



## REGIONAL PLANNING CONSORTIUM

### RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

### *Children & Family Cohort Session*

# Creating Connections for Brighter Futures

## *Children & Family*

**Co-Chairs:** Steven Bulger – iCAN

JoAnne Caswell – Families First in Essex County

Katherine Alonge-Coons – Rensselaer County DCS

Jennifer Earl – United Health Care/Optum

Suzanne Lavigne – Franklin County DCS

Nancy Williams – Broome County DCS

**RPC Staff:** Katerina Gaylord – RPC Assistant Director

Alyssa Gleason – Long Island Coordinator

Jacqueline Miller – Mohawk Valley Coordinator

Colleen Russo – Capital Region Coordinator

Anita Sambamurty – NYC RPC Director



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# CFTSS/HCBS Capacity & Access Issue

- Capacity Concerns- Issues being able to connect children and families to CFTSS and/or HCBS Services have been identified through C&F Capacity Surveys in multiple regions.



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# CFTSS/HCBS Capacity & Access Issue: Background

- Accessing CFTSS and HCBS Services in a timely fashion was a key issue brought up in multiple regions C & F Subcommittees.
- Feedback from meetings leading to survey development:
  - Children have been able to quickly receive Health Home Care Management Services.
  - Difficulty getting children connected to services.
  - Provider Designation List is difficult to navigate and contact information is inaccurate.
  - There are counties that do not have active providers for CFTSS and HCBS.
  - Providers in counties are unable to serve parts of counties.
  - Children waiting many months for services.
  - Care Management Agencies and MCO's reported not receiving communication from providers after reaching out about possible referrals.
  - Providers are only serving within their agencies and not accepting community referrals.



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## Trends from Surveys:

- No Palliative Care providers in 5 out of 7 regions (1 region had a provider in 1 out of the 2 counties)
- No Day Habilitation Providers in 5 out of 7 regions
- Southern Tier: No Providers for HCBS Services (Delaware – Supportive Employment; Tioga & Tompkins – Crisis Respite & Community Habilitation)
- Capital Region – no openings for any HCBS Service from respondents



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## Wait Times:

- CFTSS – average wait time reported is 2-3 months for those services that are at capacity (reported wait times ranged from 1 month to more than 6 months)
- HCBS – average wait time reported is 3-4 months for those services that are at capacity (reported wait times ranged from 1 month to more than 6 months)
- Wait time reporting was dependent upon staffing availability & ability to hire and train staff
- Wait times differed between services
- Many providers reported having staff cover multiple services
- Wait times varied in regions depending upon location of referrals



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## Response Rates for Surveys:

- Capital Region – 21% (5 out of 21)
- Long Island – Avg 72% (26 out of 36)
- Mid-Hudson – Avg 35% (13 out of 38)
- Mohawk Valley – 37% (7 out of 19)
- North Country – 60% (9 out of 15)
- Southern Tier – 25% (5 out of 20)
- Western NY – 50% (10 out of 20)



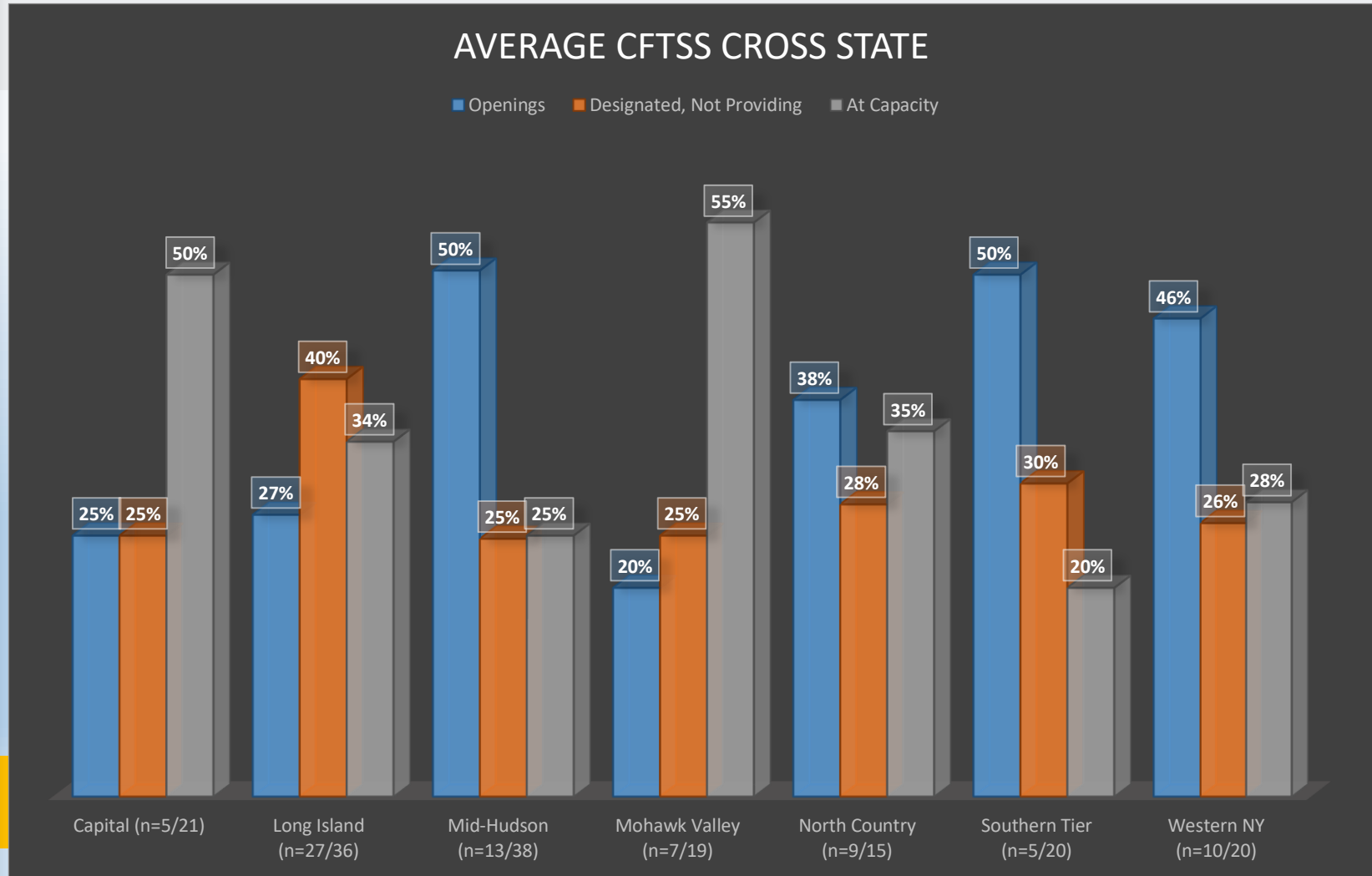
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# CFTSS Comparisons Across Regions





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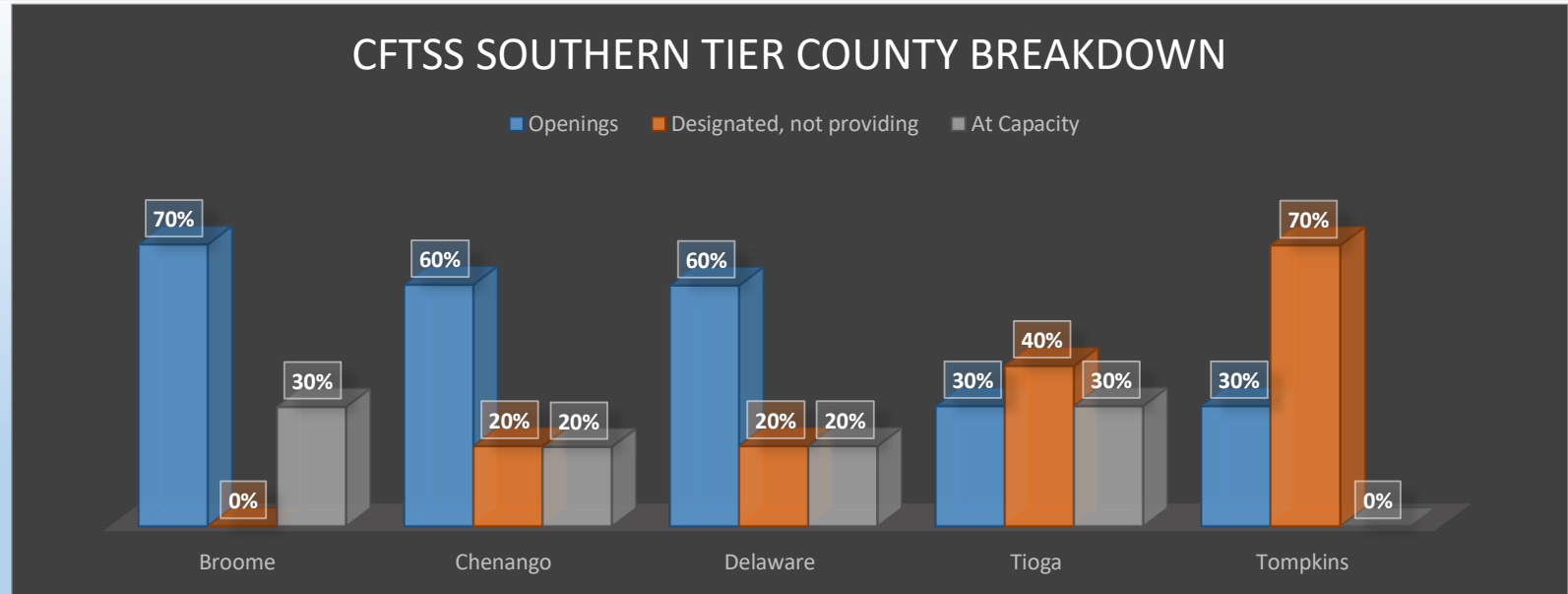
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# CFTSS Breakdown within Southern Tier Region

Southern Tier – 4 total providers designated for CFTSS responded

- NO SUD CFTSS Providers in any county for FPSS and YPST
- Delaware & Chenango County – no SUD providers for any CFTS Service
- Broome, Tioga & Tompkins – 1 SUD provider for OLP, CPST, PSR – didn't respond to survey



Broome County – 3 providers (OLP, CPST, PSR) & 2 providers (FPSS & YPST)  
 Chenango County – 3 providers (OLP, CPST, PSR) & 2 providers (FPSS & YPST)  
 Delaware County – 2 providers (all CFTSS)  
 Tioga County – 2 providers (OLP, CPST, PSR) & 1 provider (FPSS & YPST)  
 Tompkins County - 2 providers (OLP, CPST, PSR) & 1 provider (FPSS & YPST)





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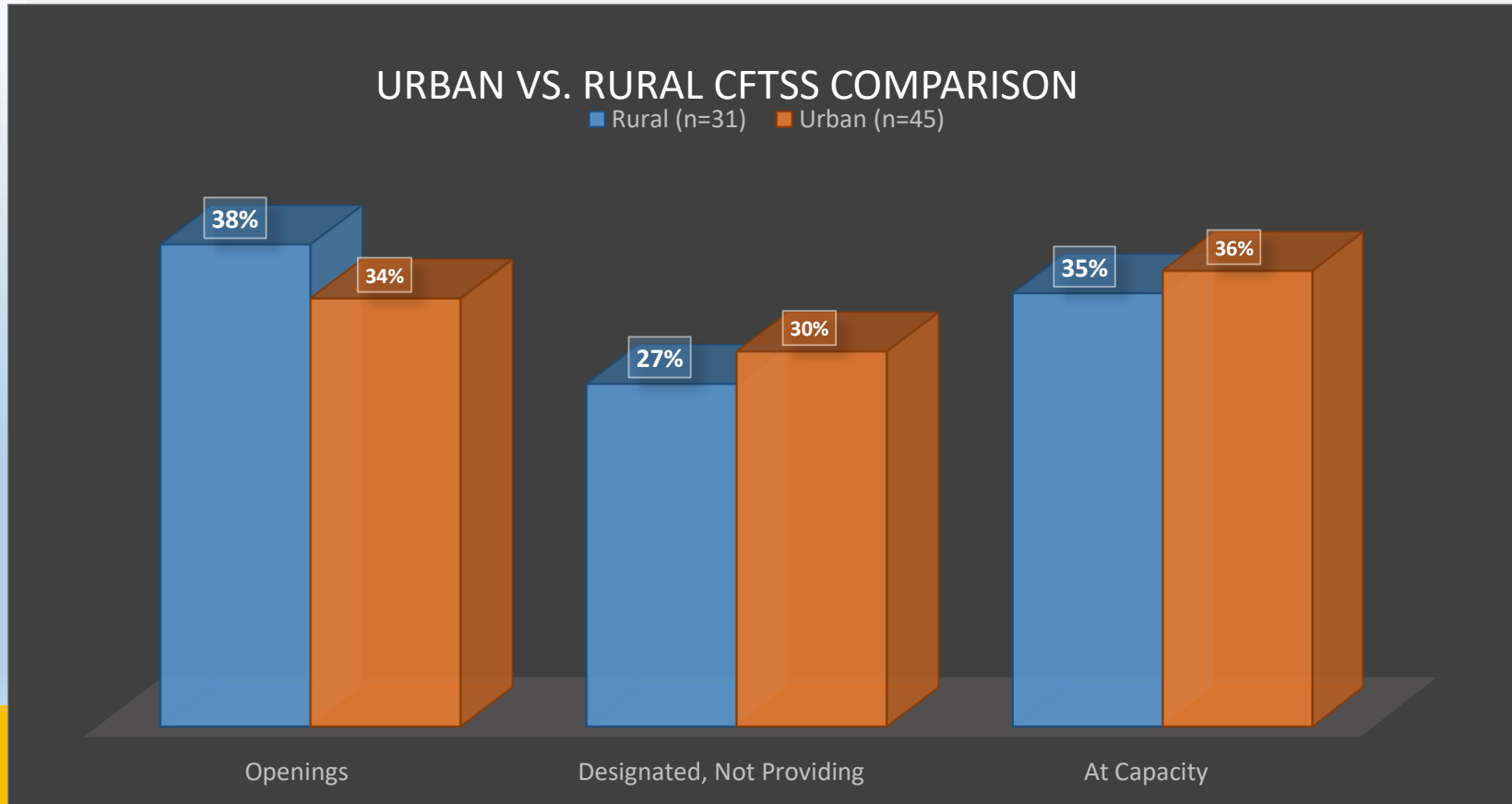
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# CFTSS Comparisons Across Regions

While each region is unique in its makeup, regions have been grouped based on the majority of the counties composition.

- Urban Regions – Capital, LI, Mid-Hudson (45 responses out of 96: 47% )
- Rural Regions – Mohawk Valley, North Country, Southern Tier, Western NY (31 responses out of 74: 42% response rate)





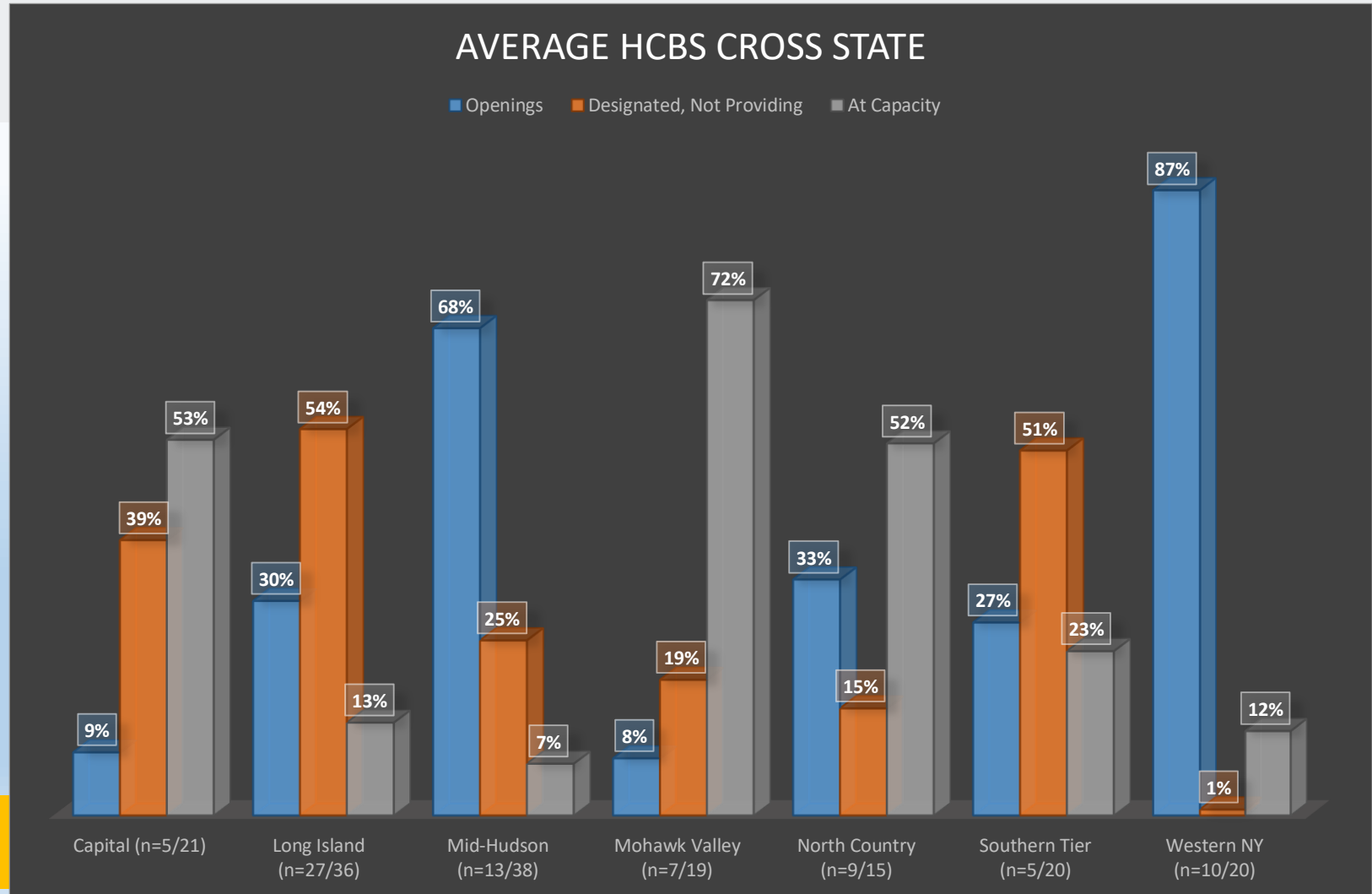
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# HCBS Comparisons Across Regions





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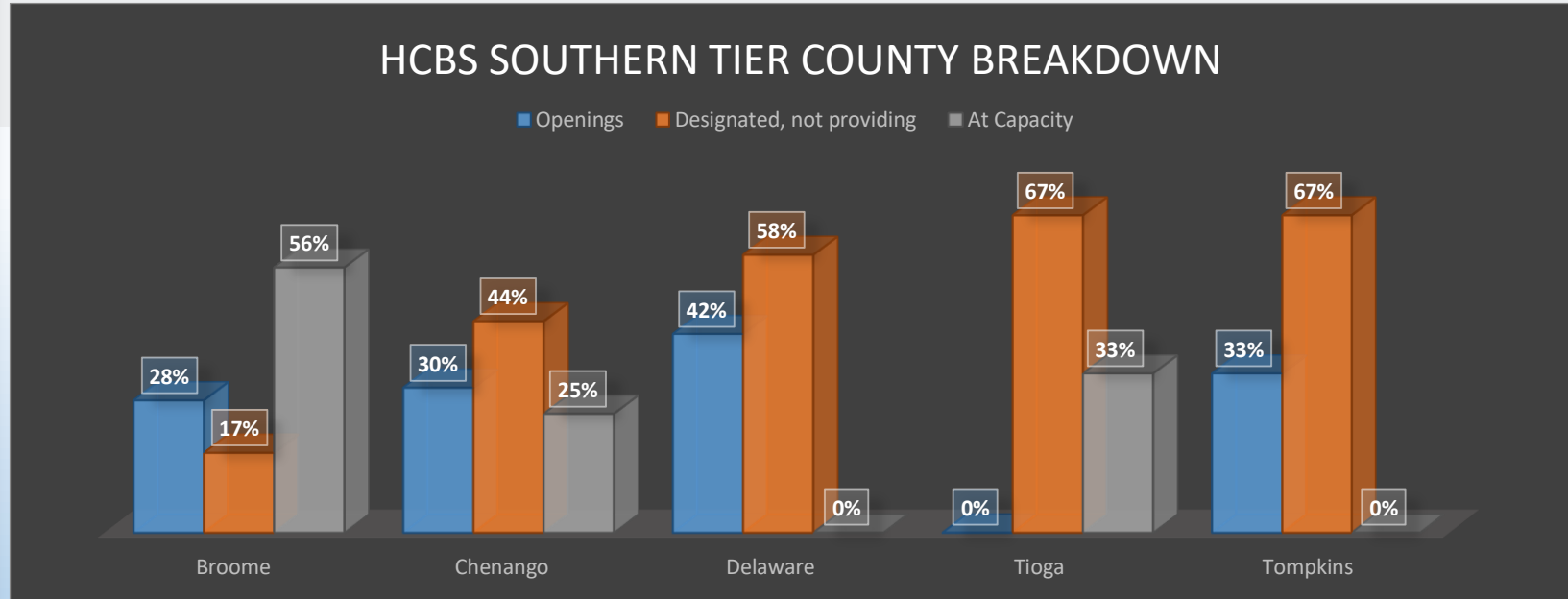
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# HCBS Breakdown within Southern Tier Region

- Southern Tier – 4 total providers designated for HCBS responded
- Tioga County – no agencies with openings for any HCBS Service



- Broome – 3 providers (Comm Hab), 5 providers (Caregiver, Crisis Resp, Prevoc, Supp Employ) & 6 providers (Planned Resp)
- Chenango – 3 providers (Comm Hab), 6 providers (Caregiver, Planned Resp), 5 providers (Prevoc) & 4 providers (Crisis Resp, Supp Employ)
- Delaware – 1 provider (Comm Hab), 5 providers (Caregiver), 4 providers (Crisis Resp, Planned Resp, Prevoc) & 3 providers (Supp Employ)
- Tioga – 2 providers (Comm Hab), 7 providers (Caregiver, Planned Resp, Prevoc, Supp Employ) & 5 providers (Crisis Resp)
- Tompkins – 2 providers (Comm Hab), 8 providers (Caregiver), 6 providers (Crisis Resp) & 7 providers (Planned Resp, Prevoc, Supp Employ)



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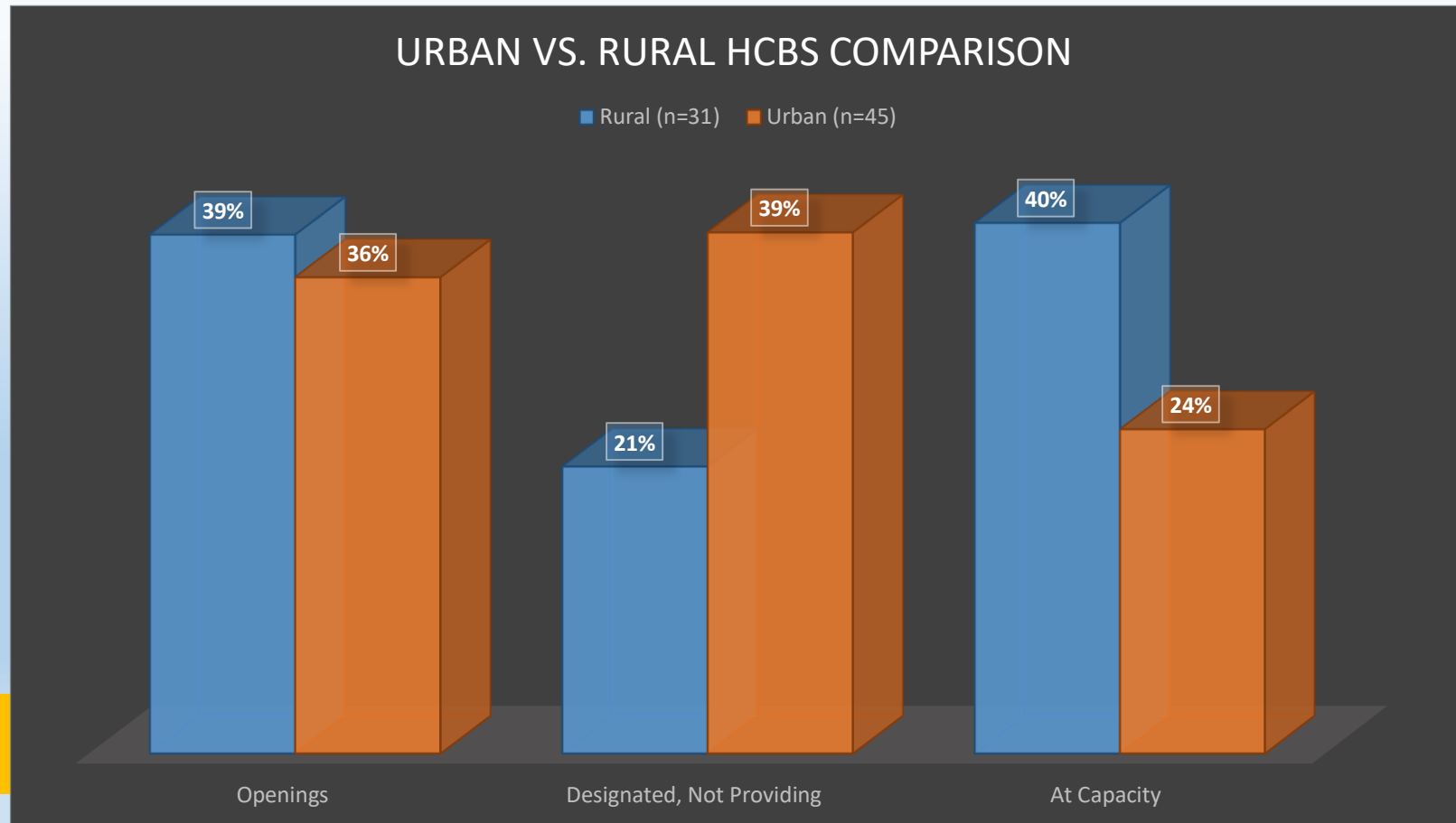
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# HCBS Comparisons Across Regions

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## Feedback & Open Discussion:

- State Feedback
- Discussion



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## Solution Proposal:

- Service-Finder type of program to allow for real-time updates and contact information to connect children to services. This will allow for quicker connections.
- Technical assistance for current providers on ways to increase capacity and maintain fiscal viability.
- Training that can be easily accessed to help Care Managers learn about each service in the CFTSS and HCBS array. Training should be centralized and mandatory for all CMA's. Real life case examples of the services in action would be beneficial.



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## Next Steps:

- Next steps for possible solutions to the issue
  - Are there potential solutions in the works that RPC can partner with the State on?
  - Continuing to work with OASAS to formalize training for providers.



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# Tracking Children “Within the System”

- No universal tracking system for children to collect information on timelines and service utilization, especially CFTSS. Tracking is internal within agencies only. Previously CSPOA’s had this role, but are not part of the process for referral process.
- CSPOA’s have seen a rise in RTF referrals for children that are not known to their systems. CSPOA feedback is that many are waiting on CFTS Services and have decompensated while they wait making them eligible for RTF placement.





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# Feedback & Open Discussion

- State Feedback
- Discussion
  - Where do plans fit into this?



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## Solution Proposal:

- A universal tracking system for all referrals for services would allow the State, as well as CMA's/MCO's to obtain real time data on how long the process takes to get children connected to services, as well as look at outcome data.
- Utilize a system such as RHIO, CAIRS, MAPP to track referrals from start to finish.
- Providers would be required to enter all referrals into the system and update it as the child moves through the services.
- Allow for State access to real time data about referrals, wait times, time in services, service utilization and discharge outcomes.



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## Next Steps:

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