



REGIONAL PLANNING CONSORTIUM

Capital Region 2nd Quarter Board Meeting

May 19th, 2020 2:00pm - 4:00pm

Go To Meeting: Meeting Access Code: 284-366-325

1. Call to Order- *Called to order by Amanda Pierro*

Second made by Bill Gettman

Amanda welcomed everyone to the meeting at 2:04pm. Attendance taken by Amanda Pierro: Kevin Connally, Linda Lewis, William Gettman, Frank Pindiak, Michael Cole, Kathy Coons, Darin Samaha, Patrick Magee, Amanda Senko, Sam Bastein, Rachel Handler, Cady Herman, Ruth Fennelly, Todd French, Angela Vidile, Jennifer Earl, Renee Malta, Paula Jubic, Brian Stewart, Carl Rorie Alexandrov(CDPHP) Gallery: Katerina Gaylord, John Bunnell (new Board member), Tina L. Smith, Jacqueline Miller, Patrick Magee

2. Introductions (Name, stakeholder group, agency/organization, title)-

- **Welcome New RPC Coordinator:** *Colleen Schoner by Amanda Pierro. Welcome to her first board meeting!*
- **Welcome New Board Members:** *John Bunnell HIXNY, Lori Teaney, Lindsay Falkner welcomed by Amanda Pierro*

3. Approval of 1st Quarter Meeting Minutes

1st made by Jennifer Earl

2nd by Brian Stewart

Discussion or edits were not offered

No objection

Minutes became approved at 2:14pm

4. Capital Region RPC Bylaw Amendments

- **Suspension of voting quorum for prior board minutes.** *1st by William Gettman, 2nd by Michael Cole, no discussion, no objections. APPROVED*
- **Authorize electronic voting-** *1st by Kevin Connally, 2nd by Sam Bastein, no discussion no objections. APPROVED*
- **Leadership of C&F & Workgroups-** *1st by Amanda Senko, 2nd Brian Stewart, no objections. APPROVED*

5. Report Out-

- **HARP/HCBS/Health Home Work Group Update** *offered by Amanda Pierro. Last 2 months the workgroup met 2x on telehealth guidance specifically: agencies up to date, struggles, share best practices that are starting to develop. Very well attended and received. HH/HARP/HCBS officially met last week and look over the list of issues the Capital Region ID'ed over RPC history. Some were closed and others will have a deeper dive. Issues will be clarified and defined further*
- **Children and Families Subcommittee Update** *offered by William Gettman. Met pre-covid. Introduced to Colleen. Began looking at the issue tracker- put in parking lot or kicked to the systemic issues. Advocacy on state resources on budget process with MRTII. Wait to see if*

any other budgets will occur post-COVID. Do a reboot of the meeting via web especially after budget season. All providers are doing great with telehealth and increasing connections. It may be the new normal. Looking to reboot meeting after Governor issues budget in end of May.

- **Transitions to Care: Homelessness Work Group Update** Kathy Coons and Michael Cole would like to reboot. Much will depend on the discussion today.

Cole: Forum met a while ago. Discussed a few programs that were being purposed. One such program was funded and started. In Lieu of Services process clarity is needed.

Brian Stewart: Intermediate Care/Innovated DAY Program. Funding is secured contract received this week. Roll out of program will be halted due to current situation.

Sustainability- will transition to MCO funding as data is available.

Coons: M. Cole retiring end of August

6. Review: Capital Region RPC 2020 Areas of Focus-

- **Issue tracker-** Excel spreadsheet shared

Issue 1- Homelessness issue continues. Lead to the transitions to care workgroup. Have looked at the DSRIP programs related to this issue but none really related to housing. Next steps to invite ESHY grant recipients to discuss what they are working on.

CDPHP- Frank P. Initiative with St. Catherine's. It is still going on. In 3rd year with the agreement. 9 receive subsidy-. Success continues- less ED use. Recent Expansion to serve more people with a subsidy. Serves Albany and Schenectady Counties. Could serve Columbia or Rensselaer.

Michael Cole: Hotel in Columbia that serves as a homeless shelter? Collaboration between DSS and Galvin Foundation & MHACG. Provides intensive care coordination/almost case management for about 20 rooms. The Galvin Foundation rehabbed an old motel to redesign the rooms for long term stays similar to transitional housing. There are a lot of families residing there. On-site services (budget, support systems, grocery store, job application, find perm housing, and connecting with other services). Should have them present to the RPC. Targets homeless families and lessen strain on the system.

Cole: Threats on funding for homeless projects.

Coons: issue remains active and further defined. Next steps convene the workgroup: redefine and other developments in this area.

Handler: Homelessness continues and has worsened with COVID 19 pandemic

Issue 2- Rhio engagement- Documentation-

W. Gettman- one platform is going to be incredibly expensive.

Ruth: OMH oversight from OMH. It is not standardized. Always going to have competition it's what the HH are asking, not standardized.

W. Gettman- the state has dictated several things. HH some are more quality. Each hh convene and subject to their own corp and DOH QR reviews. Keep on list- Push for standardization.

Frank P.- to eliminate some of that confusion- work with 2 regional hh instead of 3. Didn't think there would be movement on standard protocol of forms/platforms, eliminate craziness- use 2 HH.

W. Gettman- Issue, CMA will go to HH that have most cases, consolidation of children's HH at some point

Coons- some chatter about consolidation of health home. High stress for case managers, different requirements/ creates challenge for care managers to keep up with. Same platform (e.h.r) but still can customize their forms.

K. Gaylord- Do you see any value in gathering the Health Homes that operate within the Capital Region to come together to discuss how they may be able to streamline some practices to make it more fluid for their shared care management agencies?

Frank- It doesn't hurt to look at streamline any process to make it more efficient, simpler, consolidated for care managers, anytime look to come together and be more efficient is positive.

Coons- refer to the c&f committee to dive deeper.

Gettman- it's a statewide issue

Amanda P.- Orgs expand far beyond just regional reach, statewide workgroup to take up this on more of a statewide platform.

Coons- There is statewide workgroup- issue has been brought up in past, can be brought up again. Need RPC representation to do that.

Katerina Gaylord & Jacqueline Miller: are looking at a statewide approach. Deeper dive, brought up in other regions.

Issue 3- *Workforce recruitment and retain. This hasn't much improved but state level work has been going on regarding statewide issues. There hasn't been much regional work on this issue. No report back from statewide workgroup- Would like to hear back from Katie Molenare/Workforce report out. When the economy isn't doing well recruitment is easier. It will be interesting to see if there is the uptick.*

W. Gettman- split in to two issues. Licensed providers vs care managers. Require a different solution.

*Amanda P- solutions on how recruit direct line staff vs care manager vs licensed staff
Need a statewide report out*

Kevin Connelly- where do CASACs fit into this?

B. Stewart- COVID crisis is changing the landscape for WF at the hospital level with hospitals being impacted by the COVID drastic reduction in services and decrease in revenue- This is an issue that is having some new relevance with the pandemic and the other side.

Coons- want to keep eyes on in the region as how the impact will be post-covid for all levels of the workforce

M. Cole- Correspondence from OMH confirming that face to face services to return and be primary service delivery method AFTER the State Of Emergency. Comes across in conflict that many of us are talking about. Telehealth as the magic bullet but there has been many successes. Like us to advocate for telehealth flexibility. That guidance will be forward to A. Pierro, Coons, and Colleen. Look at successes throughout our region so we can bring them forward.- (NOTE: per M. Cole misread, correspondence was not received from OMH regarding this topic)

LK- RPC is working on statewide tracker across the state. OMH has access to such tool. We are collectively structured data and information. Good, bad, and ugly. There is a lot of information with a lot of common ground across the regions. Will frame and push us into some critical dialogue with the state moving forward.

Coons- structure survey to proactively create data

LK- there is too much survey and delay a slight bit. Collectively in the due diligence process the survey will be landed on some constructive data this way.

M. Cole- teleservices not telehealth to broaden this.

Coons- Post covid 19 State of Emergency to continue broad range of telehealth services as an available service delivery method for providers.

*Pierro- we should include adding a column on the impact on Medicaid enrollees is having.
No objections. Issue added*

c. Alexandrov: CDPHP has launched Valera Collaborative care that coordinates BH and Medical. It also has phone appointment that allows chatting with the member and video. Does not use phone minutes.

-Conclusion of Board Issue Statements- Refer the issues to the children and family subcommittees and to refer at the next board meeting.

Ruth F.- strict limits, not the same as telehealth, teleservices- cannot bill on collateral calls for the families- navigate the system. Can't track texting it has to be a phone call and families have children home from school. So they are not able to talk as much on the phone. Almost impossible to connect with families while kids are home. Look at standardization of FPA the same as providers. Equal out the paraprofessional parity.

- **Other Board Report Outs** – This has been done throughout the meeting

7. Current State-

- **Service Delivery**

• **Workforce** New WF issues have been developing and monitor in our region post state of emergency.

- **Re-entry/ Client Engagement in the Workplace-**

W. Gettman: Wearing PPE/Agency protocols. Each agency will have different requirements, or counties, must be aware. Cost implications to all of this

Coons: there hasn't been much guidance as residential providers

M. Cole- any Outpatient programs will experience challenges with physical distancing which will have financial/clinical implications. Triple/double rooms the SQF will be questionable, will that reduce number of those to receive the services.

Sam Bastein- Four Winds operating at full capacity- audio visual visitation. Outpatient services have all gone to digital at capacity, well received. Small increase in no-shows/cancellations in private, seeing higher in adolescent than partial hospital programs

Pierro- why? Adolescent- higher engagement- why?

Sam B.- Adolescent increase suspected are more comfortable with the technology. Limits groups to 10 individuals. Like have the time options (AM, Afternoon, PM). Adults like it but hard to sit for 6 hours and when loosened time requirement 3 hours has been well received.

Coons- Similar with adolescents- been able to engage some youth that were previously hard to engage or totally unengaged.

M. Cole if schools do not open when expected and workforce returns there will be a child care issue. Summer camp closures are also included.

W. Gettman- Summer school- children with special needs, parents seeing a lot of regression, big concern.

A. Pierro- Students aren't doing well with distance learning aren't getting the support services that they are used to getting or at same intensity. This will be a challenge for children and families that support them.

- **Telehealth Sustainability- Maintain as add-on service-** Discussed earlier in meeting

- **Revenue Cycle Management During/Post COVID-19**

W. Gettman. What will be in the budget package and what the state is going to do?

- **Client Experience and Feedback**

Frank P.- Landlords going to look at back rent and increase homelessness across the communities.

Coons- Increase in overdose death due to cocaine/crack with Fentanyl added.

Pierro- Columbia and Greene have experienced similar.

Coons- no increase in suicide in Rensselaer County. Can acknowledge the negative outcomes and high stress that surrounds everyone's community.

8. Capital Region RPC Board Feedback- None offered feedback

9. Adjourn Meeting (Motion Needed)

1st by Ruth Fennely

2nd by William Gettman

No objections. Adjourned at 3:48pm

Capital Region RPC 2020 Meeting Schedule:

(As of January August 26, 2020)

Capital Region C&F Subcommittee:

- February 5th, 3:00pm – 4:30 pm
 - In-Person: Albany County Dept. of Health, 175 Green St., Albany, NY (Basement)
- June 29th, 3:00pm-4:00 pm, Go To Meeting
- September 29th, 3:00pm- 4:00 pm, Go To Meeting

Capital Region Health Home/HARP/ HCBS Work Group:

- Each meeting will be held on the 2nd Tuesday of every odd month
 - March 10th, 1:00pm – 3:00pm In-Person, Unity House of Troy, 2431 6th Ave, Troy, NY 12180 (2nd Floor)
 - May 12th, 1:00pm – 3:00pm, Go To Meeting
 - July 14th, 1:00pm – 3:00pm, Go To Meeting
 - September 8th, 1:00pm – 3:00pm, Go To Meeting
 - November 10th, 1:00pm – 3:00pm, Go To Meeting

Capital Region RPC Board Meetings:

- Each meeting will be held on a Tuesday
 - 2nd Quarter: May 19th, 2:00pm- 4:00 pm Go To Meeting
 - 3rd Quarter: August 18th, 2:00pm- 3:30 pm, Go To Meeting
 - 4th Quarter: December 8th, 2:00pm- 4:00 pm (TBD)

Capital Region Transitions in Care Work Group:

- TBD