Southern Tier Regional Planning Consortium
Board of Directors

May 13, 2020 1:30-3:30PM
Virtual via GoToMeeting

Meeting Minutes

Welcome & Introductions:
Emily and the co-chairs, Nancy and Johanna, started the meeting at 1:31 PM. Emily did roll call and took attendance.

Administrative Items
The meeting minutes from the first quarter board meeting held February 19, 2020 were sent out to the board prior to the meeting. The group was given time to review the minutes for approval. Emily asked for any edits to the minutes. Jim Kennedy made a motion to accept the minutes as written; Pat Vincent seconded. All approved, none opposed. Minutes were passed.

Updates to the by-laws were sent out to the board and reviewed during the meeting. Emily explained the following changes:

- Adjustment 1: The by-laws allow for the board to vote electronically, only for those in attendance.
- Adjustment 2: The by-laws allow for the board to suspend a board quorum for the purpose of voting on the approval of minutes.
- Adjustment 3: The by-laws allow for subcommittees and workgroups to be led by the coordinator or an individual from a board member's organization.

Emily made a request for any comments and/or edits. The board confirms that the changes make sense. Nancy asked for a motion. Cindy Heaney made a motion; Jim Kennedy seconded. All in favor, none opposed. By-laws were passed.

Presentation: GetThere Transportation to Employment Program
Emily introduced the speaker, Katie Blaine, Program Coordinator. The slides for the presentation were provided to board members prior to the meeting and are available on the RPC website. The board listened to the presentation. Below are highlights from the presentation:

- "Get There" is a mobility management program of the Rural Health Network. Call Center information was provided, as well as an overview of services and locations.
- GetThere's Transportation to Employment Program (TEP) provides two types of services; the TEP Voucher Program and the TEP Vanpool Service.
    - TEP Voucher Program: Short-term transportation assistance to individuals who can't afford transportation costs at the beginning of employment
        - A referral based program currently serving Broome, Chenango, and Tioga Counties. The Referral Form and FAQ were sent to Emily for distribution.
        - A referral must be completed at least 3 days prior to the client's first day of work.
        - Coordinator works with client to identify and establish a long-term plan to access transportation

        - Individuals/Clients cannot contact TEP directly. Referral is needed.
        - Provides bus passes, fuel cards, and private rides
        - Does not include rides to interviews
        - The duration of the service is individually discussed with clients
        - Sustainable transportation is the ultimate goal. Taxis, Ubers, Lyfts are not sustainable. Individuals are asked to consider carpool opportunities. Fuel cards may be offered initially to cover the cost of gas for carpool opportunities.
    - TEP Vanpool to help individuals that might not have access to reliable transportation.
        - The Vanpool vehicle is owned by GetThere and driven by a volunteer driver.

The presenter ended the presentation with an opportunity for the board to ask questions. No questions were offered from the board.

Emily will send out slides and information to the board, as well as post on the Southern Tier RPC website.

COVID-19 Discussion

Johanna introduced the discussion. An Open Discussion call-in meeting was held April 15th, open to all Southern Tier RPC board members and ad hoc group participants. Topics discussed during the April call included service delivery, telehealth capacity, and staff support. Johanna asked that while the board continues the discussion, they utilize a lens of what the RPC can focus on moving forward, as pandemic restrictions are lessened.

Board discussion included:

- PPE Access

OMH has provided a lot of PPE for agencies which has been received and appreciated. Nancy expressed a concern regarding OASAS and OPWDD distribution of PPE. Justin Lynady noted that OASAS did distribute PPE on two occasions, including masks and hand sanitizer. The LGUs requested to be notified by state agencies when PPE are being distributed and to where.

Some organizations noted it has been difficult to locate and purchase non-contact thermometers to be used to screen staff for fever while at work. Amazon is the most common source, however there is a delay in shipment.

- Responsibly Repopulating Physical Locations

Mary Maruscak shared that the Rural Health Network is starting to think about repopulating the building and how to do that safely. They are drafting a policy with modified safety guidelines and will be surveying staff for feedback and concerns. Additionally, Mary noted the need to consider that many staff members have their own health concerns, children at home, etc. Lori Kincinski, RPC Project Director, asked if Rural Health Network would be able and willing to share the draft policy. Mary will forward to group once it is approved.

Michelle Zuk shared that during a Mohawk Valley RPC meeting, a provider mentioned receiving a letter from their liability insurance provider regarding COVID-19. No board members shared having received anything similar. Local law firm, Hinman, Howard & Katell offers numerous human resource trainings, including a recent webinar to address the liability of returning to work

post-pandemic. Mary Maruscak will try to find a recording to send to the board. Jim Kennedy will send Emily a webinar slide deck regarding workforce preparedness to share with the group.

New language is being explored to use when offering guidance to families, e.g. "physically distance and socially connect". Concerns were raised regarding how to address situations where an individual refuses to wear PPE while receiving services.

- Staff Support

Providers are hearing concerns from individuals that they serve regarding increased anxiety, stress, and situational depression. However, staff are also sharing these same concerns. Many agencies are reminding staff of the confidential OMH helpline and some have implemented a wellness check-in system for staff. An increase in compassion fatigue has been observed. Agencies shared that it will be necessary to approach issues on a case by case basis.

Having staff rotate in and out of the office was shared as a strategy to both responsibly repopulate agency locations and to ease personal burden on staff. Many employers and staff have concerns if schools are not to reopen in September.

- Telehealth Infrastructure and Utilization

Agencies report that the initial set-up for telehealth went smoothly but some staff are reporting challenges using various platforms. Justin Lynady offered that many OASAS agencies have reported increased engagement with those who were previously reluctant to services. Providers noted that the rate of new referrals has not decreased.

In other areas of the state, decreases in hospital census have been reported. Cara Fraser shared that United Health Services has experienced a drastic reduction in revenue. However, inpatient and CPEP numbers have remained stable, along with outpatient services. Staff are reporting that telehealth is mentally draining. Some clients are refusing services by phone while others are thriving. Cara requested that state offices and MCOs continue to allow phone sessions as a sustainable service after the pandemic. Laura Zocco, OMH, responded that the swift transition was due to utilizing an emergency waiver. It would take a while for state, and federal, offices to release permanent guidance. Laura requested that providers collect data feedback to showcase the benefits and engagement numbers, comparing pre- and post- COVID-19 data. An example provided was to compare rates of no-shows.

A suggestion was made to develop a survey to capture concerns and successes from providers and to utilize claims data. Jeremy Boyce, CDPHP, shared that they are looking at utilization data and comparing to last year's data. In their preliminary findings, they are seeing a decrease in the utilization of outpatient and a slight increase in inpatient services.

- RPC Action Going Forward

A suggestion was offered to monitor clients' progression who did not have access to technology prior to the pandemic but now do and receive services via telehealth. What will it look like for these clients and rural clients when telehealth services end and they no longer have access?

Another suggestion was offered to track specific cohorts based on age and services received. A question was offered to Jeremy if CDPHP is looking at social determinants of health. Currently case managers are monitoring from an anecdotal perspective.

Collecting data from recipients of services was identified as a necessity. Office of Consumer Affairs is currently collecting this information. The survey has been shared by Emily and she suggests providers share directly with recipients of services.

Work Plan Review
Emily introduced the work plan at the first quarter meeting. The updated draft plan was sent out to board members prior to the meeting. Emily outlined the following updates:

HCBS Workflow being difficult to navigate. HHH workgroup identified barriers in the workflow. It was discussed at the first quarter board meeting that each barrier should be its own issue in order to create more actionable items. The next step will be to finalize the issues at the next HHH meeting in June and bring them back to the third quarter board meeting.

Peer workforce development. The group expressed an interest in holding a community event to gather volunteers to join the group. Additionally, the group was seeking guidance from other Peer forums. The group decided to combine the two initiatives and hold a panel event of established Peer networking groups. This event is still in the planning phase with an intention to be held by the end of June.

Previously, the group requested a specific space on the work plan for MCO feedback. Emily requested input on how to best include this, suggesting a column to enter any stakeholder feedback or involvement. No comments were provided.

Ad Hoc Workgroup & Subcommittee Reports
Emily gave the quarterly report on the workgroups and subcommittee. The document was sent out prior to the meeting and will be posted on the website.

Health Home/HARP/HCBS Workgroup: Last met on March 10th and discussed Health Home Care Manager retention and the HCBS 60 mile rule. Most providers in the Sothern Tier are not attempting to bill for the 60 mile HCBS rule. The group will look to gather additional feedback. The next HHH meeting will be June 9th.

Children & Families Subcommittee: New leadership has been identified. Tricia Carman, Children's Home of Wyoming Conference will serve as the Chair and Sally Manning, Tompkins County C-SPOA at Rehabilitation Support Services will serve as the LGU Lead. Goals for the subcommittee will remain unchanged

Peer Workforce Development Steering Committee: Update was provided during the Workplan discussion.

Events: The Southern Tier RPC has held two events since the first quarter board meeting.

The first was a "Know Your MCO" event hosted by the Central Field Office for OMH on March 10, 2020. Six MCOs presented information and resources to 40 people in attendance. Additional information on the event can be found on the RPC website.

The second was the COVID-19 Open Discussion call held on April 15, 2020. Approximately 30 attendees from the board and/or ad hoc groups called in. A local resource sheet was developed and shared with all stakeholders.

Emily will continue to send regional and state updates out on Monday, Wednesday, and Friday each week. Board members find the updates useful.

Open Floor
Johanna opened the floor for board members that have any updates or announcements. None were shared.

Meeting Adjournment
Nancy asked for a motion to adjourn the meeting. Jeremy Boyce made a motion; Jennifer Earl seconded. None opposed. Meeting concluded at 3:08 pm.

SOUTHERN TIER RPC: SECOND QUARTER Board Meeting
MAY 13, 2020, 1:30-3:30 PM,
VIRTUAL MEETING VIA GOTOMEETING

	Name	Attendance	Organization	Stakeholder Group
1	Bill Perry	Absent	Lourdes Center for Mental Health	CBO
2	Carmela Pirich	Present	Addiction Center of Broome County	CBO
3	George Dermody	Absent	Children's Home of Wyoming Conference	CBO
4	Michelle Zuk	Present	Family Resource Network, Inc.	CBO
5	Robin Cotter	Present	Catholic Charities of Chenango County	CBO
6	Susan Ruff	Present	Southern Tier Independence Center	CBO
7	Zac Rankin	Absent	Family and Children Society	CBO
8	Cara Fraser	Present	United Health Services	H&Hs
9	Emily Taggart	Absent	O'Connor Hospital	H&Hs
10	Eric Jansen	Present	Cayuga Medical Center	H&Hs
11	Jim Kennedy	Present	The REACH Project	H&Hs
12	Johanna George	Present	Circare	H&Hs
13	Julie Smith	Present	Encompass HH, Catholic Charities of Broome Co.	H&Hs
14	Marilyn Donnelly	Absent	Margaretville Hospital	H&Hs
15	Debra Maietta	Absent	HealtheConnections	Key Partner
16	Shawn Yetter	Present	Tioga County DSS	Key Partner
17	Rebecca Rathmell	Absent	YWCA of Binghamton	Key Partner
18	Jennifer Lea	Present	iCircle	Key Partner
19	Mary Maruscak	Present	Rural Health Network of South Central NY	Key Partner
20	Lisa Berard	Present	Care Compass Network	Key Partner
21	Nancy Williams	Present	Broome County	LGU
22	Ruth Roberts	Excused	Chenango County	LGU
23	Cindy Heaney	Present	Delaware County	LGU
24	Lori Morgan	Absent	Tioga County	LGU
25	Gerard Lippert (Interim)	Absent	Tompkins County	LGU
26	Colleen Klintworth	Present	Excellus BlueCross BlueShield	MCO
27	Jeremy Boyce	Present	CDPHP	MCO
28	Jennifer Earl	Present	United Healthcare	MCO
29	Claire Isaacson	Present	Molina Healthcare	MCO
30	VACANT		Fidelis	MCO
31	Matthew McDonald	Present		PYF
32	Patricia Vincent	Present		PYF
33	Karyn Kanzer	Present		PYF
34	Brandon Davis	Present		PYF
35	VACANT			PYF
36	VACANT			PYF
37	Laura Zocco	Present	Office of Mental Health	State Government
38	Justin Lynady	Present	Office of Addiction Services and Supports	State Government
39	Noemi Simpson	Absent	Office of Children and Family Services	State Government

Southern Tier Gallery Attendees: May 13, 2020: SECOND QUARTER 2020

	NAME	ORGANIZATION
1	Katie Molanare	RPC, Central Region Coordinator
2	Lori Kicinski	RPC, Project Director
3	Katerina Gaylord	RPC, Assistant Project Director
4	Alyssa Gleason	RPC, Long Island Region Coordinator
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Regional Planning Consortiums
Regional Bylaws for Southern Tier Region

Article I: Purpose

To serve the transformation of the Medicaid behavioral health system the creation of the NYS Regional Planning Consortiums (RPC) were authorized through the Centers for Medicare and Medicaid Services (CMS) 1115 waiver. The RPC is where collaboration (regionally, inter-regionally and with our state partners), 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, and cost effective. *Our goal is to improve the overall health for adults and children in our communities.*

Purpose of the RPC Boards

The function of the RPC is to collaborate, analyze and problem solve issues that arise and are representative of the RPC stakeholders. The board identifies, researches, prioritizes, and initiates the due diligence process for identified issues, determines viability and actionable steps for regional resolution as well as recommendations and ideas for state partners. Robert's Rules of Order will be utilized to guide the Southern Tier RPC Board Meetings.

Article II: Membership of the RPC Regional Boards

The Board of Directors of the Southern Tier RPC shall be comprised of members as prescribed by the NYS Regional Planning Consortium initiative and shall follow its directives regarding election of members for each stakeholder group.

The RPC Membership is comprised of seven stakeholder types, with both voting and non-voting board members:

The voting stakeholder groups are:

- **Community Based Organizations (CBO)** – comprised of representatives from the following organization types: Mental Health, Substance Use Disorder, Children's Services, Adult Behavioral Health HCBS Providers, Housing Providers, Rural Provider. A seventh (7^{th}) seat is designated for a nondescript CBO, who meets any one or more of the above types. It is encouraged that each board works toward diverse representation reflecting the population of their region. Any organization providing Medicaid billable services and are licensed by either OMH or OASAS are eligible for election to one of these seats.
- **Hospital and Health System Providers (HHSP)** – comprised of two representatives from each organization type – Hospitals and/or Health System Providers, Federally Qualified Health Centers and Lead Health Homes (Adult and/or Children). A seventh (7^{th}) seat is designated for a nondescript HHSP, who meets any one or more of the above types. If there is insufficient interest from an organization type the Board may choose to have an additional representation from another organization type within this stakeholder group.
- **Peer/Family/Youth Advocates (PFY)** – comprised of two peer representatives, three family advocates, and one youth advocate members. Members of this stakeholder group may work for an agency that provides behavioral health services but, in their Board member role, they are asked, when possible, to represent their personal experience as a peer or family member rather than their employer's agency perspective. If there is insufficient interest from a member type the Board may choose to have an additional representation from another member type within this stakeholder group. For the purpose of the RPC a Youth Advocate is defined as a person with lived experience between the ages of 18-25 years old.
- **Medicaid Managed Care Organizations (MCO)** – each MCO organization has a contractual obligation to appoint a staff member to represent their organization.
- **County Directors of Community Services (DCS)** – each RPC region will select up to six (6) members (some RPC regions may have less than 6 DCSs depending on the size of the region) to serve on the RPC Board.

The non-voting stakeholder groups are:

- **Key Partners** – Various members appointed by the Board due to their related subject matter expertise. For example, members who represent regional PHIP, PPS, LDSS or LHD.
- **Ex Officio** – Members eligible due to their related roles, i.e. State Partners from OMH, OASAS and OCFS as well as Behavioral Health Organizations (BHOs).

Co-Chairs

Each RPC Board will be facilitated and lead by two RPC Co-Chairs. One Co-Chair is a Director of Community Services (DCS) and selected by the regional DCSs. The other Co-Chair is selected from one of the following stakeholder groups:

- Community Based Organizations
- Managed Care Organizations
- Peer/Family/Youth Advocates
- Hospital & Health System Providers

The non-DCS Co-Chair is self-nominated or nominated by another board member and is elected by voting board members.

Co-Chair role and responsibilities:

Leadership:

- Manage and provide overall leadership to the board, identifying goals, strategy that advocates regional goals.
- Represent the region at RPC activities and meetings.
- Lead effective and efficient board meetings, promote effective relationships, open and inclusive communication in meetings and internally mediate contentious relationships.
- Create a culture that allows constructive dialogue, including challenges and varying opinions and consensus decision-making.
- Ensure the Board as a whole is engaged in the development, due diligence and determination of board decisions, recommendations and ideas.
- Serve as an ambassador of the RPC, advocating its mission to internal and external stakeholders.

Logistics:

- In person attendance at regional board meetings and state partner meetings.
- On-going collaboration with their Co-Chair counterpart and RPC Coordinator.
- Develop/organize in concert with co-chair and RPC coordinator the board's meeting agenda.
- Attend and participate in the RPC Co-Chairs calls and complete requested surveys.
- Serve as an access point for members of the community who have questions or would like to bring issues to the attention of the RPC.
- Enact and uphold the RPC and regional bylaws.

Voting Stakeholders

The RPC Boards each consist of five voting stakeholder parties, they include;

- Community Based Organizations
- Hospital & Health System Providers
- Peers/Family/Youth Advocates
- Director of Community Services
- Managed Care Organizations

Role and responsibilities:

- Attend quarterly RPC Board Meeting in person, no proxy or call in option is available.
- Review board meeting minutes, to be voted on for approval.
- Review meeting agenda and materials prior to each board meeting.
- Represent the collective views of the RPC Board and your stakeholder group in your region.
- Identify, prioritize and sort the recommendations/ideas/solutions that have been identified by the region.

- Serve as an access point for members of the community who have questions or would like to bring issues to the attention of the RPC.
- Actively participate in board meetings.
- In instances where the Board meeting has occurred through a virtual meeting or when a vote is held outside of a Board meeting, respond promptly to electronic voting requests. This provision does not authorize electronic voting for members not in attendance at in person meetings or virtual meetings.
- Participate in workgroup/subcommittee levels, or encourage that a staff member from your agency participate when appropriate.
- Deliberate and vote on regional solutions and priority recommendations/ideas to be forwarded to our state partners.
- Send information and items to be placed on the meeting agenda to the RPC Coordinator no later than two (2) weeks prior to the scheduled board meeting.

Non-voting Stakeholders

The RPC Boards consist of two non-voting stakeholder parties, they include:

- Key Partners (represent various community organizations, including but not limited to PHIPs, PPSs, LDSS, Local Health Departments)
- Ex-Officio Members
    - State Agencies Representatives (From OMH, OASAS and OCFS)
    - BHOs

Role and responsibilities:

- Attend quarterly RPC Board Meetings in person, and will not send a proxy to the meeting,
- Review meeting minutes prior to board meetings,
- Review meeting agenda and materials ahead of each board meeting,
- Represent the collective views of the RPC Board and your stakeholder group in your region,
- Actively participate during the board meetings,
- Present to the board any updates from your represented agency that are relevant to scope of the RPC
- Serve as a subject matter expert on the topical areas connected to your organization,
- Participate in regional workgroups and/or subcommittee levels, or encourage that a staff member from your agency to participate, when relevant.

RPC Coordinator

The RPC Coordinator collaborates with and supports the RPC Co-Chairs, board members and regional work groups and subcommittees to develop, organize and document the action steps taken to address the recommendations/ ideas/solutions identified by the region. RPC Coordinator is not a voting member of the board and will maintain a neutral stance pertaining to the issues/concerns/recommendations and ideas identified at the board level. They will serve as an advisor to the board assisting with goals, approach, feasibility and information.

Role and responsibilities:

- Collaborate with RPC Co-Chairs and subcommittee chairs to develop meeting agendas,
- Arrange venue sites for ongoing board meetings,
- Prepare materials for board meetings,
- Update board membership list as needed and will work with CLMHD communications director to update website with this information,
- Document and review meeting minutes, send to board members for their review,
- Facilitate active participation in meetings, working to include all board members and stakeholder viewpoints,
- Create living documents identifying regional concerns, actions, recommendations, resources and ideas,
- Outreach community organizations as needed when the board/workgroups expresses an interest in learning more about resources,

- Collaborate with RPC Coordinators to align common themes, share best practices, resources intra-regionally,
- Assist board and workgroups with the due diligence process for submission of recommendations and ideas.

Article III: RPC Code of Ethics

The RPC Board is an apolitical board that represents the collective views of various stakeholders and as such will represent the collective voice of the region.

The members and staff of the RPC are committed to:

- being responsible, transparent and accountable for all of our actions,
- accountability and responsible stewardship of our financial and human resources,
- avoiding conflicts of interest and removing themselves from meetings or activities that jeopardize the integrity of the RPC,
- treating every individual with respect, fairness and dignity,
- being mindful of stigmatic language and references,
- advocating for access to and quality of Medicaid Managed Care Services for recipients and not for any specific organization member or non-member needs,
- maintaining a neutral political stance when acting as part of the RPC,
- ensuring vendors/key partners who present their subject matter expertise at RPC sponsored events do not use the forum for self-gain through marketing and sales. All vendors/key partners will be informed of this limitation prior to any RPC engagement.
- respecting and maintaining confidentiality regarding the organizational, personal or proprietary information shared by other RPC members in the course of RPC business.

Article IV: RPC Board Member Elections and Terms

Election Process:

- Eligible voters are members of the corresponding stakeholder group who represent an eligible agency providing services in the Southern Tier Region or meet the qualifications to be a member of the Peer, Family, Youth Advocate stakeholder group.
- A community stakeholder meeting will take place prior to the beginning of each term of service. At this meeting, eligible community stakeholder members will participate in a voter registration process to develop the voter pool for each stakeholder group. Community based organizations (licensed by OMH or OASAS and providing Medicaid reimbursable services), hospitals, Health Homes, and FQHCs providing Medicaid reimbursable services and licensed by either OMH or OASAS can nominate one individual from their organization to cast a ballot to vote within their respective stakeholder group.
- An election for each relevant stakeholder group will be held through an electronic ballot. A simple majority for each seat will determine the winner.

Length of board member term and election structure:

<u>Co-Chairs</u>

- Co-Chair terms are for three (3) years. Co-Chairs are eligible to serve a second term.
- DCS Co-Chairs will be selected by and from the DCS stakeholder group.
- Community Co-Chairs will be elected by the voting board members according to the NYS RPC election guidelines.
- Community Co-Chairs will submit brief biography and statement of interest to become Co-Chair. An election of all voting stakeholder groups will be held through electronic ballot. A simple majority for the position will determine the winner.
- Co-Chairs may resign at any time by submitting written or emailed notice to the fellow Co-Chair or RPC Coordinator.
- Co-Chairs missing two out of the four most recently scheduled meetings shall have been determined to be not sufficiently available to serve in the role, the office deemed vacant and filled in accordance with established procedure.

Board Members

- Board members will be elected by their voting board members according guidelines above.
- Board members terms will be three (3) years in length.
- Board members may resign at any time by submitting notice in writing to a Co-Chair.
- If a board member resigns, the seat for that stakeholder position is considered open and the organization has 30 days to fill that position with another organization member. This process does not require another vote. If the organization or Peer/Family Member/Youth Advocate is no longer interested in being represented on the board, the board will follow the regional process to fill that open seat.
- If the agency does not respond within 30 days, then requests for nominations will be solicited and an election will be held for all open seats. Eligible voters are members of the corresponding stakeholder group.

Exception: Directors of Community Services, Managed Care Organizations, Behavioral Health Organizations and State Government Representatives are not bound by elections/terms but rather assigned by their respective organizations.

- Board members missing two out of the four most recently scheduled meetings shall have been determined to be not sufficiently available to participate productively in the RPC, and the seat deemed vacant and filled in accordance with established procedure.
    - Co-Chairs have the discretion to review the individual circumstances and determine next steps regarding removal or reprieve of board members.

Article V: Meetings, Subcommittees and Work Groups

Board Meeting Quorum

- To hold a meeting a quorum of 50% plus one of current voting Board members, including at least one member of each voting Stakeholder group, must be present.
- In order to hold a vote at the board meeting, a quorum of at least 2 members of each voting Stakeholder group must be present.
- Should a Board meeting occur without the presence of a sufficient number of members to constitute a Voting Quorum, the presiding Co-Chair, or Coordinator in their absence, is authorized to request a motion to suspend the Voting Quorum requirement for the purpose of approving the prior meeting's minutes. If the motion is seconded and then approved by a simple majority of the voting members in attendance, the process for approving minutes can proceed for that meeting.

Meetings

RPC Boards:

- will meet each quarter per calendar year. Additional meetings may be scheduled as needed.
- are open to Public to observe
- may conduct their meetings according to their regional needs and preferences.

Sub-committees and Work Groups

- Subcommittees and workgroups are authorized by and accountable to the RPC board
- The topics, terms, goals and objectives of the workgroups are determined by the region and workgroup leadership and members.
- In the event that no Board member is able to lead a Subcommittee or Workgroup, Co-Chairs may authorize that they be led by either the RPC Coordinator or a suitable staff member of a Voting Board member's organization.
- All RPCs will establish and Children and Families subcommittee to meet a minimum of 4 times per year effective Q3 2018.

Article VI: Collaborative Governance

A collaboration between committed regional stakeholders, the NYS Office of Mental Health (OMH), Department of Health (DOH) and Office of Substance Abuse Services (OASAS) in common forum to engage in consensus oriented solution seeking, problem solving and decision-making in order to leverage and build on the unique attributes, expertise and resources of each for the betterment of the NYS Medicaid Managed Care System.

Consensus Decision Making:

- is a process that allows a group of diverse and similar stakeholders to come to mutual agreement
- allows for the input and agreement of all stakeholders to arrive at a final decision that is not necessarily agreed upon but acceptable to all
- promotes growth and trust between differing stakeholders and stakeholder groups
- allows stakeholder groups to work through their differences
- values the contribution of all stakeholders
- instills a higher level of commitment to the decision-making process and increases engagement of members
- encourages members to acknowledge other points of view, think more creatively and inclusively
- is a more difficult path than majority rules, takes more patience and skillful leadership.

A group committed to consensus may utilize other forms of decision-making (majority rules voting) when appropriate and agreed upon.

Article VII: Voting Process

In the absence of a consensus, the Southern Tier RPC Board of Directors will utilize a one-person equals one-vote process. A simple majority will prevail for voting.

Workgroup and Subcommittee Quarter 2 Summary – May 13, 2020

HARP/HEALTH HOME/HCBS Workgroup, Lead: Johanna George

- Met 3/10/20
  - Issues Discussed: HH Care Manager retention, HCBS 60 mile rule
  - Other Info: CCBC Peer Support Institute
  - Action Items: Getthere presentation, RCA contact list development, Adult Services networking event
- Next Meeting: June 9th, 1:30-3:00 PM, Tentative location: Catholic Charities of Broome County

Children and Families Subcommittee

- New leadership
  - LGU Lead: Sally Manning, C-SPOA, Tompkins County
  - C&F Chair: Tricia Carman, Children's Home of Wyoming Conference
- 2020 Goals:
  - Update Active Issues log (many issues were identified prior to transition)
  - Host Children Services networking event
  - Community outreach events for families

Peer Workforce Development Steering Committee,
Co-Leads: Matthew Petitte, Excellus & Bill Gamble, MHEP

- Met 3/4/20
  - Plan community event to increase interest in learning collaborative
  - Further assess regional and organizational needs
  - Discussed possible structures and meeting schedule for learning collaborative
- Currently planning Peer Learning Collaborative Panel Event for June
  - Event will help steering committee and community members gain insight as they transition to implementing a Peer Learning Collaborative

Other Events & Meetings:

March 10, 2020 **Know Your MCO Event** *Hosted by OMH Central NY Field Office and Southern Tier RPC*

- 6 MCOs presented information related to available resources & training, MCO care management, utilization management, claims processing and grievance procedures
- Over 40 attendees
- Additional information from event available at this link.

April 15, 2020 **Southern Tier RPC COVID-19 Open Discussion**

- All RPC board members and ad hoc groups were invited to discuss resources, challenges, and opportunities related to pandemic
- Approximately 30 attendees called in
- Developed local resource sheet

All workgroup and subcommittee agendas, notes, and documents will be posted to the Southern Tier RPC webpage in 2020.

Southern Tier Regional Planning Consortium Work Plan 5/13/2020

Purpose: *To track progress made in the due diligence process towards identified regional issues*

Active Issue	Action Steps	Referred	Responsibilities	Timeline	Resources	Potential Barriers	Communications Plan
Issue Identified by Board	*What Will Be Done?*	*Has this Issue Been Referred to Another Group?*	*Who Will Do It?*	*By When? (Day/Month)*	*A. Resources Available* *B. Resources Needed*	*Current policies/legislation, organizational resistance, etc.*	*A. Who is involved?* *B. What methods?* *C. How often?*
1. Medicaid recipients who rely on Medicaid Non-Emer. Medical Transportation struggle to access transportation to OMH & OASAS clinics and appts on the same day.	**History:** Data was collected throughout 2018; Issue was presented at State Co-Chairs Meeting, November 2018; Transportation Taskforce created with RPC, OMH, OASAS representation **Next Step:** Ongoing Transportation Taskforce meetings led by Emily Childress; Updates provided to board following each meeting	**STATE PRIORITY**	Emily will organize meetings of the Transportation Taskforce along with RPC leadership	Ongoing	A. Open Access data; provider feedback; client feedback; state data B. MAS data; OMH/OASAS "urgent" definition; MAS/DOH policy; MAS/DOH contractual agreement;	lack of "urgent" definition in policy	A. State agencies, RPC leadership, and regional coordinator B. Report out at quarterly board meetings; documents distributed to group via e-mail and posted to regional website C. Quarterly at minimum and following each taskforce meeting
2. HCBS Workflow is burdensome and difficult to navigate for all parties involved.	**History:** ST HHH Workgroup has identified where difficulties arise in the workflow; Two Workgroup members participate in RPC statewide group **Next Step:** HHH Workgroup will identify specific points in Workflow to narrow the focus of this Issue.	HHH Workgroup/State level	HHH Workgroup	Meeting June 9, 2020	A. Previous identification work done by HHH group B.		A. HHH Workgroup, Board, OMH State Rep. B. In meeting discussions, Ad Hoc Workgroup Summary document C. Quarterly
3. Educational qualifications to conduct HARP Brief Assessment are difficult to meet with available staff and workforce.	**History:** **Next Step:**	HHH Workgroup/State level			A. B.		A. B. C.

4. Educational Qualifications and Work Experience to provide Adult BH HCBS – Education Support Services (ESS) are difficult to meet with available staff.		HHH Workgroup/State level			A. B.		A. B. C.
5. Many agencies seem to have a shortage of peer employees. There is confusion around Peer credentialing both for OMH Certified Peer Specialists and OASAS Certified Recovery Peer Advocates. Education around Peer standardizing language is still a necessity.	**History:** Steering Committee created in September 2019; base analysis survey conducted October 2019				A. OMH, OASAS, Youth Power, APS, MHEP, other local agencies	Organization participation - ability to send staff, capacity, etc.	A. Steering Committee, Coordinator
	Step 1: Survey organizations to determine readiness to host and/or participate in training and support meetings	Peer Workforce Development Steering Committee/State level	Steering Committee	On Hold	B.		B. Report out at quarterly board meetings; documents distributed to group via e-mail and posted to regional website
	Step 2: Analyze survey results		Coordinator/Committee Co-Chairs	On Hold; dependent upon Step 1			C. Quarterly at minimum and following each committee meeting
	Step 3: Development of Peer Workforce Meeting schedule and content		Steering Committee	Ongoing			
6. As DSRIP incentive grants end, sustainable funding could be difficult to find. Value Based Payments rate settings need to be high enough to sustain programs.					A. B.		A. B. C.

Transportation to Employment Program

Getthere is a mobility management program of the Rural Health Network of South Central New York whose mission is to advance the health and well-being of rural people and communities.

- Call Center: 1-855-373-4040 (Broome, Chenango, Delaware, Otsego, Tioga)
  - Connection to Care
    - Volunteer Driver program
  - Medicaid Voucher Program
  - Travel Training
- Trip Planner on Getthere Website: https://gettherescny.org/home
- Transportation to Employment Program (TEP)

Transportation to Employment Program

Getthere's Transportation to Employment Program (TEP) helps to remove transportation as a barrier to employment through a series of initiatives designed to support the belief that meaningful work can change the lives and well-being of individuals, their families, and our communities.

TEP Voucher Program

The **TEP Voucher Program** provides short-term transportation assistance to individuals who are not able to afford the cost of transportation at the start of employment.

While individuals build their earnings to cover transportation costs, the TEP Coordinator works with each participant to identify and establish a long-term, sustainable plan to get to and from work.

TEP is a referral based program that works with employers, human service, and public workforce partners.

TEP Voucher Program

Who qualifies for your TEP? Residents of Broome, Chenango, and Tioga counties that are unable to afford the initial cost of transportation to work.

What kind of transportation assistance does TEP provide? We can provide assistance in the form of bus passes, fuel cards, and private rides, typical through local taxi services.

Do you provide rides to job interviews? The short answer is no. We are looking to assist individuals that have a long-term, sustainable job. Our program is solution based with the belief that a steady job can help lift an individual and their family out of poverty.

There are instances where an interview serves as a formality and the individual is likely to be hired. In these cases, caseworkers are encouraged to have a conversation with the TEP Coordinator to determine if transportation assistance is appropriate.

TEP Voucher Program

How long do you provide transportation assistance? There is no one size-fits all approach. We consider hours, wage, and circumstances, among other things. Most importantly, we are honest about transportation options and the cost of transportation. We have a conversation with each participant to get a sense for the time they will need to build up funds to cover the cost of transportation.

We do offer our participants the ability to split the cost of transportation with TEP to help ease the transition.

TEP Voucher Program

What do you mean by a long-term sustainable transportation plan?
Participants need to be able to budget for the cost of transportation after building funds from their paycheck.

In most cases, a private ride in the form of a taxi, Uber, or Lyft is not sustainable because the cost per trip is too high. Instead, we encourage individuals to seek out carpool opportunities, which is not only most cost effective but also cuts down on the number of vehicles on the road.

In some cases, a private ride is needed in order to initially get to work in order to connect with co-workers to establish a carpool ride. We offer fuel cards that can be mailed to participants in order to help to incentivize carpooling, our participant would give the fuel cards to the carpool driver to help cover the cost of gas.

TEP Voucher Program

What is the referral process? Employers, human service, and public workforce partners, typically caseworkers, will complete the referral and release form with or on behalf of their clients and either fax or email it to the TEP Coordinator.

Once received, the TEP Coordinator will reach out to the caseworker to get more information and determine if the program is an appropriate fit. The coordinator will then reach out to the individual that was referred to discuss short-term and long-term transportation plans.

How long does the referral process take from the time I fax or email a referral form to the time an individual receives assistance? The TEP Coordinator makes voucher referrals a priority and will contact you as soon as possible after receiving the referral form. If you don't receive a response right away, the coordinator is likely at a meeting or traveling through one of the three counties (Broome, Chenango, or Tioga) the program serves.

Please complete the referral form at least three days prior to your client's first day of work. Fuel cards and bus passes are typically mailed to the individual.

TEP Voucher Program

How do I get a referral form and/or informational rack cards? The TEP Coordinator is happy to drop or mail TEP rack cards. Contact information can be found on the last slide.

Can individuals contact TEP directly? No. Many if not all individuals that qualify for the program are facing additional barriers, such as quality, affordable housing or childcare; access to health care; substance use; trauma; and physical and mental health; among other things. In order to provide the highest level of support, TEP takes a case management approach by working with the caseworkers that refer participants to the program.

Can the TEP Coordinator speak to potential TEP participants? The TEP Coordinator does not typically speak to potential participants prior to being referred. We encourage caseworkers to keep TEP in mind when speaking with individuals on their caseload and making referrals as needed.

TEP Vanpool

The **vanpool** helps individuals that might not otherwise have access to reliable transportation connect with employers that are looking for qualified candidates to join their workforce. The vehicle, owned by Getthere, is operated by a volunteer driver who transports their co-workers to-and-from work.

Questions & Thank You!

Katie McDonald Blaine
Transportation to Employment Program Coordinator
(607) 692-7669 x223
(607) 584-0583 (fax)
kblaine@rhnscny.org

GetThere Call Center
1-855-373-4040
getthere@rhnscny.org

F A X

Getthere
A Mobility Management Program of the Rural Health Network of South Central New York
455 Court Street
Binghamton, NY 13904
855-373-4040
www.gettherescny.org

To: The Getthere Call Center
Attn: Katie McDonald Blaine, Transportation to Employment Coordinator
Phone: (607) 692-7669 Ext. 223
Fax: (607) 584-0583
Email: kblaine@rhnscny.org

Today's Date: _____

Transportation to Employment Program

Referring Agency: _____

Name: _____

Phone: _____ **Ext.** _____

Email: _____

Name: _____ **Gender:** _____

Medicaid #: _____ **DOB:** _____ **Race:** _____ **Other Ethnicity:** _____

Address: _____ **Zip:** _____

Phone: _____ **Email:** _____

The Transportation to Employment Voucher program will assist individuals with transportation for employment purposes. Getthere will assist in developing the most **cost effective and most efficient mode** of transportation strategy. Initial transportation costs can be subsidized by the Getthere Call Center short term. Individuals that are referred to the Getthere Transportation to Employment program are expected to contribute to the cost of their transportation. A ***Sustainable Transportation Strategy*** will be developed for each individual with increased participant share and decreased Getthere subsidy. Transportation self-sustainability is expected.

Please identify the qualifying barrier for voucher referral.

⌋ Transportation	□ Unemployed / Underemployed	□ Affordable Child Care	□ Educational Attainment	□ Food Insecurity/Access
⌋ Socioeconomic Status	□ Quality Affordable Housing	□ Trauma	□ 1st Generation College	□ Academically Disadvantaged
⌋ Substance Use	□ Access to Health Care	□ Physical/Mental Health	□ Previous Incarceration	□ Other

AUTHORIZATION TO RELEASE PERSONAL & HEALTH INFORMATION TO A THIRD PARTY

Participant Name (required):_____ Date of Birth (required): _____

By signing this form, I understand that I am allowing **Rural Health Network of South Central New York** **to use or disclose all of my personal and health information as indicated below, and that this information in turn will be shared with the United Way of Broome County as part of the Binghamton-Broome Anti-Poverty Initiative. Disclosed information may include details on conditions such as Mental Health and Substance Abuse. I understand that my personal information will not be released to the public. All information will only be used for program evaluation analysis.**

Persons/organizations authorized to receive or use this information:

Name: **Rural Health Network of South Central New York Getthere Mobility Management Program**

Address: **455 Court Street**

City: **Binghamton** State: **New York** Zip: **13904**

Phone Number: (**607**) **- 692** - **7669**

1. Purpose of use/disclosure: Transportation to Employment Program
2. I understand that my employment status will not be affected if I do not sign this form.
3. I understand, with few exceptions, that I may see and copy the information described in this form if I ask for it, and that I may get a copy of this form after I sign it.
4. I may revoke this authorization at any time by notifying Getthere in writing at the address below, but, if I do, it will not have any effect on the actions that Getthere took before they received the revocation. If not previously revoked, this authorization will expire upon completion of this request or one year from the date this form is signed, whichever comes first.
5. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a human service, public workforce, or public service agency, the released information may no longer be protected by federal privacy regulations, and therefore the recipient of the confidential data may re-disclose the confidential data.

_____ _____

Signature of Participant Date

Please return to:

Getthere
455 Court Street
Binghamton, NY 13904

Getthere Transportation to Employment Program (TEP) Voucher Program

Getthere's Transportation to Employment Program (TEP) voucher initiative provides short-term transportation assistance to individuals who are not able to afford the cost of transportation at the beginning of employment. While individuals build their earnings to cover transportation costs, the TEP Coordinator works with each participant to identify and establish a long-term, sustainable plan to get to and from work. TEP is a referral based program that works with employers, human service, and public workforce partners.

Frequently Asked Questions

Who qualifies for your TEP?

Residents of Broome, Chenango, and Tioga counties that are unable to afford the initial cost of transportation to work.

What kind of transportation assistance does TEP provide?

We can provide assistance in the form of bus passes, fuel cards, and private rides, typically through local taxi services.

Do you provide rides to job interviews?

The short answer is no. We are looking to assist individuals that have a long-term, sustainable job. Our program is solution based with the belief that a steady job can help lift an individual and their family out of poverty.

There are instances where an interview serves as a formality and the individual is likely to be hired. In these cases, caseworkers are encouraged to have a conversation with the TEP Coordinator to determine if transportation assistance is appropriate.

How long do you provide transportation assistance?

There is no one size-fits all approach. We consider hours, wage, and circumstances, among other things. Most importantly, we are honest about transportation options and the cost of transportation. We have a conversation with each participant to get a sense for the time they will need to build up funds to cover the cost of transportation.

We do offer our participants the ability to split the cost of transportation with TEP to help ease the transition.

What do you mean by sustainable transportation?

Participants need to be able to budget for the cost of transportation after building funds from their paycheck in order to maintain their job.

In most cases, a private ride in the form of a taxi, Uber, or Lyft is not sustainable long-term because the cost per trip is too high. Instead, we encourage individuals to seek out carpool opportunities, which is not only most cost effective but also cuts down on the number of vehicles on the road.

In some cases, a private ride is needed to get to work initially in order to connect with co-workers and establish a carpool ride. We offer fuel cards that participants give to their carpool driver to help cover the cost of gas.

What is the referral process?

Employers, human service, and public workforce partners, typically caseworkers, will complete the referral and release form with or on behalf of their clients and either fax (607) 584-0583 or email it to the program coordinator (kblaine@rhnscny.org). Once received, the TEP Coordinator will reach out to the caseworker to get more information and determine if the program is an appropriate fit. The coordinator will then reach out to the individual that was referred to discuss short-term and long-term transportation options.

How long does the referral process take from the time I fax or email a referral form to the time an individual receives assistance?

The TEP Coordinator makes voucher referrals a priority and will contact you as soon as possible after receiving the referral form. If you don't receive a response right away, the coordinator is likely at a meeting or traveling through one of the three counties (Broome, Chenango, or Tioga) the program serves.

Please complete the referral form at least three days prior to your client's first day of work. Fuel cards and bus passes are typically mailed to the individual.

How can I get a referral form?

Referral forms can be obtained from Katie McDonald Blaine, the TEP Coordinator. Please contact the coordinator at (607) 662-3005 or at kblaine@rhnscny.org.

Can individuals looking for transportation assistance contact TEP directly?

TEP's mission is to help remove transportation as a barrier to employment for individuals at the start of employment. Many, if not all, individuals that qualify for the program are facing additional barriers, such as quality, affordable housing or childcare; access to health care; substance use; trauma; and physical and mental health; among other things. In order to provide the highest level of support, TEP takes a case management approach by working with the caseworker that referred a particular individual to the program.

TEP is a supplemental program that fulfills a very specific need while caseworkers are able to provide more holistic support. We are able provide a warm handoff if appropriate, but will first work with the caseworker to support program participants.

Can the TEP Coordinator speak to potential TEP participants?

The TEP Coordinator does not typically speak to potential participants prior to being referred. We encourage caseworkers to keep TEP in mind when speaking with individuals on their caseload and making referrals as needed.

How do individuals become aware of TEP?

YOU! As a caseworker, you know your clients best and know who may benefit from this service. We encourage you to discuss the program with your clients.

How can I get more informational TEP rack cards for my office?

The TEP Coordinator is happy to drop or mail TEP rack cards. Contact the coordinator at (607) 662-3005 or kblaine@rhnscny.org.

Do you offer transportation to doctor's appointments, treatment appointments, or grocery stores?

The Getthere Call Center has dedicated staff that can answer transportation questions related to non-emergency medication transportation and other needs. Contact the Call Center at (855) 373-4040 between 7am and 7pm Monday through Friday.