



1. Introductions: See attendance below.

2. RPC Updates:

- C&F Capacity Survey: Alyssa Gleason- RPC- Discrepancy in who is designated to provide vs. who is actually providing, connecting children to services has been issue- done in LI and several others regions, put out to those that are designated in HBS or CFTSS services, focused on designated and providing, designated and not providing, do you have openings, are you in process of getting designated, look at who has openings and what capacities are, barriers to providing these vital services to children, LI split by County, sent out in May- able to see there are a lot of providers that are designated that are not even providing the service, 1/3 of those that are designated aren't providing for some HCBS services, some services there are NO providers in either county, large difference between HCBS vs. CFTSS, more HCBS than CFTSS being provided, C&F committee trying to do monthly to see if there are trends, possible to do in Capital Region to see if there are same trends/provide data
- Bill Gettman- how long to complete>
- Alyssa- 8 Questions total based on county breakdown, on average 7 minutes to complete for LI
- Colleen/Alyssa- 6-7 questions not broken down by county, 5-7 minutes to complete
- Bill- Something we are interested in doing in our region?
- Davia P.- Love to implement, periodically or quarterly, not much change weekly or bi-weekly, advocacy on state level, more comfortable with HCBS, children's are supposed to receive services to remain HCBS eligible- not always available, need data behind argument
- Moira M.-State website up to date on who are providers?
- Alyssa- OMH has provider designation list- updated monthly most recent June 8
- Tina L-Smith- Good to see survey, efforts to put in place to see what providers are serving, some providers are multi county/ multi region, discover which services are being delivered by which county, breakdown by county provide a better picture, de-designated by service not necessarily by agency
- Matt W.; Would be helpful to see the data, see the waitlist and how to help, provide to care management, depends on region and area, doing by each county would be long and lengthy task monthly, but having monthly data would be helpful
- Bill- Anyone dead set against it?
- Moira M.-Makes sense- know can keep waiting list alive, something Colleen can do?
- Colleen- Yes, develop in survey monkey, run by co-chairs for any feedback then send out to masses with time frame for completion.

3. Regional Check-In

- Current State: Bill- Haven't met in while, check in. How COVID has impacted organizations, families and kids. Anything we have learned, anything needs to be corrected, what's working what's not, what are families saying, general feedback
- Kerry- Early Intervention impact- shut down like schools, no home visiting/face to face services, all telehealth, looking at systematically- not a lot of guidance provided, left to local health departments, now trying to re-open with limited to no guidance, trying to follow all health precautions, birth- 5 population was left out of everything, never discussed on panels, by Governor's office
- Moira- Agreed Kerry, many families calling asking what is going to happen with their child, regression concerns

- Bill- How fast could you change or flip the switch on a dime to interact differently and how did families respond
- Joan- Some families really like telehealth but majority found it difficult, work with mostly younger kids, didn't want to participate in telehealth, trouble with talking on the phone, hard to contact some of the kids, able to have contact with parents but kids would refuse to get on phone
- Bill- Families like convenience of telehealth, as long as they are home and could make contact at appropriate time, more flexible than traditional hours- play into anyone's thinking or strategy?
- Yes, productivity increased, more convenient for families to make the telehealth phone call, lack of technology utilizing smartphones and laptops, do need to upgrade computers and when do will get laptops instead of stationary computers for office
- Barb- Some families were able to be reached and utilize support frequently, other families had difficult times, especially those with only 1 device in the home, between school appointments and services, more involvement initially, over time would decrease and get fatigued, providing in home and face to face services throughout with comfort of family and provider taking precaution, families looking forward to returning to more face to face, mixed bagged, some clients harder to engage, teenage boys- didn't take to telehealth models
- Matt- Younger children harder time engaging for longer period of times, engaged with families/caregivers more during this time, looking for support, but certain age ranges there was decreased length in service via telehealth but more time throughout the week, tough but now that school is ending looking at data to see if there will be an uptick in some of services, everyone fatigued doing school virtually then services virtually after
- Elizabeth B.-Depending on nature of sessions depending on engagement level- children with RAD didn't conform to telehealth platform as well, some are having to do therapy with 5 siblings in room, potentially with parents sitting there, not able to process or be candid, was immediately available, shift happened quickly, longer it goes on the more it will work for some and not for others.
- Moira- Biggest positive in youth peer and family peer, being able to do it through telehealth, families and kids enjoyed that services and using peer advocate by phone
- Matt- Provider has to get creative and find uncapped potential with use of technology and how we deliver services, resources able to pull together and work through, credit to those that found these online resources and processes
- Bill- Any other comments to take back to state agencies? Limits on access to technology and internet was a barrier depending on location.
- Michelle M- Rural areas where there is no or low internet connectivity, unable to do telehealth with those people, under waiver able to provide telephone services, the brief extension of the waiver has been stressful, expires 7/6 not in any position to bring people back in, wish that governor would extend to September 1st or through the end of the year to settle in without having to constantly be thinking of next steps, issue in more low income- able to get free internet from spectrum for 3 month period but expired right around now, those that had internet will be losing it, kids that has chromebooks had to give back at the end of schoolyear, lost a lot of ability to be able to do telehealth/ vide sessions due to technical issues
- Moira- School district was providing hot spots, few districts that are allowing student to keep chromebooks over summer and parents want them to continue to have access.
- Bill- Access to PPE still an issue?
- Kerry- Clear masks for people with hearing difficulties an issue for kids that need speech therapy.
- Colleen- Workforce Update read- any feedback?
- Bill G.- Staffing productivity related to quality and quantity of internet/ technology.

4. Children & Families Subcommittee Update

- Review Issues, Discuss Next Steps:
 1. Waitlist growing for new services Colleen- Are providers experience this, is there waitlists? Davia- Facilitate referrals but don't provide services, anecdotally what I've

seen services are happening much faster, care management particularly health home happening within a few hours of me submitting a referral, cap services waitlists are getting shorter, able to push referrals through a lot faster, one good thing that's come from all of this. Barb- able to work through waitlist offering telehealth services, not having travel time, as we get more into face to face what that's going to look like. Joan- Have a lot of my kids on waitlist, even having trouble getting kids into clinic for mental health services, not able to get 3 kids into HCBS, people are even saying that they won't even put them on waitlist at this point. Elizabeth- Seeing similar things are well, deemed eligible but not receiving- Kat asked to clarify- providers won't accept because waitlist are too long, or accepting referrals from their agency but not outside agencies. Colleen- still an issue, survey may help to see whose accepting, who's not, and who's designated, leading into next topic.

2. Growing number of providers have de-designated- Kat- Faith, still something seeing from state perspective? Faith M.- Yes, de-designations continuing to occur, trying to get a better handle in order to understand full perspective of what services are available where and where the issues are- a little daunting as designation sometimes happen with we will continue serve in this county but no longer in this county, providers are switching and saying what they are de-designating from while de-designation, difficult to keep on top of who is doing what when there are so many changes, looking to see if we can't find a better way to have a more real time process. Bill G- Interconnected to waitlist conversation, agencies don't want to de-designation or pocket de-designations, feeds into rate conversation, all interconnected. Moira- Goes with COVID people have suspended face to face contact, may be related to that as well.
3. Rates are generally insufficient especially in light of travel time- Colleen- Any change, due to not having face to face, has this provided any relief without the travel time factored in? Parking lot for when face to face resumes or is this still a large issue? Bill- It's reduced the amount of money we are losing, services are still in the red, and lack of travel expenses reduced the amount but still a major issue.
4. Workforce needs continue- continue Statewide work, same staffing concerns continue

5. **Other Updates:** Future Meetings & Open Floor: Barb- Put on everyone's radar, licensing process CFTS services, OMH said license to provide OLP and CPST in a county have to provide or have MOUs for other non-licensed services, can look different depending on which county/which county going to be licensed in and ho other services will be delivered.

6. **Success Story:** Review any success stories within the subcommittee: Michelle M: Quite a few kids that were actually able to graduate from high school this year, due to pandemic canceled region exams and these student were able to pass the class as long as they got a passing grade, one young man- first person in family to ever graduate from high school, huge success for us, as horrible as pandemic has been there has been some positive things that have come out of it.

Questions about this process can be answered by your RPC Coordinator:

Colleen Schoner
cs@clmhd.org
518-396-9413.

Attendance:

Moira Manning, Albany County DCYF Commissioner

Bill Gettman, Northern Rivers

Sabrina Santos, Medicaid Managed Care Liaison-St. Anne Institute

Angela Vidile, MVP Health Care - on meeting.

Michelle Marte, Rensselaer County Mental Health, Director of Children's Services

Davia Plusch, Children's SPOA Rensselaer County

Alyssa Gleason, LI RPC Coordinator

Rosa McKeon - Care Manager Supervisor - St. Anne Institute

Joan Valery, Vanderheyden Children's Health Home

Elizabeth Bruce, Schenectady County Children's Behavioral Health Coordinator

Natasha Robinson, CSPOA from Columbia County

Matthew Waskiewicz- Director of Home and Community Services-Northern Rivers

Ariel Rios- HCBS Administrator United Healthcare

Kerry White, Director of Children and Youth with Special Healthcare Needs and Early Intervention Program Manager;

Saratoga County Public Health Services

Barb Fuscus, Director of Home and Community Based Services, Northern Rivers

Faith Moore- DOH Children's HH Team

Tina L-Smith- OMH

Kat Gaylord- RPC Asst Director

Colleen Schoner- Capital Region RPC Coordinator

Annabella- Managed Care Division OMH

Davia- SPOA Rensselaer County