

Regional Planning Consortium

QUARTER THREE UPDATE

JULY 1 – SEPTEMBER 30, 2020



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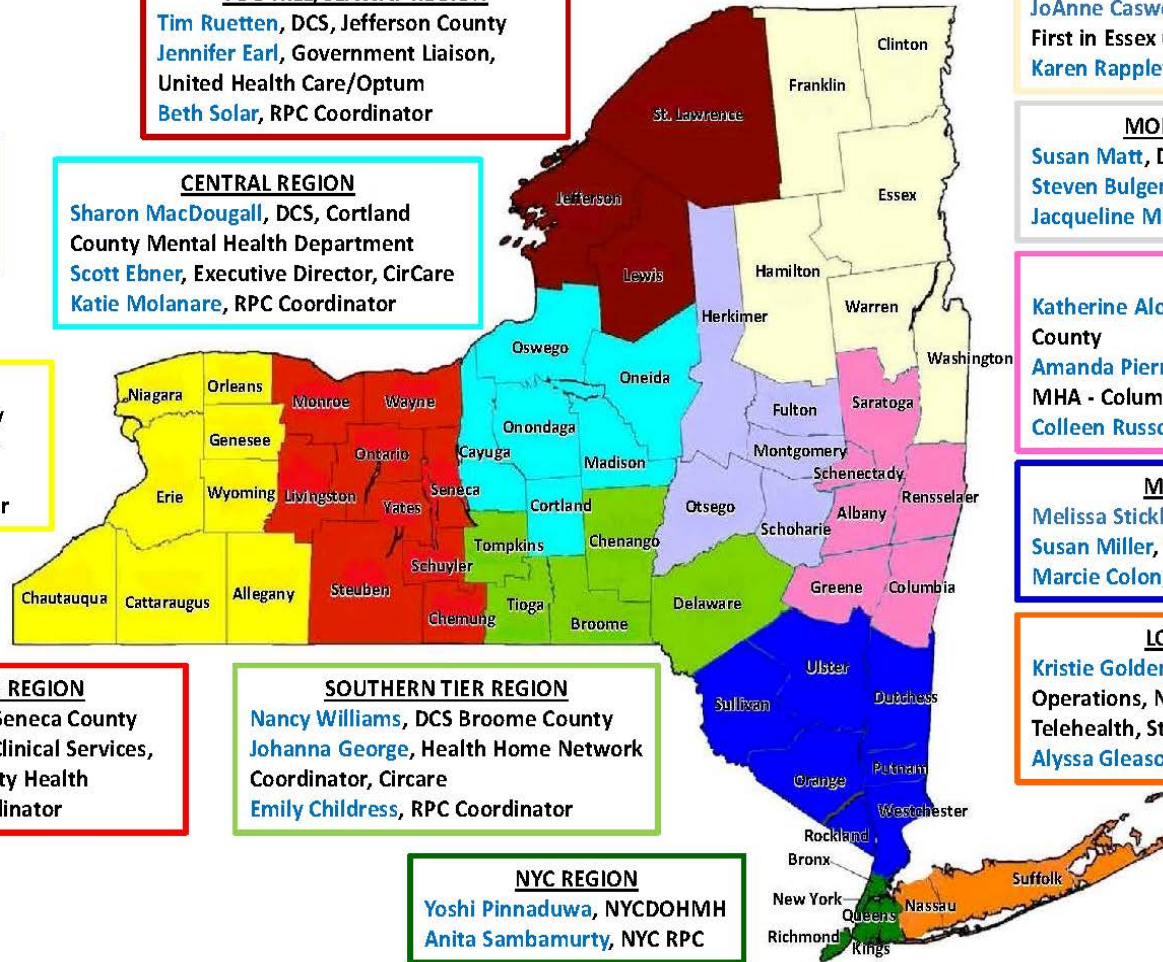
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RPC Mission & Purpose

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 3 (Q3) (July 1 – September 30, 2020) activities conducted by the rest-of-state RPC by Region.

2020 RPC Areas of Focus

In Q3, 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
Peer/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

VBP/Managed Care: Primary Care Integration

Key Area of Focus #1: Managed Care Roundtable (MCO) - established and ongoing development of bimonthly meetings

Next Steps: Regional perspectives on Value Based Payment (VBP)/Advanced Payment Model (APM) Engage in conversations with regional providers and Managed Care Organizations (MCOs) to discuss best practices and plans for preparation

Key Area of Focus #2: VBP Break-out Session for State Co-Chairs Meeting

Next Steps: Transition to Community Oriented Recovery and Empowerment (CORE) services. Discuss the opportunity for the transition to provide the possibility in standardization of MCO authorization, approval processes and billing codes.

Key Area of Focus #3: VBP Break-out Session for State Co-Chairs Meeting

Next Steps: Managed Medicaid Contracting: RPC can utilize our role as neutral conveners and support the future of APM arrangements and the collaboration of MCOs with each other and providers.

Achievements & Upcoming

- VBP Cohort will be hosting a break-out session at the state co-chairs meeting on October 29, 2020
- Next Bi-Monthly MCO Roundtable call will be in November 2020
- Next VBP Cohort Meeting TBD after state co-chairs meeting is held

Meetings Held During Quarter 3

- Bi-Monthly Managed Care Organization (MCO) Roundtable – 9/15

SDOH/Care Transitions and Co-Occurring Integration

Key Area of Focus #1: Defining cohort focus and direction.

Next Steps: SDoH is a broad area to consider; the cohort has identified the following cross Regional issue: Housing and treatment concerns related to individuals with mental health and/or substance use disorders upon discharge from an inpatient facility, with special attention to those in rural areas.

Key Area of Focus #2: Identify appropriate stakeholders for the SDoH committee.

Next Steps: The RPC cohort will identify the appropriate member types for the committee once the focus of the group is reviewed with OMH stakeholders. A meeting is scheduled for input and discussion in October which may further revise the issue on which the cohort is focusing.

Achievements & Upcoming

- Collaborative meeting with OMH Stakeholders is scheduled for 10/1/20. This will provide an overview of the Cohort mission/issue, as well as allow for feedback and input as to other Stakeholders to be involved.

Meetings Held During Quarter 3

- Cohort Kick-off – 7/30
- Initial cohort meeting – 8/6
- Internal cohort meetings – 8/14, 8/27, 9/18
- RPC cohort committee meeting - 9/8

Peer/Behavioral Health Workforce

Key Area of Focus #1: Dual OMH/OASAS Certification Process for Peer Workforce

Next Steps: Using the data from the current process on Peer certifications to fast-tracking new, dual Peer certification trainings to eliminate the duplication of courses and experience hours among staff.

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

Next Steps: Based on the Syracuse University Behavioral Health pilot program data and feedback, the creation of a standardized best practice curriculum and funding opportunities for sustainability will greatly increase future recruitment and retention for care managers.

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

Next Steps: Collaborating with clinics that have encountered this issue for resources in undertaking peer service billing codes on par with other services.

Achievements & Upcoming

- Addressing changes in peer certifications, regulations, and billing will increase the volume of the peer workforce by addressing recruitment and retention issues identified by peer employers
- Reviewing CASAC challenges on recruitment and supervisory hours in rural areas
- Western Region Clinician Survey will be sent in Quarter 4 to inform future training collaboration.
- Peer/Family/Youth Stakeholder Meetings schedule TBD

Meetings Held During Quarter 3

- Western/Central Meeting – 7/15
- Statewide Peer/Family/Youth Stakeholders Meeting – 7/23
- Peer Learning Collaborative Panel Event – 8/24
- Western Region Workforce Presentation at D'Youville College – 8/28
- Western/Central Meeting – 9/9
- Peer/Behavioral Health Workforce Breakout Cohort Meeting – 9/15
- Western/Central Meeting – 9/23
- Peer/Behavioral Health Workforce Breakout Cohort Meeting – 9/30

Children and Families

Key Area of Focus #1: Multiple regions reported continued issues getting children and families connected to CFTSS and HCBS Services in a timely manner. Cohort collected data from 7 regions' Capacity and Access Surveys to examine any trends across the State.

Next Steps: Data is being compiled for the RPC Co-Chairs and State Agencies Meeting on 10/29 to present the initial findings from the surveys across the State. Co-Lead calls will continue monthly to discuss access issues. Mohawk Valley will pilot a Service Finder program that can be utilized in other regions to help assist with more timely access to openings for CFTSS/HCBS services as well as the most up to date contact information for designated providers. Cohort will be addressing response rates in regions and working with RPC Coordinators to problem-solve ways to increase participation.

Key Area of Focus #2: Children that are not known to the mental health system are being placed on long waiting lists for CFTS services. CSPOAs have seen an increase in out-of-home placement referrals and have found that many of these children have never received services and are not known to their system. CSPOA previously tracked children and there is no longer a way to easily track all of the children, especially those waiting for CFTSS and HCBS Services.

Next Steps: Continue discussion around this in State Co-Leads and present at RPC Co-Chairs and State Agencies Meeting on 10/29 to invite discussion on ways to ensure that these children are not being lost in the system and getting connected to services they need.

Achievements & Upcoming:

- State Co-Chairs will have a breakout group for C&F that will focus on the Key areas of CFTSS/HCBS Access and Tracking.
- Mohawk Valley is piloting a service finder program that can be utilized across regions to help get up to date information on openings for CFTSS and HCBS Services.
- Cohort is working with OASAS to identify areas that they can focus training on for providers.
- Some regions will continue to send out the CFTSS/HCBS Capacity Survey to continue data collection.

Meetings Held During Quarter 3

- Statewide C&F Co-Lead Call – 7/16
- Statewide C&F Co-Lead Call – 8/13
- C&F Co-Chair Breakout Call – 9/16
- Statewide C&F Co-Lead Call – 9/18
- Statewide C&F Co-Lead Call – 9/29

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 there is some challenge with connecting adults to HCBS services in the region. The Health Home/ HARP/ HCBS (HH) workgroup will provide referral and capacity information to Care Managers/ Region Providers for adult HCBS to allow for improved service connectivity.

Next Steps:

- Continue to survey providers and share the information in the work group; explore format to allow agencies to access up-to-date Adult HCBS capacity in real time.

Key Area of Focus #2:

- Complete Capacity Survey for CFTSS & Children's HCBS to gather data on the Region's current capacity and waitlist timelines.

Next Steps:

- Develop C&F Taskforce to engage children's service providers in survey input/data gathering; Taskforce will examine if there is a correlation between lack of services/long waitlists and increases in residential placement referrals.

Capital Region continued

Key Area of Focus #3

- C&F Subcommittee is exploring the ability to provide real time capacity information to CFTSS/Children's HCBS service referral sources.

Next Steps

- Examine the success of and potentially replicate a tool created in the Mohawk Valley to assist providers with linking children to CFTSS/HCBS openings.

Achievements & Upcoming

- Completed Health Home/HARP/HCBS Workgroup survey, identified service openings and referral processes for many of the adult HCBS service provider's within the Capital Region.
- Region is developing C&F Taskforce to further data collection to determine if/how children's CFTSS and HCBS accessibility is correlated to an increase in residential placement referrals.
- Gathered data from Capital Region behavioral health providers about top identified current barriers in Transitions in Care (TIC) for upcoming TIC Workgroup meeting in October.

Meetings Held During Quarter 3

- HHH Workgroup – [7/14](#), [9/8](#)
- C&F Subcommittee – [9/29](#)
- Board Meeting – [8/18](#)



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](#)

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Key Area of Focus #1

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

Next Steps

- Present Syracuse University Pilot data to State Offices in Oct. 2020
- Send edited Recruitment Survey in Dec. 2020 that looks at hiring trends pre- and post- COVID-19

Key Area of Focus #2

- Educating providers and clients on the meaning and process of establishing informed consent.

Next Steps

- Issue temporarily placed in “parking lot”
- Will be revisited in Q4 Board Meeting in December 2020

Central NY continued

Key Area of Focus #3

- Providing equal access to all appropriate language translation services specific to behavioral health

Next Steps

- OMH's Bureau of Cultural Competence presented at the Q3 Board Meeting on the topic of language access, the board will be surveyed for next steps that will be discussed in the Q4 Board Meeting in Dec 2020.

Achievements & Upcoming

- The regional **Client Engagement Taskforce** has captured relevant data points associated with the increase of client engagement in telehealth services. The tracker has data from January 2020 to Sept. 2020. Data will be shared with State Offices in Oct. 2020
- The Care Manager Roundtable Group is planning to host a **Care Manager Town Hall Event** Dec. 2020 to discuss standardization efforts within the region around the Care Management role in HCBS & Behavioral Health.

Meetings Held During Quarter 3

- [Q2 RPC Board Meeting](#) - 9/21 (Quarterly)- Minutes Pending Approval (December 2020)
- HARP/HCBS/Health Home Workgroup- 7/22, 9/23 (Monthly)
- Care Manager Roundtable Group- 7/9, 9/10 (Monthly)
- Workforce Development Committee- 9/4 (Bi-Monthly)
- Children and Families Subcommittee- 7/10, 8/14, 9/11 (Monthly)
- State RPC Workforce Committee- Postponed September Meeting (Bi-monthly)
- VBP Newsletter- Sent out Bi-monthly with BHCC updates-No Updates For August



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

- The Future of Telehealth (TH) Workgroup discussed the issues emerging with the ongoing use of telehealth. Consensus is that it is not always the best/most appropriate modality with certain populations or situations. Clinical Integration & Practice workgroup has been charged by the RPC Board to develop clinical guidelines for telehealth.

Next Steps

- Clinical Integration & Practice Workgroup to meet in October. Initial discussions will include the identification of existing telehealth guidelines for review.

Key Area of Focus #2

- Recent events in our community have highlighted the inadequacy of response to people experiencing urgent behavioral health problems, with the default responders inappropriately being solely law enforcement. A fuller continuum of 24/7 services must be put in place to serve our communities better and more safely when they have behavioral health needs. The RPC Board charges the Clinical Integration & Practice Workgroup with examining the existing response resources and making recommendations for the development of a more comprehensive and truly responsive continuum of services.

Next Steps

- Clinical Integration & Practice Workgroup to meet in October. Initial discussions will include the identification of other community groups meeting to address the continuum of services and how best to connect the RPC to those efforts.

Finger Lakes continued

Key Area of Focus #3

- 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. Survey of region's MH clinics has been completed to determine where there might be adequate psychiatric coverage for OMH to permit PAs to practice fully without the need for the waiver process.

Next Steps

- Meet with OMH Chief Medical Officer and staff to review survey results and identify MH Clinics that might be exempted from the PA waiver process.

Achievements & Upcoming

- [SUD Treatment Bed Finder](#): Programming has been uploaded to an open source site so that others may create this useful resource in their communities. Finger Lakes region is supporting the North Country/Tug Hill RPC's in creation of their regions' Bed Finder.
- [The CFTSS/HCBS Sustainability Learning Collaborative](#) completed its engagement. Nine Finger Lakes region children's services providers were introduced to a tool designed to help them identify the factors that could lead to sustainability of CFTSS/HCBS.

Meetings Held During Quarter 3

- [CFTSS/HCBS Sustainability Learning Collaborative](#) – Final Session: 7/9
- RPC - MCO Roundtable – 7/10, 9/15
- NC Bed Finder Project Meeting – 7/15, 7/30, 9/9, 9/25
- [Children & Families Subcommittee](#) – 8/3
- [Future of Telehealth Workgroup](#) – 8/25
- RPC Board Meeting – 9/11



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 the due diligence process for assessing the access and capacity issues for CFTSS & HCBS. During Q3, two surveys were sent out to CFTSS/HCBS Designated providers to continue to collect data. Agencies with service openings were sent to CMAs, MCOs and the committee to help connect children on waiting lists to services.

Next Steps

- Continue to send out survey to all designated CFTSS/HCBS providers during Q4 to examine trends and assist with linkages.

Key Area of Focus #2

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

Next Steps

- Finish the learning series on the different peer services (Certified Recovery Peer Advocates) to lead to discussion on areas of focus for additional learning.

Long Island continued

Key Area of Focus #3

- Health Home/ HARP/ HCBS (HHH) Subcommittee identified that there continues to be difficulty getting consumers connected to HCBS Services in a timely manner. The Committee would like to collect data and problem-solve issues prior to the transition to CORE.

Next Steps

- RPC HHH Subcommittee will send out an HCBS Capacity and Access Survey to all designated providers to assess service delivery on Long Island and disseminate openings to providers. The Service Directory for Long Island will be updated to make it more user friendly.

Achievements & Upcoming

- Q3 C&F meeting had an impactful presentation from a parent of a child currently in the Mental Health System that has not been able to get connected to HCBS services for a year since transitioning home from a Residential Treatment Center. As a result of this presentation, State Partners were made aware of a real time challenge in connecting to services.
- CFTSS/HCBS Surveys continue to have a high response rate (69% in July and 68% in September)
- LI Board met and discussed focused-goals for the 2020-2021 years. Telehealth was unanimously selected as the primary goal.

Meetings Held During Quarter 3

- Ad hoc C&F meeting to review survey results from May Survey – 7/14
- [Peer Supervision Learning Collaborative](#) – 7/22
- Breakout meetings for each Board Stakeholder Group
- [Peer Supervision Learning Collaborative](#) – 8/12
- [Children & Family Subcommittee](#) – 8/13
- [Board Meeting](#) – 9/17
- [Peer Supervision Learning Collaborative](#) – 9/24
- [HHH Meeting](#) – 9/24



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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Key Area of Focus #1

- Building a regional Co-Occurring System of Care (COSOC)

Next Steps

- Trainings related to “Encompass” a best practice for clinicians treating individuals with co-occurring disorders (190 practitioners from the Mid-Hudson region have registered). In addition, there will be a focus on treatment for Individuals with Developmental Delays & co-occurring disorder (MH and SUD) diagnoses.
- In collaboration through a grant with The Harris Project, local COSOC team meetings will occur with Ken Minkoff, the nationally & internationally known content expert on COSOC and systems change, to develop next steps/action plans related to building a sustainable co-occurring system of care.

Key Area of Focus #2

- There is a need for increased utilization of adult HCBS/CORE services

Next Steps

- The Mid-Hudson Health Home/HARP/HCBS committee will develop a trainings/assistance plan related to the transition from HCBS to CORE for agencies in the Mid-Hudson region.
- Development of a Case Management (CM) training plan to ensure a clear understanding of the role and responsibilities of CMs and to offer specific best practice tools (i.e. motivational interviewing) in the first quarter of 2021 - planned by the Mid-Hudson Health Home/HARP/HCBS committee.

Mid-Hudson continued

Key Area of Focus #3

- C-Yes – currently in the Mid-Hudson region there is a significant delay in access to C-Yes services for children

Next Steps

- The C&F Subcommittee will review milestones and progress of the C-Yes program and identify any additional areas for improvement and/or needs related to C-Yes access in the region.

Achievements & Upcoming

- 8/17 - Presented RPC to Ulster County Services Board as requested by Deputy Commissioner Tara Mc Donald to increase the Board's awareness and understanding of the RPC's purpose, goals and projects.
- 8/12 & 8/13 - Encompass training – a best practice program, presented by Dr. Paula Riggs, for clinicians treating individuals with co-occurring disorder in collaboration with the Harris Project
- Developed 3-part COSOC conference: 1) Action planning with Ken Minkoff (10/8); 2) Encompass Training (10/29); 3) Training for clinicians who provide treatment for individuals with developmental delays and mental health and/or substance use disorders (TBD).
- The Mid-Hudson Children & Families committee will continue to review milestones and progress related to C-Yes and identify areas/recommendations for improvement as well as training needs.

Meetings Held During Quarter 3

- Board Meeting – 9/9
- HH/HARP/HCBS Meeting - 8/27
- Children & Families Meeting – 7/28 & 9/29



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

- Mohawk Valley C&F performed a second round of the CFTSS/HCBS Capacity Survey & formalized the need for a Services Finder for Children Services. The Services Finder has been built within Smartsheet and will be ready for use Q4 2020.

Key Area of Focus #2

- Sustainability of telehealth post COVID specifically with Peer Services & Consumer Engagement as 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, specifically within Peer Service to ensure continued engagement.

Next Steps

- Mohawk Valley continues to examine data collected from the COVID Remarks tracker and information shared during meetings. We will also examine and review data for potential points regarding access to tele-behavioral health in rural areas. Mohawk Valley was asked to take part of Provider perspective Client Engagement Survey by Central Region. This closely examines the impact of Telehealth. Discussions formulated at the State Co-chairs will be brought to Q4 BOD for further discussion

Mohawk Valley continued

Key Area of Focus #3

- Timely access to behavioral health care has been a challenge in rural regions.

Next Steps


- The feasibility around advocacy for sustainable telehealth will continue as an important topic of discussion at the Q4 HHH subcommittee and Q4 Board of Directors meetings. Discussions formulated at the State Co-chairs will be brought to Q4 BOD for further discussion. Data from Client Engagement Survey will also be a tool to aid conversation and further next steps.

Achievements & Upcoming

- Mohawk Valley Children Services Finder built in September 2020 and looking to distribute in late 2020
- Mohawk Valley- HARP, Health Home, & HCBS Reconvened July 15, 2020 & scheduled to meet on October 30.
- Mohawk Valley RPC Board of Directors Q4 Meeting is scheduled for November 13.
- Mohawk Valley C&F Subcommittee is set to meet on December 16

Meetings Held During Quarter 3

- [HH/HARP/HCBS](#) – 7/15
- [Q3 Board of Directors Meeting](#) – 9/4
- [Children & Families Subcommittee](#) – 9/16



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

- Facing continued regional waiting lists for children to receive services, an HCBS capacity survey sent on July 14 to seventeen provider organizations with twelve responses. Discussion at meeting included the gap in needed services versus enough crisis respite as well as Zoom-fatigue and less contact with clients during summer.

Next Steps

- Next C&F meeting scheduled for November 9 with guest speaker Dave Melnick, LICSW, Co-Director of Outpatient Services at NFI Vermont Family Center, to have discussion on “back to school”, providing services under pandemic school year and creative solutions/options to online fatigue.

Key Area of Focus #2

- Difficult to find open/available Substance Use Disorder treatment beds. Eligible OASAS treatment providers were surveyed for participation in regional online tool for providers seeking open beds for clients.

Next Steps

- Introduction of North Country/Tug Hill bed finder to 7 potential participants. At Q3 end, survey results include 6 participating providers representing 167 SUD beds. Open Source information completed by Finger Lake tech volunteer. Discussions with NC/TH webpage tech volunteers on track for Q4 launch.

North Country continued

Key Area of Focus #3

- Behavioral health clients have difficulty accessing stable, affordable housing with an additional challenge of pandemic-related instabilities. Built a final housing survey from previous Q2 workgroup discussions. Identified a broad spectrum of housing providers and final survey sent to over 100 providers in early September.

Next Steps

- Draft regional housing assessment. Schedule Q4 meeting of Housing Workgroup to review survey data, and discuss current housing efforts in region and RPC role/effectively connecting with current regional efforts.

Achievements & Upcoming

- HHH Workgroup met to discuss transition of HCBS to BH-ARS (now CORE). NC RPC Letter of Support sent with offer to actively participate in design/process of transition.
- With two volunteer candidates, election of new community co-chair will conclude early Q4.

Meetings Held During Quarter 3

- HHH Workgroup Meetings - [7/14](#), [8/17](#)
- NC Bed Finder Workgroup - Participant Recruitment and Webpage/IT Planning - 7/15 and 7/30
- Children & Families Subcommittee Meeting - [8/3](#), [NC HCBS Capacity Survey Results](#)
- North Country Board Meeting - 9/25 - [Q3 Board Agenda](#), [Q3 Board Slides](#)



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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Key Area of Focus #1

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

Next Steps

- Educate Opioid Treatment Providers (OTP) and other providers on updated Medical Answering Services (MAS) policy for urgent transportation of participants; continue communication with MAS on extending new policy to cover other OMH and OASAS program participants.

Key Area of Focus #2

- 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.

Next Steps

- Continued recruitment of Peer Workforce Steering Committee members and collaboration towards creating a regional peer networking group.

Southern Tier continued

Key Area of Focus #3

- Telehealth infrastructure building and utilization during the pandemic can support policy and guidance post-pandemic.

Next Steps

- Continued board, Health Home/ HARP/ HCBS (HHH) workgroup, and Children & Families (C&F) subcommittee discussions on data collection points regarding telehealth from both provider and consumer perspective.

Achievements & Upcoming

- Medical Answering Services (MAS) Transportation distribution of a new policy on medical reasons for [transportation to Substance Use Disorder \(SUD\) Treatment](#) and implementation of [Preferred Provider Opportunity Program](#), July 2020
- [Held Peer Networks Panel Event, August 2020](#)
- Completion of first CFTSS & Children's HCBS capacity survey, September 2020
- Recruitment of 2 new Peer stakeholders, September 2020

Meetings Held During Quarter 3

- [Children & Families Subcommittee](#) – 7/15
- [Q3 Board Meeting](#) – 9/3
- Health Home/HARP/HCBS Subcommittee – 9/8
- Children & Families Subcommittee – 9/16



Tug Hill Seaway



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

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

RPC Coordinator: [Beth Solar](#)

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

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Key Area of Focus #1

- 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 without a waiting period for exception forms to be approved.

Next Steps

- Continue to collaborate with Southern Tier RPC and Medical Answering Service (MAS) to coordinate transportation for immediate “intake” purposes for both the Substance Use Disorder (SUD) and Behavioral Health (BH) population.

Key Area of Focus #2

- Adult HCBS to proposed CORE (Community Oriented Rehabilitation and Empowerment Services) transformation: Providers unclear on what this will look like for the clients and their staff. There is significant concern that referral for services and the delivery of services will pause while providers wait to find out more about the transition.

Next Steps

- Adult HCBS to CORE: Discuss available information on BH CORE transition at future Health Home/HARP/HCBS (HHH) workgroup meeting. Review any information/guidance/documents that have been released at that time. Encourage providers to continue status quo until further guidance is released so those that needs of clients are still being met.

Tug Hill Seaway continued

Key Area of Focus #3

- Children and Families (C&F) - It has been identified that there is an issue finding service providers for children and/or families. The designation and capacity list does not match the provider's actual availability.

Next Steps

- C&F subcommittee developed a designation and capacity survey to those providers that are on the list in the Tug Hill Region. This survey is meant to accurately identify service providers and current capacity to assist in the timely referral process for children and families in need.

Achievements & Upcoming

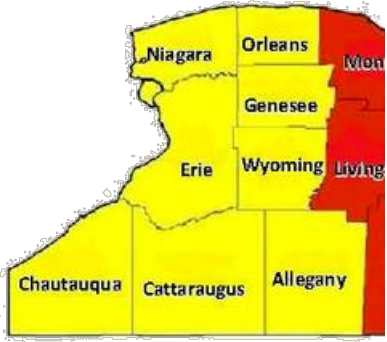
- In collaboration with the Southern Tier Region, Tug Hill was able to identify that a new transportation intake process for the SUD population was implemented with MAS. Through the discussion between the RPC coordinators and the MAS representatives, there has been recommendations and further discussions to expand the intake transportation process for the BH population to utilize.
- Successful engagement with SUD providers to obtain their commitment to participate in the North Country SUD Bed Finder Project. With their commitments, the webpage is in final stages of design. More information to follow in Q4.

Meetings Held During Quarter 3

- [C&F Subcommittee](#): 8/19
- [HH/HARP/HCBS Workgroup](#): 9/2
- [Q3 Board meeting](#): 9/14



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](#)

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

Key Area of Focus #1

- Although OTDA previously approved cash assistance interviews telephonically for OASAS providers, a letter was later sent stating each district DSS could define what “personal interviews” meant to their own county.

Next Steps

- To ensure regional uniformity with each county’s DSS, the 820 group is working with regional DCSs and DSS Commissioners to encourage a cohesive response with OTDA about the definition of “personal interviews”.

Key Area of Focus #2

- Recruitment and retention of mental health and substance use providers continues with barriers impacting delivery of services to those in need. The Workforce Sub-Committee is looking to sustain and retain employees through collaborative partnerships with providers and educational institutions.

Next Steps

- Send a second-round survey to multi-leveled behavioral healthcare professionals, 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.

Western NY continued

Key Area of Focus #3

- Timely access to Children and Family services continue to be a barrier throughout the Western Region. Partnering with regional providers through quantitative data collection, the Child and Family sub-committee is working to streamline service delivery through clarifying who is and who is not providing services.

Next Steps

- Children and Family service providers throughout the region will work together to streamline service delivery by providing accurate information through surveys and communication on what services and in which regions, services are offered.

Achievements & Upcoming

- Workforce presented the results of the first round survey, with the support of the Patrick Lee Foundation, at D'Youville College. Positive feedback was provided. A second-round survey will be sent out in Quarter 3.
- The 820 group will continue to work regionally with each county's DSS office on an attempt at uniformity for the definition of "personal interviews".
- Health Home/HARP/HCBS will look towards easing into the new transition of ARS/CORE and create a user-friendly provider directory for services in the area.

Meetings Held During Quarter 3

- Health Home/HARP/HCBS, Directory sub-workgroup – 7/7
- Health Home/HARP/HCBS – 7/14
- Health Home/HARP/HCBS, Directory sub-workgroup – 8/3
- OASAS 820 Residential Re-Design – 8/4
- Health Home/HARP/HCBS – 8/11
- Children and Families – 8/17
- Workforce – 8/18

