



REGIONAL PLANNING CONSORTIUM
North Country Region
2020, 4th Quarter Board Meeting
Go To Meeting
December 18, 2020 – 10:00am - 12:00pm

Please join my meeting from your computer, tablet or smartphone.

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Access Code: 367-317-701

AGENDA

Suzanne thanked JoAnne for accepting the Community Co-Chair role and her commitment to the North Country RPC.

- Call to OrderJoAnne Caswell
JoAnne called the meeting to order at 10:07.

- New board memberJoAnne Caswell
 - Rheta Recore, Regional Psych. Transitional Program Mgr, CVPH

JoAnne introduced new board member, Rheta Recore. Rheta introduced herself and provided a brief background. She has been working in MH for 15 years and is a LMHC.

- Roll call by stakeholder groupsKaren Rappleyea

See enclosed.

- Confirm quorum.....Karen Rappleyea

No quorum as the PFY group is 1 member short. (Note, bylaws had been changed in 2020 to allow for simple majority vote for minute approval as well as electronic voting. Voting of Q3 2020 minutes was approved via Survey Monkey)

- Approve Meeting Minutes from 09/25/20 – Q3 RPC Board MeetingVoting Board

Approval of minutes has been suspended until quorum is reached or will be sent electronically.

- RPC State/Cochairs Meeting – October 29Suzanne Lavigne

Suzanne provided an overview of the state cochairst meeting. The meeting was held virtually via TelSpan. There was a higher attendance due to this format. There was a large focus on telehealth delivery during the main session of the meeting with multiple state partners participating. A panel discussion included multiple RPC co-chairs that are community-based organizations. Next steps will address concerns raised by RPC.

- MCO/VBP breakoutBeth White

Beth White provided an overview of the MCO/VBP breakout. The group shared their experiences with MCOs and access to services. Providers and Co-chairs really wanted to share the amount of services that are not billable to MCOs. The NYC presented on a three year project that secured



funding for direct, detailed technical assistance to a group of providers. They shared lessons learned from this project. One of these is that BH providers feel largely unprepared for VBP. Providers who have been successful in alternative payment models have made a deliberate choice to devote time and resources to the transition. This transition was a part of their formal organizational strategy. Additionally, managed Medicaid contracting was discussed including the transition of adult services from HCBS to CORE with hope that previous lessons learned could influence new process. WNY region shared experience with MCOs within RPC that brought a new level of engagement. Dr. Tildabeth Doscher presented to the WNY board on a hub and spoke model for community opioid treatment. Dr. Doscher proposed that MCOs who agree to fund model, could enter into lucrative and collaborative arrangements with providers. Future of managed Medicaid with RPC as neutral conveners to bring appropriate entities together. RPC asked state to look at own contracting process to influence collaboration.

- **Workforce/Peer breakout**Emily Childress
This cohort presented on a theme of availability, attainability, and sustainability of the behavioral health workforce. There were three issues that were presented to the state partners. First, the group shared on the necessity of an easier process or fast track for individuals wishing to be dually certified as OMH CPS and OASAS CRPA. The state has been convening meetings with all advocate and peer certification boards to compare processes and find opportunities for collaboration. Second, the group reported out on a joint effort in the central NY region in delivering a care management training pilot at Syracuse University. The RPC surveyed participants after the course and found that the majority would recommend the training to coworkers and believe this would be best taught at a community college or SUNY setting. Next steps will include conversations with Dept. of Education and ongoing collaboration with state partners, lead HHs, and care management agencies on implementation and framework. Third, the group discussed the difficulties in financial sustainability of peers in clinic settings. Many barriers were outlined and suggestions were made to model the peer role in clinics after their role in the community. The state clarified some billing and reimbursement questions and the group will continue to explore this option. Additionally, the cohort shared two upcoming issues of barriers to CASAC credentialing and education/training of therapeutic staff.
- **Children & Families breakout**Alyssa Gleason
This cohort decided to focus on the multi-region efforts to survey children’s HCBS and CFTSS providers on capacity. Across the state, regions have reported discrepancies in the state designation list and true capacity. Alyssa reviewed the results provided by the regions that were presented to the state. Trends across the state showed no difference between rural and urban settings. Additionally, a common trend was a relatively high rate of providers who are designated but not providing services. DOH responded with sharing their mapping tool that can be sorted but the information is similar to the designation list. They are also rolling out a HH CM form that is completed by CMs when making a referral to HCBS that will track where issues arise. The MV RPC is piloting a services finder that is updated regularly by providers to provide more up to date information than the designation list. This service finder has been shared with DOH and the state



agency is working with the RPC on this project’s development. Additionally, the group discussed trainings for referral sources on the variety of services available as the survey showed services with openings were often not referred to. A task force has been created to collaborate with the state on training opportunities.

Suzanne opened it up to the group to discuss and ask any questions regarding the cochair’s meeting. Karen shared the C&F committee has been discussing next steps for how to support the state efforts. Richelle and Robin have been discussing the initiatives to be prioritized included ACEs, trauma-informed communities, OPWDD/OMH dual-diagnosed kids, and bed finder.

- North Country/Tug Hill Pilot Project: SUD Bed FinderKaren Rappleyea
Karen introduced the SUD bed finder by noting that it was December 2019 when Beth White first presented on the Bed Finder project. Over the past year, NC has partnered with TH to create the pilot project with collaboration from OASAS and many providers. Noted recognition to NCBHN for tech assistance agency. Karen provided a demo of the bed finder that is live and operating. Bob from NCBHN noted it has been a great project and looks forward to seeing it fully operational. Karen shared that an additional goal is to track and share data. Robin asked how numbers are updated- Karen explained that each provider receives a gmail account that they update a google sheet through. The process takes less than a few minutes total. Beth White noted this is a 24/7 real time resource that is beneficial to the whole community. Beth also thanked Karen and the North Country for taking on the test of being the beta for the replication of this project.

- Children & Families SubcommitteeRichelle Gregory
 - DCS Stakeholder Group – ACEs proposalRichelle provided an overview of the DCS ACEs white paper and proposal. 2 fold:
 - incentives for PCP & childcare agencies to implement ACEs assessment tool to track data regarding childhood trauma, ACEs, and other SDOH factors to create strategic initiatives, funding sources, and projects for NC
 - currently there are pockets of evidence based practices in region but would like to spread further to all provider, ex. Healthy Steps in 2 PCP but would like all, increase preventative work to better future community; training and educationPaper has been submitted to OMH.
Suzanne noted the importance of how services can affect the childhood population.

- NC RPC – Housing InitiativeSuzanne Lavigne
 - Discussion of survey results and 2021



Suzanne provided an overview of this initiative. There was a preliminary workgroup formed at the beginning of the year that reviewed the barriers and challenges for those accessing housing. A document was developed and shared prior to today's meeting that is a three page draft document overviewing the initiative. A critical goal of the initiative is data collection on NC housing. A survey was sent out to housing providers, 25/125 responded. The workgroup will be revisiting this survey in hopes to obtain more responses. Of survey responses received, access to affordable housing is the major concern with multiple situations and aspects attributing to this concern. A number of providers are pursuing housing projects and funding in the region however it is a long process. Future goal is to establish a standing workgroup to develop collaboration with housing providers, increase survey response and appropriate data collection, and identify what housing does exist and where true shortfalls exist.

Mary McLaughlin shared that they are working to put together housing resource materials, specific to each county, for HH care managers and others to utilize through the AHI website. Anticipated completion in spring 2021.

Suzanne asked for a motion to create a standing housing workgroup. Robert York motioned. Andrea Deepe seconded. No comments, all in favor.

- RPC Social Determinants of Health domainKaren Rappleyea
Karen shared during the Q3 meeting the RPC's cohort initiatives. Three presented earlier on breakout sessions held. The fourth is the SDOH cohort. In September, the group began exploring current issues, updates, and state agency initiatives. After many conversations, housing reigned as the top SDOH issue reported. Housing is a very local issue. The cohort has worked with MVP to learn about the housing programs. The group reviewed the Kaiser report: health literacy and the various subcategories with the Social Determinants of Health. Working to develop cohort focus, will likely survey regions, cochairs, etc. Screening tools and trainings will be main focus for statewide SDOH effort.



- MCO Stakeholder Group – Information/updates

Ivette Morales, Fidelis: operate a housing committee where care managers can present to the team on issues a member may be facing, and the team works together to find available resources. Increased member education on HH care management resulting in increased HH enrollment.

Casey Toussaint, MVP: sitting in for Michelle, will have Michelle provide an update after meeting.

Jennifer Earl, UHC: projects in NYC and LI, 12/1 crisis residence benefits implementation, monitoring waivers related to COVID pandemic and budgetary changes.

Carl Rorie Alexandrov, CDPHP: expanded partnership with Valera to do telepsychiatry for children, contracting with aptihealth-child telepsych effective 1/1/21.

- State Partner Updates

OMH, Joe Simko: Adult HCBS to CORE- still waiting for final approval from CMS, working with providers to prepare for rollout, biggest impact will be the removal of the work plan to get connected to services, new process anyone can make referrals, including self-referral, will need to be LPHA recommendation for medical necessity with goal being more people can access. All employment and education services rolled into PSR. Crisis respite moved out of HCBS and into own Medicaid managed care benefit. There are some nuances to get licensed and able to bill for this service but makes the service available to all, not just HARP recipients. Rates have increased with reductions in staffing requirements to increase financial sustainability for providers. Shawn Sabella asked for clarification on crisis stabilization, Joe- while it is still MH crisis there may be medical aspects. Health Equity group that is targeting metrics around SDOH. Building on CIT models to go beyond training to include utilization of crisis services. OMH would like to be a part of conversations with law enforcement and MH crisis service providers.

OASAS, Davia Gaddy: communications went out regarding peer services transition back to standard rate code 1/1 picm@oasas.ny.gov with concerns or questions; COVID vaccines guidance will be forthcoming but stressing importance of provider contact information accuracy as communications on guidance will be emailed out; alumni association hosting 12/31 peer New Year's zoom celebration.

- Open Floor and Announcements.....All

Suzanne opened the floor and asked for any announcements to share with the group.

Karen shared that Kelly Owens provided a list of learning opportunities that Karen will send.

Suzanne noted the 2021 board meeting schedule below.

- Adjourn Meeting

Motion: Mary McLaughlin; Second: JoAnne Caswell



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2021 Board schedule:
Meetings from 10am to 12pm

Friday, February 26
Friday, May 21
Friday, August 27
Friday, November 19

Until further notice, North Country RPC Board meetings as well as subcommittee/workgroup meetings will be virtual using Zoom.



REGIONAL PLANNING CONSORTIUM

North Country Region

2020, 4th Quarter Board Meeting

Go To Meeting

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Stakeholder	Name	Org	Roll Call
CBO	Robin Gay	St. Joseph's Addiction Treatment and Recovery Center	Y
CBO	JoAnne Caswell, CoChair	Families First	Y
CBO	Shawn Sabella	BHSN	Y
CBO	Jennifer Neifeld	820 River Street	Y
CBO	Sally Walrath	Lakeside House	N
CBO	Andrea Deepe, CoChair-HHH	Warren Washington Association for Mental Health, Inc.	Y
H&HS	Christine Venery	St. Regis Mohawk Tribe Health Services	N
H&HS	OPEN/pending	Glens Falls Hospital	-
H&HS	Meredith King	UVM: Elizabethtown Community Hospital	Y
H&HS	Rheta Recore	CVPH	Y
H&HS	Brittany Rozelle	Hudson Headwaters Health Network	Y
H&HS	Mary McLaughlin	AHI Health Home	Y
PYF	Amanda Bulris	NAMI Champlain Valley; Youth/Family	E
PYF	Craig Barney	St. Joseph's Addiction Treatment and Recovery Center; Peer	N
PYF	OPEN/pending		-
PYF	Valerie Ainsworth	MHA Essex; Peer	N
PYF	Robin Nelson, CoChair-C&F	Families First Essex; Parent/Family	Y
PYF	Denis King	Champlain Valley Family Services/MHAB Life Skills; Peer	N
LGU	Suzanne Lavigne, CoChair	Franklin Co	Y
LGU	Richelle Gregory, CoChair-C&F	Clinton Co	Y
LGU	Terri Morse	Essex Co	N
LGU	Bob Kleppang	Hamilton Co	Y
LGU	Rob York	Warren/Washington Co	Y
MCO	Carl Rorie Alexandrov	CDPHP	Y
MCO	Jennifer Earl	United HealthCare	Y
MCO	Casey Toussaint	MVP	Y
MCO	Ivette Morales	Fidelis	Y
Nonvoting:			
Govt	Joe Simko	OMH	Y
Govt	Doug Sitterly	OCFS	N
Govt	Davia Gaddy	OASAS	Y
Govt	Deb Czuback	OASAS	N
Key Partner	Erin Streiff	Clinton County Public Health	N
Key Partner	Rebecca Evansky	North Winds Integrated Health Network	Y
Key Partner	Kelly Owens	Adirondack Health Institute	E
Key Partner	Barry B. Brogan	North Country Behavioral Healthcare Network	Y

Guests: Bob Cawley, Pete Griffiths, Beth White, Emily Childress, Alyssa Gleason