

Regional Planning Consortium

QUARTER FOUR UPDATE

OCTOBER 1 – DECEMBER 31, 2020



Table of Contents

[RPC Mission & Purpose](#)

[2020 RPC Areas of Focus](#)

- [VBP/Managed Care: PC Integration](#)
- [SDOH/Care Transitions & Co-Occurring Integration](#)
- [Peer/Behavioral Health Workforce](#)
- [Children & Families](#)

[Capital Region](#)

[Central NY](#)

[Finger Lakes](#)

[Long Island](#)

[Mid-Hudson](#)

[Mohawk Valley](#)

[North Country](#)

[Southern Tier](#)

[Tug Hill](#)

[Western NY](#)



RPC CENTRAL OFFICE - ALBANY
Lori Kicinski, RPC Project Director
Katerina Gaylord, Assistant RPC Project Director

TUG HILL/SEAWAY REGION
Tim Ruetten, DCS, Jefferson County
Beth Solar, RPC Coordinator

CENTRAL REGION
Sharon MacDougall, DCS, Cortland County Mental Health Department
Katie Molanare, RPC Coordinator

WESTERN REGION
Mark O'Brien, DCS, Erie County
Kirsten Vincent, CEO, Recovery Options Made Easy
Tiffany Moore, RPC Coordinator

FINGER LAKES REGION
Margaret Morse, DCS Seneca County
Ellen Hey, Chief of Quality, Finger Lakes Community Health
Beth White, RPC Coordinator

SOUTHERN TIER REGION
Nancy Williams, DCS Broome County
Johanna George, Health Home Network Coordinator, Circare
Emily Childress, RPC Coordinator

NYC REGION
Yoshi Pinnaduwa, NYCDHMH
Anita Sambamurty, NYC RPC

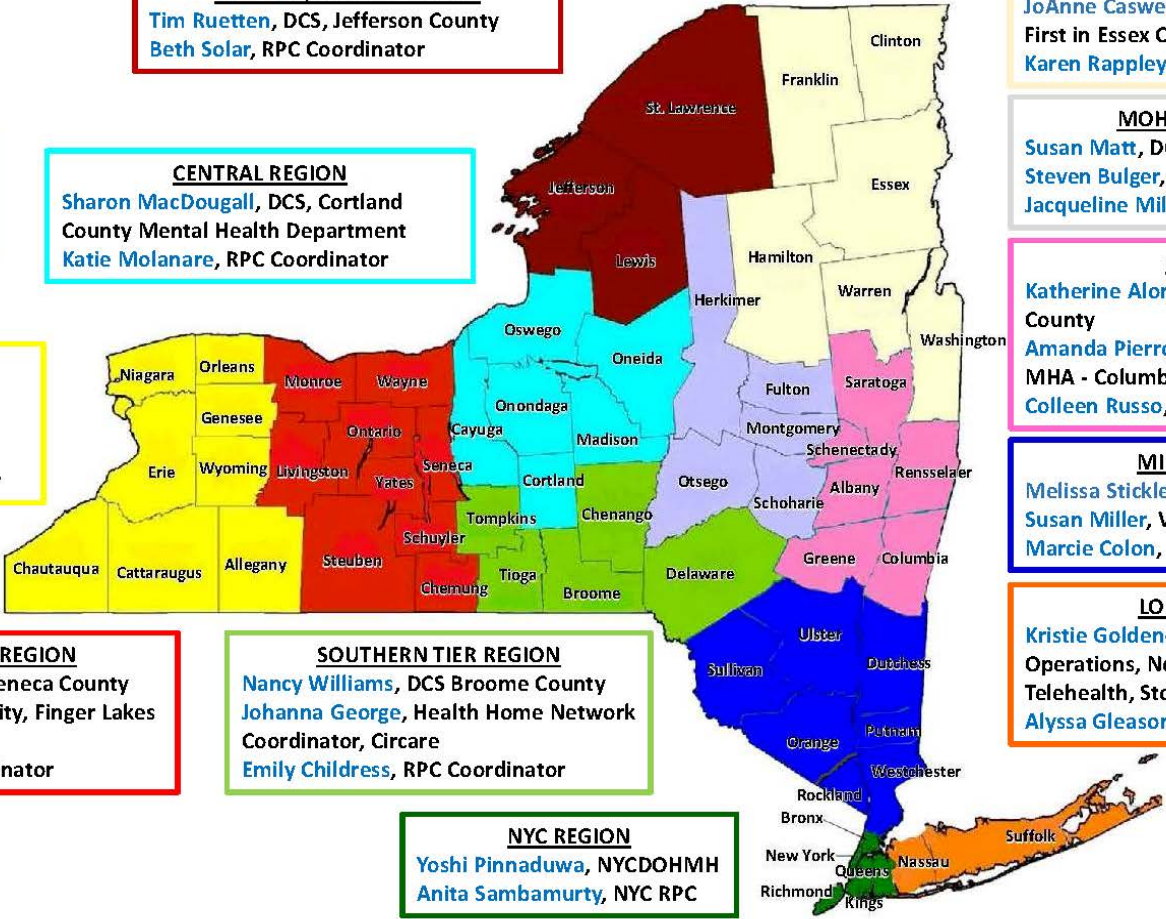
NORTH COUNTRY REGION
Suzanne Lavigne, DCS Franklin County
JoAnne Caswell, Executive Director, Families First in Essex County
Karen Rappleyea, RPC Coordinator

MOHAWK VALLEY REGION
Susan Matt, DCS Otsego County
Steven Bulger, CEO, ICAN
Jacqueline Miller, RPC Coordinator

CAPITAL REGION
Katherine Alonge-Coons, DCS Rensselaer County
Amanda Pierro, Director Apogee Center, MHA - Columbia-Greene
Colleen Russo, RPC Coordinator

MID-HUDSON REGION
Melissa Stickle, DCS Sullivan County
Susan Miller, VP, Hudson Valley Services, RSS
Marcie Colon, RPC Coordinator

LONG ISLAND REGION
Kristie Golden-Campo, Associate Director of Operations, Neurosciences/Psychiatry/Telehealth, Stony Brook Medicine
Alyssa Gleason, RPC Coordinator



RPC Mission & Purpose

Who We Are:

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

RPC Mission Statement:

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

About this Report:

The content of this Report targets Quarter 4 (Q4) (October 1 – December 31, 2020) activities conducted by the rest-of-state RPC by Region.

2020 RPC Areas of Focus

In Q4, from a statewide perspective, the RPC continued to develop our four Areas of Focus in 2020. In cooperation with the impactful work occurring within our Boards across the state, common statewide drivers continue to evolve and the RPC has established formalized, agile Project Concentration Cohort teams to carry our collective voice. These teams will work to ensure subject matter expertise, communications and issues are consistently shared across settings to include agency partners within our four domains:

VBP/Managed Care: Primary Care Integration	LORI KICINSKI	BETH SOLAR	BETH WHITE
SDOH/Care Transitions and Co-Occurring Integration	MARCIE COLON	COLLEEN RUSSO	KAREN RAPPLEYEA
Peer/Behavioral Health Workforce	KATIE MOLANARE	EMILY CHILDRESS	TIFFANY MOORE
Children and Families	JACQUELINE MILLER	ALYSSA GLEASON	KATERINA GAYLORD

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

RPC Project Director: [Lori Kicinski](#), (518) 867-1159

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

VBP/Managed Care: Primary Care Integration

Key Area of Focus #1: RPC Co-Chairs from across the State and NYC were convened to develop the VBP/Managed Care Breakout session to be presented during the Albany Co-Chairs meeting with State partners. Key topics included regional experiences with managed care, necessary considerations in creating APM's, and opportunity to apply HCBS lessons learned to roll out of CORE services.

Next Steps: Follow up discussions have occurred with State partners to provide additional information of interest to them.

Key Area of Focus #2: The RPC/MCO Roundtable reviewed Plans' findings from the HCBS Infrastructure process that will be terming. Though data is not complete, implications of several known results were discussed. One key finding across plans was that larger providers and budgets did not necessarily guarantee better results. Best results appear to have come, not necessarily from innovation, but from extensive "boots on the ground" engagement and follow up actions with members. Providers with strong relationships with members also fared better. Overall, the project did not result in as much increased HCBS enrollment as intended.

Next Steps: Roundtable will convene in February and will review the full results of the HCBS Infrastructure process. A structured format will be employed to discuss lessons learned and recommendations to the upcoming roll out of CORE services.

Achievements & Upcoming

- RPC/MCO Roundtable to meet in February

Meetings Held During Quarter 4

- VBP/MC Cohort for Co-Chairs Meeting Prep & Follow Up – 10/5, 10/21, 11/4, 11/17
- Albany Co-Chairs Meeting with State Partners – VBP/Managed Care Breakout Session – 10/29
- MCO Roundtable Meetings – 11/16



SDOH/Care Transitions and Co-Occurring Integration

Key Area of Focus #1: Identify key priority Social Determinant of Health (SDoH) statewide trends by RPC Region.

Next Steps: The RPC SDoH Cohort will survey RPC Co-Chairs to collect information on the most prevalent SDoH issues in each Region. The data will be organized to identify statewide trends. Feedback will inform the establishment of the Statewide area of focus of the RPC SDoH Cohort. Issues will be broken down into five (5) categories: economic stability, neighborhood/physical environment, education access/quality, community/social context, health care access.

Key Area of Focus #2: Develop Statewide Social Determinants of Health Workgroup based on focus area identified by survey data.

Next Steps: Once the prioritized focus area is identified, the RPC SDoH cohort will establish a team of stakeholders comprised of relevant subject matter experts to assist in the development of the RPC SDoH Initiative.

Achievements & Upcoming

- Cohort met with key stakeholders in the fourth quarter of 2020 from OMH, United Healthcare and several Community Based Organizations to gather information to determine best direction of cohort efforts.
- Cohort will develop and disseminate Social Determinants of Health Survey to RPC Regional Co-Chairs in the first quarter of 2021.

Meetings Held During Quarter 4

- Meeting with OMH Stakeholders - 10/1
- Key Stakeholder Meeting – 11/12
- MCO/United Healthcare Conference Call – 12/8



Peer/Behavioral Health Workforce

Key Area of Focus #1: Dual OMH/OASAS Certification Process for Peer Workforce

Next Steps: Use the data from the current process on Peer certifications in fast-tracking a new, dual Peer certification training. This is to eliminate the duplication of courses and experience hours among staff.

Key Area of Focus #2: Centralized Training/Certification for Care Management

Next Steps: Data from the Syracuse University Care Coordination Pilot will be utilized in regional workgroups to develop alternative platforms to house this training. NYS Care Management Coalition will be consulted, as well as, the Health Home Coalition. For more information, please contact CNY RPC Coordinator [Katie Molanare](#).

Key Area of Focus #3: Financial Sustainability of Peers within the Office of Mental Health Clinics, Article 31s

Next Steps: Collaborate with Article 31s to collect data and feedback to determine their specific barriers for billing peer services.

Achievements & Upcoming

- Addressing changes in peer certifications, regulations, and billing will inform the volume of the peer workforce by addressing recruitment and retention issues identified by peer employers
- Reviewing CASAC challenges on recruitment and supervisory hours in rural areas
- Western Region Clinician Survey with an additional survey in January, addressing workforce challenges during and post-pandemic will address future learning collaboration
- Collaboration efforts with CNY and WNY on COVID-19 trends within Behavioral Health workforce to develop a best practice guide to assist providers with recruitment.
- The next Southern Tier Capacity Survey for Children and Family Services will include workforce specific questions as multiple providers identified staffing as a barrier to providing services

Meetings Held During Quarter 4

- Workforce – 10/15
- State Co-Chairs Meeting – 10/29



Children and Families

Key Area of Focus #1: Multiple regions reported continued issues getting children and families connected to CFTSS and HCBS Services in a timely fashion. Cohort collected data from 7 regions Capacity and Access Surveys to look at trends across the State.

Next Steps: Data was compiled and presented at State Co-Chairs Meeting on the initial findings from the surveys across the State. Cohort presented the Mohawk Valley Service Finder for State Partners with positive feedback. Mohawk Valley continues the pilot of the Service Finder program and Long Island will be piloting the program in early 2021. Results of the service finder will be presented to State Partners. Co-Lead calls will continue monthly to discuss access issues. Cohort is collaborating with DOH and State Partners on a Statewide Training Initiative utilizing regional RPC C&F meetings to obtain direct feedback and insights from providers on this initiative.

Key Area of Focus #2: Children are not known to the mental health system and are being placed on long waiting lists for CFTSS. CSPOAs have seen an increase in out-of-home placement referrals and have found that many of these children never received the services and are not known to their system. CSPOA previously tracked children and there is no longer a way to track all the children, especially those waiting for CFTSS and HCBS.

Next Steps: Presented this area at State Co-Chairs for discussion on ways to ensure that these children are not being lost and getting connected to services they need. Cohort is collaborating with OMH and State Partners on Statewide trainings to provide support and system understanding to children's providers. Discussions occurring around educating and bringing the System of Care in to the conversation at RPC tables.

Achievements & Upcoming

- State Co-Chairs C&F breakout group was well attended and had actionable items in areas of focus.
- Mohawk Valley began using the Service Finder. Initial feedback has been positive and providers have reported the tool as very useful.
- Mohawk Valley Service Finder was presented to State Partners for collaboration on a more user-friendly tool to get children connected to services.
- Cohort is working with DOH and State Partners to collaborate on Statewide and Regional Training Initiative for HCBS/CFTSS
- Some regions will continue to send out the CFTSS/HCBS Capacity Survey to continue data collection.

Meetings Held During Quarter 4

- Call with Facilitator for C&F Breakout for State Co-Chairs – 10/6
- Statewide C&F Co-Lead Call – 10/13, 10/23, 11/19
- MV Service Finder presentation to State Partners – 12/9
- RPC C&F Cohort and State Partners Collaboration on Statewide Trainings – 12/9
- Statewide C&F Co-Lead Call w/ State Partners re: Statewide Training Initiative – 12/17



Capital Region



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

Community Co-chair: Amanda Pierro, Peer Representative

RPC Coordinator: [Colleen Russo](#)

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

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

Key Area of Focus #1

- Providers report that it can be a challenge connecting adults to HCBS in the region. The Health Home/ HARP/ HCBS (HHH) Workgroup's goal is to provide real-time referral and capacity information to Care Managers/ Regional Providers for adult HCBS to facilitate timely service initiation.

Next Steps

- Launch real-time service capacity application in first quarter of 2021 to Regional Providers for adult HCBS.

Key Area of Focus #2

- [Transitions in Care Workgroup](#) will focus on three specifically identified areas to address Regional capacity and transitions between services as it relates to the behavioral health population within inpatient/outpatient care settings.

Next Steps

- The Transitions in Care Workgroup will convene three task-specific cohorts to examine each of the identified areas and begin a due diligence process. The cohorts will report on their progress to the larger Workgroup bi-monthly.

Capital Region continued

Key Area of Focus #3

- The Capital Region has reported difficulty in accessing children’s CFTSS and HCBS providers. C&F Subcommittee will look at piloting a Children’s Service Finder application to support the region with accurate capacity and provider data.

Next Steps:


- The Mohawk Valley C&F subcommittee has created a Services Finder tool for CFTSS and HCBS that is currently being piloted in their region. RPC Statewide Children & Families Cohort will provide a Service Finder presentation to the Capital Region C&F subcommittee in the first quarter of 2021 to explore the feasibility of the tool for this region.

Achievements & Upcoming

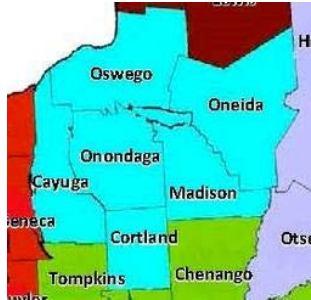
- Continued Health Home/ HARP/ HCBS Workgroup survey, identified service openings and referral processes for many of the adult HCBS providers; Region has goal to launch Service Finder program to update data in real time.
- C&F subcommittee is hosting a presentation in Quarter 1 2021 to discuss piloting a Service Finder program for Children’s HCBS and CFTSS to better link families with services.
- Transitions in Care Workgroup was rebooted in Q4 and has identified three main focus areas for 2021. Subset taskforces have been formed to address each issue through a due diligence process.

Meetings Held During Quarter 4

- [Health Home/ HARP/ HCBS Workgroup](#): 11/9
- [C&F Subcommittee](#): 12/15
- Transitions in Care Workgroup: [10/16](#), [12/3](#)
- [Board Meeting](#): 12/8



Central NY



DCS Co-chair: [Sharon MacDougall](#), MSW, MBA, MS, LCSW-R, Cortland County Mental Health Department

Community Co-chair: Vacant

RPC Coordinator: [Katie Molanare](#)

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

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

Key Area of Focus #1

- Standardized Health Home & HCBS Care Management training & possible certificate program to help support and prepare Care Managers in their role and improve turnover rates.

Next Steps

- Research Care Management Resource Platforms
- Connect and partner with NYS CM Coalition efforts

Key Area of Focus #2

- Growing speculation around the continuation and sustainability of current emergency provisions being allowed due to the COVID 19 crisis.

Next Steps

- Issue will be reviewed by Due Diligence Committee (please see description of DD Committee under *Achievements & Upcoming* on next page)

Central NY continued

Key Area of Focus #3

- 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.

Next Steps

- Issue will be reviewed by Due Diligence Committee (please see description of DD Committee under *Achievements & Upcoming* below)

Achievements & Upcoming

- The creation of a “Due Diligence” Committee that will consist of a small group of board members creating step-by-step action plans for identified issues that will give clear direction to committees and taskforces.
- Starting in January 2021, the HHH Committee will expand its focus to become the “Medicaid Managed Care Committee.” Also, the CM Committee and Workforce Development Committee will merge to become the “Behavioral Health (BH) CM Workforce Committee.”

Meetings Held During Quarter 4

- [Q4 RPC Board Meeting](#): 12/7 (Quarterly)- Minutes Pending Approval (February 2021)
- HARP/HCBS/Health Home (HHH) Workgroup (Monthly): Did Not Meet
- Care Manager (CM) Roundtable Group (Monthly): 12/10
- Workforce Development Committee (Bi-Monthly): 11/6
- Children and Families Subcommittee (Monthly): 11/13
- State RPC Workforce Committee: Discontinued
- VBP Newsletter: Discontinued



Finger Lakes



DCS Co-chair: [Margaret Morse](#), LMSW, Seneca County

Community Co-chair: Ellen Hey, MS, FNPC, Chief of Quality, Finger Lakes Community Health

RPC Coordinator: [Beth White](#)

Board Membership: [Finger Lakes RPC Board Members](#)

Click [HERE](#) to visit the Finger Lakes RPC web page

Key Area of Focus #1

- Recent events in our community have highlighted the inadequacy of response to people experiencing urgent behavioral health problems, with the default responders inappropriately being solely law enforcement. A fuller continuum of 24/7 services must be put in place to serve our communities better and more safely when they have behavioral health needs.

Next Steps

- Clinical Integration Workgroup in process of identifying and mapping current regional crisis services. This will include current Monroe County efforts, any PPS crisis projects and resources identified in County crisis plans.

Key Area of Focus #2

- When persons experiencing acute behavioral health problems are transported to hospitals for psychiatric evaluation under a §9.45, often they are quickly returned to the community without the awareness of the issuing entity.

Next Steps

- Rochester RHIO has joined with the RPC to explore whether their automatic alerts can be used to notify the referring entity when the Emergency Room disposition has occurred.

Finger Lakes continued

Key Area of Focus #3

- Providers in the North Country and Tug Hill RPC regions are not able to easily identify open beds for people in need of Substance Use Disorder treatment. There are concerns of "not enough beds," when the reality is that there may be beds, but they are not easily found.

Next Steps

- The [SUD Bed Finder tool](#) created in the Finger Lakes region is being replicated as a North Country Bed Finder for the North Country/Tug Hill regions. Activities this quarter included recruitment of Provider participants, programming of the web page on a regional host's website and training of the participants' Intake staff. .

Achievements & Upcoming

- The previously compiled Resource Compendium for Employers of Peer Workers received a significant upgrade. The extensive listing of resources has been indexed and made searchable by multiple significant key words. Many thanks to Intern Nicolas Ramos from the Maxwell School of Citizenship and Public Affairs @ Syracuse University, and to Catholic Charities Community Services for generously connecting Nicolas and the RPC. The new Compendium features will be released in early 2021.
- The Finger Lakes RPC watched like a proud parent as its locally created programming was shared and used to launch the North Country SUD Treatment Bed Finder. Our continuing gratitude to Rochester Regional Health IT staff for the original collaboration and [Finger Lakes SUD Bed Finder!](#)

Meetings Held During Quarter 4

- Regional Crisis Response – 10/9, 11/4, 11/9, 12/17
- Clinical Integration & Practice Workgroup – 10/19
- North Country Bed Finder Migration – 10/22, 11/23, 11/24, 11/30, 12/3, 12/18
- RPC/RHIO 945 Alert Project – 11/18, 12/6, 12/21
- [Finger Lakes RPC Board Meeting](#) – 11/13



Long Island



DCS Co-chair: Pending

Community Co-chair: Kristie Golden-Campo, Associate Director of Operations, Neurosciences/Psychiatry/Telehealth, Stony Brook University Hospital

RPC Coordinator: [Alyssa Gleason](#)

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

Click [HERE](#) to visit the Long Island RPC web page

Key Area of Focus #1

- C&F continues the due diligence process for assessing the access and capacity issues for CFTSS & HCBS. During Q3, two surveys were sent out to CFTSS/HCBS Designated providers to continue to collect data. Agencies with service openings were sent to CMAs, MCOs and the committee to help connect children on waiting lists to services.

Next Steps

- Reviewed final survey during Q4 C&F. Trends remain consistent with there continuing to be 25-30% of HCBS and CFTSS providers who are designated and not providing. Subcommittee has decided to place the survey on hold as trends have been consistent. Subcommittee moved to create a CFTSS/HCBS Learning collaborative to identify and problem-solve issues regionally with a goal of building capacity and access. LI will also pilot the Children's Service Finder created in the Mohawk Valley to help connect referral sources to the openings for CFTSS and HCBS

Key Area of Focus #2

- Continue to build the Peer Supervision Learning Collaborative inter-system group in order to grow and support peer services in the region.

Next Steps

- Finished the learning series on each of the individual peer services. Group identified that they would like to focus on building supportive and integrated culture and systems within their agencies to more fully integrate and grow peer services.

Long Island continued

Key Area of Focus #3

- Health Home/ HARP/ HCBS (HHH) Subcommittee identified that there continues to be difficulty with getting consumers connected to HCBS in a timely manner. The Committee would like to collect data on service access and problem-solve issues prior to the transition to CORE.

Next Steps

- RPC HHH Subcommittee sent out an HCBS Capacity and Access Survey to all designated providers to assess if services are being provided and have openings on Long Island. Openings identified from survey results were shared with all HHH members with the purpose of connecting consumers to services. The subcommittee will send out the survey after the transition to CORE. The Service Directory for Long Island was created and has been distributed for final review from providers. Service directory includes updated contact information for all HCBS providers, Health Homes and links to the MCO matrix.

Achievements & Upcoming

- [New Community Co-Chair](#) for the Board was elected to replace retiring chair.
- CFTSS/HCBS Learning Collaborative to begin 1/7/2021 to discuss and problem solve regional issues with a goal to build capacity, workforce and create universal CFTSS regional form for referrals. Group will initially meet monthly and create objectives for the collaborative.
- LI user-friendly [Adult HCBS Service Directory](#) was created and will be disseminated to all providers. Directory includes contact information for all 30 designated providers on LI, as well as Health Homes and MCO's. Will be updated quarterly and with the transition to CORE.

Meetings Held During Quarter 4

- [Children & Family Subcommittee](#) – 11/12
- [Peer Supervision Learning Collaborative](#) – 11/18
- [LI RPC Q4 Board Meeting](#) – 12/3
- [HHH Meeting](#) – 12/17



Mid-Hudson



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

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

RPC Coordinator: [Marcie Colon](#)

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

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

Key Area of Focus #1

- Building a regional Co-Occurring System of Care (COSOC)

Next Steps

- Evaluate outcomes of Encompass Program (a best practice treatment program for individuals with Co-Occurring Disorders) and consider benefits of expanding the training to additional agencies in the region.
- Continue meetings with Ken Minkoff (a nationally & internationally known content expert on COSOC and systems change) and local teams to support and assist transition to a Co-occurring system of care. To date 6 local teams have had an initial meeting with Ken Minkoff and each team has developed an action plan including follow up meetings as indicated for their team.

Key Area of Focus #2

- There is a need for increased utilization of adult HCBS/CORE services

Next Steps

- The Mid-Hudson HHH committee plans to develop trainings for case managers and providers to increase awareness, understanding, and utilization of CORE once final guidelines are available. The Mid-Hudson HHH committee expressed the belief that strong awareness and understanding of the CORE guidelines will lead to a smooth transition and increased referrals and utilization. The Mid-Hudson RPC will work with the OMH field office to ensure prompt trainings when guidelines are available.

Mid-Hudson continued

Key Area of Focus #3

- The Mid-Hudson C&F sub-committee expressed concern that there is a lack of a true cross system of care and a need for increased interagency communication and collaboration. Additionally, the Mid-Hudson C&F Subcommittee believes there is a need to map/track and maximize local resources and systems to ensure children and families receive coordinated, appropriate and quality services. The committee will work in partnership with community agencies and LGUs to accomplish this goal.

Next Steps

- The C&F committee is working to promote a true “system of care” and will partner with providers, HHs, and LGUs to increase awareness of available services, service utilizations and interagency collaboration. Additionally, the committee will develop a training plan for providers of children and family services to increase understanding of the health home case manager’s role with the intention of promoting positive interagency collaboration.

Achievements & Upcoming

- COSOC Fall Conference –Completed 3 part training series for mental health and substance use treatment providers including: Co-Occurring Disorders and the Treatment of Individuals with Developmental Disabilities.
- The RPC along with the Orange County Department of Mental Health and *the harris project* have begun planning an additional program entitled “Non-Clinical Staff Services Through the Co-Occurring Lens” as requested by several organizations to ensure that the non-clinical staff at agencies within our region are aware of and understand the COSOC initiative and their unique role in the initiative.
- Completed Mid-Hudson RPC 2020 Board Elections and orientation for three new board members. The new board members represent three organizations one of which has never before served on the RPC Board.
- RPC will collaborate with the Hudson Valley OMH Field Office to develop and coordinate a training plan for providers to ensure a smooth and timely transition to CORE services once the final guidelines are available.

Meetings Held During Quarter 4

- HH/HARP/HCBS Meeting 10/22
- Children & Families Meeting 11/19
- Mid-Hudson RPC Board Meeting 12/9



Mohawk Valley



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

Community Co-chair: Steven Bulger, CEO/Executive Director, ICAN

RPC Coordinator: [Jacqueline Miller](#)

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

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

Key Area of Focus #1

- Children's Provider Designation Lists for CFTSS and HCBS are often difficult to navigate and have conflicting information between the various sites that house this information.

Next Steps

- The Mohawk Valley Services Finder Pilot has been built within Smartsheet and is live for Mohawk Valley providers to use. Multiple RPC regions and state partners have requested demos for further use considerations. Service Finder end-users will be surveyed toward the end of Q1 to collect data on the success of the tool and to provide a forum for suggestions and concerns.

Key Area of Focus #2

- Continue to look at sustainability of telehealth post COVID, specifically within Peer Services. Consumer engagement will be a focus, as there has been a noted increase in engagement with telehealth.

Next Steps

- Mohawk Valley continues to participate in the "Provider Perspective Client Engagement Survey" being conducted by the Central Region. Data from the survey will be reviewed during the Q1 2021 board meeting to help inform next steps or determine if further due diligence is needed.

Mohawk Valley continued

Key Area of Focus #3

- Timely access to behavioral health care has been a challenge in rural regions.

Next Steps

- Data from the Client Engagement Survey will be examined and utilized as a tool to aid in conversations of rural access challenges and leveraged for the development of next steps. HHH workgroup will analyze how HCBS/CORE services can influence this issue in the coming quarter.

Achievements & Upcoming

- [Mohawk Valley Children Services Finder](#) built and is in distribution.
- Mohawk Valley and [HIXNY collaborative presentation](#) scheduled for February 5, 2021.
- Mohawk Valley Services Finder Pilot will be demonstrated for all inquiring stakeholders in February 2021 (date to be determined, when decided it will be on the RPC calendar).

Meetings Held During Quarter 3

- Services Finder Taskforce with Demos to multiple regions and state partners – 10/1
- New board member orientation with Southern Tier - 10/16
- RPC BOD meeting - 11/13
- Children & Families meeting - 12/16



North Country



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

Community Co-chair: JoAnne Caswell, Executive Director, Families First in Essex County

RPC Coordinator: [Karen Rappleyea](#)

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

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

Key Area of Focus #1

- C&F Subcommittee addressing the challenges/fatigue of frontline providers and clients due to virtual delivery of services. Subcommittee hosted training on Trauma and Resilience.

Next Steps

- Next Subcommittee meeting 1/28/21 to provide North Country input as requested by statewide RPC C&F Cohort to inform upcoming HCBS training by State partners.

Key Area of Focus #2

- Difficult to find open/available SUD treatment beds. Eligible OASAS treatment providers (817, 818 and/or 820 licenses) have been recruited for participation in regional online tool to display real time bed availability information to those referring clients for SUD treatment.

Next Steps

- [NC/TH SUD Bed Finder webpage](#) launched with 6 participants. Q4 dedicated to onboarding participating agencies and getting them started in daily update of the website. NC/TH coordinators will conduct outreach and training in 2021 Q1 to projected users of the site – SUD and mental health providers, MCOs, Health Home, drug court, etc. to orient them to the site.

North Country continued

Key Area of Focus #3

- Behavioral health clients have difficulty accessing stable, affordable housing with additional challenge of pandemic-related instabilities.

Next Steps

- Housing 2020 guidance document developed from Board and stakeholder discussions to date was presented at Q4 RPC board meeting. Board endorsed Q1 meeting to identify and initiate the NC RPC housing project.

Achievements & Upcoming

- Elected new community co-chair [JoAnne M. Caswell](#), Chief Executive Officer, Families First in Essex County, Inc.
- Children & Families Subcommittee – November 9, 2020 - Hosted presentation/training with David Melnick, LICSW, Co-Director, Outpatient Services, NFI Vermont Family Center – “Impact of the COVID19 Pandemic, School Experiences, and Trauma.”
- Children & Families Subcommittee – January 28 at 8:30 am – to provide input regarding NC provider training needs to statewide RPC C&F Cohort.
- Housing Workgroup – February 3 at 4 pm – 2021 NC RPC Housing Initiative kickoff.

Meetings Held During Quarter 4

- Children & Families Subcommittee (C&F) – 11/9 - NC providers CFTSS Capacity Survey Results - [NC providers CFTSS Capacity Survey Results](#)
- North Country/Tug Hill (NC/TH) Substance Use Disorder (SUD) Treatment Bed Finder provider training – 12/3 – ncsudtxbeds.com
- [North Country Board meeting](#) - 12/18



Southern Tier



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

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

RPC Coordinator: [Emily Childress](#)

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

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

Key Area of Focus #1

- Medicaid recipients who rely on Non-Emergency Medical Transportation struggle to access same day transportation to OMH & OASAS clinics and appointments.

Next Steps

- MAS will present to board members on new processes regarding same day transportation
- Continue communication with MAS on extending new policy to cover other OMH and OASAS program participants

Key Area of Focus #2

- Children's service providers reported lack of available staffing as a predominant barrier in ability to provide services.

Next Steps

- The second round of provider capacity surveys will include questions specific to the workforce barrier identified by CFTSS and HCBS providers.

Southern Tier continued

Key Area of Focus #3

- Many agencies are unable to provide various Peer Support Services due to a lack of available certified peer workforce and/or inability to retain peer staff.

Next Steps

- Continued effort to recruit Southern Tier task force participants to identify regional barriers; will invite discussion on this issue at statewide Peer/Family/Youth Stakeholder meeting in Q1 2021.

Achievements & Upcoming

- MAS same-day transportation presentation at Q1 2021 board meeting 2/10
- Second round of children's capacity survey to include workforce feedback 1/2021

Meetings Held During Quarter 4

- Children and Families Subcommittee – 10/14
- [Southern Tier Board Meeting](#) – 11/4



Tug Hill Seaway



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

Community Co-chair: Vacant

RPC Coordinator: [Beth Solar](#)

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

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

Key Area of Focus #1

- With the forthcoming transformation of adult HCBS, the Health Home/HARP/HCBS (HHH) workgroup continues to focus on ensuring that the current process of connecting individuals to services will remain “status quo” by encouraging referrals to be made and assessments are completed until official CMS approval is granted and OMH shares transition specific details.

Next Steps

- The HHH workgroup has established a monthly coffee hour to provide stakeholders in the region with a virtual platform for ongoing collaboration and support through the transition. The intention of the informally structured meeting is to encourage the sharing of best practices, build workforce peer relationships, and identify community resources.

Tug Hill Seaway continued

Key Area of Focus #2

- Launch of the North Country SUD Bed Finder Pilot Project. This project is a collaborative effort between Tug Hill and the North Country Regions. The webpage has been built and the first round of training for providers has been completed.

Next Steps

- Identify the stakeholders who will be utilizing the SUD Bed Finder tool and provide a training session to ensure they are familiarized with all the nuances of the tool. Once training sessions have concluded, the tool will become “live” and data collection will commence. Conclusion of these trainings are anticipated by February 2021.

Achievements & Upcoming

- North Country SUD Bed Finder Project – Provider/Utilizer training sessions
- North Country SUD Bed Finder Project – Live webpage launch (Projected in Q2)
- Once Monthly Adult Behavioral Health Coffee Hour – January 12, 2021

Meetings Held During Quarter 4

- North Country SUD Bed Finder Pilot Provider Training: 11/3
- Tug Hill HH/HARP/HCBS Workgroup: 12/9
- [Tug Hill BOD 4th Quarter Meeting](#): 12/10



Western NY



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

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

RPC Coordinator: [Tiffany Moore](#)

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

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

Key Area of Focus #1

- Although OTDA previously approved cash assistance interviews telephonically for OASAS providers, a letter was later sent stating each district Department of Social Services (DSS) could define what “personal interviews” meant to their own county.

Next Steps

- In working toward regional uniformity within each county’s DSS, the 820 workgroup is encouraging regional Directors of Community Services (DCSs) to advocate for in-person waiver submissions by DSS Commissioners. Our goal is to use the in-person waiver to allow for telephonic interviews.

Key Area of Focus #2

- Recruitment and retention of mental health and substance use providers continues with barriers impacting delivery of services to those in need. The Workforce Sub-Committee is looking to sustain and retain employees through collaborative partnerships with providers and educational institutions.

Next Steps

- A second-round survey was sent to behavioral healthcare supervisors, investigating workforce issues, to inform a future training collaborative cooperative. Results were on par with the initial survey. A third-round survey will be sent in January focusing on pandemic related workforce issues; whether the same challenges pre-pandemic are holding true.

Western NY continued

Key Area of Focus #3

- Timely access to Children and Family services continue to be a barrier throughout the Western Region. Partnering with regional providers through quantitative data collection, the Child and Family sub-committee is working to streamline service delivery through clarifying who is and who is not providing services.

Next Steps

- A second-round survey was sent to providers and potential referral sources, further elaborating on challenges presented in the initial survey in order to streamline services and capacity.

Achievements & Upcoming

- A second-round survey was sent to Behavioral Health Workforce supervisors to clarify workforce related issues throughout the region.
- The 820 workgroup will continue to work regionally with each county's DSS office on an attempt at uniformity for the definition of "personal interviews."
- Health Home/HARP/HCBS will look towards easing into the new transition of CORE and create a user-friendly provider directory for services in the area.
- A regional Managed Care Organization (MCO) planning meeting will take place at the end of January to allow for fluid communication across the region.

Meetings Held During Quarter 4

- OASAS 820 Residential Re-Design – 10/6
- HHH Work Group – 10/19
- Workforce Work Group – 10/20
- Child and Family Survey Work Group – 10/23
- Child and Family Sub-Committee – 10/26
- HHH Directory Work Group – 10/27
- State Co-Chairs Meeting – 10/29
- Director of Community Service Meeting for 820 – 11/19
- Workforce Work Group – 11/24
- Western Region Board Meeting – 12/2
- Workforce Work Group – 12/8

