access to the mental health/SUD workforce, as well as a consumer footprint across the State. How can the RPC assist the State partners as they prepare future goals in telehealth expansion?

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October 29, 2020

Telehealth Paneled Discussion

Technology: Challenges and Progress

Geography, technology access, and social determinants of health present key challenges in both urban and rural communities across the State.

- How have infrastructure and technology needs changed for provider organizations during the pandemic and what are the most critical needs that impact service delivery?
- Will State partners be monitoring increased utilization of these alternative care delivery modalities for their potential impact on cost savings in both mental and physical health?

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Telehealth Paneled Discussion

Telehealth: Providers & the Healthcare Workforce – *the long game*

Many additional healthcare workforce/practitioner 'types'* are currently playing key roles in various service delivery areas not previously mobilized to provide support prior to the pandemic.

- What experiences can the RPC share with respect to these roles and their future impact on service delivery once the Governor's Executive Order ceases extension?
- What are different State agency partners thoughts on the value of these roles during the pandemic? Are there opportunities to retain them for the future of the care delivery system?

* Levels of licensure, non-licensure, non-reimbursed roles, etc.

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October 29, 2020

Housekeeping

Housekeeping

- At this time, the Main Conference Line will be cut for the duration of the Breakout Sessions.
- Breakout Session connection information was sent by e-mail invite.
- The Main Conference Line will reopen at approximately 2:10 pm.

If at anytime you need assistance, please contact TelSpan Support:

800-937-7726

webhelp@telspan.com

REGIONAL PLANNING CONSORTIUM

RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Breakout Session Reports

Breakout Sessions: Wrap Up

Session 1: VBP & Managed Care

Session 2: Children & Families

Session 3: Workforce & Peers

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Breakout Session Reports

Session 1: VBP & Managed Care

Sue Matt, RPC Co-Chair, Mohawk Valley

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Breakout Session Reports

Session 2: Children & Families

Steve Bulger, RPC Co-Chair, Mohawk Valley

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Breakout Session Reports

Session 3: Workforce & Peers

Kirsten Vincent, RPC Co-Chair, Western Region

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RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

Closing Remarks

Closing Remarks

Mark O'Brien, RPC Co-Chair, Western Region

Thank you to all of our participants today!
We look forward to our future conversations and next steps.