REGIONAL PLANNING CONCORTIUM- CAPITAL REGION

Capital Region 4th Quarter Board Meeting
December 8th, 2020 2:00pm – 3:30pm
Zoom Meeting ID: 890 1488 0051 Passcode: 464207

1. **Call to Order-** *Amanda Pierro*

2. **Attendance & Introductions (Name, stakeholder group, agency/organization, title)** *Colleen Russo- For anyone not called upon during attendance, state name, agency, title,*

3. **Approval of 3rd Quarter Meeting Minutes-** *Amanda Pierro*
   - Can we have a motion to approve the 3rd Qtr board minutes?
   - Do we have any edits to the 3rd Qtr minutes?
   - (1st and 2nd to approve the motions will be made) – All in favor?
   - Motion passed

4. **Capital Region RPC-**
   - Capital Behavioral Health Network Updates- *Dorothy Cucinell Kick off meeting earlier today. Presentation on needs assessment followed by a discussion of participants. Looking at the 6 counties that the RPC covers, 3 areas prevention, treatment, recovery component. Various organizations have agree to participate in each of those sub-committees. Grant writer is on board. There are some great ideas to tackle the 3 initiatives. Dollars on the line is 1.9 million dollars. That is a number determined by population in each county. Plan on applying for the entire award. One year SAMSA award. Possible extension into the 2nd year. State intends to make these award available on February 1st. Not looking to reinvent any kind of program. Focus on coordinating better. Enhance the gaps we have identified (treatment). More primary care providers as prescribers for those outpatient/step down. If interested and not connected please reach out to Dorothy. KC- Were you present during the report out from the State Co-chairs, project going on in western part of State to support primary practitioners doing MAT? Colleen, can you provide some contact info to Dorothy so she can hear about what's being done out there and their model. KC- Many of the features we talked about earlier were discussed, no need to re-invent the wheel.*
   - Hixny Update- *John Bunnell- Providing Quarterly update, can reach out to Colleen or me directly if there are specific requests. Few updates- data exchange incentive program, deadline was 9/30, able to enroll a few more orgs by that date, NYS also came out with another data exchange incentive program for EMS agencies and pharmacies to connect by the end of August 2021. Pharmacy side of things- traditionally only got prescribed mediation data not info as to whether it was filled or not. Connected with Price Chopper Pharmacy last year, now will be able to connect with more. EMS side, new territory, several agencies in area engaged, primary use cases are getting consented access to data in non-emergency situations, sending EMS data to HMI and Hospital to give update on incoming patients status, start using Hixny for reconciling information from hospital system with EMS team after the encounter. For example viewing discharge summary to see if there is anything they could have done differently to have better outcomes for the patient. Health Home updates- verbal consent, Hixny now able to accept verbal consent for Tele services during pandemic, still unclear as to whether verbal consents for telemedicine will be enduring or will need to*

be collected post-state of emergency. Been very valuable, huge spike in adoption of Hixny services, some from Health Homes in the group are aware that DOH has created means to collect verbal consents to enroll folks via the 5055 form, issue 5055 enrollment does not coincide with telehealth waiver that was also released, DOH has come back and asked that Health Homes collect the hard consents within 60 days of these verbal enrollments, DOH asking Hixny to collect and add a station from Health Homes saying that they will be collecting hard consent within 60 days with audits to come at a later date. Lastly, CARES Act, aware final roll was pushed back to April 5, 2021, whole myriad of things, implications for Hixny, CARES Act aims to prevent information blocking, speak to being able to exchange more data with downstream providers and patients, will be updating data exchanges policies and procedures, implications as to what is going to happen on April 5 is TBD, better update next Quarter as to what this mean for all your organizations.

- RPC/ State Co-Chairs- *Beth White, Katie Molanare, Alyssa Gleason*
  BW provided review on VBP state cochairs breakout. SEE ATTACHED SLIDE DECK. Focused on value based payment and managed care. Identify issues that have arisen from transition to managed care. Pulled together topics and challenges that were shared with State partners. Since we had the breakout sessions we've had ongoing discussions with State partners, consider it a successful session. B. Stewart- In partnership for opiate use, results were dramatic, what did they actually do? BW- They inserted treatment staff into primary care settings and radically increased the number of waiver physicians to prescribe meds needed for the treatment of the opioid use disorder, physicians were much more willing to do that and treat in this setting with the staff put on site to support them, hub and spoke refers to fact that there was additional clinical staff and the reach to the primary care staff they supported. Dr. is more than willing to share this information and if there are additional questions please reach out to Colleen.
  AG provided review on CF state cochairs breakout. Piloted Services Finder- live up to date information, waitlist, up to date contact information. Piloting for DOH/OMH tomorrow. DOH has updated the list who are not providing services, this should assist with the list. LI has not noticed a difference in their list.
  Lack of tracking system was discussed as an issue. These children are unknown to the system and waiting a very long time for services. Feedback we have been getting from various meeting that those children are now screened and approved for out of home placement- HCBS is to avoid that. Suggested a universal tracking system in a system they already have: MAPP, CARES. Live track these children and see where the system is failing, where the holes are. OMH is aware the system is more siloed and convening regional meeting to address this and negotiate pathways to assist. RPC will be following up.
  WG- Was staffing and rate cuts brought? AG- yes there was a staffing conversation. You have multiple staff members performing multiple. If we start with rates- we lose the state- we presented data. We couldn't focus the breakout on the conversation of rates. WG- the 11% has been approved.
  Peer Workforce Group- was going to present but Katie was unable to attend. Katie provided the following update: The Peer/Workforce breakout group focused on the availability, attainability, and sustainability of workforce. The group opened the meeting with a generalized dialogue around the current issues that regions are working on related to Peers and Workforce. These issues ranged from educational and training needs of therapeutic practitioners to potential billing barriers for Peers in Article 31 clinics. The group described how the availability, the attainability, and the sustainability of the behavioral workforce is all connected. With only an hour in the breakout session, the group discussed the top 3 issues

that regions have been discussing. The first was related to the opportunity for OMH and OASAS to partner around a dual-certification process for Peers. Based off the conversation it seemed that the state offices were open to collaboration and to continue the conversation. The second issue was an update on the Syracuse University Care Coordination Pilot. Back in 2019, the State agencies heard a presentation on the pilot prior to it starting. Since April 2020, the pilot has ended and data was collected. This evaluation was shared with the State in an effort to identify next steps. Additional conversations will be needed for this issue. The third and final issue mentioned was around the financial sustainability of Peer Services and the Peer Workforce. A conversation was had around barriers in OMH clinic settings for billing for Peer Services and that the rates are not sustainable. The State was open to the dialogue and recognized the importance of Peer Services. The group ended the breakout group by identifying some potential issues for 2021. These issues were related to CASAC challenges with acquiring supervision hours and recruitment within rural areas and therapeutic practitioners training and educational needs. The Behavioral Health Workforce Cohort will be meeting bi-weekly to continue the follow up from the State meeting.

- SDoH Cohort Update- *Each breakout group is also a cohort group. There are 4 topic areas: VBP/Managed Care, C&F, Peer/Workforce, & SDOH. Colleen is collaboratively working with Mid-Hudson & North Country on the SDOH cohort. The cohort is starting a survey to the co-chairs on the most prevalent SDOH issues discussed. This will guide the cohort with their next steps. The group is in the beginning stages. Opened up to the group for feedback.*
  KC- Regarding to Alliance of Better Health who is focused on SDOH, rolled out SDOH screening tools for providers, as well as a referral platform that they are utilizing for practitioners for SDOH agencies. They have a model that works quite well. This could be replicated in other areas. WG- They provide funding for CBOs as well. CR- has reached out. Will be assisting with the initiative. We are asking the co-chairs to represent the region to provide the largest SDOH issues being discussed. KC-For our region, or at least many counties in our region, Alliance may possess data re: what Medicaid members are reporting when they are being screened, important to reach out, they are doing a great deal or data gathering and analysis. CR- Thank you, will bring this back to the other coordinators in the cohort and report out more at our next meeting. Any other comments or feedback on SDoH?

5. Statewide Report Out-

- OMH- *Victoria DeSimone not available to provide an update as conflict with multiple meetings. Tina should be available later to provide. Will circle back.*
- OASAS- *Jennifer Haggerty. Dec. 3 extension has been made. Executive order also includes background check leniency. Email went out earlier this week for emergency preparedness plans for Winter Storms. If evacuation is needed use EFINDS. Also refer to DOH pages for changes in restrictions/phases due to COVID.*

- **Capital Region Report Out-**
- Current State/Updates- *Kathy Coons*
  Shortage of inpatient psychiatric beds. Some hospitals had to take beds offline due to infection and volatility in the unit and others workforce shortages. Prior to pandemic there was an issue on supply and demand. LGUs have been meetings with Article 28 hospitals to work on solutions. Local hospital had 13 people waiting with 2 beds waiting to admit into. Have reached out to FO for assistance. We also have folks in the hospital that have longer Length of Stays. Demands of the stress in the current environment there is an increased

demand on MH. There is a perfect storm before us. Prior to this meeting OMH Town hall this issue was brought up to Commissioner Sullivan to bring up some resources. LGUs are aware and feel the pain. We are not giving up on finding solutions. There is greater demand for outpatient for Article 31 & Article 28 MH clinics in hospitals. There is workforce shortage and an increased demand as well as funding that has impacted this system. On county has reported a waitlist of 100 individuals in the regions. This is an issue we need to bring OMH to the table on. A lot of this related to WF shortage and services have become more regionalized and accessing services wherever they can get it. The region is overwhelmed. CF MH arena not all school satellite systems are able to provide face to face services and mainly been performed via tele-mental-health. WG- the telehealth option is going better than expected. Continuity of consistency for the families due to availability of space and practitioners have been "evicted" Families are stressed on the back and forth with remote and in-person. Keep advocating to Federal legislation to approve telephonic tele mental health. B. Stewart- since COVID Recidivism rate floating at 7% when normally 12%. Specifically 30 days of discharge. WG- Criminal justice reform, rethinking how we engaged with law enforcement, the RPC can give recommendation on proven models. KC- Seen high level of volatility in the community is it the pandemic or something else? Increase on overdose deaths due to fentanyl- not laced with heroin necessarily but cocaine. Don't know how much of a trend across the entire region? Workforce shortage issue cannot be overemphasized. Exposure of covid to fulfil vacancies weighs on the workforce. Heard from hospitals on the challenges on hiring nurses and not sure how much people are experiencing with attempts to hire here? WG- goes on all levels of not just clinical. Minimum wage increase will be adding another level to the depression. There is another group looking at WF on a state wide level. Has RPC Staff heard on that? KC- has had a few issues haven't had a meeting in months. Can we instigate a meeting to occur?

- HARP/HCBS/Health Home Work Group Update- *Brandy Kotary. Met last and discussed CORE changes, there will be a manual and guidance to assist in the transition. Also mentioned reviewing the possible merger of OASAS/OMH. Continue to review HCBS survey. Most providers are not accepting referrals mostly due to staffing. Providers are still having success with telehealth services. Tina from OMH- clarify and understand the HCBS capacity has been limited due to workforce shortage due to covid? Or more people seeking services and not enough staff/lay-offs/furloughed. BK- Not lay-offs or furloughs but qualifications and inability to recruit staff. Referrals for services has reduced so keeping staff engaged is difficult. Recruitment and retain.*
  BS- no furloughs on MH staff, volume of MH has never declined, ER is holding steady. Our outpatient can't staff up to meet the demand.
- Children and Families Subcommittee Update- *Bill Gettman provided an update. Most topics were provider earlier. OMH Has created grant awards can provide another resource. No capacity for CF HCBS in the CR. Very difficult program to run (HCBS CF)*
- Transitions In Care Work Group Update- *Colleen Russo provided an update. Has met twice reboot in October. Have developed 3 issues that rise to the top that will be worked on. Breaking up into smaller taskforce & reporting back to the group as a whole: Standardized form (barrier in the transition from Hospital/HS to another, one for child and one for adults), Regional Huddle for group of key stakeholder in the region that can make decisions for their organization can call a meeting quickly to get on the same page (diversions have direct impact on other stakeholders in the region, how is this going to effect the region?), Payer landscape (housing/crisis beds, funding sources such as MCO).*
- Other Board Report Outs- *open to all Board members*

Tina L-Smith- Talking points about CORE- community-oriented recovery empowerment… Expect transition to be approved by CMS, it is the expectation possibly before end of the year. A phased approach which will allow the state to remove HCBS rules- eligibility assessment. Planning and coordination. LPHAs can support this work. Adults HCBS provider forums, screenshot of draft LPHA recommendation forms. Things are influx. Continuity of care is a focus, will work with providers to ensure services for individuals. The intent is to remove administration burden for CM and providers- no Prior Auth or UM. POC will go away and work on an ISP. PCC is expected. More flexible supervision- using paraprofessionals. Any questions email adult hcbs email. Next Hudson regional adult hcbs forum is expect on Dec 21 at 11am. Things are happening fast and calendars do fill, will be sending out soon.

6. **Capital Region RPC Board Feedback-** *S. Bastein- Four Winds has been running at capacity for the last several months. Continue to offer outpatient virtually. Higher demand for hybrid, adolescent and IOP program. Sam Bastein will be leaving FourWinds at the end of the year.*

7. **Adjourn Meeting (Motion Needed) –** *Amanda Pierro*
    - **Can we have a motion to adjourn the meeting?** *Made by Brian Stewart, Second by Kevin Connelly.*
    - **(1st and 2nd motion will be made) motion passed**