

Regional Planning Consortium

QUARTER ONE UPDATE

JANUARY 1 – MARCH 31, 2021



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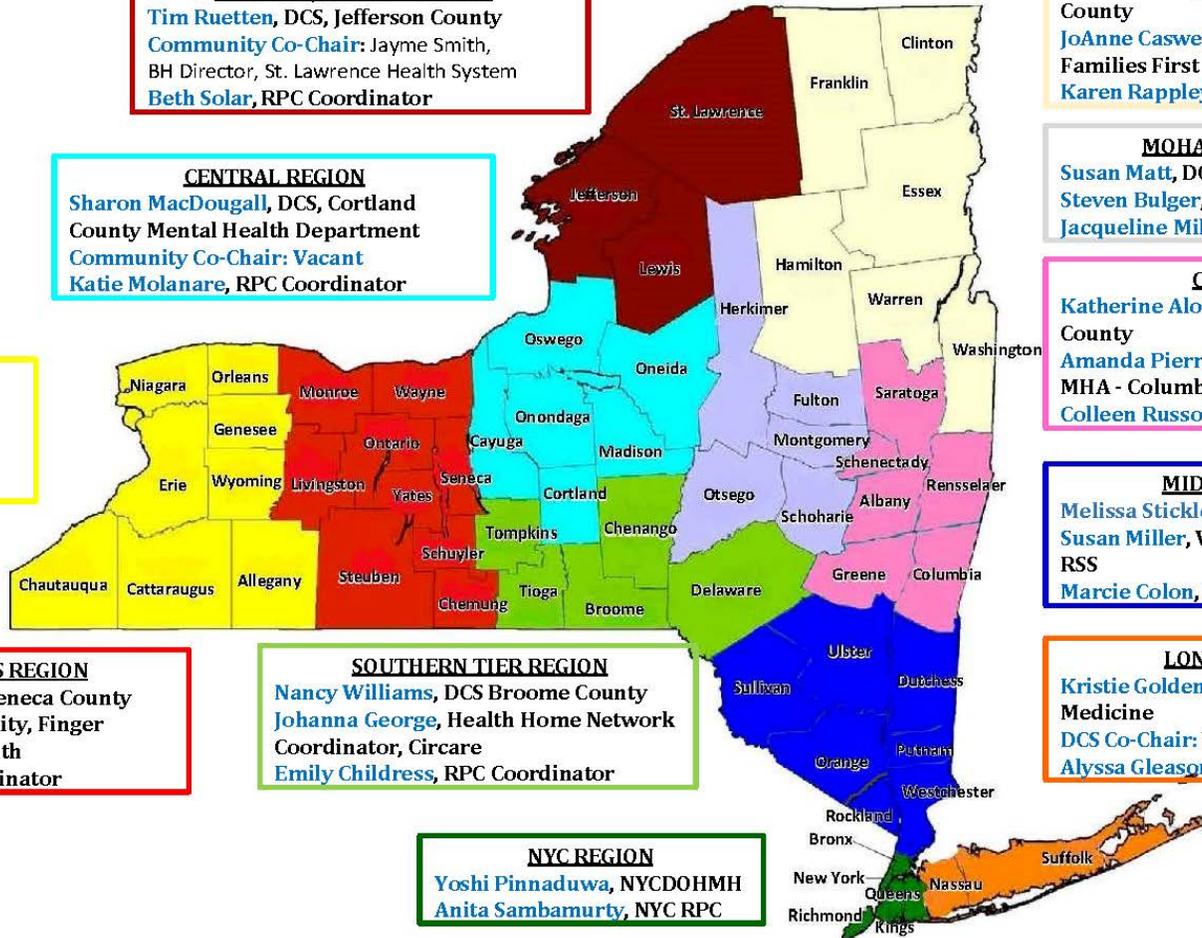
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RPC Mission & Purpose

Who We Are:

The [Regional Planning Consortium \(RPC\)](#) is a network of 11 regional boards, community stakeholders, and Managed Care Organizations that work closely with our State partners to guide behavioral health policy in the regions to problem-solve and develop lasting solutions to service delivery challenges.

RPC Mission Statement:

The RPC is where collaboration, problem solving and system improvements for the integration of mental health, addiction treatment services and physical healthcare can occur in a way that is data informed, person and family centered, cost efficient and results in improved overall health for adults and children in our communities.

About this Report:

The content of this Report targets Quarter 1 (Q1) (January 1 – March 31, 2021) activities conducted by the rest-of-state RPC by Region.

Statewide RPC Update

The Conference for Local Mental Hygiene Directors (CLMHD), RPC leadership, and staff were notified in January by the Office of Mental Health (OMH), that the grant-funded project would be experiencing a shift in future funding that could potentially sundown the Project during 2021. Numerous conversations have taken place with CLMHD, OMH, and Division of Budget to discuss future considerations for the Project, including potential statewide restructuring and future mission considerations.

Key Area of Focus #1: All RPC Regions, staff and stakeholders began the process of reviewing current Board goals and objectives, and committee work underway to evaluate sustainability and prepare a risk analysis of activities that should be sustained in each regional community.

Next Steps: This structured risk analysis is being evaluated by each region and has been shared with state leadership. Regions will determine value and necessity for efforts and committees to continue work independently or require continued direct oversight by the RPC staff and communities.

Key Area of Focus #2: Over 1300 RPC stakeholders, past and present were encourage to complete in one week, a statewide “Stakeholder Survey” requesting their evaluation and value of the RPC to their respective organizations and/or their self-reflection of impact as a result of participation in the RPC. With over 260 responses, results of the survey were insightful and portrayed a deep value of engagement and need to continue their invested commitment.

Next Steps: Survey results will be shared across the RPC, state partners, and will serve as an anchoring document to the RPC’s 5- year Evaluation Document.

Key Area of Focus #3: RPC Co-chairs and staff began the undertaking of an evaluation document that reflects the evolution of the RPC from its inception in 2015. Teams were formed to prepare sections of the document to include mission, regional highlights, an executive summary and conclusion sections with the Stakeholder Survey framing accomplishments and recommendations for the future of the RPC.

Next Steps: Complete the RPC Evaluation in late April for distribution.

For further information about the Regional Planning Consortium, please contact:

RPC Project Director: [Lori Kicinski](#), (518) 867-1159

VBP/Managed Care: Primary Care Integration

Key Area of Focus #1: Continued project plans from 2020 to collaborate with MCOs to create a provider readiness survey to prepare a best practice application for future remaining HCBS infrastructure project funding awards.

Next Steps: Through polling discussions with MCOs it was determined that conducting a direct Provider/Plan Virtual Summit would yield the best value for successful submission of project applications.

Key Area of Focus #2: Discussions were held pending the OMH and OASAS Webinar on Infrastructure Program Extension (3/30). MCOs and RPC Cohort agreed to delay evaluating framework and logistics for a Summit until early April.

Next Steps: Roundtable will convene in February and will review the full results of the HCBS Infrastructure process. A structured format will be employed to discuss lessons learned and recommendations to the upcoming roll out of CORE services.

Key Area of Focus #3: Both Western Region and Long Island Regions have launched significant efforts in mobilizing regional, formalized committees to address possible VBP/APM potential with a myriad of stakeholders.

Next Steps: Cohort to participate and support these Regional efforts as they evolve throughout 2021

Achievements & Upcoming

- Cohort planning: Finalize MCO HCBS/CORE Infrastructure Provider Summit Preparations questionnaire – 4/1
- Conduct Summit preparation calls with MCO Plans to develop Agenda topics and logistics for the Summits, upstate and downstate – 4/6 - 4/7
- Cohort Planning: Provider Pre-Registration communication for the CORE Infrastructure Project Prep Summit, which includes a short provider needs assessment – 4/26
- Host (2) MCO HCBS/CORE Infrastructure Provider Summits, pending updated guidance provided by OMH & OASAS on Infrastructure funding – 6/21 TBD

Meetings Held During Quarter 1

MCO Cohort Roundtable 2021 Project Planning Prep - 1/8, 1/27, 2/24, 3/21, 3/24



SDOH/Care Transitions and Co-Occurring Integration

Key Area of Focus #1: Identify key priority Social Determinant of Health (SDoH) statewide trends by RPC Region.

Next Steps: During Q1-2021, the Social Determinants of Health Cohort held discussions with various RPC stakeholders and conducted internal meetings to finalize the SDOH Cohort next steps. A plan was developed to convene structured interviews with willing MCOs on their knowledge of and usage with Z-codes (codes in ICD-10-CM for reporting factors influencing health status and contact with health services). Additionally, the cohort wants to garner if there is any promotion, planned future outreach efforts, or supplementary information related to Z-codes and provider usage within each MCO network. From this data, the SDOH Cohort will convene a multi-stakeholder/cross-regional group to review findings and strategize next steps.

Achievements & Upcoming

- In an effort to streamline information and maximize collaboration with the MCO stakeholders, the SDOH Cohort will consolidate with the MCO/VBP cohort. A scheduled meeting in quarter 2 with the MCO stakeholders will be given consideration as a platform to discuss Z-codes in a roundtable discussion topic.

Peer/Behavioral Health Workforce

Key Area of Focus #1: Sustainable Peer, Family, and Youth (PFY) Advocate networking and collaboration

Next Steps: The PFY Advocate stakeholder group completed a survey in Fall 2020 that indicated a need for networking connections between stakeholders and regional or state resources. A first draft networking resource document is being developed for distribution to all PFY Advocate stakeholders in Quarter 2.

Key Area of Focus #2: Centralized Training/Certification for Care Management

Next Steps: Feedback from Behavioral Health Care Managers indicated that a unified web-based platform to house all trainings and resources for care managers would be valuable. Existing platforms such as those used by Health Homes, MindFlash, etc. will be outreached for partnership and feedback.

Key Area of Focus #3: Financial Sustainability of Peers within the Office of Mental Health Clinics, Article 31s

Next Steps: Continue to demonstrate and promote the benefit of peer services in Article 31 clinics to validate the need for equitable billing consideration for peer services in this setting.

Achievements & Upcoming

The Cohort is currently restructuring its approach by utilizing the RPC's original "Logic Model" to focus on specific Behavioral Health Workforce sectors as it relates to both regional and statewide barriers. The Cohort is considering consolidation of the 10 regions into four "districts" as not every region has an established Workforce committee.

Meetings Held During Quarter 1

- CNY: 1/14, 2/11- Care Management Workforce
- WNY: 2/2, 3/2- Workforce



Children and Families

Key Area of Focus #1: Capacity and Access for CFTSS and HCBS remains an issue in every region across the State.

Next Steps: C&F Cohort continues to collaborate with State Partners in assisting with an HCBS training to enhance the general understanding on the array of offerings though HCBS. A taskforce of C&F Regional Co-Leads created a Guided Discussion Template to be utilized in January C&F meetings and/or ad-hoc C&F meetings in order to collect information to inform trainings that DOH and State Partners will host. Cohort attended and synthesized the information provided in each of the seven (7) regions who convened for a meeting. [A detailed presentation on the findings and four training proposals were presented to State Partners.](#) The cohort will continue to respond to the requests of the State Partners to best inform their impending trainings. Upon request from this meeting, the Cohort is working to obtain HCBS providers in varying regions, as well as recipient family/child stakeholders to speak on their experiences with HCBS. Cohort will be reconvening with State Partners to further collaborate in this area. Co-Lead calls will continue monthly to discuss access issues.

Key Area of Focus #2: Children are unknown to the mental health system and are being placed on long waiting lists for CFTSS. C-SPOAs have seen an increase in out-of-home placement referrals and have found that many of these children never received CFTSS and are unknown to their system. Prior to the transition, the county C-SPOA had the responsibility to track the status of all children who were and/or needed to be connected with services. There is no longer a system in place to keep track of the status of all the children requiring services, especially those waiting for CFTSS and HCBS.

Next Steps: Cohort is collaborating with State Partners on HCBS Statewide trainings for children's providers to offer support and strengthen their overall understanding of the children's services system. Cohort met with OMH System of Care team to begin discussions on incorporating System of Care principles and conversations into the RPC C&F Subcommittee meetings. Further exploration on this collaboration will continue with the regional C&F Co-leads.

Achievements & Upcoming

- Mohawk Valley's Service Finder was successfully piloted in Long Island.
- Mohawk Valley Service Finder was presented for all regions across the State for consideration and feedback. Three (3) regions are ready to begin this initiative (Capital, Mid-Hudson & Southern Tier)
- Cohort collaborated with regional Coordinators to initiate dialogue and collect information from providers and service recipients about HCBS to inform the development of the HCBS Statewide Training Initiative by DOH. Cohort gave a detailed presentation and training proposals to State Partners in February on the feedback offered during the seven regional meetings.
- Cohort will be supporting the regions with implementation of the Service Finder.
- Cohort is developing a proposal for a [change in regional C&F meeting formats](#). This proposal will still focus on regional discussion while promoting statewide efficiencies in cross-regional problem-solving.

Meetings Held During Quarter 1

- HCBS Statewide Training Question Development Taskforce – 1/4
- Statewide C & F Co-Lead Call – 1/21
- [HCBS Training Feedback Follow-Up with State Partners](#) – 2/11
- Statewide Demo of Mohawk Valley Children & Family Service Finder – 2/11
- Statewide C & F Co-Lead Call – 2/18
- Statewide C & F Co-Lead Call – 3/18



Capital Region



DCS Co-chair: [Katherine G. Alonge-Coons](#), LCSW-R, Rensselaer County

Community Co-chair: Amanda Pierro, Peer Representative

RPC Coordinator: [Colleen Russo](#)

Board Membership: [Capital Region RPC Board Members](#)

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Key Area of Focus #1

- Providers report that it can be a challenge connecting adults to HCBS in the region. The Health Home/ HARP/ HCBS (HH) Workgroup's goal is to provide real-time referral and capacity information to Care Managers/ Regional Providers for adult HCBS to facilitate timely service initiation.

Next Steps

- Review and report results of capacity surveys conducted this quarter to determine appropriate plan of action.

Key Area of Focus #2

- [Transitions in Care Workgroup](#) will focus on three specifically identified areas to address Regional capacity and transitions between services as it relates to the behavioral health population within inpatient/outpatient care settings.

Next Steps

- The workgroup will reconvene in the second quarter to collaborate on the ongoing work being completed by the [three specific cohorts](#).

Capital Region continued

Key Area of Focus #3

- The Capital Region has reported difficulty in accessing children’s CFTSS and HCBS providers. C&F Subcommittee will look at piloting a Children’s Service Finder application to support the region with accurate capacity and provider data.

Next Steps:

- To ensure the tool can be self-sustaining outside of the RPC, the C&F Subcommittee will initiate steps to convene a task force to solidify regional interest and viability in developing a Children’s Services Finder tool to increase access to services in the Capital Region.

Achievements & Upcoming

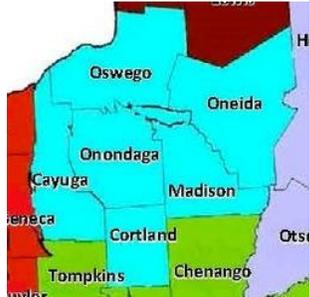
- C&F Subcommittee has approved implementing a pilot of the Children’s CFTSS and HCBS services finder, and will begin next steps in this process
- [Transitions in Care cohort groups](#) have convened throughout Q1 to further identify necessary actions and goals of the workgroup.

Meetings Held During Quarter 1

- [HARP/Health Home/HCBS Workgroup](#) – 2/9
- [Q1 Board Meeting](#) – 2/23
- Children and Family Subcommittee – 3/2
- Transitions in Care Task Forces – 2/24, 3/3, 3/5, 3/11



Central NY



DCS Co-chair: [Sharon MacDougall](#), MSW, MBA, MS, LCSW-R, Cortland County Mental Health Department

Community Co-chair: Vacant

RPC Coordinator: [Katie Molanare](#)

Board Membership: [Central NY RPC Board Members](#)

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Key Area of Focus #1

- Standardized Health Home & HCBS Care Management training and possible certificate program to help prepare and support Care Managers in their role and improve turnover rates.

Next Steps

- The BH Care Management Workforce Committee is currently looking into existing training platforms (i.e. Mindflash, etc.) to determine if the Syracuse University (SU) Pilot Program would be a good fit to include in a training platform.

Key Area of Focus #2

- There is concern around the possible discontinuation of current emergency provisions and the resulting allowances, particularly around Telehealth, due to the COVID 19 crisis.

Next Steps

- Telehealth Taskforce and Action Plan created.
- Collect data regarding “Virtual Fatigue” and Virtual Group Therapy best practices.

Central NY continued

Key Area of Focus #3

- Lack of clarity of which counties/agencies are involved in Opioid Initiatives, how other counties/agencies can be more engaged, and how to use this data to address the opioid epidemic.

Next Steps

- Opioid Taskforce and Action Plan created.
- Gather information on Oneida Co. Spike Response Team

Achievements & Upcoming

- Establishment of three issue-related Due Diligence Committees; Telehealth, the Opioid Epidemic, and Informed Consent. Two out of the three topics have evolved into RPC Taskforces and one was referred to an existing RPC Committee.
- The Behavioral Health Care Management Workforce Committee is looking to conceptualize and draft a proposal for a statewide training site that would unify all existing care management training platforms into one place.

Meetings Held During Quarter 1

- Q1 RPC Board Meeting- 2/1 (Quarterly)- Minutes Pending Approval (May 2021)
- Medicaid Managed Care Committee (Monthly): 1/20, 2/17
- BH Care Management Workforce Committee (Monthly): 1/14, 2/11
- Children and Families Subcommittee (Bi-Monthly): 1/8, 3/12
- Due Diligence Committee (As Needed):
 - Telehealth: 2/8
 - Opioid: 2/8
- Taskforce(s) (Monthly):
 - Telehealth: 1/5, 2/19
 - Opioid: 1/5, 2/19



Finger Lakes



DCS Co-chair: [Margaret Morse](#), LMSW, Seneca County

Community Co-chair: Ellen Hey, MS, FNPC, Chief of Quality, Finger Lakes Community Health

RPC Coordinator: [Beth White](#)

Board Membership: [Finger Lakes RPC Board Members](#)

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Key Area of Focus #1

- In the area of improving Mental Health Crisis Responses, the problem has been identified that, too many times, people are taken to the Emergency Room for psychiatric evaluation and quickly released back into the community with no timely notification to the referring entity. There are times that this occurs without the person having seen a psychiatrist. Presentation was made to the RHIO proposing a collaborative project to determine if current RHIO Alerts could be made to connected referral sources when Emergency Room disposition occurs., i.e. inpatient admission.

Next Steps

- RPC Coordinator and RHIO Chief Engagement Officer are working with key RHIO and hospital stakeholders to determine if Emergency Room disposition alerts can be added to RHIO alerts.

Key Area of Focus #2

- OMH currently requires a waiver process for Physician Assistants (PAs) to be permitted to assess and prescribe in Article 31 clinics. This limits the Clinics' ability to recruit from one of the only growing behavioral health workforce sectors. Discussions with OMH have led to insight around their concerns and possible remedies, i.e. not requiring the waiver process for clinics that have continuous psychiatric coverage on site. A workgroup has formed and developed a proposal to OMH for a PA Pilot for the assessment and development of PAs without the current waiver requirement.

Next Steps

- Workgroup meeting April 21 for final edits and approval of formal waiver request for PA pilot. Meeting will be requested with OMH for presentation of proposal.

Finger Lakes continued

Key Area of Focus #3

- Children & Families stakeholders continue to report long waits for children to receive CFTSS and HCBS. Providers of children's services continue to voice great concerns about the sustainability of delivering these services, especially in light of some providers de-designating and discontinuing participation, further exacerbating the long waits for children to receive services. C&F Subcommittee shared input with statewide RPC C&F cohort who are working with state partners to identify what training would be most helpful for providers at this time.

Next Steps

- Starting in May 2021, Finger Lakes region will participate in a new model of C&F Subcommittee meeting structure, combining statewide meetings and information sharing with regional efforts.

Achievements & Upcoming

- PA Pilot Workgroup – April 21
- C&F Subcommittee – TBD in May
- RPC Board Meeting – June 11

Meetings Held During Quarter 1

- Children & Families Subcommittee (50 attendees) – 1/15
- RPC Presentation to RHIO Management Group – 2/5
- [Finger Lakes RPC Board](#) (34 attendees) – 3/12
- Article 31 Physician Assistant Workgroup 3/17



Long Island



DCS Co-chair: Pending

Community Co-chair: Kristie Golden-Campo, Associate Director of Operations, Neurosciences/Psychiatry/Telehealth, Stony Brook University Hospital

RPC Coordinator: [Alyssa Gleason](#)

Board Membership: [Long Island RPC Board Members](#)

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Key Area of Focus #1

- C&F continues to address the access and capacity issues for CFTSS & HCBS. During Q1, the Children & Family Service Finder Pilot was implemented in Long Island. This pilot allows for timely updates on wait lists and referrals for the services, as well as links them to referral forms for CFTSS. The group established a small taskforce to create a regional CFTSS referral form to promote consistency in the referral process and respond to provider's interests in streamlining referrals. Initial meeting held on 1/7/21 and input was given on current referral forms across 12 agencies.

Next Steps

- Continue to encourage providers to update their information in the Service Finder after the automated monthly reminder. Circulate survey to current users to garner feedback on the effectiveness of the tool. Learning Collaborative will continue to meet to build upon existing areas identified: workforce (hiring and retention), building capacity and fiscal sustainability, and maximizing reciprocal support.

Key Area of Focus #2

- Continue to build and expand the Peer Supervision Learning Collaborative intersystem group in order to grow and support peer services in the region.

Next Steps

- Following the presentation of a local provider on supervision structure, the group decided to determine the feasibility of a predetermined presentation schedule. The group will be surveyed to assess current areas for development; speakers and topics for collaboration will be arranged based on survey results.

Long Island continued

Key Area of Focus #3

- Health Home/HARP/HCBS (HHH) Subcommittee is focused on the transition to CORE and the assurance that there is service continuation, fair access and capacity to services.

Next Steps

- The Service Directory for Long Island, which includes contact information for all HCBS providers, Health Homes and links to the MCO matrix, was disseminated in January 2021. It was updated in February and a bimonthly update was agreed upon to ensure accuracy. A demonstration of the Services Finder Tool for children yielded a decision to pursue this tool for adult services following the CORE transition. HHH committee will engage Managed Care Partners in the following topics: LPHA utilization, ways to support agencies during CORE transition, infrastructure dollar utilization, and any shareable lessons learned around these topics.

Key Area of Focus #4

- The integration of Primary Care and Behavioral Health Care, particularly in moving forward with Value Based Payment (VBP) arrangements, is a newly identified area of focus. During the Q1 Board Meeting, all 32 Board Members in attendance were polled on their understanding of HEDIS measures, which revealed 67% were either somewhat or not at all familiar with the measurements.

Next Steps

- Board stakeholders from Community Based Organizations and Hospital and Health Systems were surveyed after the Q1 Board meeting to determine their previous engagement in DSRIP as well as their current, if any, affiliation with an IPA. A local IPA has been invited to present to the Board at the Q2 meeting in June on the relationship between integration of PC/MH and HEDIS measures. The local Medical Society and Dental Society will also be contacted on this initiative.

Achievements & Upcoming

- CFTSS/HCBS Learning Collaborative began on 1/7/2021 to solve regional issues through support in building capacity, workforce and ease of connectivity. On 3/5/21, Family Service League presented on how they successfully expanded their CFTSS programs.
- LI Children & Family Service Finder Pilot began on 2/11/21. More than 200 views in three weeks.
- Peer Supervision Learning Collaborative had an informative presentation from Hands Across Long Island, Inc. (HALI) on their peer supervision structure. Presentation feedback from the group yielded reports of plans for improvement within their own organizations on supervision for peers.

Meetings Held During Quarter 1

- [CFTSS/HCBS Learning Collaborative](#) - 1/7
- Ad-Hoc Children & Families Meeting - 1/21
- [Peer Supervision Learning Collaborative](#) – 1/27
- [Children & Families Subcommittee Meeting](#) - 2/11
- CFTSS/HCBS Learning Collaborative - 3/5
- [Board Meeting](#) – 3/11
- [HHH Meeting](#) – 3/25



Mid-Hudson



DCS Co-chair: [Melissa Stickle](#), LCSW, CASAC, Sullivan County

Community Co-chair: Susan Miller, Managing Director, Rehabilitation Support Services

RPC Coordinator: [Marcie Colon](#) | [Beth White](#) | [Alyssa Gleason](#)

Board Membership: [Mid-Hudson RPC Board Members](#)

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Key Area of Focus #1

- The Health Home/HARP/HCBS Committee would like to review and evaluate the status of the issues brought forth to the committee since its inception in an effort to focus key areas for 2021.

Next Steps

The committee has identified the following areas to focus on pertaining to the HCBS transition to CORE services:

- Training for all agencies, including new CORE agencies and those transitioning from HCBS.
- Education for recipients of CORE on what these new services are, how they correlate with the services they were receiving with HCBS, what is new with CORE, and what is no longer offered.
- Simple and clear processes for referrals being made to CORE services that are universal across all Managed Care plans.

Key Area of Focus #2

- There is an ever-growing list of services being made available in the Mid-Hudson region; however, providers are not always aware of the new and/or changing offerings, making it difficult to provide appropriate and timely referrals for recipients.

Next Steps

- Region created the S.H.A.R.E. (Support, Help And Resource Exchange) group to share information about existing, new and changing services for recipients. The premise of the group is twofold: The group will learn about existing resources and identify areas in which additional information and/or resources are needed. Two meetings were held in Q1 to kick-off the initiative. S.H.A.R.E. will continue to meet in Q2 to build a regional resource repository.

Mid-Hudson continued

Key Area of Focus #3

- The Peer/Youth/Family (P/Y/F) stakeholder group wants to ensure that the individuals who primarily utilize mental health and co-occurring services have a voice and active role in the decision making process, as full collaborative partners, now and in the future.

Next Steps

A stakeholder committee was developed to identify areas of focus for advocacy:

- Guiding mental health or addiction policy in the region
- Problem solving regional service delivery challenges
- Recommending priorities for system improvement
- The committee reported out to the MH RPC board on 3/3/21

Achievements & Upcoming

- SHARE (Support Help and Resource Exchange) successfully launched in Q1 to help facilitate information exchange and build resources within the region.
- Development of the Peer/Youth/Family (P/Y/F) stakeholder meeting to bring forth ways to increase consumer voice.
- The RPC Board and Children & Family Subcommittee have decided to move forward with initiating the Children and Family Service Finder in the Mid-Hudson Region, in order to assist with service connectivity. The C & F Subcommittee has begun initial steps for the pilot.
- Co-Occurring System of Care - The region has now implemented co-occurring services in some agencies and continues to work with others to build the system.

Meetings Held During Quarter 1

- Children & Family Subcommittee Meeting – 1/26
- SHARE meeting – 2/17
- Q1 Board Meeting – 3/3
- SHARE Meeting – 3/25
- Children & Family Subcommittee Meeting – 3/30



Mohawk Valley



DCS Co-chair: [Susan Matt](#), LCSW, CASAC, Otsego County

Community Co-chair: Steven Bulger, CEO/Executive Director, ICAN

RPC Coordinator: [Jacqueline Miller](#)

Board Membership: [Mohawk Valley RPC Board Members](#)

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Key Area of Focus #1

- Children's Provider Designation Lists for CFTSS and HCBS are often difficult to navigate and have conflicting information between the various sites that house this information.

Next Steps

- The Services Finder has been built within Smartsheet and continues to be utilized by children's service providers regularly. In Q2, a survey will be sent to stakeholders to assess the successes/difficulties of the platform. Stakeholders in several RPC regions have requested to recreate this platform for their region.

Key Area of Focus #2

- Timely access to behavioral health care is an ongoing challenge in rural regions.

Next Steps

- The HHH workgroup will continue to monitor for any changes in the Governor's executive order on telehealth, as well as how the CORE transition may be impacted as a result. The Coffee Hour meeting kicked-off in Q1 and will continue, on quarterly basis, with the intention to guide conversations on the transition to CORE and the impact on rural regions. Items identified in Coffee Hour requiring a deeper dive will be moved back to the HHH workgroup for further examination.

Mohawk Valley continued

Achievements & Upcoming

- The Children's Services Finder tool developed by the Mohawk Valley C&F Subcommittee which is widely resourced. The tool has been replicated successfully in Long Island and is in advanced development in two other regions.
- Mohawk Valley RPC Board of Directors Q2 Meeting is scheduled for June 4, 2021.
- Mohawk Valley C&F Subcommittee is set to meet on May 26, 2021.
- Next Coffee Hour will be scheduled for a date in May; this will be posted on RPC calendar when confirmed.

Meetings Held During Quarter 1

- HIXNY 2021 Presentation – 2/5
- Services Finder was demoed for all regions – 2/11
- Children & Families Subcommittee – 2/24
- Mohawk Valley RPC BOD – 3/5
- Mohawk Valley's First HHH Coffee Hour – 3/22



North Country



DCS Co-chair: [Suzanne G. Lavigne](#), MHA, CASAC II, Franklin County

Community Co-chair: JoAnne Caswell, Executive Director, Families First in Essex County

RPC Coordinator: [Karen Rapplelea](#)

Board Membership: [North Country RPC Board Members](#)

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Key Area of Focus #1

- Capacity and Access for CFTSS and HCBS continues to be an issue in the North Country.

Next Steps

- The C&F Subcommittee assisted the RPC C&F Cohort with discussion, comments, and suggestions on HCBS services. 22 children's service providers in the North Country offered feedback to help State partners design upcoming HCBS trainings. The C&F subcommittee will continue to meet regionally on issues specific to the North Country while joining a statewide C&F meeting to further promote regional cross-collaboration.

Key Area of Focus #2

- [North Country/Tug Hill Substance Use Disorder \(NC/TH SUD\) Bed Finder webpage](#) launched with six participants. User trainings of the site occurred during Q1 for multiple stakeholder groups, including SUD and mental health providers, MCOs, Health Homes, and drug court.

Next Steps

- Monitoring of the participants' daily updating of site will continue to ensure bed registry and status of bed availability is up to date. A discussion for a transfer of NC/TH SUD Bed Finder site to a webhost sponsor will occur in Q2 to ensure continuation and regional sustainment of the tool.

North Country continued

Key Area of Focus #3

- 22 Housing Workgroup participants met on February 3 to review the [North Country Housing Survey results](#), discuss the housing tool, and discuss training for care managers.

Next Steps

- Led by the North Country RPC coordinator, volunteers will develop a robust database of various housing options in each county within the North Country (RPC zone). A Q2 meeting to review data and next steps to be scheduled.

Achievements & Upcoming

- Q2 Board meeting – 5/21, 10a-12p
- NC C&F Subcommittee / C&F RPC Cohort with Mohawk Valley/ Central/North Country/Tug Hill breakout – 5/26, 10a-12p

Meetings Held During Quarter 1

- [Children & Families Subcommittee](#) (C&F) – 1/28
- [Housing Workgroup](#) – 2/3
- [Q1 Board meeting](#) – 2/26
- NC-TH SUD Detox Bed Finder Training – 3/24



Southern Tier



DCS Co-chair: [Nancy Williams](#), LCSW-R, Commissioner, Broome County Mental Health Department

Community Co-chair: Johanna George, Health Home Network Coordinator, Circare

RPC Coordinator: [Emily Childress](#)

Board Membership: [Southern Tier RPC Board Members](#)

Click [HERE](#) to visit the Southern Tier RPC web page

Key Area of Focus #1

- Children's service providers report a lack of available staffing as a predominant barrier in the ability to provide the array of offerings through HCBS and CFTSS.

Next Steps

- The second round of provider capacity surveys, including workforce barrier questions, completed in March. Survey analysis and results will be distributed to regional stakeholders and posted to the regional webpage in Quarter 2. Additionally, a task force has been established to begin implementing a Southern Tier Children's Services Finder to increase referrals and access to services

Key Area of Focus #2

- Medicaid recipients who rely on Non-Emergency Medical Transportation struggle to access same day transportation to OMH & OASAS clinics and appointments.

Next Steps

- Continued review and collection of feedback from region on need for transportation to OMH clinics. Maintain ongoing collaboration with MAS Utilization Review Directors.

Southern Tier continued

Achievements & Upcoming

- MAS board presentation on updated same-day transportation – 2/10
- Second round of Children’s Provider Capacity Survey completed – March 2021
- Task force established to implement a Southern Tier specific Services Finder Tool to increase connectivity to children’s services, specifically CFTSS and HCBS.

Meetings Held During Quarter 1

- Board Meeting – 2/10
- [HHH Coffee Hour](#) – 2/24
- Children & Families – 3/10
- HHH Workgroup – 3/17



Tug Hill Seaway



DCS Co-chair: [Tim Ruetten](#), Jefferson County

Community Co-chair: Vacant

RPC Coordinator: [Beth Solar](#)

Board Membership: [Tug Hill RPC Board Members](#)

Click [HERE](#) to visit the Tug Hill Seaway RPC web page

Key Area of Focus #1

- With the forthcoming transformation of adult HCBS, the Health Home/HARP/HCBS (HHH) workgroup continues to focus on ensuring that the current process of connecting individuals to services will remain “status quo” by encouraging providers to still make referrals and care managers to still complete assessments until official CMS approval is granted and OMH shares transition specific details.

Next Steps

- Continue sharing information released from state partners with service providers. Continue with any scheduled HHH workgroups to discuss any updates and support ongoing collaboration.

Key Area of Focus #2

- The HHH workgroup has established a successful a monthly Adult Behavioral Health Coffee Hour to provide stakeholders in the region with a virtual platform for ongoing collaboration and support through the transition. The intention of the informally structured meeting is to encourage the sharing of best practices, build workforce peer relationships, and identify community resources.

Next Steps

- Maintain reoccurring schedule of meetings, encourage engagement with existing and new attendees, and support/assist/facilitate presentations or information sharing on topics in which attendees have expressed interest.

Tug Hill Seaway continued

Key Area of Focus #3

- Monitor the [North Country/Tug Hill Substance Use Disorder \(SUD\) Bed Finder Webpage](#) for accurate updates and provider participation.

Next Steps

- Provide training to any professional that may want to utilize the webpage for a resource. Identify and outreach any new providers that may be interested in participating or using the webpage as a resource.

Achievements & Upcoming

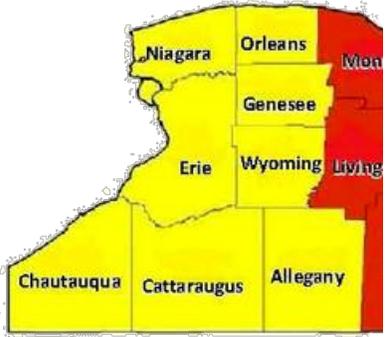
- Adult Behavioral Health Coffee Hour – 3/11, 6/8
- Tug Hill HHH workgroup meeting – 5/12
- Children & Families “Pod” Workgroup – 5/26
- Tug Hill 2021 2nd Quarter BOD Meeting – 6/3

Meetings Held During Quarter 1

- Tug Hill (HH/Harp/HCBS) Coffee Hours – 1/12, 2/9, 3/9
- North Country SUD Bed Finder Provider Trainings – 1/22, 2/10
- Tug Hill HH/Harp/HCBS Workgroup – 2/10
- Tug Hill BOD 1st Quarter Meeting – 3/9



Western NY



DCS Co-chair: [Mark O'Brien](#), LCSW-R, Erie County

Community Co-chair: Kirsten Vincent, MS, LMHC, NYSCPS, Director of Respite Services/Co-Manager of Care Services, Housing Options Made Easy, Inc.

RPC Coordinators: [Tiffany Moore](#) | [Beth Solar](#) | [Karen Rappleyea](#)

Board Membership: [Western NY RPC Board Members](#)

Click [HERE](#) to visit the Western NY RPC web page

Key Area of Focus #1

- With the forthcoming transformation of adult HCBS to CORE services, the Health Home/HARP/HCBS (HHH) workgroup continues to focus on ensuring that the current process of connecting individuals to services will remain “status quo” by encouraging providers to still make referrals and care managers to still complete assessments until official CMS approval is granted and OMH shares transition specific details.

Next Steps

- The HHH workgroup has decided to implement a monthly coffee hour to provide stakeholders in the region with a virtual platform for ongoing collaboration and support through the transition. The intention of the informally structured meeting is to encourage the sharing of best practices, build workforce peer relationships, and identify community resources.

Key Area of Focus #2

- Development of a Regional Managed Care (MCO) workgroup to work collaboratively as key stakeholders to develop best practices, remove barriers and achieve optimal health/behavioral health outcomes in the most cost-efficient manner for those served in the Western region

Next Steps

- This workgroup will convene to strive toward the establishment of regional best practices and improved health outcomes for those served in the Western region. The goal is to identify the scope of issues in each of the four main categories of focus: 1) Fiscal 2) Clinical/Transitions of Care 3) Structure of the System and 4) Access to care.

Western NY continued

Key Area of Focus #3

- Timely access to Children and Family services continue to be a barrier throughout the Western Region. Having the regional providers engaged at a discussion table is a vital first step.

Next Steps

- Members of the workgroup are committed to reviewing, revising and updating the listserv of Western NY C&F providers. Outreach will ensue in an attempt to engage providers. The workgroup will promote the opportunity to participate in the new C&F statewide and tri-region pod beginning in quarter two in an effort to reengage Western C&F providers.

Achievements & Upcoming

- C&F Cohort/tri-region (Mid-Hudson/Western/Southern Tier) meeting – 5/25, 10a-12p
- Q2 Board meeting – 6/6
- OASAS 820 meeting – 7/7, 2021, 9a-10a

Meetings Held During Quarter 1

- OASAS 820 Residential Re-Design meeting: 1/6
- Western Region Children and Families Subcommittee: 1/11, 2/18, 3/8
- Western Region HCBS/HARP/Health Home (HHH) Workgroup: 1/12, 2/9, 3/9
- Western Region Manage Care Organization (MCO) Workgroup: 1/26
- Western BOD 1st Quarter BOD meeting: 3/10

