



Mid Hudson RPC Board Meeting

June 10, 2020

10:00-12:00

via – goto meeting

Minutes

- Welcome & Introductions
- Minutes approved _ 1st: S. Miller/2nd K. Pandekakes
- Mid Hudson RPC Updates

M. Colon shared that there was a lot going on during the past quarter and offered updates on the following:

RPC/OMH Agreement – RPC and OMH developed a LOA allowing RPC staff to assist OMH as needed although typically with data collection and/or administrative issues.

PPE Survey – OMH specifically asked that PC coordinators reach out to their DCSs so the PPE survey can be completed. This survey reference the current status and need for additional PPE, where counties are getting supplies from and anticipated needs for the upcoming months. 100% of the Mid Hudson DCSs complied.

COVID 19 Response Information – RPCs across the state collected issues, concerns and comments related to telehealth and will develop a report for OMH. The information has been mostly quantitative to date but is being reviewed to ensure as much information as possible will be available. Marcie discussed the information that was tracked and Lori Kicinski also added information about how the data will be used.

- Kelly Hansen – telehealth extended to July 6th and includes phone. There is a bill and if it passes and is signed will allow phone as part of telehealth beyond the crisis, as it stands telehealth ends 7/6?
 - Executive orders are only for 30 days, so it can be extended.
- Darcie – in order for OMH licensed clinics to use telehealth, it must be in the license certification. This is waived currently with Executive Orders. To prepare for when the Executive Orders end, providers should complete the EZ-Par or AA to add this to their certification.
- Eric Toth – will there be guidance for what it looks like post-State of Emergency? Example, can clinicians work at home doing telehealth with clients who are at their own homes? Is there a way to get some guidance?
 - Kelly Hansen – governing bodies are on top of this and know they need to do something.

Q1

Quarterly Report- Prior to the meeting the quarterly report template was shared with all board members. M. Colon reviewed the process and the top three issues currently being addressed in the region.

- Co-Occurring System of Care Update

Grants & Conference – S. Marquesano reported on the \$133,000 grant received from WMCH PPS. The grant will be utilized as part of the COSOC initiative with 1/3 of the funding going to K. Minkoff for hands on assistance with counties, agencies, 1/3 will be utilized to continue the work in prevention and education, and the last 1/3 will allow for Dr. Paula Riggs to present and train staff in the “Encompass” which is a evidenced based practice for integrated care for adolescents and young adults.

- Article 31 & 32 Task Force Update

M. Sasvary provided an update from the article 31 & 32 taskforce. Mark reported that the have recently received draft regulatory changes that will be reviewed and commented on as indicated.

- Updates – Open discussion regarding telehealth and face to face moving forward.

- Health Homes advocating for member choice.
- Marcie – feedback is there is still a face to face.
- Marge Stuckle – plans agree with Marcie.
- Shonny – moment you put the requirement for Face-to-Face barriers will be created. Be careful not using traditional thinking
- Alan Rice – VNS choice – value Face to Face in home, but need to weigh what Shonny said and go about this slowly with client choice. Need to check that clients have the means.
- Susan Miller – agrees that services need to be individualized. Face to Face/home/clinic visits are critical.
- Marcie – need to be careful with abuse and domestic violence situations as abuser is often in the room during virtual meetings.
- Marie Shultis – virtual has been helpful with kids.

- Updates & New Initiatives – please see attached.

HDSW

Case Management Services

Sullivan County

MID HUDSON RPC BOARD MEETING

HUMAN DEVELOPMENT SERVICES OF WESTCHESTER

CREATING COMMUNITY SINCE 1968

WHAT MATTERS TO YOU, MATTERS TO US!



Human Development Services of Westchester, Inc.

Creating Community for over 50 years

- ▶ **Mission Statement:** HDSW is a social service organization providing quality behavioral health, rehabilitative, health, residential, and community stabilization services in Westchester County.
- ▶ HDSW is dedicated to empowering the individuals and families we serve to achieve self-sufficiency.
- ▶ **Behavioral Health Housing**
- ▶ **Care Management Services**
- ▶ **Recovery and Peer Services**
- ▶ **HCBS**
- ▶ **Neighborhood Preservation Company**



HDSW Residential Services

- Congregate Treatment
- Apartment Treatment
- Supportive Housing

CONGREGATE CARE:

Edgemont House and Human Development House
24 hour Supervised Residences for men and woman in Scarsdale (10) and Port Chester (14)

APARTMENT TREATMENT :

Futura House Apartment Program and Port Chester Apartment Program
24 Hour on-call Staffing/Visits As Need for 42 men and women
Scattered Site Apartments Throughout White Plains, Port Chester, Mamaroneck

SUPPORTIVE HOUSING:

Housing Care managers provide support and advocacy. Work with Tenants on Housing related goals.
Scattered-site housing – studio, one bedroom and shared apartments. For 343 men and women (Some Family Housing)

HDSW Owns Some Properties (Port Chester and White Plains) and Leases Many (County Wide)

- Supported Housing (199)
- HUD Rental Assistance (144)

HDSW Care Management Services

Currently
Serving
Approximately
800 Clients

HEALTH HOME CARE MANAGEMENT (Medicaid and Non-Medicaid)

Available for adults who have active Medicaid, a behavioral health condition or two chronic health conditions. Clients linked to services in the community, i.e. benefits and entitlements, medical appointments, behavioral health treatment, substance use treatment and vocational programs. Non-Medicaid Care Management is also available.

OUTREACH (Non-Medicaid)

The Outreach Care Management programs provides care management services to persons recovering from behavioral health conditions so that they may maintain stability in the community. HDSW assists individuals to access and coordinate needed treatment and recovery services, enrich their support system, prevent crises, and meet emergency needs if they should arise.

HOMELESS OUTREACH

Provide time-limited care management services to persons recovering from behavioral health conditions who reside in Westchester shelters, or are living on the street. The goal of Homeless Outreach is to assist the homeless individual to obtain housing benefits and other critical services. Some Street Outreach services are also available.

ADULT HOME CARE MANAGEMENT

Services to residents living at Mohegan Park Adult Home who are recovering from behavioral health conditions and who also may have chronic health conditions. The service supports resident rehabilitation and recovery goals through the provision of self-management wellness approaches.

FORENSIC CARE MANAGEMENT

Community Reintegration Services for Pre-release Incarcerated individuals. Post-release Care management services to insure successful community tenure.

RECOVERY COORDINATION AGENCY HARP Assessments and Services for HCBS



- **Living Room: Day Crisis Respite**

Crisis respite, emergency department and hospital diversion services.

The Living Room is open 365 days per year from 8:30am to 8:30pm.

Staffed by NYS Certified Peers, care managers, Social Workers, Registered Nurse and CASAC staff.

- **Respite**

Crisis Respite located in one of a few residences. Planned Respite Accessed through the Westchester County Department of Community Mental Health

Respite through HCBS will be accessed through the MCO's

- **Home and Community Based Services (HCBS)**

Individuals who are eligible following a HARP assessment by a care manager may be eligible for an array of community based services

- Community Psychiatric Support and Treatment
- Empowerment Services – Peers Services
- Family Support and Training
- Psychosocial Rehabilitation
- Habilitation
- Employment Supports
- Educational Supports
- Soon Will Add Crisis Respite

HDSW

Recovery Services

Respite Services

Living Room

Crisis Respite

HCBS Services

HOPE House

H.O.P.E. HOUSE – located in downtown Port Chester

Celebrated 25 years of service in 2019. HOPE House is open 6 days per week and every holiday

HDSW

**Recovery
Services**

H.O.P.E. House

Having

Opportunities for

People

Every day

Clubhouse Program Offering:

- Supported Employment
- Supported Education and scholarships
- Peer Support
- Social Engagement Services
- Limited Transportation Daily
- Daily Skills Training opportunities
- Daily Lunch, Wednesday Evening Employment Dinner and Saturday Brunch
- Food Pantry

Three ACCES –VR Vocational Training Programs:

- Clerical, Porter Maintenance, and Culinary Arts

Peer Care Management Training Program:

NYS Academy of Peers Certification

HDSW COVID RESPONSE

IMMEDIATE FOOD INSECURITIES

ESTABLISHED AN EMERGENCY FOOD PANTRY

CRISIS CALLS INCREASED

ESTABLISHED PROTOCOLS TO INSURE WE COULD KEEP LIVING ROOM OPEN AND CREATED THE "LIVING ZOOM" TO SUPPORT GUESTS

CLUBHOUSE GUESTS INCREASINGLY ISOLATED AND ALONE

STAFF BEGAN COOKING HOT MEALS AND MAKING CURBSIDE DELIVERIES INCLUDING FOOD PANTRY



HDSW COVID RESPONSE

OFFICES HAVE REMAINED OPEN

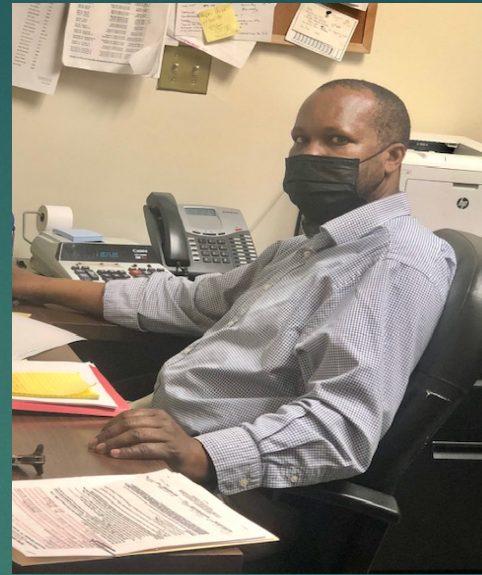
FINANCE AND ADMIN STAFF IN EVERYDAY WITH SUFFICIENT DISTANCING IN PLACE AND FACE MASKS, DAILY SANITIZING

LIVING ROOM OPEN EVERY DAY EXCEPT 3 FOR DEEP SANITIZING

CLUBHOUSE AND NPC STAFF IN EVERYDAY PROVIDING SERVICES FROM THE OFFICES TO ADDRESS ANY EMERGENT SITUATIONS AND VIA TELEPHONE. CONFERENCE LINES USED FOR GROUPS, ACTIVITIES, AND DAILY MORNING MEETINGS

OUR CONGREGATE RESIDENCES OPEN EVERY DAY PROVIDING 24/7 STAFF SUPERVISION AND SERVICES FOR RESIDENTS. APARTMENT TREATMENT WORKING A MIX OF SOCIALLY DISTANT IN PERSON AND TELE-SERVICES

SUPPORTIVE HOUSING, CARE MANAGEMENT (ALL PROGRAMS), WORKING REMOTELY AND OUT TO SEE CLIENTS WHEN CLINICALLY INDICATED OR FOR CRISIS SITUATIONS. SUPPORTIVE HOUSING HAS MOVED A NUMBER OF TENANTS INTO NEW APARTMENTS DURING THE PANDEMIC



HDSW COVID RESPONSE

DUE TO COVID REDUCTION IN
EVICITION PREVENTION
APPLICATIONS

REQUESTED TO RE-ALLOCATE
FUNDS

CREATED AN EMERGENCY
DIAPER BANK

PROVIDING CURBSIDE DELIVERY
DIAPERS AND WIPES

DV SHELTERS ARE ABLE TO
PICK UP AT OUR OFFICE FOR
THEIR CLIENTS AS WELL

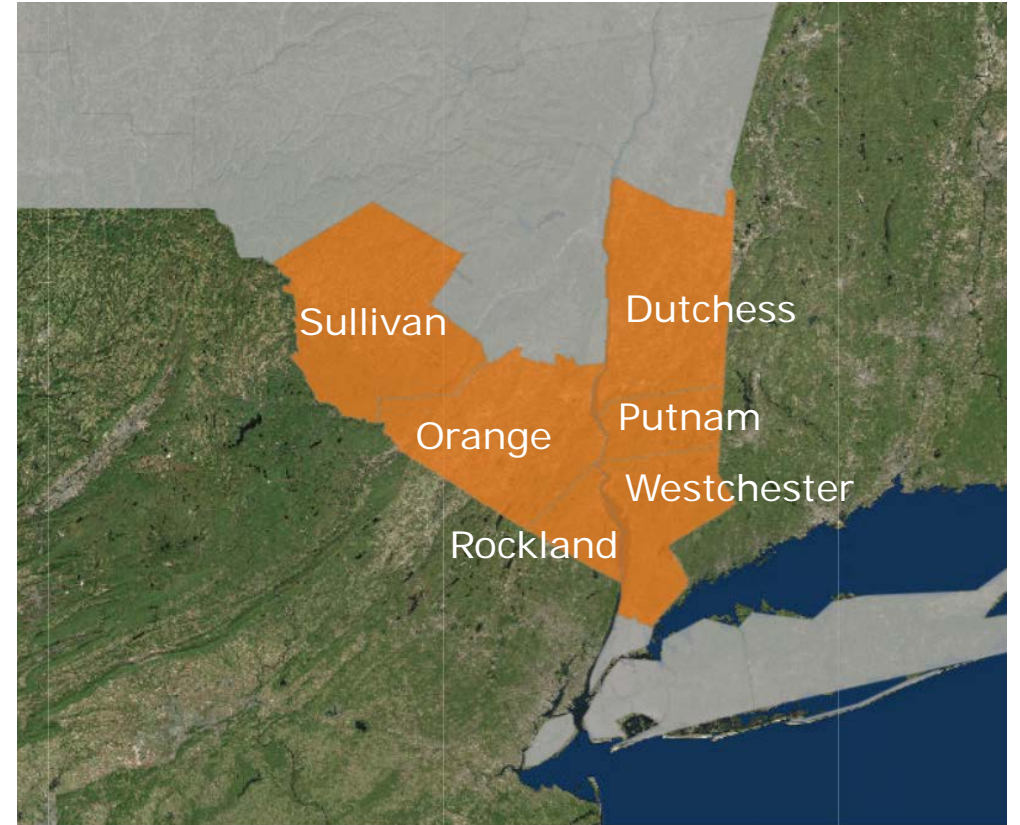




Hudson
Valley Care

Health Home Care Management During The Pandemic

HVC's Network



Health Home Care Managers Stories

- During the first week, a member was laid-off, and she needed food for herself and family. She already had used her food stamps.
- A member was experiencing mental health crisis because he was frustrated with his housing situation.
- A member was homeless, and the CMA has been working with this member for 5 years.
- An elderly gentleman, who was extremely frustration with his situation and at times would take his frustrations out on the CMs.
- Still driving members
- Convincing a member to get tested because she was experiencing symptoms of COVID-19

Health Home Care Managers Stories

- CMs were also impacted and some became sick.
- A member's Medicaid became inactive.
- Finally there numerous examples of food and medication drop-offs
- When food pantries were low on food or closed, CMs came together and pulled a food bag for a member who needed food desperately.
 - **HH CARE MANAGERS WERE STILL BOOTS-ON-THE-GROUND DURING THIS WHOLE TIME**
- CMs also had to deal with a lot of grief with members and loved-ones passing.

HVC Supporting CMAs

- HVC started with Office Hours every other day, we are now down to every other week
- A CMA suggested county level calls. We held county level calls once a week and we are down to once a month
 - How they were supporting their team (talked about serious and fun ways)
 - Talked about theirs and team morale
 - Shared strategies, resources, and other ideas.
- We sent daily updates with resources attached (sent to us by CMs), and created our own FAQ
- Created a space for Care Managers to support one another
- During the second week, we asked Kristin Woodlock to develop two short podcasts 1) Tele-care management 2) Dealing with Grief. These are posted on our website for all to use.
- Organized Remote Supervision conference call/conversation
- Most recently we opened a dialogue on how to support one another, Care Managers and members with the recent events that have taken place in our communities.



Sullivan County Department of
Community Services - BHC

Innovative Ideas during COVID 19





About Us

Who are we

The Department of Community Services is the State Mandated Local Government Unit responsible for the development of behavioral health service plans and funding for those state approved services in Sullivan County. The Department also provides direct services in mental health, alcoholism and drug abuse to all residents of Sullivan County. Services from the Department are available to individuals of all age groups, without regard to the severity of their disability. All services are confidential.

The Problem



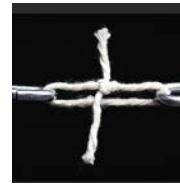
Medication Assisted Treatment

We initiated MAT services on 5/13/2020 to aide individuals suffering from opiate addiction on response to the rise in overdoses during the pandemic



Peer Initiative

We have always had a good relationship with community partners, we utilize our peer partners to aide with out reach, engagement, and retention in treatment (will be offered onsite once we reopen)



Linkage with Sullivan County Jail and CRMC MAT Services

Over the course of the last several months we have been working in collaboration with our SCJ and local hospital regarding care coordination – during this time we have expanded to include an MAT linkage



Telephonic services and tele video project

When the pandemic hit we quickly moved to providing limited services onsite and providing telephonic services for individual and group session – we are looking to beta test video counseling in the coming days



Family Therapy

We were working on training staff to provide more in-depth family therapy when the pandemic hit at times clients are not receptive to phone therapy so we have been working much more with families which has proven beneficial