



## FINGER LAKES REGIONAL PLANNING CONSORTIUM

### Board of Directors

#### MINUTES

**November 8, 2019 1pm-4:00pm**  
**St. Bernard's - 120 French Road - Rochester**

- 
- Call to Order & Welcome – George:

George welcomed the group at 1:08 pm

- Confirm Quorum – Beth:

Beth confirmed that there is a voting quorum present for the meeting.

- Introductions (Name, stakeholder group, agency/organization, if any) - Board & Guests:

Board members and guests introduced themselves.

- Approve September Minutes (attached) – George:

Shawn Rosno moved to approve the minutes, and Sally Partner seconded. Motion approved unanimously.

- Finger Lakes RPC Board Elections Update – Beth

- Town Halls in September & October – 37 total Attendees
  - During the townhalls, issues were identified to focus on in 2020. Those identified issues will be discussed during the breakout groups today.
- Most Board member running for reelection - only one contested Board seat
- Reminder – Nomination Acceptance Forms and Organizational Bios due by Monday for Board election Ballot
- First Meeting of 2020 – Vote on RPC CoChair and Key Partners
  - Nomination Forms included in Meeting Materials

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#### Questions?

Contact **Beth White, RPC Coordinator** at [bw@clmhd.org](mailto:bw@clmhd.org) or 518-391-8231  
or **Margaret Morse, RPC CoChair** at [mmorse@co.seneca.ny.us](mailto:mmorse@co.seneca.ny.us)

- Key Partner Recruitment – Possible Key Partners
    - Salvation Army
    - St. Joseph's Neighborhood Center.
    - Monroe County Public Assistance Department
    - Monroe County DSS
    - Partnership for Ontario County
    - Departments of Health
    - Interfaith Social Support Group
    - Criminal Justice System – discussed several possibilities, i.e. Legal Aid, the various MH & Drug Courts, etc.
    - NAMI
  - Nominations for Key partners will be due by January 31<sup>st</sup>. RPC CoChair is also up for re/election. Any CBO, HHSP, MCO, or PFY board member is welcome to nominate themselves. George Roets will be stepping down as DCS CoChair. Margaret Morse will be new DCS CoChair.
  
- Albany CoChairs Meeting – October 4 – George:

George and Beth debriefed the group on the October Co Chairs meeting. All RPC board CoChairs and Coordinators attended, plus State Offices (i.e. OMH, OASAS, DOH, OCFS). Below are some topics discussed.

- There were updates around transportation and open access clinics. Some RPC regions are coordinating with MAS to develop a committee to further discuss the transportation issues and define what “urgent” means.
- Transportation to pharmacies was also discussed. So far there have been no movement past the discussion, so the issue was closed. Mohawk Valley is currently looking into other ways to compensate for the delay in transportation to pharmacies (i.e. by mail).
- PA Scope of Practice in Article 31 clinics: This issue was initially presented in 2018. The lack of prescribers in the State remains a serious challenge. Several meetings have been held with OMH medical officers and staff. The topic is being worked on slowly. OMH is open to suggestions but remains unwilling to eliminate the waiver requirement outright. OMH is looking at a “phased” approach; what needs to change now vs later. The OMH commissioner is interested in this topic and there’s clear engagement by OMH but no timeline for when any substantive changes may occur.
  - Treatment plans were mentioned in this topic also. How often psychiatrists are required to review and sign treatment plans. Could

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- other medical professionals review treatment plans to free up psychiatrists for more clinical practice. There is a lot of willingness from OMH to explore this. The discussion is not limited to only clinic programs.
- 820 Residential Issues: Was presented by the WNY region.
    - Changing of MA from State to County – Lapse in Coverage: OTDA has been engaged by OASAS on this topic. Counties are not required to handle cases this way. Possible confusion; working to correct that.
    - Video Interview for Public Assistance Benefits: Erie County pilot. Cuts down on time for client (From 3-4 hours to 45 minutes)
    - Requirement of 3<sup>rd</sup> Party Assessor for Level of Care Determination: This is not necessary and a waste of resources. OASAS has agree to pursue remedy.
  - Regional initiative updates:
    - CNY/WNY discussed workforce, specifically around care management and counselors.
    - Long Island discussed the Peer workforce.
    - Finger Lakes presented the SUD Bed Finder.
    - NYC gave an update on Value Based Payments. In conjunction with the RPCs, NYC has secured funding to assist providers with VBP. Interest in finding out if there a hospital system helping with that.
  - Children & Families Subcommittee Report – Nicole: Nicole gave an update on the committee. Only one meeting this quarter in September. 35 people attended. CFTSS referral form discussed. Information was provided from the OMH roundtable meetings. Regional C-YES meetings will be held; updates coming soon. Transition timeline was reviewed. Issues identified:
    - CFTSS referral form: What is actually required? Needs to be standardized
    - Staffing & Supervisor qualifications: High waitlists due to lack of staff. Off hours staff is a challenge. Turnover is increasing.
    - Losing HCBS services due to ineligibility: Families are defaulting to CTFSS services as a result.
    - Upcoming: Reviewing the new SPOA process, systems of care, and children services networking events.

Agencies in the area are de-designating from providing children services. It's becoming an issue. OMH and OCFS are very aware and looking to help. Is more education needed? Or is it a capacity issue? Does this include IDD providers?-There are not enough providers who can serve dually diagnosed clients.

- Quarterly Event Report – Beth: Beth reviewed the outcome of the below events

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- September 17 – Presentation of Peer Services to HH Care Managers – 50 Attendees: 7 Peer providers presented their services to the care managers to help them better understand their services. Presentation included powerful testimony from peers regarding the value of these services. Positive feedback from the attendees on the value of the event.
- Workgroups - Year in Review – Beth: Beth reported out on the workgroups below. Each of these workgroups will meet again before the end of the year to discuss if the group will continue into 2020.
  - Clinical Integration: Presentations by numerous providers and systems regarding their clinical integration efforts. May 2019 day long Symposium presented at St. John Fisher College supporting behavioral health providers sharing needed information with other system providers. Understanding why it is important and how to have confidence in doing it.
  - Education re Role of Peers: Collaboration with NYC, the group has been able to match resources available to help organizations. Outreach has been made to employers of Peers to utilize the available resources. Response has not been good, but one provider is looking to move forward with the tools. That provider will provide feedback to the group on how helpful it was. Is the OASAS toolkit mandated?-More to come on that.
  - SUD Bed Coordination: See updates below.
    - Finger Lakes SUD Bed Finder Demo – Pilot Extension
      - Rochester Regional Meeting
      - Expansion to Another Region – North Country Presentation – Dec 20
      - Addition of 819 Beds
- Focus for 2020 – Issue Identification Breakout Groups: Beth provided groups with the list of issues that had been identified in the two recent Stakeholder Town Hall meetings. Groups will break into three groups for the next 35 minutes and were instructed to identify what might be done regionally to address these issues and to rank them according to the best combination of "most critical" and "highest potential for regional solutions."
- Report Out from Break Out Groups:
  - Group 3: George was scribe/reported out. **Issue two**: The value of Peer services. Utilizing the “HHUNY” method-having Peers be on call, rather than paid staff. Have peers be supervised by another peer. Develop a workgroup on how Peers can be involved in treatment planning. **Issue six**: Importance of family choice. Providers educate families on having choice. **Issue four**: Providers need to invest in their workforce. Utilize

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learning institutions and provide lower rate trainings. Encourage workforce to continue with education and trainings. There are resources in the region for more centralized trainings. **Issue five/three:** Request that DOH change the policies for supervision qualifications. HCBS assessment, if changes, could cause other hold ups within the process. MCOs noted that RCAs use the same assessment tool that Health Homes would use. HCBS assessment is the same across the board versus the comprehensive assessment which varies. **Issue eight:** Team based approach to provide quality care. Signing the treatment plan doesn't lined up with the "quality care" value to physicians. **Issue one:** Not as much of a priority. **Issue seven:** This is a non-issue. There is a waiver for Suboxone. It is not a required to have an in-person visit, specifically for Suboxone.

- **Group 2:** Margaret was scribe/reported out. Workforce is the main issue over all the issues. All the other issues fall under the umbrella of workforce. There is need to loosen up regulations to allow the workforce to grow. It's outdated. Regionally, advocacy would help for regulatory changes. Make better connections with the universities. The group discussed that both Adult and Child HCBS are in "trouble" and need to be corrected before the State loses the workforce momentum. The group also noted that the issues be expanded to determine whether they are viable for regional action.
- **Group 1:** Jennifer reported out/Ellen was scribe. Similar discussions to the other groups. **Issue one is highest rank:** expanding to include pharmacies in the issue, as well as, "opioid enhancers." Lack of trainings on opioids overall. Providers need to think outside of the box on how clients will get opioids. Suggest outreach to dentists and veterinarians who are high volume prescribers of opioids but who do not necessarily see the impact of abuse and how their prescribing patterns might contribute to the epidemic. Guidelines for opioid treatment in general is needed. **Issue two:** could be both regionally and statewide impactful. OMH Field staff aware of this issue. Collect data around this issue to bring to the co-chairs meeting. Utilizing NYAPRS for this issue. Common Ground working with Ontario and Yates counties around this, collecting data. **Issue three:** Issue was skipped. **Issue four:** adding peers to services. Similar thoughts to other groups. Utilizing "merging" models. **Issue five/Issue six (ranked 3<sup>rd</sup> and 4<sup>th</sup>):** Needs further development to elevate to co-chairs. Underfunded. **Issue seven:** Being addressed. **Issue eight:** Being addressed.

Beth will collect notes and consolidate rankings to focus continued discussions and possibly develop new workgroup around top issues.

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- **2020 RPC Board Meeting Dates**– Beth-
  - Preliminary Dates are Identified – Polling Invites will go out in coming week
- Wrap Up & Adjournment – George

Hearing no objection, George adjourned the meeting at 4:02 pm.

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## FINGER LAKES REGIONAL PLANNING CONSORTIUM

### Board of Directors

#### AGENDA

**November 8, 2019 1pm-4:00pm**  
**St. Bernard's - 120 French Road - Rochester**

- 
- Call to Order & Welcome – George
  - Confirm Quorum – Beth
  
  - Introductions (Name, stakeholder group, agency/organization, if any) - Board & Guests
  
  - Approve September Minutes (attached) – George
  
  - Finger Lakes RPC Board Elections Update – Beth
    - Town Halls – 37 total Attendees
    - Only One Contested Seat
    - Reminder – Nomination Acceptance Forms and Organizational Bios due by Monday
    - First Meeting of 2020 – Vote on RPC CoChair and Key Partners
      - Nomination Forms included in Meeting Materials
      - Key Partner Recruitment – Possible Key Partners

Salvation Army

St. Joseph's Neighborhood Center.

Monroe County Public Assistance Department

Monroe County DSS

Partnership for Ontario County

Departments of Health

Interfaith Social Support Group

Criminal Justice System – discussed several possibilities, i.e. Legal Aid, the various MH & Drug Courts, etc.

NAMI

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#### Questions?

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## Finger Lakes RPC Board – November 8, 2019 Agenda

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- Albany CoChairs Meeting – October 4 - George
  - PA Scope of Practice in Article 31 clinics
  - 820 Residential Issues
    - Changing of MA from State to County – Lapse in Coverage
    - Video Interview for Public Assistance Benefits
    - Requirement of 3<sup>rd</sup> Party Assessor for Level of Care Determination
  
- Children & Families Subcommittee Report – Nicole
  
  
- Quarterly Event Report – Beth
  - September 17 – Presentation of Peer Services to HH Care Managers – 50 Attendees
  
- Workgroups - Year in Review - Beth
  - Clinical Integration
  - Education re Role of Peers
  - SUD Bed Coordination
    - Finger Lakes SUD Bed Finder Demo – Pilot Extension
      - Rochester Regional Meeting
      - Expansion to Another Region – North Country Pres – Dec 20
      - Addition of 819 Beds
  
- Break
  
- Focus for 2020 – Issue Identification Breakout Groups
  
- **2020 RPC Board Meeting Dates**– Beth  

Preliminary Dates are Identified – Polling Invites will go out in coming week
  
- Wrap Up & Adjournment - George

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## **FINGER LAKES REGIONAL PLANNING CONSORTIUM**

### **Board of Directors**

#### **MINUTES**

***September 20, 2019 1pm-2:15pm***

***Town Hall Meeting 2:30-4:00pm***

***Radisson Hotel Rochester Airport - 175 Jefferson Road - Rochester***

- 
- Call to Order & Welcome – George called the meeting to order at 1:06pm.
  - Confirm Quorum – Beth confirmed a voting quorum present
  
  - Welcome New Board Members - George
    - George Nasra, University of Rochester Medical Center
    - Mandy Teeter, Rochester Regional Health
    - Angela Vidile, MVP Health Plan
  
  - Introductions (Name, stakeholder group, agency/organization, if any) - Board & Guests
  
  - Approve June Minutes (attached) – George - Melissa Wendland moved, Margaret more seconded and motion passed unanimously.
  
  - Finger Lakes RPC Board Elections Update – Beth
    - Town Hall Dates – requesting all Board members to attend at least one
      - September 20 – this afternoon – 2:30 – 4pm
      - October 17 – 1-2:30pm - Geneva
- Beth reviewed the process for upcoming Board elections.
- Albany CoChairs Meeting – October 4
    - PA Scope of Practice in Article 31 ClinicsGeorge reported that some progress appears to be being made on this topic in that discussions are ongoing and the right people have been brought into the

### **Finger Lakes RPC Board – September 20, 2019 Minutes**

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#### **Questions?**

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conversation. This will once again be presented at the Albany CoChairs meeting with senior OMH leadership.

- 820 Residential Issues
  - Changing of MA from State to County – Lapse in Coverage
  - Video Interview for Public Assistance Benefits
  - Requirement of 3<sup>rd</sup> Party Assessor for Level of Care Determination

Beth reported that the Western region RPC has engaged local OTDA regarding challenges 820 residents and providers face with the enrollment in managed Medicaid when admitted to the 820 setting. There are opportunities to make this process more efficient and to reduce the resulting unbillable status that has plagued providers. This will be the major issue presented at the upcoming Albany meeting.

- Finger Lakes SUD Bed Finder Demo – Went live July 16!
  - See Analytics Dashboard for Activity (attached)
  - Questions for End of Pilot (approx. end of October 2019)
    - How to be supported – both hosting and management
    - Make Available to Clients and Public – Ramifications
    - Expansion to other Regions
    - Will be Presented at State CoChairs Meeting

Beth reported that the Bed Finder has been a huge success. All eligible Finger Lakes providers except for the two State operated ATC's are participating and they are updating the bed availability information multiple times per day. Beth shared data that showed over 600 views by over 200 unique users since the site went up July 16. The data also confirmed that this is a resource for people on the weekends and during the evenings and into the night.

The pilot was initially planned to be done in October at which time several important aspects would be addressed:

Will site be continued?

Who will support site going forward, both for IT hosting and management?

## **Finger Lakes RPC Board – September 20, 2019 Minutes**

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### **Questions?**

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Should site be made available to public?  
How/will site be extended to other regions/bed types?

See attached notes of Board's extended discussion/questions

Consensus reached that pilot should be extended. Beth will:

- Meet with RRH to determine their interest/willingness to continue to host the site through an extension of the pilot.
- Pursue sharing of the site with one or two other regions to determine viability of others using it successfully.
- Explore adding 819 Community Residence beds to Finger Lakes site's listings.

- Key Partner Recruitment – Breakout Groups
  - We have 3-4 Board Seats Available
  - Peer/Family & Youth Advocate Stakeholder group identified possible KP's
    - Salvation Army
    - St. Joseph's Neighborhood Center.
    - Monroe County Public Assistance Department
    - Partnership for Ontario County
    - Departments of Health
    - Interfaith Social Support Group
    - Criminal Justice System – discussed several possibilities, i.e. Legal Aid, the various MH & Drug Courts, etc.
  - Volunteers to Contact and Recruit Key Partner Nominees

Due to the time devoted to the previous item's discussion, breakout groups were not convened. Beth reported to group that there are openings on the Board for Key Partners and invited members to recruit suitable candidates for these seats.

In addition to the possibilities listed above that have been suggested by the Peer/Family and Youth Advocate stakeholder group, members suggested Monroe County LDSS and NAMI.

## Finger Lakes RPC Board – September 20, 2019 Minutes

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### Questions?

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- **Next Board Meeting** – Beth

TBD in November

Beth will send poll out for December meeting to be rescheduled to November

- **Wrap Up & Adjournment**

Deb Salgueiro moved and Ellen Hey seconded to adjourn at 2:15pm. No objection.

## **Finger Lakes RPC Board Discussion re Bed Finder Pilot – Sept 20,2019**

### **Next Steps**

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#### **Questions?**

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Finger Lakes Region SUD Bed Finder Demo – Went live in July 16!

Who should run the program after the pilot period?

- 1) How many treatment providers are included? A: At this time all regional detox, rehab, 820 stabilization and rehabilitation providers. This does not include ATC providers.
- 2) Intake providers are responsible for updating the associated google docs on a regular basis to provide real time accurate info.
- 3) What are the boundaries that make this bed finder “most efficient”?
- 4) Will this replace the OASAS statewide directory? Because if so, this may have a significant impact on who would manage the maintenance of the bed finder.
- 5) Feedback, thus far, intake coordinators report that the bed finder is saving them time and find it very easy to use
- 6) Does this give us the opportunity to keep the clients local? Can we get data for this?
- 7) Goals are to increase bed utilization and decrease over referring
- 8) Regionally, research has shown that there is better success when client’s remain in their “natural” environment, so there is benefits to keep clients local
- 9) Needs to be client directed, so if they do not want to stay local they still need to have other options  
  
BW: Add statement and link to OASAS site and any other regions' BF's
- 10) Please add 819 providers prior to completion of pilot – A: Pilot will be closing in October so that may not be feasible, however, can consider extending pilot program
- 11) Extension of pilot to allow for the inclusion of 819 beds
- 12) We need to discuss what a “region” is: is it defined by OASAS terms or RPC terms
- 13) Can we pilot in another region to find out if it is worthwhile/sustainable in another region?
- 14) What specific data are we capturing?
- 15) We need to be mindful that there is a significant cost to providers in the admission screening process
- 16) Open beds noted, but when calling to inquire about the openings, callers are being told that there are actually no openings in that facility. (Offline conversation requested to determine if this is an isolated location)
- 17) Qualitative data? Once the bed is identified, how long is the actual process to get a client admitted to said bed.
- 18) Rochester Regional reported that they are specifically focusing on collecting the qualitative data discussed above.

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- 19) Links are available on the bedfinder – If you click on the organization’s name it is actually their link. Should we have a link that provides direct linkage to the list of insurances that specific organization accepts/pars with?
- 20) Where should this (bedfinder) live? Who should maintain it? Is it possible to stay where it currently is? Should we consider the extension before making any further decisions?
- 21) IF there is an extension into other regions, what would the multi-region communication look like? Are multiple regions able to share the data and communication through one program?
- Other suggestions: Consider adding the 819 providers, and other level of care providers.

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## ***Where To Next?***

Extend Pilot?

819 Beds

Other Regions

Regions with Opiate Courts

Regions with Open Access Programs

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# KEY PARTNERS

## NOMINATION to BOARD OF DIRECTORS

### REGIONAL PLANNING CONSORTIUM

#### NOMINATING INSTRUCTIONS:

- *Key Partners are organizations that do not deliver Medicaid billable services, but who relate to the behavioral health service system and/or consumers; and/or have subject matter expertise related to the behavioral health system.*
- *Key Partners are non-voting members.*
- *You may use this form to nominate yourself or your own organization, another organization or person, or both.*

**Person Completing this Nomination Form**    RPC Region: \_\_\_\_\_

Name: \_\_\_\_\_ Your Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby nominate \_\_\_\_\_ My Self or Organization: \_\_\_\_\_

\_\_\_\_\_ Another Person or Organization: \_\_\_\_\_

*Please check at least one category below for each person or organization you are nominating.*

**CATEGORY FOR MY SELF or ORGANIZATION**  
(if nominated on this form)

\_\_\_\_\_ **PHIP**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **PPS**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **LDSS/LHD**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **Tier 1 CBO**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **OTHER**  
Contact Name \_\_\_\_\_

**CATEGORY FOR ANOTHER PERSON or ORGANIZATION**  
(if nominated on this form)

\_\_\_\_\_ **PHIP**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **PPS**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **LDSS/LHD**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **Tier 1 CBO**  
Contact Name \_\_\_\_\_

\_\_\_\_\_ **OTHER**  
Contact Name \_\_\_\_\_

- *Return completed Nomination form to Beth White, RPC Coordinator, at [bw@clmhd.org](mailto:bw@clmhd.org) by January 30, 2020.*



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**Finger Lakes Regional Planning Consortium**

**RPC BOARD COCHAIR NOMINATION FORM**

If you are interested in being considered as a CoChair for the Finger Lakes RPC Board, please complete the information below and return this form to: **Beth White, RPC Coordinator**, at [bw@clmhd.org](mailto:bw@clmhd.org).

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**Name:** \_\_\_\_\_ **Title (If applicable):** \_\_\_\_\_

**Your Organization (If applicable):** \_\_\_\_\_

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**Duties of the CoChair:**

With DCS CoChair and RPC Coordinator,

- Create Board meeting agendas
- Lead/Manage Board meetings
- Plan immediate and long-term work of the Board
- Serve as point of contact for Board members
- Represent RPC Board in community and at occasional events, meetings
- Attend twice yearly Albany CoChairs meeting with partner State agencies
- Attend twice yearly statewide CoChairs strategy session – location varies
- Attend biweekly RPC CoChairs conference call from 8:30-9:30am every other Thursday

**REQUIRED: Bio for CoChair Ballot – IN WORD DOCUMENT**

1. Please submit a brief description of why you would like to serve as RPC Board CoChair and whether you have any previous experience chairing a Board or Committee. This information will be added to the organizational bio information that we have already used for the Board election ballot.
2. For MCO nominees, in addition to the information described above, please submit an organizational bio of no more than 150 words.

**Thank you!**

**Bethanne White, MPA**  
RPC Coordinator

**Finger Lakes Regional Planning Consortium**  
(518) 391-8231  
[bw@clmhd.org](mailto:bw@clmhd.org)



**Regional Planning Consortiums  
State Co Chair Meeting – October 4, 2019  
Highlights for GAR – do not circulate**

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**Updates on Issues presented at 11/30/18 Chairs Meeting**

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**Medicaid Transportation**

***Definition of Urgent for purposes of same day behavioral health transportation services - Open Access/Same Day Transportation – Southern Tier***

Emily Childress summarized the issue:

- Open Access hours have been established in many Mental Health & Substance Use Disorder (SUD) Clinics to allow same-day appointments, address crises, and reduce wait times.
- Medicaid recipients who rely on Medicaid Non-Emergency Medical Transportation (NEMT) struggle to access these clinics and appointments on the same day.

Since the last meeting, a Task Force has been created to develop the behavioral health specific definition of "urgent" to be used in authorizing same day transportation.

Three Regional MAS Events have taken place to educate providers about same day transportation policies and procedures, with another scheduled for later this month. These have been very well received.

Emily shared experiences other States have had making same day transportation more efficiently accessible to behavioral health clients.

Next Steps: Task Force will establish behavioral health definition of "urgent" for use in same day transportation processes.

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***MA Transportation - Pharmacy Prescription pick up - Mohawk Valley***

Issue has been closed as the result of no apparent solution being available to address this challenge. The region will be pursuing the possibility of using mail order delivery of prescriptions to address the issue.

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***Physician Assistants and Article 31 Clinics – Finger Lakes Region***

# **Regional Planning Consortiums**

## **State Co Chair Meeting – October 4, 2019**

### **Highlights for GAR – do not circulate**

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George Roets reviewed the initial issue that PA's in Article 28 primary care settings or FQHC's can diagnose a behavioral health condition and prescribe medication but cannot do so in an Article 31 mental health clinic.

#### ***Update***

Beth White reported that, since the initial presentation:

- Meeting was held with local Directors of Community Services who operate Article 31 Clinics.
- Not all Article 31 patients are SMI. Estimates of non-SMI population are 25-33%. Particularly in rural areas where the Article 31 clinic may be the only MH resource in a community, they may see patients with fairly straightforward presentations of depression or anxiety.
- DCS's emphasized that Physician Assistants practice under the license of the supervising physician. It is this physician's responsibility to ensure that the PA's scope of practice is identified and appropriate to the PA's skill, education and training as defined by NYS.
- Meeting was held Aug 16 with OMH Medical Director, Dr. Flavio Casoy, and staff. The issue was reviewed, and several key aspects were discussed. With graduated PA responsibilities determined by the supervising physician, new PA's could begin by renewing prescriptions for stable patients assessing and prescribe for non-SMI Patients. These two functions alone would free up considerable psychiatrist time for more complex presentations.

Mr. Roets discussed how, in the face of extreme shortages of prescribers:

- PAs are untapped, underutilized resource.
- The NCBH Medical Director Institute recognizes PAs as key to expanding psychiatric care.

Sue Matt shared that the value of having this level of medical practitioner in an Article 31 clinic, as many of the patients are not well established with primary care providers.

- Deaths in SMI population are not related to mental health but related to physical health.
- There is a dire need for primary care; this could provide opportunity for them to get it.
- We are missing an opportunity to develop a workforce here.
- When Nurse Practitioners started Mental Health was not a specialty – it evolved.

## **Regional Planning Consortiums State Co Chair Meeting – October 4, 2019 Highlights for GAR – do not circulate**

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Ms. White acknowledged OMH's awareness and concern about the prescriber shortage as evidenced by their current discussions regarding the current requirement that psychiatrists sign off on treatment plans every three months, even when no medication is part of the services being delivered. She encouraged OMH to remove the current barriers to PA scope of practice as an important means to utilizing psychiatrists at their highest and best use.

Moira Tashjian, OMH, clarified that the current requirements regarding PA practice reside in regulation, not just in the guidance. She indicated that OMH is in the process of reviewing these regulations and is considering the psychiatrist shortage in their discussions.

Steve Helfand from the NYC RPC spoke in support of the request to allow PA's to prescribe in Article 31 clinics without a waiver:

- Not just access issue, but also sustainability issue
- This has been largely political – who has had stronger lobby

Mark O'Brien spoke in support of the PA issue and also about the need to revise the three month treatment plan review by psychiatrists as it does not add value to the client's treatment and wastes precious prescriber resources.

- Child psychiatrists especially difficult to find
- Needing psychiatrists for treatment plan revisions – the reality is this is a rubber stamp
- We are taking psychiatrist time away from really seeing patients to just sign plans
- Treatment plans don't really change that much or that fast to warrant every five weeks
- No evidence based clinical value add to having psychiatrist do this
- Clinics losing a ton of money because of it, because can't bill without tx plan signature
- Push back 3 months to 6 months? Then looking at reasonable length of time
- And/or- why psychiatrist if no medication? Not looking at rest of record anyway

### ***Next Steps***

Moira reported that Tom Smith, Chief Medical Officer for OMH, is meeting with the Commissioner to discuss this request. The Finger Lakes region will be meeting with Dr. Smith for further discussions after that meeting has taken place.

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**Regional Planning Consortiums  
State Co Chair Meeting – October 4, 2019  
Highlights for GAR – do not circulate**

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**820 Residential Redesign - Issue Presentation**

***Interruption of client's MMC status (from State MA to County MA) upon admission to 820 Stabilization or Rehab program***

- This is having an impact with managed Medicaid clients upon admission to 820 beds. When admitted, if the client was enrolled in managed care through the State exchange, their managed care case is closed and then reopened as a County enrolled managed Medicaid case. They are initially enrolled in fee for service Medicaid then transitioned into county MMC – this is the problem as FFS Medicaid does not cover 820 services. This results in a coverage gap that prevents the provider from being able to bill managed care for the stabilization and rehabilitation elements of care during the period of time it takes to reopen the case, sometimes amounting to as much as 45 days of non-reimbursed care.
- This has contributed to the financial challenges experienced by 820 providers. Pat Lincourt reported that, though some 820 providers had projected deficits, they have all been resolved. All 820's now reported to be breaking even or seeing surpluses.

***Review OTDA requirement for 3<sup>rd</sup> party assessment when client is referred to higher level of care***

- Margaret Varga discussed the difficulties of clients who have just been admitted to 820's having to have a third party assessment to justify their placement even though they have already had a LOCADTR determine the placement in that level of care.
- Pat indicated that this requirement may actually derive from State law, but they are really committed to pursuing this issue.

***Request for support to expand counties' capacity to use video interviews for Public Assistance eligibility when admitted to 820 stabilization programs***

- Erie County currently has a pilot project under way. Under the traditional process, it can take 4-7 hours for the interviews at DSS but using video technology at the 820 sites with 820 staff in attendance, it can be completed in under an hour. Clients report feeling more comfortable being supported by the 820 staff during this process.
- Margaret confirmed that the ZOOM and SKYPE interviews being used in the pilot project are compliant with current NYS telemedicine regulations.

**Regional Planning Consortiums**  
**State Co Chair Meeting – October 4, 2019**  
**Highlights for GAR – do not circulate**

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- Pat Lincourt noted that utilizing this process requires a waiver, but Erie County has applied for it and any other interested Counties may as well.
  - Pat Lincourt confirmed that OASAS will be addressing all three of the above issues with OTDA.
- 

**Regional Initiatives Reports**

**Central NY: Regional Collaborative Focus on Work Force: Front Line Staff**

*Multi Regional Workgroup Requests:*

- 1- *Expanding educational requirements for those able to complete the HARP assessment within Health Homes to include Bachelor degree with appropriate experience – not just Masters level*
- 2- *Request that the State clarify the guidelines that individuals with a CASAC are not able to conduct a HARP or OLP assessment when provided under an OASAS licensed program*
- 3- *Wish list development of Care Manager Training Institute that would include provide a certificate that would be recognized statewide.*

*Establish a set of competency skills. A community training program to decrease the burden on agencies. If there was a foundation training across the state to decrease burden on agency and also create a network.*

*Internal conversations on CM career path- where it begins and where/how to support that. How do we build that from the entry level CM position.*

- **Note:** *DSRIP 2.0 opportunity to leverage our collective thoughts and address this area through the DSRIP funding.*

**State Response** - *State is very active in this area and interested in hearing suggestions.*

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# Regional Planning Consortiums

## State Co Chair Meeting – October 4, 2019

### Highlights for GAR – do not circulate

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#### ***Regional Solutions to NYS Peer Workforce Issues – Long Island Region***

Melissa Wettengel presented on the three approaches being taken by their RPC Lived Experience Workforce Group to "*Work collaboratively toward a robust, supported, and effective lived experience workforce on Long Island.*"

She reviewed their three initiatives:

- Initiative A: Toolkit Pilot
- Initiative B: Supervision Learning Collaborative
- Initiative C: Professional Community of Practice (CoP)

**Pat L (OASAS)**- OASAS has created a Readiness Survey for providers around the Peer workforce.

**Jeremy D (OMH)**- OMH recently included "those with lived experience" in their mission statement. Looking to integrate those with lived experience more into the State

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***Presentation of Finger Lakes SUD Bed Finder*** – we know all about this!

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#### **NYC RPC Presentation at State Co-Chairs Meeting**

NYC RPC – In Preparation for VBP

- RPC has procured funding and is assisting BH providers in VBP readiness by providing assessments and trainings for various organizations, including short term tech assistance

# Finger Lakes Regional Planning Consortium

## Children & Families Subcommittee - Quarterly Summary

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### C&F Subcommittee met once this Quarter

Sept 6 – 35 Attendees

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### Subcommittee Summary of Activities

Provided information regarding CFTSS Sustainability training/consultation

Discussed Common CFTSS Referral Form – Monroe County provider group working on this,

Provided Info re Children's Health and Behavioral Health Managed Care Roundtable meetings

Shared update from State that regional C-YES meetings will be held – no specifics yet

Distributed Info re new PAR process for OLP & CPST providers

Reviewed Transition timeline

Discussed HCBS referral process and provided info re recent HCBS POC training

Ongoing Identification of Issues Occurring with Transition

Deferred discussion of Unbillable Services/Activities to next meeting

### Issues Identified by Providers, Families and Community Partners

Ongoing Issue: Re common CFTSS referral form, consensus is that it would be desirable. Some providers requiring more information agreed that they can get that as part of Intake process. Robust discussion regarding the need to have families easily access care initially and not be delayed by information gathering.

***Action: Monroe County will share results of group working on the common form, using the Capital region RPC's as a starting point.***

Ongoing Issue: Staffing and supervisor qualifications remain the biggest issue across the board

Not enough staff is resulting in waitlists for service

Off hours coverage particularly challenging

Extremely difficult to find licensed clinical staff required for supervision

Turnover is an issue as well – parents reporting interruption in care and resulting decreased knowledge about services. SPOA reported that they can be "next step" resource in these cases

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# Finger Lakes Regional Planning Consortium

## Children & Families Subcommittee - Quarterly Summary

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Inadequate network for HCBS services for children with MH/IDD

***Action: Will share this feedback with State Partners and the RPC's Statewide Workforce Taskforce. This is described as being such a significant situation that group continues to advise not doing formal outreach to increase awareness of new services until system has stabilized. Virtually all providers on wait lists for taking new children into services.***

New Issue: Some families report "losing" HCBS services due to no longer being eligible. Jean reported that there have been some instances where new CM's are defaulting to similar CFTSS services instead of HCBS services because the CFTSS services are easier to refer to, i.e. PSR vs. Community Habilitation.

***Action: RPC Coordinator will discuss issue with key stakeholders and explore need for additional education/training in his area***

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### For Next Meeting

Review new SPOA Process

Unbillable Services/Activities

State reinvigorating Systems of Care – overlap?

Children's Services Networking Events?



# Finger Lakes Regional Planning Consortium – November 8, 2019

## Focus for 2020 - Issue identification Breakout Group

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Today's group will review the issues identified as high priority in the recent Town Halls. You have two tasks today:

- Identify what we might be able to do regionally to address each of these issues
  - Prioritize the issues according to the best combination of "most critical" and "highest potential ability to be addressed regionally"
- 

### 1. Introductions

### 2. Identify Scribe, Reporter

### 3. Issues Identified at Town Halls:

- Need Best Practice Prescribing Practices for Opioids for medical practices, including dentists and veterinarians
- Peer services need to be reimbursable across all payors and billable in mental health programs beyond HCBS services
- HCBS assessment process still too long and cumbersome
- Workforce investments to reduce turnover and shortages
- Supervisor qualifications for children's HCBS and CFTSS too stringent – not attainable/sustainable
- Family choice of providers is not functionally occurring for children's HCBS and CFTSS services
- Regulatory requirement that prohibits initiation of Suboxone without in person visit (cannot utilize telemedicine for this)
- Psychiatrists should not have to review and sign all treatment plans, and not as frequently as every 3 months (Note: this was discussed at the Albany CoChairs meeting and is already being considered by OMH in their current review of the Part 599 regs)

## Focus for 2020 – Worksheet for Two Tasks

WHAT CAN WE DO REGIONALLY? *and*

**RANK ISSUES: 1 through 8**

1 being most critical with highest potential for regional solutions

8 being least critical and/or low likelihood of being addressed regionally

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**ISSUE #1:** Need Best Practice Prescribing Practices for Opioids for medical practices, including dentists and vets

*What Can We Do Regionally?*

**This Issue's Ranking:** \_\_\_\_\_

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**Issue #2:** Peer services need to be reimbursable across all payors and billable in mental health programs beyond HCBS services

*What Can We Do Regionally?*

**This Issue's Ranking:** \_\_\_\_\_

**Issue #3:** HCBS assessment process still too long and cumbersome

***What Can We Do Regionally?***

**This Issue's Ranking:** \_\_\_\_\_

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**Issue #4:** Workforce investments to reduce turnover and shortages

***What Can We Do Regionally?***

**This Issue's Ranking:** \_\_\_\_\_

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**Issue #5:** Supervisor qualifications for children's HCBS and CFTSS too stringent – not attainable/sustainable

***What Can We Do Regionally?***

**This Issue's Ranking:** \_\_\_\_\_

**Issue #6:** Family choice of providers is not functionally occurring for children's HCBS and CFTSS services

***What Can We Do Regionally?***

**This Issue's Ranking:** \_\_\_\_\_

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**Issue #7:** Regulatory requirement that prohibits initiation of Suboxone without in person visit (cannot utilize telemedicine for this)

***What Can We Do Regionally?***

**This Issue's Ranking:** \_\_\_\_\_

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**Issue #8:** Psychiatrists should not have to review and sign all treatment plans, and not as frequently as every 3 months (Note: this was discussed at the Albany CoChairs meeting and is already being considered by OMH in their current review of the Part 599 regs)

***What Can We Do Regionally?***

**This Issue's Ranking:** \_\_\_\_\_

FINGER LAKES REGIONAL PLANNING CONSORTIUM - BOARD OF DIRECTORS MEETING  
 BOARD MEMBERS SIGN IN - NOVEMBER 8, 2019

20 Bod  
 2 mo. r.  
 3 guests  
 25


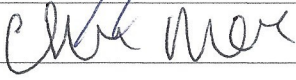

Group	Name	Sign In	Group	Name	Sign In
LGU	George Roets	<i>[Signature]</i>	MCO	Colleen Klintworth	<i>[Signature]</i>
LGU	James Haitz	<i>[Signature]</i>	MCO	Angela Vidile	<i>[Signature]</i>
LGU	Shawn Rosno	<i>[Signature]</i>	MCO	Kim Hess	<i>[Signature]</i>
LGU	Hank Chapman	<i>[Signature]</i>	MCO	Jennifer Earl	<i>[Signature]</i>
LGU	Margaret Morse	<i>[Signature]</i>	MCO	Andrea Hurley-Lynch	<i>[Signature]</i>
LGU	Kelly Wilmot	<i>[Signature]</i>	MCO	Ivette Morales	<i>[Signature]</i>
CBO	Sally Partner	<i>[Signature]</i>	EX OFFICIO	Christina Smith	<i>[Signature]</i>
CBO	Jennifer Carlson	<i>[Signature]</i>	EX OFFICIO	Christopher Marcello	<i>[Signature]</i>
CBO	Nicole Speight	<i>[Signature]</i>	EX OFFICIO	Colleen Mance	<i>[Signature]</i>
CBO	Val Way	<i>[Signature]</i>	EX OFFICIO	Dana Brown	
CBO	Jeannine Struble	<i>[Signature]</i>	EX OFFICIO	Debbie Meyer	
CBO	TBD MHA	<i>[Signature]</i> OPEN	EX OFFICIO	Kathy Muller	
			EX OFFICIO	JoAnn Fratarcangelo	
Peer	Jennifer Storch	<i>[Signature]</i>			
Peer	Keisha Nankoosingh	<i>[Signature]</i>	KEY PARTNER	Melissa Wendland	<i>[Signature]</i>
Family	Sue Mustard	<i>[Signature]</i>	KEY PARTNER	Nathan Franus	<i>[Signature]</i>
Family	Jeffrey Hoffman	<i>[Signature]</i>	KEY PARTNER	Open	
Youth	Julie Vincent	<i>[Signature]</i>	KEY PARTNER	Open	
Youth	OPEN	<i>[Signature]</i>	KEY PARTNER	Open	
HHSP	Mandy Teeter	<i>[Signature]</i>			
HHSP	George Nasra	<i>[Signature]</i>			
HHSP	Mary Vosburgh	<i>[Signature]</i>			
HHSP	Mike Leary	<i>[Signature]</i>			
HHSP	Ellen Hey	<i>[Signature]</i>			
HHSP	Deborah Salgueiro	<i>[Signature]</i>			

*[Handwritten signature]*



# Finger Lakes RPC Board Meeting - November 8, 2019

## GUESTS PLEASE SIGN IN

	Print Name	SIGN IN	Organization
1	Craig Johnson		Nathan Dayle
2			
3	Christine Mace		ELHUNY
4			
5	Michele A.		
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