

# Regional Planning Consortium

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QUARTER ONE UPDATE

JANUARY 1 – MARCH 31, 2020



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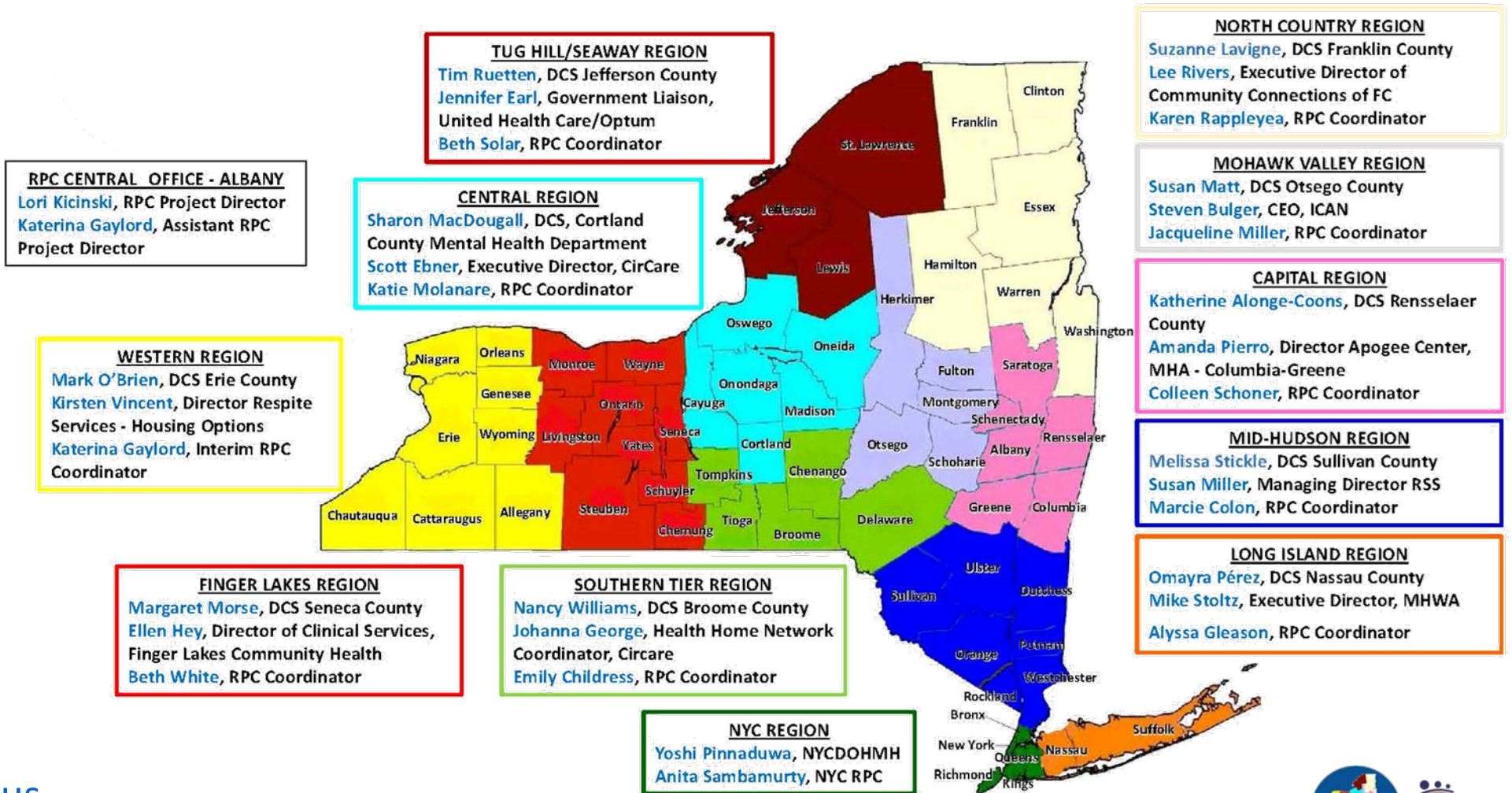
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# RPC Mission & Purpose

## *Who We Are:*

The [Regional Planning Consortium \(RPC\)](#) is a network of 11 regional boards, community stakeholders, and Managed Care Organizations that work closely with our State partners to guide behavioral health policy in the regions to problem-solve and develop lasting solutions to service delivery challenges.

## *RPC Mission Statement:*

The RPC is where collaboration, problem solving and system improvements for the integration of mental health, addiction treatment services and physical healthcare can occur in a way that is data informed, person and family centered, cost efficient and results in improved overall health for adults and children in our communities.

## *About this Report:*

The content of this Report targets Quarter 1 (Q1) (1/1 – 3/31/2020) activities conducted by the rest-of-state RPC by Region. Although the sudden and continued impact of the pandemic has delayed the timing of this release, the RPC has successfully incorporated several technical tools to systematically capture and stratify a variety of data sets of information and feedback that will be shared in Q2 (4/1 – 6/30/2020).



# Capital Region



**DCS Co-chair:** [Katherine G. Alonge-Coons](#), LCSW-R,  
Rensselaer County

**Community Co-chair:** Amanda Pierro, Peer Representative

**RPC Coordinator:** [Colleen Schoner](#)

**Board Membership:** [Capital Region RPC Board Members](#)

Click [HERE](#) to visit the Capital Region RPC web page

## ***Meetings Held During Quarter 1***

- [Q1 Board Q1 Board Meeting - 1/30/20](#)
- C & F Subcommittee Meeting - 2/5/20
- HHH Workgroup Meeting - 3/10/2020



## ***Q1 Top 3 Issues: Identification & Issue Development/Due Diligence***

- The impact of the 60-mile daily billing cap of staff travel for HCBS services; region is working to collect data to quantify the concern related to service sustainability.
- Workforce development and staff recruitment/retention concern as staff turnover remains high in care coordination and HCBS settings.
- Exploring potential “in lieu of services” opportunities that could be available to compensate for a lack of peer HCBS services due to limited availability of certified staff.



# Capital Region continued

## Next Steps

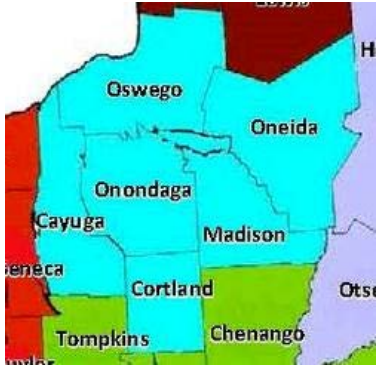
- Partner with Mohawk Valley Region on regionally specific proposal for the 60 mile daily cap as it relates to service sustainability and reaching those in need.
- Pursue Capital Region representation on Statewide RPC workforce workgroup to discuss recruiting and retaining qualified staff to manage or provide services.
- Convene a taskforce with HHH to identify specific barriers and challenges with the varying types of peer certifications for a possible recommendation of a peer waiver.
- Further investigation around the growing waitlist for CFTSS and children's HCBS as well as reasonable suggestions for sustainability to prevent local providers from de-designating.

## Achievements & Upcoming

- Engaged two Youth Advocates and two Key Partners to fill Board; will bring broader perspective and collaborative partnerships to further RPC goals.
- Reconvene and refocus the Transitions in Care workgroup to address the previously identified issue of homelessness and transitioning psychiatric patients from inpatient settings.



# Central NY



**DCS Co-chair:** [Sharon MacDougall](#), DCS, Cortland County Mental Health Department

**Community Co-chair:** Scott Ebner, Executive Director, Circare

**RPC Coordinator:** [Katie Molanare](#)

**Board Membership:** [Central NY RPC Board Members](#)

Click [HERE](#) to visit the Central NY RPC web page

## Meetings Held During Quarter 1

- [Q1 RPC Board Meeting - 2/4 \(Quarterly\)](#)
- HARP/HCBS/Health Home Workgroup - 1/15, 2/19 (Monthly)
- Care Manager Roundtable Group - 1/16, 3/12 (Monthly)
- Workforce Development Committee - 1/31, 2/28 (Monthly)
- Children and Families Subcommittee - 2/28 (Bi-monthly)
- State RPC Workforce Committee - Postponed March Meeting (Bi-monthly)
- [VBP Newsletter- Sent out Bi-monthly with BHCC updates](#)



## Q1 Top 3 Issues: Identification & Issue Development/Due Diligence

- State educational/experience requirements for Health Home/HCBS Care Management staff have left providers with increased job vacancies leading to increased burnout and turnover from existing care managers due to high caseloads.
- The process of informed consent has brought up much confusion, particularly around the number of forms a client must sign, which forms providers require, and the comprehensive knowledge of each form that must be communicated by staff members.
- Obtaining behavioral health translation services is extremely difficult. There is a disparity between medical and behavioral health translation services. Confusion around the shared responsibility between MCO and providers and care management.



# Central NY continued

## Next Steps

- Collecting data on the Syracuse University Care Coordination Pilot to further support a standardized scope of practice/training outlet for Behavioral Health Care Managers. In addition, the Workforce Committee will send out a Recruitment Survey to continue gathering data around best practices to recruit and retain front line staff.
- Gathering additional information around Informed Consent from Peer Forums/Groups, as well as from Privacy Officers within HCBS agencies.
- Seeking a presenter on Language Assistance from the State Offices to educate the RPC Board further on the Translation Services issue, as well as joining the Trabajando Juntos Language Access meetings to gather additional feedback from other providers.

## Achievements & Upcoming

- Care Manager Roundtable hosted a [Trauma Informed Care 2.0 Training](#) in January
- CNY RPC, CNYCC and Syracuse University developed a [Care Coordination Certificate Pilot](#) for Care Managers. The pilot went from January 31st to April 24th; 30 participants.
- Due to COVID-19, the region is developing a Client Engagement Taskforce to capture relevant data points associated with the increase of client engagement and telehealth services.



# Finger Lakes



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](#)

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## ***Meetings Held During Quarter 1***

- [Finger Lakes RPC Board meeting](#) – 3/20/20
- C & F Subcommittee
- Multiple New RPC Board Member Orientation Meetings
- Stakeholder Group Meeting re PA Scope of Practice in Article 31 Clinics
- Attended NYC Event – Pathways to VBP Collaborations in Behavioral Health
- Community Agency Debrief of Needs Based Toolkit Test Run



## ***Q1 Top 3 Issues: Identification & Issue Development/Due Diligence***

- Physician Assistant (PA) Scope of Practice in Article 31 Clinics – cannot assess or prescribe without completion of OMH waiver process.
- Children & Families providers report CFTSS/HCBS services not financially sustainable.
- Confusion reported about role of peer workers in BH treatment programs.





# Finger Lakes continued

## Next Steps

- Complete survey of Article 31 clinics' psychiatric coverage & draft proposal to OMH that clinics with adequate psychiatric coverage be excused from OMH waiver needed for Physician Assistants (PAs) to be able to assess and prescribe.
- Planning for CFTSS/HCBS Sustainability Learning Collaborative – identify support for regional effort to assist children's service providers in creating strategies for attaining financial viability in service delivery.
- Organize and structure Workforce Integration of Peers materials for eventual posting on RPC website for any employers of peer workers to access.

## Achievements & Upcoming

- [Feb 26 Event – Workplace Integration of Peer Worker Roles](#)
- [CFTSS/HCBS Sustainability Learning Collaborative to start May 4, 2020](#)



# Long Island



**DCS Co-chair:** [Omayra Pérez](#), MSW, LCSW-R, Nassau County

**Community Co-chair:** Michael Stoltz, CEO, Association for Mental Health and Wellness

**RPC Coordinator:** [Alyssa Gleason](#)

**Board Membership:** [Long Island RPC Board Members](#)

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## ***Meetings Held During Quarter 1***

- Peer Supervision Learning Collaborative – 1/15/2020
- [Children and Family Subcommittee – Nassau – 2/13/2020](#)
- Children and Family Subcommittee – Suffolk – 2/27/2020
- [HHH \(Health Home/HARP/HCBS\) – 3/5/2020](#)



## ***Q1 Top 3 Issues: Identification & Issue Development/Due Diligence***

- CFTSS & HCBS Provider Designation and Access - Difficulty connecting clients to services. Survey was created with the subcommittee to assess capacity and openings from providers designated in Nassau and Suffolk. Waitlist times were also assessed.
- Create sub-group within the HHH workgroup to focus on data collection to address concern of discrepancy in HARP Eligible versus Enrolled as well as HCBS Eligible Vs. Enrolled.
- Continue to build the Peer Supervision Learning Collaborative inter-system group to help build skills, knowledge for peer supervisors in all systems, as well as best practices for integrating and maintaining peers in the workplace.



# Long Island continued

## Next Steps

- Continue to send the CFTSS/HCBS Services Survey to assess waitlists, identify issues with provision and access to services to help increase access and decrease wait times for families and children to vital services.
- Create a networking event to be held in 2020 for the Children's System. Event will be a Know your MCO event in the Fall/Winter 2020.
- Continue to support communication with the State and Counties regarding the C-YES process and ensuring timely access to critical services for children without Medicaid.

## Achievements & Upcoming

- Peer Specialist Community of Practice Workgroup has become self-sustainable and will be supported by, but no longer run by the RPC.
- Implemented Capacity and Waitlist Survey to Children's CFTSS & HCBS Providers to help providers connect clients to services. Will continue the survey and track trends.
- Speakers are being arranged for Peer Supervision Collaborative to focus on building career ladders for peers and integrating peers in to the workplace.



# Mid-Hudson



**DCS Co-chair:** [Melissa Stickle](#), LCSW, CASAC, Sullivan County

**Community Co-chair:** Susan Miller, Managing Director, Rehabilitation Support Services

**RPC Coordinator:** [Marcie Colon](#)

**Board Membership:** [Mid-Hudson RPC Board Members](#)

Click [HERE](#) to visit the Mid-Hudson RPC web page

## **Meetings Held During Quarter 1**

- [2019 Q4 Board meeting - 1/15/20](#)
- C&F meeting - 1/28/20
- Statewide HARP/HCBS meeting - 2/24/20
- HHH meeting - 3/5/20
- [Q1 Board meeting - 3/11/20](#)
- C&F Meeting - 3/24/20



## **Q1 Top 3 Issues: Identification & Issue Development/Due Diligence**

- Sustainability of Article 31 & 32 clinics – taskforce developed to explore ways to support sustainability of Article 31 & 32 clinics.
- Continued need for integration of services for individuals with mental health and substance use disorders- (developed the [Co-Occurring System of Care \(COSOC\) initiative](#))
- Underutilization of HCBS: developed sub-committee to review HCBS data which showed limited utilization of the program. The sub-committee focuses on barriers, benefits, and methods to increase utilization in the Mid Hudson region.



# Mid-Hudson continued

## Next Steps

- Convene Article 31 & 32 taskforce - (5/29/20) to review information shared by both OMH and OASAS and to determine the RPC role and next steps
- Development of a regional COSOC conference for agency staff, case managers and others – including but not limited to topics such as integrated care for various populations (i.e. DD population, individuals with Substance Use Disorders), Case Management services and prevention.
- Schedule HCBS training as requested by MHA of Rockland County to increase care manager’s knowledge of HCBS services and processes.

## Achievements & Upcoming

- Developed [COSOC Tool Kit](#) to share information and documents
- Hosted trainings which included: “[Stages of Change](#)”, “[Developing an Appropriate Treatment Plan for Individuals with Co-Occurring Disorders](#)” for COSOC teams and case managers
- COSOC Conference being planned for Q3 2020, next planning meeting will outline purpose, goals and program details



# Mohawk Valley



**DCS Co-chair:** [Susan Matt](#), Otsego County

**Community Co-chair:** Steven Bulger, ICAN

**RPC Coordinator:** [Jacqueline Miller](#)

**Board Membership:** [Mohawk Valley RPC Board Members](#)

Click [HERE](#) to visit the Mohawk Valley RPC web page

## **Meetings Held During Quarter 1**

- Children & Families Subcommittee - 2/12/20
- Know Your MCOs - 2/12/20
- Q1 Board Meeting - 3/6/2020



## **Q1 Top 3 Issues: Identification & Issue Development/Due Diligence**

- Travel beyond 60 miles round trip from starting location for HCBS services is not reimbursed, making it financially difficult to provide an abundance of services beyond that reimbursed radius.
- CFTSS and HCBS Provider Designation and Access- There is difficulty in connecting clients to services due to limited providers of these services in this region and long wait-lists for agencies who do provide services.
- Timely access to behavioral health care has a challenge in rural regions. As a result, the feasibility around advocacy for sustainable telehealth has been identified as a potential future direction of the Board.



# Mohawk Valley continued

## Next Steps

- Agencies who provide HCBS services will be asked to share data to support a visual plot map demonstrating the number of areas (and people) who fall beyond 60-mile round-trip rules for mileage reimbursement of each agency.
- Create a survey to pinpoint the discrepancies in CFTSS and HCBS “designation lists” and “find a provider” tools in order to better link children, including those who do not have Medicaid, to services.
- Create a survey specific to providers, clients, and clinicians, asking about their individual experiences with telehealth to better inform the first steps toward a proposal for lasting telehealth services.

## Achievements & Upcoming

- The Mohawk Valley RPC in conjunction with OMH Central Field Office hosted a [“Know Your MCO” event](#) on February 12<sup>th</sup> with more than 50 regional stakeholders and four MCOs present.
- The Mohawk Valley Board of Directors plans to host a webinar on Integrated Behavioral Health, highlighting the successes of health systems currently engaged in physical and behavioral health care integration across the Mohawk Valley, as a best practice and learned experiences session.



# North Country



**DCS Co-chair:** [Suzanne G. Lavigne](#), MHA, CASAC II, Franklin County

**Community Co-chair:** Lee Rivers, Executive Director, Community Connections of Franklin County

**RPC Coordinator:** [Karen Rappleyea](#)

**Board Membership:** [North Country RPC Board Members](#)

Click [HERE](#) to visit the North Country RPC web page

## Meetings Held During Quarter 1

- Know Your MCOs – 1/9/20
- Children & Families Subcommittee – 1/9/20
- NC/TH Bed Finder Pilot – 2/13/20 and 3/5/20
- Housing Workgroup – 2/26/20
- [Q1 Board Meeting – 3/27/20](#)



## Q1 Top 3 Issues: Identification & Issue Development/Due Diligence

- [Children & Families](#) – Providers shared concerns regarding high turn-over in children’s services, and that individual agencies do not have adequate resources to provide quality training, resulting in further negative impact on workforce.
- Housing – Behavioral health clients have difficulty accessing stable, affordable housing due to housing options being scattered, limited and remote.
- [North Country/Tug Hill SUD Bed Finder Pilot](#) – Providers referring for Substance Use Disorder treatment reported difficulty finding open/available beds.





# North Country continued

## Next Steps

- C&F – June 9, 2020 subcommittee meeting will focus on development of action plan for regional evidence-based training for children services staff.
- Housing – Baseline survey to North Country government agencies and nonprofit organizations who are providing housing to the behavioral health community to better understand numbers of units, waitlists, and types of housing available for occupancy.
- NC/TH Bed Finder Pilot – Cross-region workgroup will reach out to eligible Substance Use Disorder providers to encourage their participation in a mid-June demonstration of the SUD Bed Finder Tool developed and implemented by the Finger Lakes RPC.

## Achievements & Upcoming

- [“Know Your MCOs” event](#) – first in series with more than 50 people in attendance.
- Kick-off in with both NC and TH stakeholders to establish a joint North Country & Tug Hill bed finder pilot program in June 2020.
- 80% of the board participated in our first virtual board meeting for Q1 early in the NY PAUSE; reinforcing stakeholders’ commitment to issue development and solution resolution for the North Country.



# Southern Tier



**DCS Co-chair:** [Nancy Williams](#), LCSW-R, Commissioner, Broome County Mental Health Department

**Community Co-chair:** Johanna George, Health Home Network Coordinator, Circare

**RPC Coordinator:** [Emily Childress](#)

**Board Membership:** [Southern Tier RPC Board Members](#)

Click [HERE](#) to visit the Southern Tier RPC web page

## Meetings Held During Quarter 1

- HHH Workgroup (Rescheduled 2019 Q4 Meeting) - 1/7/20
- [Peer Workforce Development Steering Committee - 1/8/20](#)
- [Q1 Board Meeting - 2/19/20](#)
- Peer Workforce Development Steering Committee - 3/4/20
- HHH Workgroup - 3/10/20



## Q1 Top 3 Issues: Identification & Issue Development/Due Diligence

- Medicaid recipients who rely on Non-Emergency Medical Transportation struggle to access same day transportation to OMH & OASAS clinics and appointments.
- Many agencies are unable to provide various Peer Support Services due to a lack of available peer workforce and/or inability to retain peer staff.
- As DSRIP incentive grants end, Value-Based Payment arrangements need to be profitable enough to sustain program operating costs.



# Southern Tier continued

## Next Steps

- Continue state and regional level communication and data collection regarding Non-Emergency Medical Transportation accessibility.
- The Peer Workforce Development Steering Committee is recruiting members and exploring collaborative peer networking models to establish a Southern Tier Peer Workforce Group that will serve as an environment for peer workforce development.
- Exploring available policy and information regarding VBP contracting and opportunities to share information with stakeholders in the region; Identifying specific services that stakeholders are concerned about regarding sustainability.

## Achievements & Upcoming

- Sustained interest and recruitment to Peer Workforce Development Steering Committee.
- OMH partnered with the ST RPC for a “Know Your MCO Event” held 3/10/20; 40 attendees, 6 MCOs.
- Successful recruitment of new Children and Families Subcommittee leadership.



# Tug Hill Seaway



**DCS Co-chair:** [Tim Ruetten](#), Jefferson County

**Community Co-chair:** Jennifer Earl, Government Liaison, United Health/Optum

**RPC Coordinator:** [Beth Solar](#)

**Board Membership:** [Tug Hill RPC Board Members](#)

Click [HERE](#) to visit the Tug Hill Seaway RPC web page

## Meetings Held During Quarter 1

- Tug Hill BOD 1st Quarter meeting : March 12, 2020 ([Click here to review agenda](#))
- Tug Hill HH/HARP/HCBS workgroup January 15, 2020 (Jefferson County location)
- Tug Hill HH/HARP/HCBS workgroup January 22, 2020 (St. Lawrence location)
- Tug Hill C&F subcommittee February 19, 2020 (Jefferson County location)
- Tug Hill C&F subcommittee February 26, 2020 (St. Lawrence location)
- Tug Hill HHH workgroup and OMH HCBS education presentation March 4, 2020 (Jefferson County location)
- Tug Hill HHH workgroup and OMH HCBS education presentation March 18, 2020 (held via virtual platform due to restrictions)



## Q1 Top 3 Issues: Identification & Issue Development/Due Diligence

- **Transportation** – Due to rural barriers such as lack of public transportation, limited bus times and routes, and limited taxi service, clients are unable to reliably receive services that require non-medical transportation.
- **Workforce** – Stigma associated with Mental Health and Substance Use Disorders have contributed to a workforce shortage in the human services and nursing fields; many providers report hardship with hiring staff.
- **Children and Families** – Local children’s services providers have expressed concern with the lack of communication and timely follow-up with C-YES after referrals have been submitted.



# Tug Hill Seaway continued

## Next Steps

- Collaborate with Southern Tier RPC and Fort Drum Regional Health Planning Organization (FDRHPO) on the results of their transportation surveys to inform Tug Hill on their own regional transportation opportunities.
- Workforce: Develop survey for regional providers to find interest and ability to accommodate externship requirements for allied health, human services and nursing programs from local educational programs (i.e. Jefferson Community College and BOCES).
- Following regional meeting of CLMHD, C-SPOA, DOH, OMH, and C-YES, C-SPOA coordinators will report back to the RPC C&F Committee to share opportunities identified for improved communication for the children and families they serve.

## Achievements & Upcoming

- Continue collaboration with Southern Tier and Fort Drum Regional Health Planning Organization to work on transportation issues regarding access to and timeliness of non-emergency medical transportation (NEMT).
- Reschedule “Know your MCO Event” that was previously scheduled for March 18, 2020 once in-person meetings are permitted.
- [North Country / Tug Hill SUD Bed Finder Pilot Project](#) – Tentative go-live date early July 2020



# Western NY



**DCS Co-chair:** [Mark O'Brien](#), LCSW-R, Erie County

**Community Co-chair:** Kirsten Vincent MS, LMHC, NYSCPS, Director of Respite Services/ Co-Manager of Care Services, Housing Options Made Easy, Inc.

**RPC Coordinator:** [Tiffany Moore](#)

**Board Membership:** [Western NY RPC Board Members](#)

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## Meetings Held During Quarter 1

- [RPC 820 Work Group Ad Hoc Meeting: 2/3/2020](#)
- [Health Home/Harp/HCBS Sub-Committee: 2/4/2020](#)
- WNY RPC Q1 Board Meeting: 2/19/2020
- [Children and Families Sub-committee: 2/24/2020](#)
- [WNY Workforce Group: 3/3/2020](#)



## Q1 Top 3 Issues: Identification & Issue Development/Due Diligence

- Due to workforce shortages and long waiting lists for services, there are challenges of getting children timely access to CFTSS services.
- Congregate Care Level II eligibility through LDSS and payment to OASAS 820 residential treatment providers created several unintended complications which impacts reimbursement to 820 providers.
- Recruitment and retention of mental health and substance use disorder staff is challenging and impacts the ability for providers to deliver services to individuals in need.



# Western NY continued

## Next Steps

- Explore the feasibility of the development and utilization of a regional universal referral for CFTSS to simplify the process for children to access these services.
- Explore expansion of Erie County pilot to additional WNY counties, allowing public assistance eligibility interviews to occur remotely at 820 residential provider sites.
- Develop a survey for multiple levels of behavioral healthcare workforce professions to investigate the workforce issues in the WNY with the intention to inform a possible future training collaborative cooperative.

## Achievements & Upcoming

- Resulting from WNY RPC's formal presentation to OASAS on the 820 residential benefit and reimbursement issues, tentative solutions have been collaboratively identified by OASAS and the Office of Temporary and Disability Assistance. WNY RPC workgroup will assess best way to engage regional stakeholders in application of proposed solutions.



# 2020 RPC Areas of Focus

In Q1, from a statewide perspective, the RPC laid groundwork for our four Areas of Focus in 2020. With the implementation of more sophisticated tools that promote cross-regional sharing, and the appointment of RPC staff Project Leads to streamline common issues, policy discussions, and recommendations across regions, we are better prepared to deliver a “collective voice” within these four domains and will be reporting our progress each quarter:

- [Behavioral Health Workforce](#)
- [Children & Families](#)
- [Innovations in Value Based Care](#)
- [Social Determinants of Health](#)

For further information about the Regional Planning Consortium, please contact:

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**RPC Assistant Project Director:** [Katerina Gaylord](#), (518) 396-0788

