FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

AGENDA

May 18, 2018 1pm-4pm

St. Bernard's School of Theology and Ministry, Rochester

1:00 – 1:10pm

1. **Call to Order & Welcome** — **George Roets**
2. **New Board Members** — **George Roets**
    a. **Carole Farley Toombs - Sr. Administrator, Psychiatry - URMC**
    b. **CBO – Chacku Mathai – President, Mental Health Association of Rochester**
    c. **MCO – Kim Hess, COO of YourCare Health Plan – will join in Sept**
3. **Introductions (Name, stakeholder group, agency/organization)** — **Board & Guests**
4. **Approval of Minutes from February 9, 2018** — **Board**

1:10 – 2:10pm

Workgroup Updates — **Beth White**
- a. **SUD Bed Coordination** — **Greg Soehner**
- b. **Peer Specialist Role** — **Keisha Nankoosingh**
- c. **Clinical Integration** — **Ellen Hey**
    - i. **Symposium Discussion** — **Beth White**
        1. **Proposed Panelists**
        2. **Board Interest in Proceeding**

2:10 – 2:20pm

RPC Research Surveys – Last One! — **Ellen Hey**

2:20 – 2:35pm: Break — **All**

2:35 – 3:00pm

1. **Board Terms Discussion** — **George Roets**
    a. **Survey Results**
    b. **Stakeholder Group Vote** — **All Voting Stakeholder Groups**

Finger Lakes RPC Board – May 18, 2018 Agenda cont'd.

3:00 – 3:15pm

Children & Families Subcommittee — **Melissa Hayward, LGU Lead**

3:15 – 3:30pm

SDE/RCA Update — **MCO Stakeholder Group**

3:30 – 3:50pm

Issues Process Update — **George Roets & Ellen Hey**

3:50 – 4:00pm

1. **Next Board Meeting** — **Beth White**
   a. **Friday, September 14th, 1-4pm, Ontario County Training Facility**

   b. **Upcoming Meetings – Board members wishing to join a workgroup for the first time should contact Beth to receive the meeting invite**
      i. **SUD Beds Coordination – May 22, 1-3pm**
      ii. **C&F Subcommittee - June 22, -4pm**

2. **Wrap Up & Motion to Adjourn** — **George Roets**

Board 2018 Meeting Schedule:
First Quarter: February 9th
Second Quarter: May 18th*
Third Quarter: September 14th
Fourth Quarter: December 14th

*Rescheduled from original date of May 4th

CoChairs Meeting in Albany
April - CoChairs Meeting
October - CoChairs Meeting

Questions about this process? Contact:

RPC Coordinator, Beth White, at *bw@clmhd.org* or (518) 391-8231 or
George Roets, RPC CoChair at *groets1@rochester.rr.com*

RPC - FINGER LAKES REGION
Chemung Livingston Monroe Ontario Schuyler Seneca Steuben Wayne Yates

FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

MINUTES

May 18, 2018 1pm-4pm

St. Bernard's School of Theology and Ministry, Rochester

Call to Order & Welcome

George Roets welcomed everyone and called the meeting to order at 1:09pm.

New Board Members

Mr. Roets introduced three new Finger Lakes RPC Board members:

HHSP - Carole Farley Toombs - Sr. Administrator, Psychiatry - URMC

CBO - Chacku Mathai – President, Mental Health Association of Rochester

MCO - Kim Hess, COO of YourCare Health Plan – will join in Sept

Introductions

- Board Members introduced themselves and the agencies they are representing (see attached attendance list)
- The 17 gallery members introduced themselves (see attached sign in sheet)

Approval of Minutes from February 9, 2018

- George called for a motion to approve the minutes from the February RPC BOD meeting.
- Motion- 1st Marty Teller, 2nd Colleen Klintworth
- Motion carried, no objections. February 9, 2018 Board meeting minutes are approved and will be posted to the CLMHD website.

Workgroup Updates – General Information

- Beth White provided an updated on the overall activity of the Finger Lakes RPC Workgroups. Explained that much of the RPC's first year was focused on establishing the group and its activities, and now the workgroups are taking on substantial topics.
- She reported that currently there are 3 active workgroups, plus the Children & Families Subcommittee
- 14 organizations that are not affiliated with the RPC Board have joined one or more of the workgroups. Every county has been represented on the workgroup level, with representation from every stakeholder group
- 84 people involved in the ad hoc work groups
- 129 attendees have attended one of the C&F subcommittee meetings

- 5-8 Board members on average attend the workgroups/subcommittees
- Beth thanked the Board for their involvement and encouragement of the work groups

SUD Bed Coordination Workgroup Report – Greg Soehner

- The workgroup met March 21 (Meeting Summary attached) and it was overall a very positive meeting, great dialogue. The question is "What can we do as providers, to work with OASAS and the Counties to better and more efficiently access and utilize SUD beds?"
- Issues Identified
    - No centralized intake process, this creates an inefficient system, 60% of possible admissions drop off due to clients applying/being referred simultaneously to multiple programs
        - Not everyone is using the LOCATDR, not everyone accepts other agencies assessments
        - These are issues that can be corrected, to help increase efficiency
    - Education needed regarding detox. Many clients and families believe that they need to go right to detox
        - There is a training next week to help address this issue
        - Duplication of assessments and intakes processes - this is not efficient and is disrespectful to the clients
        - Feels again that this can be solved regionally
    - Transition from 819-820s - There is confusion, because some are now 820 and some are still 819. The 820's can do medical management of some withdrawal symptoms, which will be helpful in meeting increased need.

Discussion:

- Discussed the group's goal of understanding existing resources first, before deciding how best to deploy new money - There is artificial volume and activity, because clients apply to multiple programs, trying to get connected as quickly as possible.
    - Will look at utilization of all bed resources across the region. OP detox slots will be included in the array of resources being assessed.
    - PPS will lead the group in a mapping exercise to define resources and how they are accessed
    - There are open beds in the region, how do we overcome the perception that there aren't? OASAS website can look for bed availability - the site however is not easy to navigate, it doesn't sort well, and it is only updated once per day. There are also circumstances that arise that negatively affect how providers enter the status of their beds. What can we do regionally to keep local providers updated on the open beds (ex: an email listserv) to help support each other?
    - There are folks on waiting lists who haven't been assessed yet. Once assessed this will help with cutting down on referring to multiple levels of care.
    - Question was asked about assessing the need for housing first, or harm reduction. Various challenges with housing, the intersection with employment and benefits, and level of service were discussed. Observation made that the system should not encourage

unemployment as a method maintaining eligibility for housing. One member shared that she was able to meet OTDA work requirements with a combination of work, school and volunteer work, offering some flexibility to clients.

- Greg indicated that there has been just one workgroup meeting so far and they will be focused on the resource grid that Colleen from OASAS is working on first- still in the early stages.
- Beth reported that the next meeting is May 22nd and encouraged members to join or send staff if interested- DSS Commissioners may be a good addition to this work group.

Peer Specialist Role Workgroup Report– Keisha Nankoosingh

- Workgroup met April 27 (Meeting Summary attached) and had great representation from various stakeholders.
- The group's objective was to Identify issues with the confusion around the involvement of Peers in treatment programs (OMH/OASAS) - how best to have the value of the peer voice understood by employers and coworkers.
- Issues that were identified in breakout group discussions:
  - Supervision of peers and organizational readiness - are organizations using and know how to utilize a peer in their agency?
  - Create a regional model/template on how to contract with a peer, currently there are various templates, looking to standardize and create something more general
  - Training- Who is qualified, and can your agency incorporate peers?
  - How can we develop support for Peers who are in these roles?
  - Review and distribute already available resources in the community
  - Possible role for a model where employers contract from a peer organization for the delivery of peer services vs. direct employment model.

Next Steps: Group felt that these issues can be addressed regionally, group will next focus on the review of available education resources for employers and discussion of how best to recruit Peers for these roles. Next meeting date/time will be determined soon.

Discussion:

Question was asked if there were any Youth Peers that have attended this group- Keisha does not believe that any attended- Sue suggested that Youth Power may be a resource. Beth reported that a representative from Youth Power is here today and will be working with the RPC to identify youth participants.

HR depts. of organizations that hire Peers will be contacted to get their thoughts on the best way to educate agencies on the benefits of utilizing Peer supports. They will be invited to participate in group.

It was noted that some of this trail has been started with Family Support providers at the larger agencies, encourage that we utilize this as an existing model as a resource.

It is important to know and understand the varying types of Peer services (OMH vs OASAS), and the various levels of peer participation, i.e. certified, noncertified, volunteer.

There were inquiries regarding commercial payers and Medicare reimbursing for peer services. MCOs were not aware of any conversations that were occurring to look at reimbursing this services for Medicare/Commercial members, though some members believe that some MCO's have covered the service. Most were only aware of them being reimbursed through Medicaid including via HCBS services. It was reported that some advocacy is occurring at the State level around this issue.

Clinical Integration Workgroup Report - Ellen Hey

- Workgroup met April 6 (Meeting Summary attached).
- Focus on Communication- Denise DiNoto presented to this group on the local RHIO- They are now accepting Health Home POCs and 42CFR information. They have established a community group to looking at how to share this information while addressing the special 42CFR requirements and challenges.
- RHIO account managers can meet with local providers to assist in determining how each practice or program can most effectively utilize RHIO services.
- Discussion about avoiding duplication. The workgroup is aware of many integration efforts currently underway. At the meeting Beth reviewed some of the major types of clinical integration processes that are available to interested providers.
- Chris Bell from the Monroe County Medical Society reported on an new initiative - 24 month project, looking at implementation of Major Depressive guidelines in primary care settings.
- Project TEACH will be a future presentation
- Future meetings will hear from providers where integration is working well. Rochester Regional has integrated almost 20 of their sites utilizing existing regulations and will be presenting to the group on the successes they have had. Syracuse Behavioral Health will also be presenting to the group re their successful integration efforts.

Discussion:

How do we measure what is working well? What did they use? Can the PAM be utilized as a tool as a measurement of success- who can do the PAM?

Per the PPS, PCMH incentive dollars are intended to focus on care management services. If BH providers are primarily managing these patients, can PPS help to advocate that some of these dollars go to these providers? The PPS can track the use of PAM, looking now at the viability of this tool. CMS asked the PPS's to utilize the tool and providers are being paid to utilize the PAM.

Beth White shared that this workgroup is focusing on connecting to other forums that are addressing Clinical Integration and communication among providers/agencies. She reported that those who will be presenting to the workgroup will be discussing how they defined success and what metrics they employed.

Before DSRIP monies go away, can we start to look at long term sustainability and how providers get paid to be integrated, how do we quantify these services? How can we recognize the most important visits? Today, patient must see a medical provider in order for that visit to count and be reimbursed, but that may not be the most important service that person received at the program. It was stressed that this is an area where advocacy with the State may have an impact. We send this message up to the state partners, esp. DOH

Symposium Discussion

Beth White provided an overview of the symposium the workgroup proposes for Fall 2018. There have been discussions around how behavioral health providers and other providers can most effectively share clinical information. There is a stigma and a fear around sharing clinical information. Looking to bring in some neutral experts, on why providers should share information and how to do it within the boundaries of law and regulation. This event could also help bring medical and behavioral health providers together. Board members had suggestions about event:

- Encouraged that the consumers/family experience also be involved in this symposium.
- Encouraged that myths also be addressed in this symposium, there are many misconceptions of requirements

Proposed Symposium Panelists

Beth reported that the following people are proposed speakers (bios attached):

Melissa Zambri, Attorney

Andrew Philip, National Council for Behavioral Health

Also looking to have the local RHIO present and possibly providers who are willing to share successful integration efforts, i.e. Rochester Regional

Beth asked the Board to consider authorizing this proposed symposium. As the RPC does not have funds for the support of these types of events, Beth will be reaching out to various stakeholders for financial support once the program has been finalized.

A vote will be held later in the meeting on whether or not to support the presentation of this event.

RPC Research Surveys – Last One!

Ellen Hey read the recruitment script for the RPC Survey that is being conducted by Syracuse University. Board Members were asked to complete the survey, understanding that it is voluntary. Results are expected to be received in the last quarter of 2018.

Board Terms Discussion

George Roets introduced the issue of RPC Board terms. He noted that elected and appointed Board members (CBO. PFY, HHSP and KP) had been seated for two year terms that are set to expire at the end of 2018. A survey was recently sent to the Board members to solicit initial thoughts on whether or not to keep the terms at two years or to extend them to three years. He shared the survey results:

Survey Results (attached)

- 4 CBOs, 4 PFY, 5 HHSP, 4 DCS, 2 MCOs and 1 Key Partners, 5 Ex Officio responded
- Results of member preference:
  - Keep 2 year term - 28% (7 actual votes)
  - Extend terms to three years - 72%(18 actual votes)
- Board member questions asked in survey - George reviewed these questions
  - Can Board members be re-elected? Answer is "yes."
  - We lost a few members in the PFY group- will they be replaced? Ms. White reported that the Board initially included four peers, as youth advocate participation was deferred until the children's transition began. Since that time, two peers have resigned from the Board. Recruitment is now underway for two youth advocates to be appointed by the Board to those seats for the remainder of the term. Anyone with nominations should contact Ms. White.

Discussion:

Member noted that 3 years is standard for most nonprofit Boards.

There was discussion whether or not the seats should be staggered to minimize turnover. MCO, DCS, and State Partners seats will not be up for election, so some stability will be maintained. There has been turnover of 8 Board members to date, but these were turnovers of individuals, not organizations.

Beth reviewed the Election Process with the group:

In the fall of an election year, Community Meeting will be widely publicized and occur.

Nominations will be solicited and Eligible Voters will be established

Beth confirmed that for CBOs and HHSP seats, it is organizations who are elected. For the Peer, Family and Youth Advocate seats, it is an individual who is elected.

Question was asked if the stakeholder groups will be reassessed by the community to see if there is fair and equal representation. Beth indicated that, once the Board determines when an election will occur, 2018 or 2019, then there will be discussions at the Stakeholder group and Board levels regarding representation. The number and type of stakeholder groups is fixed, but representation within those groups can be considered.

Stakeholder Group Vote

- A ballot was distributed to each of the five voting stakeholder groups to cast their votes on the following two issues:
    - Does the Finger Lakes RPC support the presentation of the proposed Fall Symposium?
    - Should elected and appointed Board member terms remain two years or be extended to three years?
- Stakeholder groups met to discuss the issues under consideration.
- Board reconvened and George called for the vote
    - Does Board agree to sponsor proposed Symposium?
        - 5 votes Yes for the Symposium, 0 Votes No - passed unanimously
    - Does Board want Two or Three Year Terms?
        - Two Year Terms - 0 Votes
        - Three Year Terms - 5 Votes, adopted unanimously

Children & Families Subcommittee Report – Jodi Walker

- Jodi Walker, Chair of the subcommittee provided an update on the Children & Families Subcommittee
- Town Hall meeting took place on March 27
- May 4th was the first subcommittee meeting (Meeting Summary attached)
    - Broke into stakeholder groups- to identify the below top three issues:
        - What are SPA/HCBS?
        - Who are providing of these services?
        - How do we get the message out about these services?
        - Next Steps-
            - Need to identify services, refine roles, and message this- and create resources and share with the community
            - Next meeting is June 22nd in Ontario County- The group will then decide next date from there

SDE/RCA Update

Opportunity to hear from MCOS re: the implementation of the SDE/RCAs

- Fidelis-Andrea Hurley-Lynch reported that Fidelis is reviewing work flows, waiting on additional guidance from the State Partners- Encouraged that providers outreach Meghan Woodward at Fidelis to discuss possible contracting

- Colleen- Excellus- We have outreached to all eligible SDEs, they have heard back from about a quarter of them. Many agencies are looking within their operations to see how this work flow will fit. Contracts are out but not many are officially signed at this time.
- Are any RCAs actually "open for business" Answer from Colleen: No
- Greg- What is the deadline for contracting? Andrea will take this back- Have the MCOs heard anything about language? Colleen- She hasn't heard anything yet
- Members shared that it can be challenging since each MCO has a different contract, instead of having the state create a standardized template. It can become expensive with their legal teams needing to review each separate contract.
- Adele reported that, for the Health Homes' CMA contracts, DOH created a standard contract, and the MCOs can alter but have to check with the state first. This helped because agencies didn't have to run each contract by their legal teams each time with each MCO
- Chris Doherty- Smith will take this feedback to the Central Office
- Beth will outreach those MCOs who are not in attendance today to see if they have information to share with the group regarding their progress with this new process.

Issues Process Update

George reported that the April RPC Chairs meeting was delayed until October. All of the CoChairs across the state and RPC leadership have reviewed the work that has been done to date in this process and the consensus is to ask RPC's to develop more comprehensively the issues that they refer to the CoChairs meeting. This will result in fewer issues being addressed in the agenda, but with the intention that those issues will form a stronger and more compelling call to action.

He reviewed the document (see attached) that each Board member received that discusses how to approach the development of issues, along with the RPC strategic initiative goals. He reported that the structure of the RPC's has been changed to introduce two new positions, RPC Team Leaders. Each of these will be responsible for coordinating the work of half of the state's RPC's to identify common issues and other beneficial cross regional collaboration. They will also work to support the development of issues and communication with State partners.

Alexis Harrington from the Capital Region is the RPC Team Leader for NYS East, including North Country, Capital, Mid-Hudson, Mohawk Valley and Long Island regions. Beth White is the RPC Team Leader for NYS West, including Finger Lakes, Western, Central, Tug Hill and Southern Tier regions. Both Team Leaders will continue to coordinate their home regions.

Beth added that this is an evolutionary process as the RPC initiative matures. In addition to more fully developed issues being referred, RPC leaders and state partners are developing mechanisms for continuing the dialogue beyond just two meetings a year. She circulated the list of the four issues that were selected by the Finger Lakes RPC at the last meeting (see attached document). She said that the Board can elect to work on these issues to develop them or they can also introduce new issues for consideration and development.

George asked the Board for their suggestions on how to strengthen the identified issues

Regarding Issue Number One, the sharing of clinical information, it was encouraged that the consumer voice be utilized in helping address this issue- case studies, etc

Telepsych Topic. Stressed the importance of this issue. It is very difficult for providers to implement telepsych. Important for the state to know how difficult it is to implement. Jill Graziano offered to write up her experiences and ask for others to add on to it. Will also include unanswered questions, regional attempts and barriers that are still in the way.

CBO members discussed that there are multiple initiatives and many concerns about the future of CBOs over the next 2-4 years due to these policy changes. BHCC Initiative has stimulated a lot of concern about the viability of the CBO's. Several CBO members emphasized that something needs to occur to address these vital concerns. Traditional stakeholders' roles are shifting (OMH/OASAS vs MCOs), with BHCC's coming on Board and other system changes.

Since this is not a static field, there are various issues, and not all the initiatives align. There are major sea changes, huge issues around lack of engagement and sustainability of aspects of various work flows. Health Home policies come out every other day, the last one was 93 pages long.

In a collaborative environment, what can we do together? How can we get Impact stories heard at the state level?

DCS member acknowledged hearing the angst of the CBOs. As a DCS his responsibility is to assess services and CBO's are vital. Feels a responsibility to help convene CBOS to facilitate that dialogue around the challenges.

Question was asked about how many issues the state is looking for, and what does a well-defined issue look like. Ellen replied that this is still being clarified, but that it is clear we need to bring more meat to the issues. Beth referred the group back to the types of questions we should be asking when issues are identified, i.e. known data, what has happened in the past, what attempts have been tried, what worked/what didn't, how does this impact the consumer? RPC Coordinators and the Team Leaders will work to request and obtain data that can support this process.

As these activities are clearly more than what we can do in a quarterly Board meeting, George asked the Board to meet again in July for a volunteer meeting. Board was in agreement that this would be a good idea to focus around the 4 issues, also encouraged stakeholder groups to meet before then as well to take a look into the issues. Beth will schedule this.

Ellen suggested that the stakeholder groups come together for a meeting, and develop more depth to the description of their issues.

All agreed that it is important to use the CoChairs meeting to its fullest potential while continuing to seek local and regional solutions.

Next Scheduled Board Meeting

Friday, September 14th, 1-4pm, Ontario County Training Facility

Voluntary meeting will be in July- Beth will send calendar invites

Upcoming Meetings – Board members wishing to join a workgroup for the first time should contact Beth to receive the meeting invites:

SUD Beds Coordination – May 22, 1-3pm

C&F Subcommittee - June 22, 2-4pm

2. Wrap Up & Motion to Adjourn **George Roets**

- George thanked the Board members for their participation
- George asked for a Motion to adjourn meeting- 1st Michael Leary, 2nd Jill Graziano
- Meeting was adjourned at 4:02pm

FINGER LAKES REGIONAL PLANNING CONSORTIUM - BOARD OF DIRECTORS MEETING
BOARD MEMBERS SIGN IN - MAY 18, 2018

Group	Name	Sign In
LGU	George Roets	
LGU	David Putney	—
LGU	James Haitz	
LGU	Shawn Rosno	—
LGU	Hank Chapman	—
CBO	Sally Partner	
CBO	Martin Teller	
CBO	Jodi Walker	
CBO	Greg Soehner	
CBO	Chacku Mathai	
CBO	Jeannine Struble	
Peer	Jennifer Storch	
Peer	Keisha Nankoosingh	
Family	Sue Mustard	
Family	Ken Sayres	—
Youth	TBD	
Youth	TBD	
HHSP	Jill Graziano	
HHSP	Carole Farley-Toombs	
HHSP	Mary Vosburgh	
HHSP	Mike Leary	
HHSP	Ellen Hey	
HHSP	Adele Gorges	

Group	Name	Sign In
MCO	Colleen Klintworth	
MCO	Judy Feld	—
MCO	Kim Hess	—
MCO	Jennifer Earl	
MCO	Andrea Hurley-Lynch	
MCO	Well Care	
EX OFFICIO	Christina Smith	
EX OFFICIO	Christopher Marcello	
EX OFFICIO	Colleen Mance	
EX OFFICIO	Dana Brown	—
EX OFFICIO	Lori Lubba	—
EX OFFICIO	Debbie Meyer	—
KEY PARTNER	Kathy Muller	—
KEY PARTNER	JoAnn Fratarcangelo	—
KEY PARTNER	Sahar Elezabi	
KEY PARTNER	Melissa Wendland	
KEY PARTNER	Jon Miller	

Finger Lakes Regional Planning Consortium

Workgroup Meeting – SUD Bed Coordination – March 21, 2018

St. Bernard's, 11am – 12:00pm

Meeting Summary

1. Welcome and Introductions

Ms. White welcomed everyone and people introduced themselves.

2. Info for RPC Newcomers

For those new to participating in RPC activities, Ms. White gave a brief overview of the RPC and its purpose.

3. Why are We Here?

Ms. White explained that a request was made to the RPC Board by the Finger Lakes Consortium of Alcohol and Substance Abuse Services to determine if a regional approach to the access of these beds might be viable. Today's meeting is to explore whether or not there is interest and support in pursuing such an approach.

She handed the discussion over to Patrick Seche, who had brought the issue to the RPC table on behalf of the Consortium. He shared that they had identified a need to have a regional point for coordinating availability of beds for substance use disorder treatment (all levels of bedded programs).

4. Discussion

Group acknowledged that many of the bedded programs are already used regionally, though there was not a good understanding of the utilization of the various resources, i.e. the number of beds throughout the region and how fully they are all utilized.

While there is a perceived shortage of beds, group agreed that getting specific regional utilization data would help to verify or refute this impression, also would inform providers and system about when/where new beds are truly needed as upcoming decisions about use of increased OASAS funds

are made. Data would also help us to know if we are using existing resources in most efficient manner. Statement was made that we "need to act like a system" since this is how we use the resources.

Colleen Mance provided the group with a SUD grid identifying all of the OASAS bedded programs in the FL region, and in some adjoining counties. Group asked to have OP detox resources added to this grid. She discussed the transition of residential programs from 819 to 820 regulations. As a result, some clients' withdrawal symptoms will be able to be managed in the new 820 settings, increasing resources for those in withdrawal.

FLPPS has assisted groups in the past with "mapping" resources and access processes and Nathan Franus offered to lead a mapping process for SUD regional beds and detox services.

Group discussed the challenges in finding needed beds and talked about the OASAS website. Though this resource is promoted to families to help them access resources, it is not easy for them to use. The search function is limited. Colleen Mance reported that OASAS is revamping the search function, but that there is no timeline for this to be completed.

Other problems with the website were discussed including the various ways that providers report their bed availability. One provider indicated that their status frequently looks like they have no open beds, but that sometimes ends up not being accurate due to no shows of scheduled admissions and AMA discharges. All agreed that the site is not "real time" accurate.

Another critical issue identified was the high number of referrals for detox when many times, detox is not the level of service needed. Both clients and families frequently believe that detox is necessary and clients enter waiting lists for detox beds without having obtained a formal assessment. All agreed that the first step for clients should be an assessment. A related challenge is, even when an assessment has been done, not all referring entities utilize the LOCADTR tool. It was noted that the new Open Access Centers can be resources for obtaining needed assessments.

For those who do need detox, OASAS has recently announced that any general hospital can use any of its beds to provide detox services. Questions arose re whether or not hospitals actually want to do this. Strong reported that they do not have available beds at the URMC but that they are looking at other hospitals in their system to determine if they can be used in this manner.

Group agreed that treatment and recovery process must be individualized, and while we can attempt to have an orderly system of access and treatment, clients frequently do not enter and progress through treatment in an orderly way. Seldom does one go to detox, then an IOP, then supportive living, and then on to a wonderful life. They go up and down and sideways, sometimes over and over. It is the nature of the illness.

The question was raised of how to connect this type of regional planning with the Counties' planning with OASAS. Many providers are at different stages of system development. Counties know that they currently serve significant numbers of clients from other counties.

5. Next Steps

Issues identified from this session include:

- OASAS website resource for identification of available IP beds is limited and challenging to use.
- There is a perceived shortage of SUD beds with limited understanding of the region wide reality.
- There needs to be a way to understand the actual usage of existing resources in advance of planning for more.
- Not all clients on waiting lists for services have received an assessment
- The LOCADTR tool is not used in all assessments.
- How can a regional approach to the access and management of SUD resources be connected to the region's Counties' planning?

The group agreed that these issues could benefit from further work. Ms. White will schedule another meeting.

Finger Lakes RPC – SUD Bed Coordination Workgroup – ATTENDANCE

March 21, 2018, from 1pm to 3pm

Place: St. Bernard's, Rochester

	Name	Organization
1.	**Brenda Capozzi**	FLACRA
2.	**Carl Hatch-Feir**	Delphi
3.	**Carol Carlson**	Mental Health Association
4.	**Colleen Mance**	OASAS WNYFO
5.	**Danielle Laurange**	Envolve
6.	**Dave Putney**	Monroe County LGU
7.	**Elizabeth Kingsley-Curran**	East House
8.	**Greg Soehner**	East House
9.	**James Haitz**	Wayne County LGU
10.	**Kristie Elias**	Catholic Family Center
11.	**Lindsay A. Rachow**	Envolve
12.	**Lori Lubba**	Envolve
13.	**Mary Vosburgh**	Arnot Health
14.	**Melissa Wendland**	Common Ground Health
15.	**Nathan Franus**	FLPPS
16.	**Patrick Seche**	URMC
17.	**Paula Siviy**	Catholic Family Center
18.	**Richard Caruso**	Rochester Regional Health
19.		
20.	**Beth White**	Finger Lakes RPC Coordinator

Finger Lakes Regional Planning Consortium

Workgroup Meeting - Education re Peer Specialist Role - April 27, 2018

St. Bernard's, 1pm – 2:30pm

1. Welcome and Introductions

Ms. White welcomed everyone and people introduced themselves.

2. Info for RPC Newcomers

For those new to RPC activities, Ms. White gave a brief overview of the RPC and its purpose.

3. Why are We Here?

Ms. White explained that the RPC Board had identified an issue that there was confusion regarding the role and activities of peer specialist employed by mental health programs. This group is charged with exploring the value and development of education for employers and coworkers regarding the role of peer specialists in treatment programs.

4. Breakout Groups

Participants were formed into three breakout groups to discuss the following:

a) Identify issues related to the role of Peer Specialists/CRPS's in MH and/or SUD programs.
b) Prioritize the two most pressing issues.
c) Review the Participant List to see who is missing from workgroup who should be here.

5. Breakout Group Reports

GROUP #1

A good portion of their discussion centered on peer role and peer culture, values and goals. They feel that the two models, OASAS & OMH, are similar but not the same. All need education: coworkers, clients and peers. This training should adder supervision, support, and training and skill building for peers. They noted that circumstances are different is an organization has two peers vs. twenty five peers. They also discussed challenges recruiting peers.

Issue #1: Supervision of Peers

Training Needed for Supervisors

Standards for Supervision of Peers

Generic Job Description that can be Used for all Peer Positions

Issue #2: Organizational Readiness

Staff Education

Workgroup that Includes Peers

Develop Competency Standards for Organizations Employing Peers

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GROUP #2

This group discussed the opportunities to create a model in a more complete and organized way by having employers contract for their peer services with a peer run organization. This would involve contracting versus hiring within the organization. They agreed that there is a bidirectional lack of understanding re the peer role, process and needed support.

It was reported that recent focus groups of peer supervisors found inconsistent supervisory practices and that peers were reported to need increased supervision, both individually and in groups. It was clear that a repository of resources, guidelines, and mentoring regarding organizational readiness would be very helpful.

One thought was that peer organizations could provide experience and/or training for peer supervisors.

Issue #1:

Create a regional model/template for contracting with peer-run organizations and CBO's with experience developing, managing and evaluating peer run programs.

GROUP #3

Issue #1: Training Needed

Regional approach needed for training supervision and ethics so that peers working in programs can thrive.

Issue #2: Organizational Readiness and Competence

Staff education needed regarding the value that peer coworkers bring to treatment programs. There needs to be opportunities for peer to peer support, and the creation of a training and development process for peer positions.

6. Discussion

Group acknowledged the common themes that ran through each group's discussions. It was also noted that there are significant resources present regarding peer roles and support for organizations employing them. Discussion turned to how those might be brought together in a way that they can be available when and where they are needed on an ongoing basis.

Those knowing of available resources were asked to forward them to Ms. White who will pull them together for the group to reviewed.

As regards the question of how integrated an approach should be undertaken for OMH and OASAS peers, consensus was that one group could develop viable approaches for both, providing that significant differences were noted and accommodated.

Representation in this group was felt to be fairly representative. It was suggested that Area RCO's should be invited to participate in this group.

7. Next Steps

When the group polled as to whether or not these issues could be addressed by this workgroup, the unanimous response was yes, and all wished to remain part of the group as it undertakes the work.

Group wished to discuss the challenges and strategies around recruitment of peers during the next meeting, as time ran out before that topic could be discussed.

Ms. White asked members to contact her with any suggestions of people/organizations who should be invites to participate.

M. White will schedule another meeting of the workgroup.

FINGER LAKES RPC WORKGROUP – EDUCATION RE PEER SPECIALIST ROLE - ATTENDANCE

April 27, 2018, from 1pm to 2:30pm	Place: St. Bernard's, Rochester

	Name	SIGN IN		Name	SIGN IN
1.	**Cameron Farash**	Liberty Resources	18.	**Lynn Seaward**	FLACRA
2.	**Chacku Mathai**	MHA of Rochester/Monroe County	19.	**Matthew Petitte**	Centene/Envolve
3.	**Colleen Klintworth**	Excellus	20.	**Melissa Wendland**	Common Ground
4.	**Colleen Mance**	OASAS WNYFO	21.	**Patrick Seche**	URMC Strong Ties
5.	**Dana Frame**	Compeer Rochester	22.	**Rita Cronise**	Academy of Peer Services
6.	**Donna Marcello**	East House	23.	**Sabrina May**	East House
7.	**George Roets**	Yates County LGU	24.		
8.	**Jennifer Storch**	Peer - RPC Board	25.		
9.	**Jim Kennedy**	Catholic Charities Community Services	26.		
10.	**Joe Woodward**	Housing Options Made Easy	27.		
11.	**Johanna Ambrose**	Compeer International	28.		
12.	**Joyce Karl**	Finger Lakes Parent Network	29.		
13.	**Keisha Nankoosingh**	Peer – RPC Board	30.		
14.	**Kirsten Muckstadt**	OMH WNYFO	31.		
15.	**Kristi Molisani**	Catholic Charities Community Services	32.		
16.	**Leslie Tabin**	OASAS WNYFO	33.		
17.	**Linda Pizzo**	Rochester Regional Health	34.	**Beth White**	RPC Coordinator

Finger Lakes Regional Planning Consortium

Clinical Integration Workgroup Meeting – April 6, 2018

St. Bernard's, 1pm – 3pm

Meeting Summary

1. Welcome and Introductions

Ms. White welcomed all, and everyone introduced themselves to the group.

2. RHIO Presentation re Behavioral Health Participation

Denise DiNoto, Director of Community Services, presented on RHIO participation for behavioral health providers (slides attached).

Highlights:

Health Home Plans of Care are now being received by the RHIO. Work is underway to determine how to share them while protecting 42 CFR information.

RHIO has started an ongoing community meeting to identify solutions to the 42 CFR constraints. All FLPPS partners are contributing this info at present, though it is not being shared yet.

Many of RHIO's services are available for low or no cost.

BH providers can benefit from using RHIO even if their info is not shared.

RHIO Account Managers can meet with providers to show exactly how best to use RHIO in their settings.

The group thanked Denise for her very informative presentation. There was discussion about how best to get information about the RHIO to behavioral health providers. Consideration being given to having a session re RHIO in the symposium being planned. In the meantime, it was suggested that RPC staff work with RHIO staff to draft a statement or advisory piece re who can share what and how in the RHIO system. RHIO is aware of BH providers who have successfully engaged with RHIO, so those examples could be shared, along with tips on how best engage, i.e. make initial call to RHIO with your EMR vendor for the most productive conversation.

3. Educational Symposium Planning

- **Education Presentation re Behavioral Health Providers and sharing of PHI Information**
  - i. Tentatively Identified Speakers

    1. Legal - Melissa Zambri, Partner with Barclay Damon LLP. She is considered a HIPAA guru. Profile attached.
    2. Clinical – Andrew Philip Ph.D., Deputy Director of Integration at National Council for Behavioral Health. Profile attached.

    Ms. White reported that two highly qualified speakers have been identified who are interested in participating in the symposium. She provided the group with bios for each. Both are enthusiastic about the event and have excellent ideas about how to have a dynamic and engaging session, i.e. the use of pre- and post-tests, and the submission in advance of problematic scenarios for them to address.

    Ms. Zambri shared that she is currently of counsel to FLPPS and does not believe that her participation in the symposium would be a conflict, but she needed the group to know about this relationship. The group discussed the disclosure and agreed that they had no issue with her participating in the event.

  - ii. Target Audience

    Group discussed what would be needed if physicians were targeted for participation. Early morning, compressed time, delivered as a webinar vs. in person, available at multiple sites.

    Not certain that physicians are target audience. Who is?

    BH clinicians
    Medical practice managers
    QA managers in both settings
    Health Home care managers and leads

  - iii. Other Sessions
    1. RHIO for BH Providers

       Group agreed that RHIO session would fit and be a good component Perhaps the session could highlight those BH providers who have successfully engaged with RHIO.

2. Culture of Information Sharing – PCP & BH
    a. Informal Facilitated Groups or Panel Presentation?

    Deferred.

iv. CEU's
    1. Would hospital(s) sponsor application?

    Will be pursued at proper time.

v. Funding

Ms. White reported that the RPC does not have funding to support these types of events, but that she is confident that, once the program is defined, various stakeholder groups would respond positively to a funding request. She will work to have as broad a participation as possible in the sponsorship in order to communicate the community's support of the issue.

vi. Schedule in Fall?

Group agreed with fall as being a reasonable target.

vii. Suggested Sites

Ms. White will begin to identify potential sites.

4. Review Current Clinical Integration Efforts Underway

Due to the group's charge not to duplicate existing efforts, discussions have been focused on those efforts underway in various settings. Because few group members are aware of all of the different means of addressing clinical integration, Ms. White presented an overview of the various methods that are currently available.

Current NYS Approaches to Clinical Integration

The following information is taken from "Integrated Care Approaches FAQs" released in January 2016 jointly by NYSDOH, OMH, OASAS.

- **Licensure Thresholds**

  A licensed or certified outpatient provider may add primary care or mental health services under a single license or certification without any additional

licenses or certifications, as long as the service to be added does not exceed the applicable Licensure Threshold.

- **DSRIP Project 3.a.i Licensure Threshold**

  A licensed or certified provider that is part of DSRIP Project 3.a.i may integrate primary care, mental health and/or substance use disorder services under a single license or certification as long as the service to be added is not more than 49 percent of the provider's total annual visits ("DSRIP Project 3.a.i Licensure Threshold") and the patient initially presents to the provider for a service authorized by such provider's license or certification.

- **Integrated Outpatient Services**

  An outpatient provider that is licensed or certified by more than one agency may add primary care, mental health and/or substance use disorder services at one of its sites without having to obtain an additional license or certification, as long as it is licensed or certified to provide such services at another location.

  There are three models:

  Primary Care Host Model
  Mental Health Behavioral Care Host Model
  Substance Use Disorder Behavioral Care Host Model

- **Collaborative Care**

  Collaborative Care is an evidence-based model of behavioral health integration for detecting and treating common mental health conditions such as depression and anxiety in primary care settings. Trained primary care providers and embedded behavioral health professionals provide evidence-based medication and/or psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustment for patients who are not improving.

  The New York State Medicaid Collaborative Care Program was set up to sustain the work of practices that had implemented Collaborative Care as a part of the DOH Hospital Medical Home Demonstration project, which ended in 2014. The Medicaid program provides a monthly case rate payment per patient to practices that are enrolled in this program, as well as ongoing technical assistance and training to the sites.

  It was noted in the discussion of this model that it is condition specific, in that it is only available to patients with depression or anxiety. In order to be available

as a modality in a behavioral health setting, it would need to move away from condition specific qualification.

- **Multiple Licenses**

  A provider may opt to pursue the integration of primary care, mental health and/or substance use disorder services by obtaining a license or certificate from each licensing agency (DOH, OMH or OASAS), as appropriate. This is an option, for example, if the provider wishes to exceed the Licensure Thresholds but is not eligible under the integrated outpatient services regulations or does not qualify to use the DSRIP Project 3.a.i Licensure Threshold approach, or wishes to exceed the 49 percent DSRIP Project 3.a.i Licensure Threshold. If two or more licenses/certifications are obtained, the provider must follow the programmatic standards of each licensing agency, as appropriate.

An inquiry was made regarding the status of discussions about the proposed Article 99 integrated license development. It was reported that progress has slowed due to objections from State dept. of Education.

5. Additional Integration Approaches

- **MCMS Guideline Implementation Project**

  Chris Bell reported on this new initiative coming out of the Monroe County Medical Society's Quality Collaborative. Developed with the direct input of local physicians, this 24-month project will study the ease of implementation of the community-wide *Major Depressive Disorder* (MDD) guideline.

- **Project Teach**

  Project TEACH allows PCPs to speak on the phone with child and adolescent psychiatrists. Ask questions, discuss cases, or review treatment options, whatever PCPs need to support their ability to manage their patients.

  PCPs can also request face-to-face consultations with child and adolescent psychiatrists for the children and families in their practices.

  Time ran out before the group was able to discuss Project Teach.

6. Next steps

Group's proposal for symposium will be presented to RPC Board on May 18 for approval.

Syracuse Behavioral Health will be invited to next meeting to present on their successful integration efforts.

Ms. White will reach out to Rochester Regional to learn more about their integration efforts.

Future Discussion Topics:

Project Teach

How to connect residential providers to integration efforts

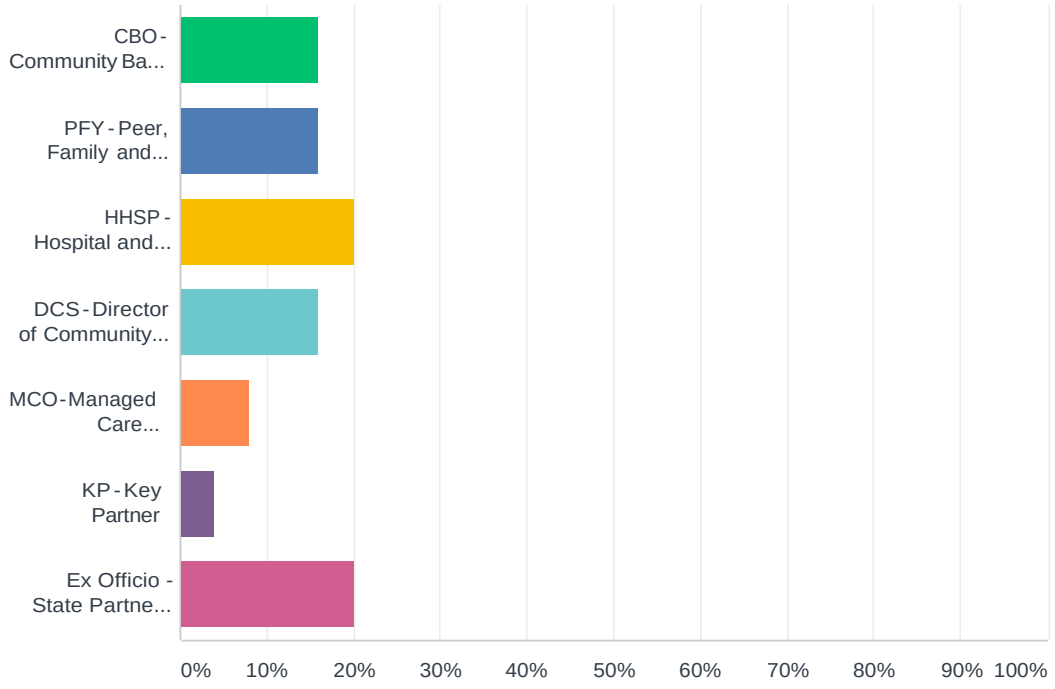
How can integration efforts support clients in changing behaviors, i.e. smoking, diet, exercise, management of chronic conditions such as diabetes, hypertension

FINGER LAKES RPC – CLINICAL INTEGRATION WORKGROUP – ATTENDANCE	
April 6, 2018, from 1pm to 3pm	Place: St. Bernard's, Rochester

	Name	Organization
1.	**Ashley Chudy**	Rochester Regional Health
2.	**Chris Mangione**	NYCCP
3.	**Christopher Bell**	Monroe County Medical Society
4.	**Colleen Klintworth**	Excellus
5.	**Dave Putney**	Monroe County LGU
6.	**Joe Stankaitis**	YourCare Health Plan
7.	**Josh Maldonado**	Beacon Health Options
8.	**Judy Feld**	MVP
9.	**Melissa Wendland**	Common Ground Health
10.	**Reshae Vanderzwan**	Envolve
11.	**Ryan Peterson**	Steuben County DSS
12.	**Val Way**	East House
13.	**Denise DiNoto - guest**	RHIO
14.		
15.		
16.		
17.	**Beth White**	Finger Lakes RPC Coordinator

Q1 What is your stakeholder group on the Finger Lakes RPC Board?

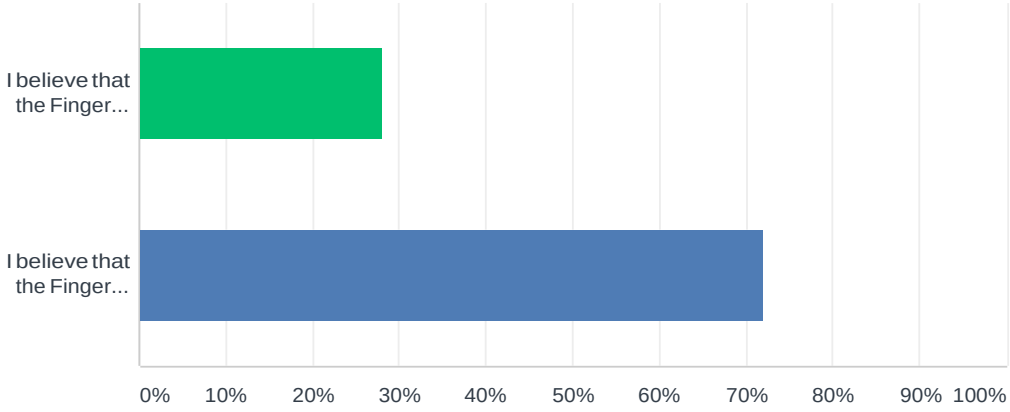
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
CBO - Community Based Organization	16.00%	4
PFY - Peer, Family and Youth Advocate	16.00%	4
HHSP - Hospital and Health System Providers	20.00%	5
DCS - Director of Community Services	16.00%	4
MCO - Managed Care Organization (not including BHO)	8.00%	2
KP - Key Partner	4.00%	1
Ex Officio - State Partner, LDSS, BHO	20.00%	5
TOTAL		25

Q2 Board members in the CBO, HHSP and PFY stakeholder groups were initially elected or appointed to 2 year terms that will end in December 2018. RPC's may proceed to hold elections prior to the end of 2018 as scheduled, OR may vote to increase the terms of elected/appointed members to 3 years. This survey does not constitute a vote on this issue. We are interested in your opinion and will share the results of the survey with the Board when the topic is discussed and brought to a vote at the next meeting. Please select one of the following:

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
I believe that the Finger Lakes RPC should keep the 2 year terms in place for elected/appointed Board members. This would result in an election taking place in late 2018 and every two years thereafter.	28.00%	7
I believe that the Finger Lakes RPC should change elected/appointed Board members' terms to 3 years. This would result in an election taking place in late 2019 and every three years thereafter.	72.00%	18
TOTAL		25

RESULTS

Prefer 3 Year Terms: 72%

Prefer 2 Year Terms: 28%

Q3 Please share any information that you would like the RPC Board to consider in its discussions and decision regarding this topic.

Answered: 15 Skipped: 10

1. Lengthening the term would decrease ramp up. However, since the "seat" is tied to an organization, I believe you have the right organizations represented.

2. The projects and subcommittee groups need time to work on them and bring them to completion, 2 years and the amount of time people can commit outside of the quarterly board meetings are limited. I think a 4-year term would be better but a 3-year term would suffice.

3. Methods to re-evaluate groups in the key areas of representation

4. We should consider staggered terms so the entire board is not replaced at one time. Also, 3 year term would give the board more time on current issues.

5. Given the schedule of Board meetings, I think the additional year makes sense. It takes some time to understand and adapt to a Board and the RPC is an unusually large group.

6. I think 3 years lends itself to better continuity and follow through with projects.

7. Newly formed BHCC IPA

8. Two years has really gone fast and we are just making changes. It takes a long time for the group to establish to the point of fully working together and making changes. Lets keep it going for another year.

9. It would be helpful to consider having some different lengths of terms to start in order to avoid significant simultaneous turnover.

10. I think it would be better to have staggered terms so that you don't run the risk of everyone leaving the board at once. Maybe half of the board would be up for election this year and the other half in 2019. After that everyone could serve either 2 or 3 year terms depending on what the board decides.

11. It has taken awhile to get the RPC up and running, so I'm in favor of three year terms to capitalize on what has been learned

12. I feel that we need 3 year terms because we are just becoming a cohesive group. 2 years is too soon for the transition to new members

13. It takes time to become fully engaged as a board member. At the end of 2 years the term will be up and the process will begin over again. I believe a three year term to be more beneficial to the board and service delivery system. Also the need to continuity and following through on issues.

14. I think having some new voices every 2 years will keep the momentum going for the RPC.

Q4 Do you have any questions about this issue that you would like to have addressed in the Board's discussion during the May 18 meeting?

Answered: 14 Skipped: 11

1. Demand for more inpatient children/ adolescent units.
2. Can you be re-elected or are you completely done at the end of your term?
3. It seems that we have lost a couple of members of the PFY group. Will those members be replaced? I believe they should be.
4. Are current board members eligible for re-election?

Finger Lakes Regional Planning Consortium

Children & Families Subcommittee – May 4, 2018

Ontario County Training Facility, 1pm – 3pm

MEETING SUMMARY

1. Welcome and Introductions - 5 min **Jodi Walker**

Jodi welcomed the group and had everyone introduce himself or herself. She reviewed the agenda for today's meeting.

2. Updated Transition Timeline - 5 min **Jodi Walker**

The latest timeline from the State was reviewed (attached).

3. Announce MCTAC Training re Kids Services – 5 min **Melissa Hayward**

- New Children's BH State Plan Service Specific Training
- May 30 – Memorial Art Gallery – 9:30 – 3:30

Melissa reminded the group of the training coming up at the end of the month regarding updated children's system implementation and the new state plan services. She also shared with the group the schedule that has just been released for new in person CANS-NY training that will eventually be required for all CM's and CM Supervisors.

NYS will be implementing a requirement that all HHSC care managers and supervisors must participate in an in-person CANS-NY general training; as well as an in-person supervisory training for all supervisors. NYS believes attendance to the in-person trainings will help to address reliability in ratings and create consistency in how the CANS-NY for HHSC is completed. It has been found that in-person trainings increase the care manager's understanding of the tool's application. This is based on testing, which shows individuals pass the test and score better after attending the in-person training than when solely taken on-line.

To begin this transition to this requirement, all 1915c waiver care managers and supervisors for B2H, OMH HCBS, OPWDD CAH and DOH CAH I & II transitioning to HHSC care managers and care management supervisors must complete an in-person general training and for supervisors also an in-person supervisory training by December 31, 2018.

Unfortunately, the CANS training has been scheduled in Rochester on the same day as the new state plan services training, but there are alternate dates and locations for each training.

4. RPC Board has openings (2) for Youth Advocate Board Members – 10 min

Beth White

- Eligibility: Ages 18 to mid-20's with lived experience receiving child services
- Suggestions for Recruitment

Beth explained the structure of the RPC Board and that there are two seats reserved for Youth Advocate members. She invited people to contact her with nominations of anyone meeting the eligibility criteria who might be interested in representing youth BH issues at the RPC Board.

5. Breakout Groups - Issues Refinement & Recommendations – 10 min

Beth White

Beth explained that the group would meet in breakout groups to discuss the issues initially identified at the March 27 Town Hall meeting. Several of those issues were very broad and it was recommended that the group begin work on the more specific "Remaining Issues" listed below. There was no objection from the group to that suggestion.

- Follow Up on Issues Identified at Town Hall
    i. Tabled Issues – recommended to be refined and worked at a later date
        1. Lack of services for teens
        2. Lack of services to coordinate
        3. Sustainability of CMA's
    ii. Remaining Issues – Two Common Themes - Training and Communication
        1. Training for workforce on how to work together, also for new CMA's
        2. Too many services and processes for CM's and others to negotiate
        3. Lack of knowledge about available services for teens
        4. Communication re availability of services and how to get this info into schools
        5. Need increased school involvement and connections
        6. Communication issues between care providers (turns families of)

The following instructions were given to the 3 groups:

- Today's Breakout Group Charge - 30 min

  For the Training and Communication issues identified above, bring forward 2-3 action recommendations to report out to the larger group. They can be about either Training, Communications or both.

Consider the following when selecting your recommended actions:

i. Is the recommendation Objective?
ii. Is it Actionable?
iii. Recommendations of Things this Group can Do
    1. What *specifically* do we want to do?
    2. What are the steps needed to accomplish the goal(s)?
    3. Do we have the Right People here?
    4. When do we want to meet again to pursue these actions? Group to recommend which of the following dates for next meeting.
        a. June 22 at 2-4pm
        b. July 19 at 1-3pm
        c. August 10 at 1-3pm

6. Breakout Groups Report — **Melissa Hayward**

After a half an hour of discussions, the groups came back together and each reported their 2-3 action most critical recommendations.

Group 1:

Recommendation #1: Clarify the roles of the various involved entities – SPOA, MCO, HH, CMA, etc.

Recommendation #2: Target Schools for Inclusion and Information Sharing

Recommendation #3: ID all of the various trainings and meetings occurring around the transition, and who should be going to what

Group 2#:

Recommendation #1: Create stories to reach community regarding the value of Health Homes. These would be impact stories coming from consumers – children and families - regarding the purpose and value of care management.

Recommendation #2: Identify who needs education by group and who will deliver that training.

Group #3:

Recommendation #1: Groups that are targets of transition do not know what is coming. Child services stakeholders need to come together to clarify the message and how best to deliver it. The message needs to be simple and relatable – "Back to Basics."

Recommendation #2: information for schools needs to explain what' in it for them and that more of their students can benefit from this transition than they may think.

7. Discussion & Action Plan – 30 min **Jodi Walker**

Many participants were struck by how similar the three groups' recommendations were, and agreed that this group can work on defining roles and services changes, and crafting messages for the various children's services stakeholders. There was a strong consensus that that "we need to start with us first," that there remains too much confusion and uncertainty among the people in the room about what is happening and how everyone fits into those changes.

The following actions were agreed upon for the group to begin its work:

- Define Roles
- Create Message
- ID resources to create/disseminate messaging product
- Create project timeline

8. Who's Not Here?

The group was asked who is not at the table who needs to be. Several suggestions were made for outreach: Carly Congilosi from Youth Power, Cory Sullivan from Monroe County. Participants were asked to send Beth names and contact info for any others to invite to the Subcommittee

9. Next Steps **Beth White**

The group was given the choice to meet and in one, two or three months. Strong consensus to meet in June.

Next Meeting: Friday, June 22 from 2-4pm
Ontario County Training Facility
2914 County Road 48, Canandaigua

FINGER LAKES REGIONAL PLANNING CONSORTIUM

RPC Strategic Initiative – 2018

RPC 2018 Vision

- Consider the client experience first - then consider everything else.
- Focus the RPC approach to include more comprehensive development of issues, resulting in a strong call to action for specific and well supported recommendations.
- Structure RPC operations to enable cross-regional collaboration and planning while simultaneously recognizing the unique aspects and needs of each region.
- Shift to a proactive, engaged, in-depth communication with our state partners.

RPC Inquiry: What do we know? What do we do with what we know?

1) How does this issue impact the client and our service goals?
2) What stakeholder groups are impacted and to what extent?
3) Is there something else driving it? What? (repeat)
4) What attempts have been made to remediate the issue?
    a) What aspects did & did not work? Why?
5) Who controls each aspect of the issue?
6) What is being done to address the root issue?
7) Does <u>not</u> addressing the issue create risk? How?
8) What is the viability of this issue – i.e. ***is it actionable***?