

# Regional Planning Consortium

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QUARTER TWO UPDATE

APRIL 1 – JUNE 30, 2020



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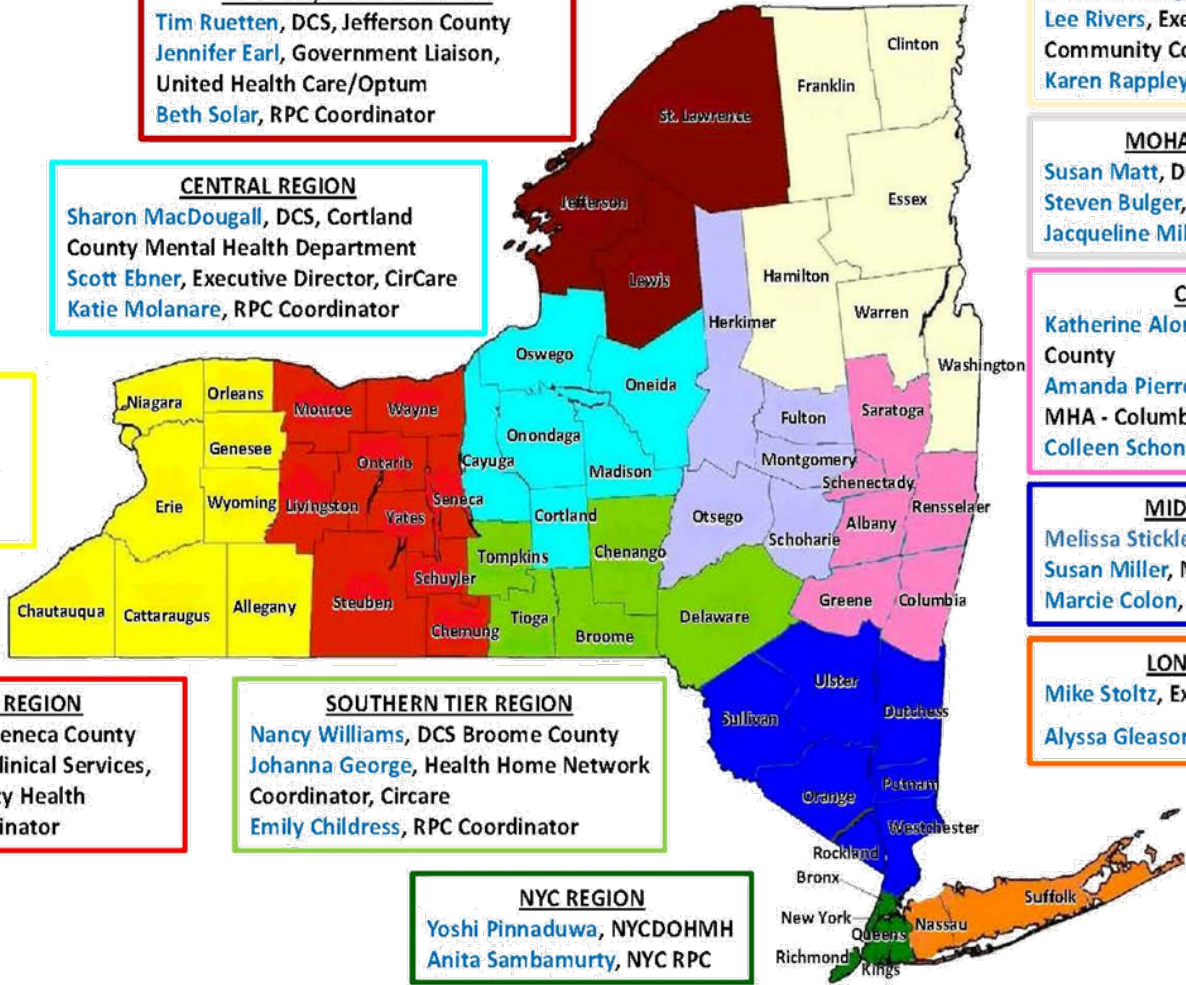
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# RPC Mission & Purpose

## *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 2 (Q2) (April 1 – June 30, 2020) activities conducted by the rest-of-state RPC by Region.



# RPC Pandemic Response

As COVID-19 began sweeping the globe and the focus of all communities shifted to adjusting to the demands of the pandemic, the RPC team remained dedicated to solving problems regionally to best assist our stakeholders during this unprecedented time. Although many of the issues established in Q1 by region may have “paused” with the rest of NYS, several new projects were completed and initiatives established during Q2:

- [Mental Health Access Survey](#): derived from an OMH website listing of provider organizations, 343 programs were identified; 311 were telephonically contacted, providing specific information regarding their ability to provide intra-muscular (IM) injections, and an estimate of the percentage of their services being provided by telemental health.
- [Behavioral Health Crisis Resource Guide](#): RPC Regional staff created comprehensive and timely listings of county, regional, state, and national resources for stakeholders into a consolidated directory for ease of access during a challenging time.
- [RPC Service support to OMH for COVID-19 response activities](#) from April 23, 2020 through June 22, 2020.
  - Personal Protective Equipment (PPE) survey development and data analysis to assist OMH with collecting regionally specific information related to PPE and Office of Emergency Management (OEM).

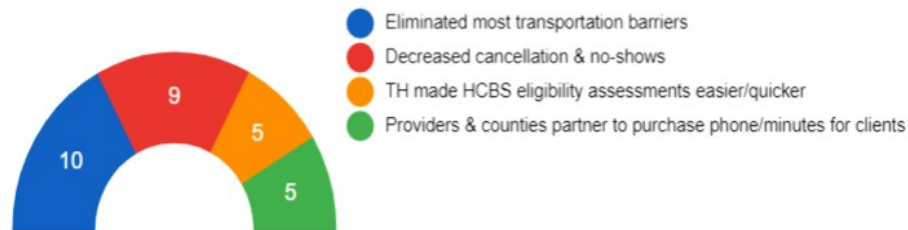
# RPC Pandemic Response

**COVID-19 Telemental Health Tracker** - The RPCs catalogued remarks related to telehealth during the COVID-19 State of Emergency from March 12 through June 5. The information collected during this timeframe will be used to inform dialogue during the October 29, 2020 Virtual State/Co-Chairs Meeting. In addition to access, topics will include service delivery, workforce, telehealth sustainability, revenue cycle management during/post COVID-19, and client experience and feedback.

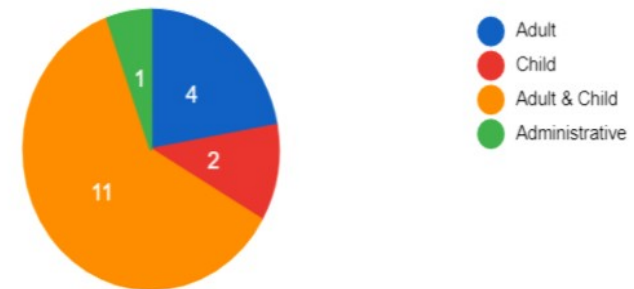
## ACCESS DEFINITION

Ability to access services, including challenges to access, timely ability to schedule and receive services.

### TOP ACCESS REMARKS (by Frequency)



### Access Remarks by Population (n=18)



## TOP ACCESS REMARKS

In 5 Regions (Adult & Child Population): Providers are partnering with their counties and other providers (i.e. Unitedway) to utilize funds and purchase more phones and minutes for clients as many still do not have working phones

In 5 Regions (Adult Population): Telehealth option has increased ability to get needed assessments done for HCBS eligibility quicker and easier as many barriers eliminated.

In 9 Regions (Administrative): Seeing a decrease in cancelled/no-show appointments through telemental health. Clients are more consistently engaging in services with the telehealth option. A hybrid of being able to do in-person, but use telehealth when needed would be beneficial

In 10 Regions (Adult & Child Population): Telehealth has eliminated some transportation issues for clients. Able to engage in more services with this barrier being eliminated. Also decrease appointment cancellations for transportation issues.



# 2020 RPC Areas of Focus

## Behavioral Health Workforce

- Central New York RPC concluded pilot with Syracuse University on Care Coordination Certificate Program
- Collaboration with Office of Consumer Affairs on how to best engage Peer, Family, Youth Advocates in the RPC with future collaborations planned
- Establishment of Statewide Peer/Family/Youth Stakeholder meetings and appointment of Group Leads
  - Kirsten Vincent, Western Region Co-Chair and Amanda Pierro, Capital Region Co-Chair

## Children & Families

- CFTSS and HCBS Capacity Survey gaining traction across regions with Mid-Hudson joining Long Island and Mohawk Valley in data collection
- Collaboration with Interagency Technical Assistance Team (OASAS, OMH, OPWDD, OCFS) on the technical assistance needs of providers related to the children's transition
- Reestablishment of the Statewide Children and Families Co-Lead Meeting to ensure continuity of voice and focused collaborative initiatives across all regions – to be launched in July 2020.

## Innovations in Value Based Care

- Planning for Inaugural “RPC Managed Care Roundtable” meeting in July 2020

## Social Determinants of Health

- Examining statewide strategies for Co-Occurring Systems of Care, Transitions in Care for homeless adults with recent psychiatric admissions, and housing options for the behavioral health population





# 2020 RPC Areas of Focus

In Q2, from a statewide perspective, the RPC continued to develop our four Areas of Focus in 2020. In cooperation with the impactful work occurring within our Boards across the state, common statewide drivers continue to evolve and the RPC has established formalized, agile Project Concentration Cohort teams to carry our collective voice. These teams will work to ensure subject matter expertise, communications and issues are consistently shared across settings to include agency partners within our four domains:

VBP/ Managed Care: Primary Care Integration	LORI KICINSKI	BETH SOLAR	BETH WHITE
SDOH/ Care Transitions and Co-Occurring Integration	MARCIE COLON	COLLEEN RUSSO	KAREN RAPPLEYEA
Behavioral Health Workforce	KATIE MOLANARE	EMILY CHILDRESS	TIFFANY MOORE
Children and Families	JACQUELINE MILLER	ALYSSA GLEASON	KATERINA GAYLORD

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

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

**RPC Assistant Project Director:** [Katerina Gaylord](#), (518) 396-0788



# 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](#)

Click [HERE](#) to visit the Capital Region RPC web page

## **Meetings Held During Quarter 2**

- Q2 Board Meeting – 5/18
- [C&F Subcommittee Meeting](#) – 6/29
- HHH Workgroup Meeting – [4/16](#), [4/30](#), [5/12](#)



## **Q2 Top 3 Issues: Identification & Issue Development/Due Diligence**

- Workforce development, staff recruitment and retention concerns continue as staff turnover remains high in care coordination and HCBS settings.
- There are growing waitlists for CFTSS, children’s HCBS and adult HCBS services. It is difficult to find a designated provider accepting referrals at time of referral submission. In addition, waitlists are lengthy and the referral process is often unclear.
- Lack of safe housing discharge resources for homeless adults who are admitted for inpatient psychiatric treatment is resulting in an increased length of stay and an increased probability of re-admittance.





# Capital Region continued

## Next Steps

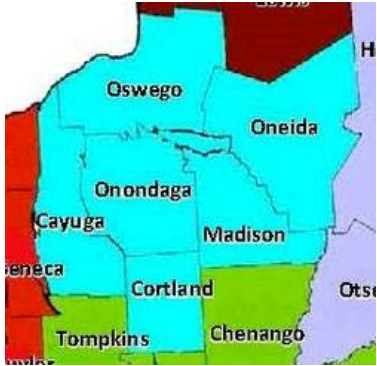
- Pursue Capital Region representation on Statewide RPC workforce workgroup to discuss solutions on recruiting and retaining qualified staff, and to provide input on workforce issues that cannot be addressed regionally.
- C&F and HHH workgroups will develop and pilot surveys in Q3 for children's CFTSS and HCBS and adult HCBS services to determine provider capacity, designation status, services offered, waitlist status and up-to-date information on agency's referral processes to better facilitate the connection of adults, children and families to needed services.
- Transitions in Care Workgroup will reconvene to address the previously identified issue of homelessness and transitioning psychiatric patients from inpatient settings.

## Achievements & Upcoming

- Engaged new chairpersons for the Health Home/ HARP/ HCBS Workgroup and Transitions in Care Workgroup. This will bring a new perspective and leadership to further RPC initiatives.
- Transitions in Care Workgroup will be hosting a presentation in August 2020 regarding the Galvan Foundation, which has partnered with Columbia County DSS and the MHA of Columbia-Greene County to address homelessness within their community.



# Central NY



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

**Community Co-chair:** Scott Ebner, Executive Director, Circare

**RPC Coordinator:** [Katie Molanare](#)

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

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

## Meetings Held During Quarter 2

- [Q2 RPC Board Meeting- 5/4 \(Quarterly\)](#) – Minutes Pending Approval (Sept 2020)
- HARP/HCBS/Health Home Workgroup – 4/22, 5/20, 6/17 (Monthly)
- Care Manager Roundtable Group – 5/7, 6/11 (Monthly)
- Workforce Development Committee – 5/28 \*Switched to Bi-Monthly\*
- C&F Subcommittee – 4/10, 5/15, 6/12 \*Switched to Monthly\*
- State RPC Workforce Committee – Postponed May Meeting (Bi-monthly)
- [VBP Newsletter- Sent out Bi-monthly with BHCC updates](#) – No Updates For June



## Q2 Top 3 Issues: Identification & Issue Development/Due Diligence

- State educational/experience requirements for Health Home/HCBS Care Management staff have left providers with increased job vacancies leading to increased burnout and turnover from existing care managers due to high caseloads.
- The process of informed consent has brought up much confusion, particularly around the number of forms a client must sign, which forms providers require, and the comprehensive knowledge of each form that must be communicated by staff members.
- Obtaining behavioral health translation services is extremely difficult. There is a disparity between medical and behavioral health translation services. Confusion around the shared responsibility between MCOs, providers, and care management.



# Central NY continued

## Next Steps

- Data collection completed for Syracuse University Care Coordination Pilot. Results will be shared with appropriate workgroups and committees. In addition, the Workforce Committee will send out a Recruitment Survey in August 2020 to continue gathering data around best practices to recruit and retain newly hired front line staff.
- Continuing to gather additional information around Informed Consent from Peer Forums/Groups, as well as, from Privacy Officers within HCBS agencies.
- Presenters from OMH's Bureau of Cultural Competence have agreed to present at Q3 BOD Meeting in September 2020 regarding education around Language Assistance/Translation Services. Workgroups continue to discuss this issue regularly.

## Achievements & Upcoming

- Data collection completed for Syracuse University Care Coordination Pilot. Results will be shared with appropriate workgroups and committees. In addition, the Workforce Committee will send out a Recruitment Survey in August 2020 to continue gathering data around best practices to recruit and retain newly hired front line staff.
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# 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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## ***Meetings Held During Quarter 2***

- [CFTSS/HCBS Sustainability Learning Collaborative](#) – 4/13, 5/4, 5/21, 5/27
- [Finger Lakes RPC Board](#) – 5/15
- Overview of "820 Setting – Continuation of Managed Care Coverage" – 6/15
- Future of Telehealth Workgroup – 6/19
- Hospital System Meeting re PA Practice in MH Clinics – 6/25
- Physician Assistant Program at Rochester Institute of Technology (RIT) – 6/25



## ***Q2 Top 3 Issues: Identification & Issue Development/Due Diligence***

- Physician Assistant (PA) Scope of Practice in Article 31 Clinics – cannot assess or prescribe without completion of OMH waiver process, resulting in an important workforce resource unable to fully deliver critically needed services to clients
- Children & Families providers report CFTSS/HCBS services not financially sustainable
- Residents of 820 OASAS housing programs are losing Managed Care insurance due to a processing problem at LDSS around the Congregate Care Level 2 application.



# Finger Lakes continued

## Next Steps

- Confirm Status of new Physician Assistant Psychiatry Track Curriculum at RIT which may result in PA's being permitted to prescribe in Article 31 Clinic without needing the currently required OMH waiver process
- Convene closing session of CFTSS/HCBS [Sustainability Learning Collaborative](#)
- Survey Learning Collaborative participants on the value of the learning tool & the Collaborative experience
- Follow-up with regional 820 OASAS providers to gauge success of the implementation of the [formal GIS notice](#) intended to correct the interruption of clients' Managed Care coverage

## Achievements & Upcoming

- [Finger Lakes Crisis Resource Guide](#) issued – Apr 29
- Convened First Meeting of New Finger Lakes RPC Workgroup – Future of Telehealth
- As a direct result of the work of the WNY RPC, with advisement and support from the Finger Lakes RPC, NYS DOH, OTDA and OASAS jointly issued a formal GIS notice to Local DSS Commissioners correcting the interruption of clients' Managed Care coverage when they are admitted to OASAS 820 settings.



# Long Island



**DCS Co-chair:** Pending

**Community Co-chair:** Michael Stoltz, CEO, Association for Mental Health and Wellness

**RPC Coordinator:** [Alyssa Gleason](#)

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

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## ***Meetings Held During Quarter 2***

- [Peer Supervision Learning Collaborative](#) – 4/23
- [C&F Subcommittee Meeting](#) – 5/7
- [Peer Supervision Learning Collaborative](#) – 5/21
- [HHH Workgroup Meeting](#) – 6/4



## ***Q2 Top 3 Issues: Identification & Issue Development/Due Diligence***

- CFTSS & HCBS Provider Designation & Access- Survey focused on identifying openings and access issues to children’s services. Initial results showed many providers designated, but not providing services in both counties.
- Peers in the workforce remains a priority to the LI RPC. We will continue to build the Peer Supervision Learning Collaborative inter-system group to help build skills, knowledge for peer supervisors in all systems, as well as best practices for integrating and maintaining peers in the workplace.
- Proposed changes to adult HCBS services could significantly impact the way the HHH subcommittee was examining the HARP eligible vs. enrolled and HCBS eligible vs. enrolled population.





# Long Island continued

## Next Steps

- Continue to send out CFTSS/HCBS Capacity Survey monthly to assess patterns in access to services for children and families. List of providers with openings from most recent survey was sent out to CMA's, CSPOA's, MCO's and OMH Long Island Field Office (LIFO) to assist with linkages.
- The Children & Family subcommittee will convene for an ad hoc meeting on 7/14 to review data and begin discussion on next steps with the committee after May 2020 survey results were analyzed.
- Continue Peer Supervision Learning Collaborative meetings focusing on understanding each unique peer service, building career ladders, and plan for an event/training.
- The HHH subcommittee will regularly discuss the nuances of the proposed BH ARS (Behavioral Health Adult Rehabilitation Services) transition and how they may impact the services provided to adults in this region.

## Achievements & Upcoming

- HCBS/CFTSS Capacity survey had an 80% response rate.
- [LI Crisis Resource List](#) & [LI Peer Support Resource List](#)
- Quarter 3 Children & Family Subcommittee meeting on 8/13. Focus will be to continue to review data from two surveys (May 2020 and July 2020) and plan next steps.



# 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](#)

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

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## Meetings Held During Quarter 2

- Q2 Board Meeting – 6/10
- C&F Meeting – 5/26
- Article 31 & 32 Clinic Taskforce – 5/29



## Q2 Top 3 Issues: Identification & Issue Development/Due Diligence

- Sustainability of Article 31 & 32 clinics – Clinic taskforce reviewed proposed OMH & OASAS regulatory changes in order to identify how it affects services.
- Integration of services for individuals with mental health and substance use disorders – The Mid-Hudson RPC developed a Co-Occurring System of Care (COSOC) initiative to improve outcomes for individuals with co-occurring diagnoses by engaging providers on how to establish a co-occurring system of care in their communities.
- Underutilization of Adult HCBS – Developed a new Sub-committee to review HCBS data which showed limited utilization of the program. The focus has been on the anticipated regulatory changes to BH ARS and the potential impact on services.



# Mid-Hudson continued

## Next Steps

- With support from the WMCHHealth (Westchester Medical Center Health) PPS and the Harris Project, the Mid-Hudson RPC will host a Fall COSOC conference to identify best practices when working with co-occurring populations, including individuals with developmental disabilities, mental health and substance use disorders.
- After review of proposed Article 31 & 32 clinic changes, the taskforce will continue to focus on increased flexibility with telehealth, as well as offsite and peer services, to determine how service delivery may be impacted in this region.
- The Mid-Hudson RPC, Health Home/HARP/HCBS subcommittee will review public notice related to HCBS transition to BH Adult Rehabilitation Services (ARS) focusing on the advancement of the Psych. Rehab. Model which is believed to be budget neutral. The taskforce goal is to share state directives and guidance related to the changes with all providers and assist in developing appropriate steps to ensure new regulations are understood and put into place.
- Mid-Hudson RPC Children's HCBS & CFTSS Provider Capacity Survey will continue to be sent to providers in the Mid-Hudson region to better understand capacity and needs for these programs within our region. This will allow agencies easier access for referrals.

## Achievements & Upcoming

- Tracked Mid-Hudson specific COVID-19 issues to identify and share providers' concerns and practices related to telehealth and other issues arising during the COVID-19 pandemic.
- COSOC – 3 Part Fall Conference - providing learning opportunities for regional providers. The conference will focus on processes to ensure co-occurring capacity for individual agencies, a best practice entitled “Encompass”, as well as specific details and best practices when working with individuals with development delays as well as mental health and substance use disorders.
- The Mid Hudson RPC applied to NY System of Care Conference to present Mid-Hudson COSOC Initiative to assist attendees in better understanding the concept and best practices for developing a coordinated co-occurring system of care.



# 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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## Meetings Held During Quarter 2

- C&F Committee – OPEN to all stakeholders COVID-19 Discussion – 4/24
- Quarter 2 BOD Meeting – 6/5



## Q2 Top 3 Issues: Identification & Issue Development/Due Diligence

- Sustainability of telehealth post COVID-19 specifically with Peer Services & Consumer Engagement- There has been a noted increase in engagement and participation in Peer Services with telehealth. The Mohawk Valley will be looking at the sustainability of telehealth post COVID-19 within Peer Service to ensure continued engagement.
- 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.
- Timely access to behavioral health care has been a challenge in rural regions. As a result, the feasibility around advocacy for sustainable telehealth has been identified as an important topic of discussion at the Q3 HHH subcommittee and Q3 Board of Directors meetings.



# Mohawk Valley continued

## Next Steps

- Travel beyond 60 miles round trip from starting location for HCBS services is not reimbursed. The HHH subcommittee will look at the impact of telehealth and potential transition to BH ARS (Behavioral Health Adult Rehabilitation Services) on this issue.
- Mohawk Valley will continue to examine data collected from the COVID-19 Remarks tracker and information shared during upcoming meetings. We will also examine and review data for potential points regarding access to tele-behavioral health in rural areas.
- Mohawk Valley C&F to perform a second round of the CFTSS/HCBS Capacity Survey in hopes of formalizing next steps as well as a formal statement for Provider/Designation List issue. This will also assist in advocacy by communicating provider capacity, sustainability, and staffing issues as well as connections to available services.

## Achievements & Upcoming

- [Mohawk Valley Crisis Resource List](#) Creation & Distribution – April 2020
- Mohawk Valley- HARP, Health Home, & HCBS Reconvening – July 15, 2020
- Participating in the Southern Tier's Peer Networks Panel Event – August 2020
- Integrated Behavioral Health Virtual Event – Fall 2020



# North Country



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

**Community Co-chair:** Lee Rivers, Executive Director, Community Connections of Franklin County

**RPC Coordinator:** [Karen Rappleyea](#)

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

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## Meetings Held During Quarter 2

- North Country RPC Board “COVID19 Conversation” – 4/29
- [C&F Subcommittee](#) – 6/9
- [Q2 Board meeting](#) – 6/26



## Q2 Top 3 Issues: Identification & Issue Development/Due Diligence

- Children & Families – Q1 Action Plan for regional, evidence-based training for staff was suspended due to NY Pause; Group agreed to do an HCBS capacity survey to address the long wait lists and difficulty getting children into needed treatment.
- NC/TH SUD Bed Finder Pilot – Difficult to find open/available SUD treatment beds. Eligible OASAS treatment providers were surveyed for participation in regional online tool for providers seeking open beds for clients.
- Housing – Behavioral health clients have difficulty accessing stable, affordable housing. Housing Workgroup formally created and drafted vision and purpose statement from workgroup feedback. Developed framework for surveys to stakeholder groups across spectrum of NC housing agencies.





# North Country continued

## Next Steps

- Children & Families – Send HCBS capacity survey to 41 contacts at 17 agencies. Identify speaker(s) for next meeting on “back to school” and creative solutions in teleMH engagement with children and families.
- NC/TH SUD Bed Finder Pilot – Implementation Steps: Collect information from participating providers; work with web host to build the web page; orient & train participating providers to enter daily bed update data; present website to users (SPOAs, MCOs and OMH/OASAS programs) who will use the site to find SUD beds for clients.
- Housing – Create NC housing database. Send cohort-specific surveys to collect data on referrals, waitlists, types of housing/services, number of units, availability, and location.

## Achievements & Upcoming

- COVID19 – 100% feedback from 11 North Country OMH agencies on MH Access Survey within three days of initial contact. Open dialogue with all NC stakeholder groups on successes, challenges, and recommendations on teleMH during NY Pause. [North Country Crisis Resource Guide](#).
- Children & Families – Webinar meeting on 9/25 to have providers discuss “back to school” services with speakers from school districts.



# 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](#)

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## Meetings Held During Quarter 2

- COVID-19 Open Discussion – 4/15
- [Q2 Board Meeting](#) – 5/13
- [Adult Health Home/HARP/HCBS Workgroup](#) – 6/9



## Q2 Top 3 Issues: Identification & Issue Development/Due Diligence

- Medicaid recipients who rely on Non-Emergency Medical Transportation struggle to access same day transportation to OMH & OASAS clinics and appointments.
- Many agencies are unable to provide various Peer Support Services due to a lack of available [peer workforce](#) and/or inability to retain peer staff.
- Telehealth infrastructure building and utilization during the pandemic can support policy and guidance post-pandemic.



# Southern Tier continued

## Next Steps

- Continue state and regional level communication and data collection regarding Non-Emergency Medical Transportation accessibility.
- A Peer Networks Panel event will be held August 24, 2020 to highlight the impactful benefits of peer networks in supporting peers in the workplace. The event audience will include working and nonworking peers and regional employers of peers.
- ST will examine data collected from the COVID-19 tracker and review potential future data collection points regarding telehealth from both provider and consumer perspective.

## Achievements & Upcoming

- [Southern Tier Crisis Resource Guide](#) – April 2020
- [Peer Workforce Resources](#) – COVID-19, April 2020
- [Peer Networks Panel Event](#) – August 24, 2020



# Tug Hill Seaway



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

**Community Co-chair:** Jennifer Earl, Government Liaison, United Health/Optom

**RPC Coordinator:** [Beth Solar](#)

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

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## **Meetings Held During Quarter 2**

- [HH/HARP/HCBS workgroup](#) – 5/6
- [C&F subcommittee](#) – 5/20
- [Q2 BOD meeting](#) – 6/11



## **Q2 Top 3 Issues: Identification & Issue Development/Due Diligence**

- **Transportation** – Due to rural barriers such as lack of public transportation, limited bus schedules and routes, and limited taxi service, clients are unable to reliably receive services that require non-medical transportation.
- **Adult HCBS to proposed BH ARS (Behavioral Health Adult Rehabilitation Services) transformation:** Providers unclear on what this will look like for the clients and their staff.
- **Children and Families** – Local children’s service providers have expressed concern with an increase of Residential Treatment Facility (RTF) placement requests before community resources have been exhausted.



# Tug Hill Seaway continued

## Next Steps

- Continue to collaborate with Southern Tier RPC and Fort Drum Regional Health Planning Organization (FDRHPO) on the results of their transportation surveys to inform Tug Hill on their own regional transportation opportunities. FDRHPO expects to have results by August.
- Adult HCBS to BH ARS: Discuss available information on BH ARS transition at the Q2 HHH workgroup meeting. Review any information/guidance/documents that have been released at that time.
- C&F subcommittee has decided that they would like to form an ad-hoc workgroup to discuss possible solutions for premature RTF placement requests, including ways to collaborate with discharge planners at inpatient facilities.

## Achievements & Upcoming

- [Tug Hill COVID Resource Guide](#) (April 2020)
- North Country SUD Bed Finder Pilot Project – in collaboration with the NC RPC- Provider Informational and engagement presentation July 15, 2020.



# 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 Coordinator:** [Tiffany Moore](#)

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

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## **Meetings Held During Quarter 2**

- [OASAS 820 Residential Re-Design](#) – 4/7
- [Health Home/HARP/HCBS](#) – 4/21
- [Workforce](#) – 4/28
- Child and Family – 5/18
- Health Home/HARP/HCBS – 6/9
- Child and Family – 6/22
- Workforce – 6/23



## **Q2 Top 2 Issues: Identification & Issue Development/Due Diligence**

- Recruitment and retention of mental health and substance use providers continues to be a barrier that impacts delivery of services to those in need. The Workforce sub-committee is strategically looking at this issue to sustain and retain employees.
- It is very difficult to decipher the State HCBS database by county, causing increased frustration by providers when trying to determine which services are available in their county.





# Western NY continued

## Next Steps

- Send a second-round survey to multi-leveled behavioral healthcare professions, investigating workforce issues to inform a future training collaborative cooperative. Initial surveys revealed potential topics including how to handle emergency situations, theory versus application, mentoring, and self-advocacy.
- The Western HHH subcommittee will recreate the state HCBS database to meet the specific needs of the area, maintained by the RPC Coordinator.

## Achievements & Upcoming

- As a direct result of the work of the WNY RPC, with advisement and support from the Finger Lakes RPC, NYS DOH, OTDA and OASAS jointly issued a [formal GIS notice](#) to Local DSS Commissioners correcting the interruption of clients' Managed Care coverage when they are admitted to OASAS 820 settings.
- Survey results from the workforce workgroup yielded the Patrick Lee Foundation inviting them to present at D'Youville College on workforce retention.
- [Behavioral Health Crisis Resource Guide](#) to assist those looking for support.
- [Pandemic Discussion Call](#) – 5/22

