



REGIONAL PLANNING CONSORTIUM
CNY RPC 4rd Quarter Board Meeting
December 7th 2020 10 am to 12 pm
Go To Meeting-Webinar

Agenda

- 10:00 am** **Welcome & Introductions (Scott/Sharon/Katie)**
- 10:10 am** **Approval of September 2020 Minutes (*Motion Requested*) (Scott/Sharon)**
- 10:15 am** **State Co Chair Meeting Recap (Scott/Sharon)**
- 10:45 am** **Review Newly Identified Issues (*Motion Requested*) (Scott/Sharon/Katie)**
- 11:30 am** **Workgroup Updates (Katie)**
- *HARP/HCBS/Health Home Group: Lisa Tanner, ICAN*
 - *Workforce Development Committee: Kirsten Hubel, CCSI*
 - *Children & Families Committee: Jennifer Daly, Family Advocate*
 - *Care Manager Committee: Katie Molanare*
- 11:45 am** **RPC Announcements (Katie)**
- *Vacancies- Peer Advocate, Community Co-Chair, Key Partner*
 - *Due Diligence Standing Committee Proposal*
- 12:00 pm** **Adjourn (*Motion Requested*) (Scott/Sharon)**
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Important Dates to Remember:

- **HARP/HCBS Workgroup:**
December 16th 2020 from 10 am to 11:30 am
- ~~**Children and Families Subcommittee:**
December 11th 2020 from 10am to 12 pm~~
- **Workforce Development Group:** TBD
- **Care Management Roundtable:**
December 10th 2020 from 10 am to 11:30 am

2021 Board Meeting Dates:

1. February 1st 2021
2. May 3rd 2021
3. September 13th 2021
4. December 6th 2021

All meetings will be 10 am to 12 pm



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CNY RPC Board Attendance List

	Name	Attendance	Organization	Stakeholder Group
1	Carrie Doran	Y	Liberty Resources	CBO
2	Liz Smith	Y	Unity House	CBO
3	Lisa Tanner	Y	ICAN	CBO
4	Laura Eannace	N	The Neighborhood Center	CBO
5	Yvette Borne	Y	Hillside Children's Center	CBO
6	Eric Bresee	Y	Farnham Family Services	CBO
7	Eric Stone	Y	Trinity Health System	H&Hs
8	Monika Taylor	Y	Crouse Health System	H&Hs
9	Shelley LaFurney	Y	Oswego Health	H&Hs
10	Scott Ebner	Y	Circare	H&Hs
11	Lisa Volo	N	MVHS	H&Hs
12	Danielle Martin	Y	CNYHHN	H&Hs
13	Lauren Wetterhahn	Y	CNY Care Collaborative	Key Partner
14	LeslieAnn Regen	Y	MAS	Key Partner
15	Beth Hurny	Y	Prevention Network	Key Partner
16	Megan Stuart	Y	Housing And Homeless Coalition CNY	Key Partner
17	Shari Weiss	Y	Cayuga Co Comm Health Network	Key Partner
18	Lauren Davie	Y	Central Region Addictions Resource Center	Key Partner
19	Sharon MacDougall	Y	Cortland Co. DCS	LGU
20	Raymond Bizzari	N	Cayuga Co. DCS	LGU
21	Teisha Cook	Y	Madison Co. DCS	LGU
22	Nicole Kolmsee	N	Oswego Co. DCS	LGU
23	<i>Vacant</i>	---	Oneida Co. DCS	LGU
24	Lisa Alford	Y	Onondaga Co. DCS	LGU
25	Ivette Morales	Y	Fidelis	MCO
26	Colleen Klintworth	Y	Excellus/Centene Health	MCO
27	Angela Vidile	Y	MVP	MCO
28	Jennifer Earl	Y	United Health Care/Optum	MCO
29	Claire Isaacson	Y	Molina Healthcare	MCO
30	Julie Dealing	Y	Youth Peer Advocate	PYF
31	Jennifer Daly	N	Family Advocate	PYF
32	<i>Vacant</i>	---	Peer Advocate	PYF
33	Ashley Dailey	Y	Peer Advocate	PYF
34	Jennifer Pedersen	N	Family Advocate	PYF
35	Kirsten Hubel	Y	Peer Advocate	PYF
36	Laura Zocco	Y	OMH Field Office	State Government
37	Beth Rinflet-Fleming	N	OASAS Field Office	State Government
38	Debra Walker	Y	Beacon Health	BHO
39	Katie Weldon	Y	Helio Health	BHCC Lead
40	Kelly Lane	Y	The Neighborhood Center	BHCC Lead
41	Carol Tytler	Y	Family Counseling Services of Cortland CO.	BHCC Lead

Minutes Completed: 12/7/2020
Approved on: 2/1/2021



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Guest Attendance		
	Name	Organization
1	Lori Kicinski	RPC
2	Emily Childress	RPC
3	Kat Gaylord	RPC
4	Karen Rappleyea	RPC

CNY RPC Q4 Board Minutes

Welcome & Introductions:

The meeting was called to order at 10:03 am. Katie M (RPC Coordinator) welcomed the group and completed attendance by stakeholder group.

Approval of September 2020 Minutes (*Motion Requested*):

Scott E (Co Chair) and Sharon M (Co Chair) welcomed the group and thanked the board for their commitment to the RPC process during the pandemic and the holiday season.

Scott asked for approval of the Q3 Board minutes. Monika Taylor made a motion to approve the minutes, Elizabeth Smith seconded the motion. There were no oppositions or abstentions. Minutes were approved.

State Co Chair Meeting Recap:

Sharon reviewed the meeting format and agenda of the State Co Chair Meeting back in October of 2020. She noted the commitment of Katie and the CNY RPC board in collection and presentation of telehealth data during the pandemic. There was high state agency participation.

- Sharon reviewed information discussed on the telehealth panel. Scott noted that the virtual platform increased number of attendees but there is a value to in-person meetings that will hopefully be carried forward with the increased attendance. Katie noted that the RPC team is pushing to keep these conversations going beyond the meeting. Katie provided an overview of data shared during the telehealth portion of the meeting.
- Scott reported out on the Behavioral Health and Peer Workforce breakout. Scott reviewed the Syracuse University Care Management training pilot Katie presented during the breakout. Emily C (RPC Coordinator) shared additional updates on breakout.
- Lori K (Project Director) provided a review of the VBP/Managed Care breakout. She noted both DOH and OHIP were present for the breakout and have reached out to the RPC after the meeting regarding process improvement for MCO claims. RPC will be involved in ongoing data collection.
- Kat G (Assistant Project Director) reported on the Children and Families breakout session. Steve Bulger and Alyssa Gleason led the discussion on survey data collected by

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several RPC regions on provider capacity. Great dialogue and ongoing efforts with DOH, OMH, and OASAS to discuss MV's service finder pilot.

Review Newly Identified Issues (*Motion Requested*):

Katie sent an Issue Development survey to the group back in November of 2020, asking for new issues for the RPC to review. A summarized document was sent with meeting materials to the board and Katie invited each individual who submitted an issue to provide an overview during the meeting. See notes below.

1. **Eric Bresee: Telehealth** – *“Providers are hearing speculation that current emergency provisions being allowed due to the COVID 19 crisis (reduced length of required billable session, telephonic sessions billable, peer supports allowed via telehealth etc.) could be extended indefinitely or that they may be repealed. In addition providers are hearing that reimbursement rates for telehealth services could be reduced in the future. It would be helpful to know the position of our payor and state partners on these issues and to be updated on any related efforts.”*

Scott agreed this is a leading topic across many collaborative groups and coalitions. There are costs for both clients and providers to explore. Decreased no-shows and increased engagement needs to be balanced into the cost discussion. Long term support from state and federal agencies will determine what providers can do. Noted guidelines seem to focus on area's infection rate and assessment of telehealth need of client.

Jen Earl noted in 2014 telehealth parity NYS law requires reimbursement to be equal to face to face visits. She believes there was legislation in 2020 summer that made audio only telehealth permanently reimbursable. She does not believe there could be any adjustments to these laws, at least not easily.

Scott said OMH and OASAS have reported working on developing, reviewing, and finalizing telehealth regulations but an update would be beneficial.

- **Future actions:** Sharon suggested that this might fit with Managed Care regarding reimbursement and parity. Katie noted a clear problem statement for future development is important. Eric suggested before forming a problem statement, there should be clarity on the current state and what actual known changes are coming. Katie suggested a task force to follow-up on Eric's suggestion and asked for board members to participate. Katie collected a list of about 8 board members and will coordinate a taskforce meeting for after the holidays



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2. **Kelly Lane: OMH/OASAS** – *“BH providers and networks are sensing a shift in the State's position on the role of BH networks in VBP. Clarity is needed around the State's intentions around Bundled Payment Arrangements, Total Cost, and other models so that networks can ensure that resources and infrastructure are aligned for success.”*

Kelly noted that in the Mohawk Valley they are seeing a shift towards bundle payments versus total cost arrangements for VBP. It would be beneficial to hear from state and MCOs for networks and providers to move in the correct direction.

Katie asked Lori if the VBP cohort group has additional information. Lori noted that OMH and OASAS have been conducting listening sessions with various stakeholders for almost 8 weeks now that have been engaging and thought provoking with transparency on state approach to alternative payment models.

- **Future Actions:** Katie suggested referring this issue to the VBP/MCO Cohort and will routinely check in with cohort and report out. Katie will also invite members of the cohort to share any pertinent information.

3. **Carol Tytler: Opioid Epidemic** – *“There has been growing concern over the increase in opioid overdoses, including those tied to drugs (i.e Fentanyl) with a higher potency and risk for overdose and death. Several counties are actively involved in Opioid Mapping Projects but there is lack of clarity of which counties and agencies are involved, how other counties/agencies can be more engaged, and how to use this data to address the opioid epidemic”*

If agencies, counties, and law enforcement were involved, would it give us timely data that becomes actionable, allowing SUD provider outreach and intervention?

Kelly shared that great work is being done in Oneida county in turning data into actionable services.

Sharon noted that in Cortland it has become a bigger struggle, there is potential crossover in regions. Cortland was approved for SAMHSA Gains sequential intercept mapping (SIM) project funds to engage law enforcement engagement. Healing Community grant also allows for great potential in cross-county collaboration.

Carol- data is great but it needs to lead to action. Some counties have low overdose rates that may not be interested but those counties with higher rates have potential to collaborate.



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Kirsten H. has found it difficult to obtain real-time information to assist clients in Onondaga with peer support.

Beth from Prevention Network is interested in participating.

Monika shared that there is a group that includes health dept and law enforcement, off chute of drug task force. Other initiatives: Columbia and healing communities' project currently collecting data on actionable steps, high intensity drug task force does overdose mapping across multiple counties, SAMHSA GAINS focused SIM with various counties in region that creates action plan. Local law enforcement has to report to governor by April 2021 on drug overdose response plans.

- **Future actions:** Katie suggested task force to compile information. A list of about 10 board members were collected and Katie will coordinate efforts to build another taskforce for after the holidays.

4. **Lisa Tanner: HCBS/CORE** – *“Given the current climate and the pandemic, financial sustainability of agencies and services are becoming a concern. With the emerging CORE services, providers are worried that the transition may create financial barriers for both HCBS and CORE services.”*

Scott noted this could be an opportunity for RPC to analyze what specific service lines are in jeopardy of moving forward into 2021 and 2022, it could be whole organizations that are financially fragile or a specific service that will flounder to remain in a deficit. This is along the lines of financial sustainability with workforce.

Laura Zocco shared there is an HCBS provider forum that has discussed how many financial barriers should be alleviated with transition to CORE services. There will be available leftover infrastructure funding to help offset costs. Laura is interested in hearing what barriers will remain post-transition. OMH is very open to feedback as they are expecting CMS to approve by end of year. A longer discussion followed regarding financial sustainability of programs and agencies.

- **Future Actions:** There will be continued dialogue on this topic in the HHH work group, focusing on appropriate participants in discussion. Sharon noted this could include crossover from C&F. Katie will invite the appropriate individuals.

Katie reviewed next steps for each issue. Scott asked to approve the next steps. Eric B made a motion, Monika seconded the motion. There were no oppositions, next steps & issues were approved.



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Workgroup Updates

- HARP/HCBS/Health Home Group: Lisa Tanner, ICAN
Next meeting is scheduled for December 16th. Lisa shared information from client engagement tracker that 8 agencies within the region participated in. Data included, no shows, telehealth duration/frequency, discharges, admissions/referrals, etc. Katie discussed the possibility of redesigning the name and purpose of workgroup to better fit the discussions being had. The workgroup will vote on this before the holidays.
- Children & Families Committee: Jennifer Daly, Family Advocate
The group has been meeting monthly sharing resources and COVID updates, particularly related to education engagement. The group will meet again in 2021 and review goals for the year.
- Care Manager Committee & Workforce Development Committee: Katie Molanare
Right now the two workgroups are being consolidated as many topics overlap. Both committees will vote to merge and rename the group to the “Behavioral Health Care Management Workforce Committee.” If approved the group will meet in January of 2021.

RPC Announcements

- Vacancies- Peer Advocate, Community Co-Chair, Key Partner
Katie reviewed the above vacancies. Looking for suggestions for all.

Katie announced this will be Scott’s last meeting as Community Co-Chair, she sent out Co-chair roles and responsibilities and invited Scott to share additional info, Katie makes the role very easy with concentrated and transparent communication and allowed great opportunity for participation in meetings with people professionally. Katie reminded that this is open to voting stakeholders.

Scott shared that Lauren Wetterhahn has resigned as key partner. He suggested HealthConnections or someone from Inclusive Alliance.

Kelly Lane suggested HITDA representing law enforcement for opioid work.

Katie noted there are 6 Key Partner seats but it could be extended through board vote. Any suggestions can be forwarded to Katie.

- Due Diligence Standing Committee Proposal
Katie reviewed the one-pager outline that was included in the meeting documents. The Due Diligence Committee will provide accountability for board identified issues.

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Checklist and action plan have been designed by Katie and will be sent out for review. Will be included in co-chair, key partner survey to be voted on. If approved the Due Diligence Committee will meet in January 2021 to review the issues identified during this meeting.

Adjourn (*Motion Requested*)

Sharon thanked Scott for his role as Co-chair, Katie highlighted 2021 schedule and transition to Zoom. Scott asked for a motion to adjourn the meaning. Sharon made a motion, Kirsten seconded. There were no oppositions. Meeting adjourned at 12:02 pm.
