





## **Summary**

After three years of planning, 2016 was the year that work began in earnest to bring the Regional Planning Consortia (RPC's) to life in each region of NYS. In the spring, the New York State Conference of Local Mental Hygiene Directors 'Executive Committee' hired a State Project Director to lead the process and coordinate the implementation of the RPC's. Using the RPC 'whitepaper' as a guide, the Project Director finalized the RPC framework and built relationships with a variety of stakeholders throughout the state. By September, the RPC's were fully staffed and the regional outreach to various stakeholders continued. The purpose of the outreach was to elevate awareness of the RPC initiative and encourage people to participate. The impact of outreach and engagement efforts led to making connections with thousands of people and several hundred organizations throughout the state. By the end of year, each regional board was either already seated or in an election process. This report summarizes the initiative's achievements and reviews the RPC goals for 2017.

## **Mission**

The RPC will work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.

## **Goals of the RPC Initiative**

- The RPC will work collaboratively with a variety of behavioral health and healthcare stakeholders to resolve issues related to access, network adequacy and quality of care occurring in the region around the behavioral health transformation agenda (specifically Medicaid Managed Care);
- The RPC will strengthen the regional voice when communicating concerns to the state partners;
- The RPC will act as an information exchange and a place where people can come to get updates on the behavioral health transformation agenda.

## **Efforts & Impact**

This is a status report on the project's achievements from May 2016 through December 2016.

The following subcategories will itemize our efforts and demonstrate the impact in each area related to the initiative work plan:

### ***OBJECTIVE # 1: Elevate Awareness of the Regional Planning Consortia***

- In July of 2016 the Conference completed seven "Kick Off" Meetings, covering the 10 RPC regions across the State. The purpose of these meetings were to introduce the RPC's and discuss the transition to Medicaid Managed Care.
- The RPC State Project Director hosted a webinar (in conjunction with OMH) in September 2016. This webinar was open to the public and aimed at those who could not attend one of the summer 'kick offs'. It was attended remotely by approximately 200 unique attendees.



- Through various outreach efforts the RPC Team compiled a list of more than 2400 email addresses of people who are interested in participating in the process. Using a web application called, 'Constant Contact', the RPC Team distributed important statewide updates to people on the mailing list. The mailing list was not only used for RPC news, but was also used by OMH to send out updates regarding the transition to Medicaid Managed Care.
- In September 2016, Conference Executive Director, Kelly Hansen hosted a webinar providing an overview of the RPC's for all state advocate organizations. The purpose of this webinar was to elevate awareness of the RPC goals, objectives and timeline; it was well attended –with more than 30 representatives from State Advocacy organizations.
- In September 2016, Conference Executive Director, Kelly Hansen hosted a webinar for the Hospital Association of New York and for the Iroquois Hospital Association. Much like the State Advocates webinar, this presentation provided an overview of the process and offered an opportunity for questions and answers from the presentation attendees. This webinar was well attended and succeeded in raising awareness for the initiative.
- In September 2016 the RPC Project Director for the RPC's held a webinar for the Field Office staff from both OMH and OASAS. The purpose of the webinar was to support discussion and frame out the role of the Field Office Staff with respect to the RPC's. The F/O webinar was followed by bi-weekly updates to the F/O staff, which are provided by a member of the RPC Albany Team. These updates will continue for the foreseeable future.
- The RPC Project Director participated in bi-weekly updates to the State Partners. These calls were geared toward keeping members of state government up-to-date on the developments of the RPC's. State Partners include OMH, OASAS, DOH and OCFS.
- The RPC Project Director provided briefings to the RPC Advisory Group on a bi-weekly basis throughout the year. The RPC Advisory Group is comprised of approximately thirty Directors of Community Services (DCS's) throughout NYS. The function of the group is to steer the RPC implementation.
- In addition to the bi-weekly briefings and updates, the RPC Team provided timely written updates to the RPC Advisory Committee and to the State Partners after each RPC Stakeholder Meeting that occurred in 2016.

#### ***OBJECTIVE # 2: Build the RPC Meeting Framework***

- Using the RPC 'whitepaper' as a guide, in August 2016 the Project Director completed a Communications Plan for the RPC's, which outlined the flow of communication amongst the RPCs, updated the meeting frequency and created the RPC Chairs Meeting concept. These frameworks were offered up for comment and received approval from the RPC ADVISORY Committee, OMH, OASAS and DOH.
- The RPC Project Director also created an RPC Staffing plan, a RPC Training plan and a RPC Stakeholder Outreach and Engagement Plan, which were shared with the RPC ADVISORY Committee and with the State Partners.

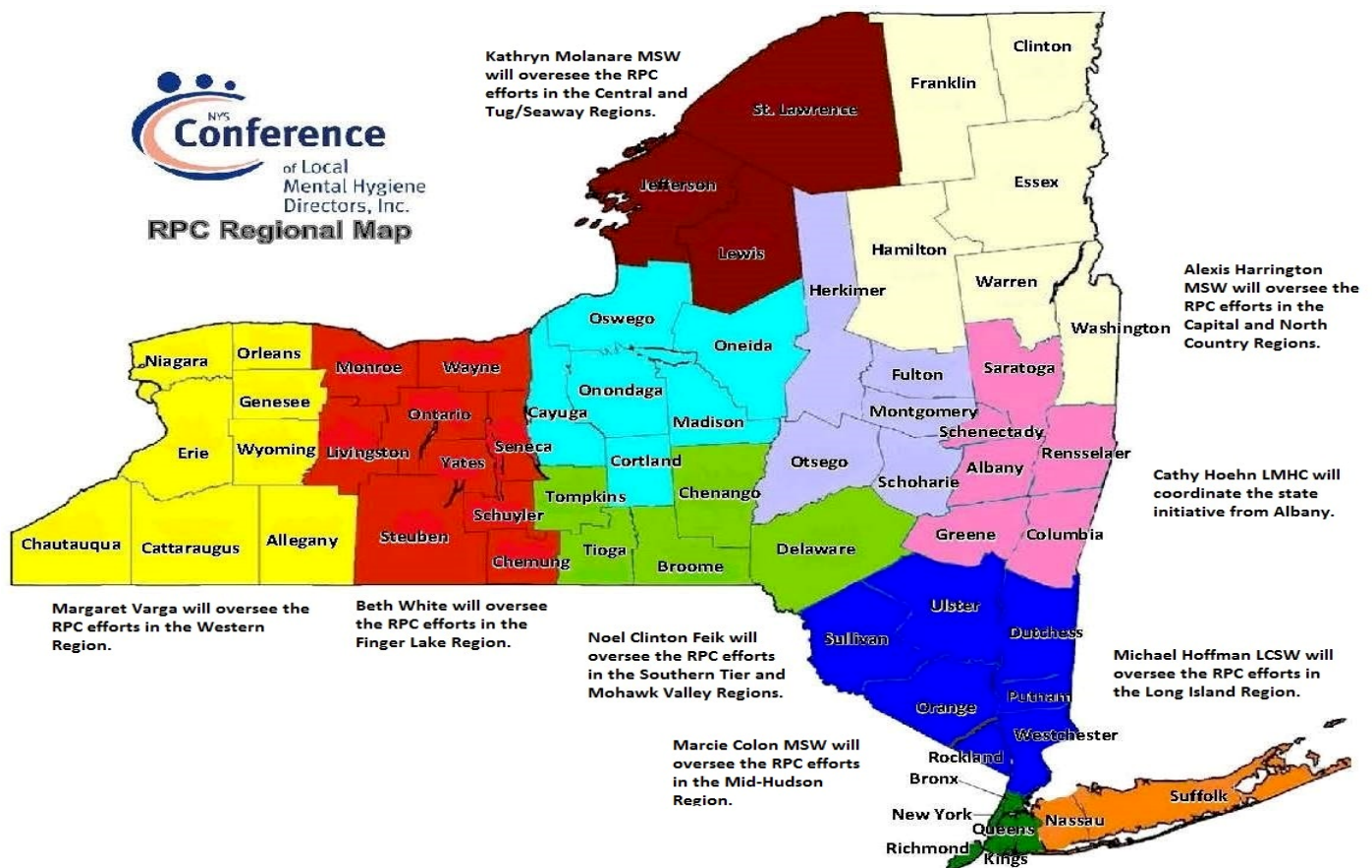
#### ***OBJECTIVE # 3: Build the RPC Team***

- In August 2016, the RPC Project Director posted RPC Coordinator job positions across the state of New York. For the next month thereafter, the Project Director traveled throughout the state, meeting with DCS's to interview applicants and make offers to viable candidates. More than two hundred people applied for the positions across

each region, which led to the hiring of several qualified individuals. By September 2016, the RPC project was fully staffed with seven Regional Coordinators and one Initiative Coordinator. Special thanks goes out to the DCS's across the state of New York for their help with the hiring process for the RPC initiative.

- For onboarding and orientation, the new RPC staff was brought to Albany to spend a week learning about the RPC's and meeting with various stakeholders involved in the project. The RPC Team participated in question and answer sessions with local and regional DCS's and with members of the state government. The RPC Team was also given a one day training by Boris Vilgorin and Yvette Kelly from MCTAC, who discussed the goals of the transition to Medicaid Managed Care and the planned transition to Value-Based Payment.

Below is map of the RPC regions, and a list of the RPC Team members who cover region:



#### **OBJECTIVE # 4: Training the RPC Boards**

- Boris Vilgorin from MCTAC has also been retained to provide training the RPC boards across the State of New York. The trainings have been scheduled and confirmed for March/April 2017.

#### **OBJECTIVE # 5: Organizing the Regional Stakeholder Meetings**

- The first stakeholder engagement meeting occurred in July 2016 (Capital Region). Between the months of October and December 2016 – each region held two stakeholder engagement meetings that were open to the



public, totaling 20 meetings. These meetings were well attended and often required the RPC TEAM to expand space to accommodate all who expressed interest in attending. The venues were acquired and scheduled by Jackie Negri, from Negri Management Services in Albany, NY. Special thanks goes out to Jackie and her team for the work they did to acquire the venues for the RPCs in the fall of 2016.

The following tables have been added to reflect how many people registered for the events and how many people attended:



## REGIONAL PLANNING CONSORTIUMS FIRST ROUND MEETING ATTENDANCE

<b>CAPITAL REGION (JULY)</b>	<b>70 REGISTERED</b>	<b>55 ATTENDED</b>
<b>CENTRAL REGION</b>	<b>80 REGISTERED</b>	<b>63 ATTENDED</b>
<b>SEAWAY TUG REGION</b>	<b>60 REGISTERED</b>	<b>50 ATTENDED</b>
<b>FINGER LAKES REGION</b>	<b>103 REGISTERED</b>	<b>80 ATTENDED</b>
<b>NO. COUNTRY REGION</b>	<b>70 REGISTERED</b>	<b>73 ATTENDED</b>
<b>SOUTHERN TIER</b>	<b>74 REGISTERED</b>	<b>45 ATTENDED</b>
<b>MID-HUDSON</b>	<b>150 REGISTERED</b>	<b>104 ATTENDED</b>
<b>LONG ISLAND</b>	<b>150 REGISTERED</b>	<b>123 ATTENDED</b>
<b>WESTERN REGION</b>	<b>130 REGISTERED</b>	<b>104 ATTENDED</b>
<b>MOHAWK VALLEY</b>	<b>67 REGISTERED</b>	<b>40 ATTENDED</b>



## REGIONAL PLANNING CONSORTIUMS SECOND ROUND MEETING ATTENDANCE

<b>CAPITAL REGION</b>	<b>120 REGISTERED</b>	<b>100 ATTENDED</b>
<b>CENTRAL REGION</b>	<b>120 REGISTERED</b>	<b>89 ATTENDED</b>
<b>SEAWAY TUG REGION</b>	<b>67 REGISTERED</b>	<b>54 ATTENDED</b>
<b>FINGER LAKES REGION</b>	<b>108 REGISTERED</b>	<b>90 ATTENDED</b>
<b>NO. COUNTRY REGION</b>	<b>54 REGISTERED</b>	<b>47 ATTENDED</b>
<b>SOUTHERN TIER</b>	<b>56 REGISTERED</b>	<b>67 ATTENDED</b>
<b>MID-HUDSON</b>	<b>130 REGISTERED</b>	<b>100 ATTENDED</b>
<b>LONG ISLAND</b>	<b>160 REGISTERED</b>	<b>100 ATTENDED</b>
<b>WESTERN REGION</b>	<b>120 REGISTERED</b>	<b>100 ATTENDED</b>
<b>MOHAWK VALLEY</b>	<b>53 REGISTERED</b>	<b>48 ATTENDED</b>



**OBJECTIVE # 6: Building Regional RPC's**

- After the second stakeholder meeting in each region, nominations were compiled of people and organizations who expressed interest in participating in the RPC process. Pictured below, this table shows the number of nominations that were received across the state.

**RPC - Statewide Nominations**

REGION	TOTAL # NOMINATIONS	CBO'S	HHSP'S	PFY'S
Capital	30	12	3	15
North Country	24	12	6	6
Mid-Hudson	51	25	10	16
Central	48	22	11	15
Tug Hill/Seaway	23	6	10	7
Mohawk Valley	8	5	1	2
Southern Tier	9	4	3	2
Finger Lakes	34	18	7	9
Western	31	21	4	6
Long Island	55	25	14	16
<b>TOTAL NYS</b>	<b>313</b>	<b>150</b>	<b>69</b>	<b>94</b>

- In each region elections were held (using Survey Monkey), with many ongoing currently. A list of the first regional RPC Board meetings is included below:

**RPC 1<sup>st</sup> BOARD MEETINGS**

Region	Date	Time	Venue	City
North Country	Thursday 1/19/17	10-12	Crown Plaza	Lake Placid
Capital	Wednesday 1/25/17	10-12	Radisson	Albany
Finger Lakes	Monday 1/30/17	1-4	Venue TBD	TBD
Mid-Hudson	Monday 1/30/17	9-12	Dutchess County Dept. of Mental Hygiene	Poughkeepsie
Western	Wednesday 2/1/17	9:30-12:30	Quality Inn	Batavia
Central	Monday 2/6/17	10-1	Holiday Inn	Liverpool
Southern Tier	Thursday 2/9/17	1:30-4:30	Cornell Cooperative Ext	Binghamton
Mohawk Valley	Wednesday 2/8/17	9-12	Herkimer DSS	Herkimer
Tug Hill/Seaway	Thursday 2/16/17	10-1	Hilton Garden Inn	Watertown
Long Island	Wednesday 2/22/17	10-1	Melville Marriott	Melville

**Regional Updates**

This section below provides region specific updates:



**Capital Region (Kathy Coons LCSW-R – RPC LEAD; Alexis Harrington MSW – Regional Coordinator) *Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady***

The Capital Region Coordinator worked with the regional DCS' to host one stakeholder meeting in the fall. This meeting was attended by well-known Community Based Organizations (CBO), Hospitals and Health Systems Providers (H&Hs), Peers, Youth Advocates and Family members (PYF), Managed Care Organizations, and other Key Partners such as the PHIP and PPS in the area. The meeting had a total of 87 people attend from all stakeholder groups mentioned above.

The Capital Region received many nominations for each stakeholder group, including: 12 CBOs, 3 H&Hs, 4 Key Partners, and 15 PYF. The Capital Region has successfully been able to seat the entire board, leaving no vacant seats. The Capital Region has also begun to discuss regional planning related to local services plans and the initial issues occurring as a result of the Behavioral Healthcare Transition to Managed Care. The monthly Regional Directors meetings will be utilized to discuss further alignment with the Mental Hygiene Planning Committee. The first board meeting is scheduled for January 25, 10am-12pm at the Radisson on Wolf Road in Albany. The list of the Capital Region Board can be found by clicking [here](#).

**North Country Region (Robert York LCSW, MPA – RPC LEAD; Alexis Harrington MSW – Regional Coordinator) *Clinton, Franklin, Essex, Hamilton, Warren, Washington***

The North Country Region Coordinator worked with the regional DCS' to host two stakeholder meetings in the Fall. These meetings were well attended by local Community Based Organizations (CBO), Hospitals and Health Systems (H&Hs), Peers and Family members (PYF), Managed Care Organizations and other Key Partners such as the PHIP and PPS in the area. The first meeting had a total of 71 people attend from all stakeholders mentioned above, and the second had a total of 47 people attend.

The North Country Region received many nominations for each stakeholder group, including: 12 CBOs, 6 H&Hs, 6 Key Partners, and 6 PYF. The North Country Region will need to fill just 2 slots on the board which are the Youth Advocates seats. The collective North Country DCS' have done a fantastic job at pursuing outreach in the region and getting the right people to the table. The first board meeting is scheduled for January 19, 10am-12pm at the Crowne Plaza in Lake Placid. The list of the North Country Region Board can be found by clicking [here](#).

**Mid-Hudson Region (Dr. Mark Herceg – RPC LEAD; Marcie Colon LMSW – Regional Coordinator) *Westchester, Sullivan, Orange, Putnam, Dutchess, Ulster***

Launched in October, the Mid-Hudson Regional Planning Consortium (RPC) was established to provide guidance in behavioral health policy, service delivery, and Medicaid reinvestment in the Hudson Valley. Beginning with stakeholder meetings, each attended by over 100 participants, the Mid-Hudson RPC has continued to build a broad network of providers, MCOs, hospitals, healthcare systems and other key partners. Through collaboration with the DCS, the coordinator ensured that the diverse needs of communities throughout the Hudson Valley are addressed.

Currently, the Mid-Hudson RPC stakeholders have nominated a total of 51 organizations to participate as board members (25 CBOs, 16 peer/family/youth, 10 hospitals/healthcare systems). Ballots were delivered electronically in December 2016 for the hospital/healthcare systems, community based organizations (CBOs), and peer/family/youth



groups. It is projected that results will be finalized in early January 2017. The first Mid-Hudson Region board meeting is scheduled for January 30<sup>th</sup> at which time the key partners will be appointed to the Board.

At present, the Mid-Hudson RPC is one of a few state initiative's that promotes participation by MCOs. It is believed that the inclusion of MCOs in the dialogue will enhance efficiency in the Medicaid process. Improved efficiency and broader understanding by all parties is anticipated to improve outcomes for those served. The list of the Mid-Hudson Region Board can be found [here](#).

**Central Region (Mark Thayer MS – RPC LEAD; Kathryn Molanare LMSW – Regional Coordinator) *Cortland, Onondaga, Oswego, Madison, Cayuga, Oneida***

This past fall, the Central Region RPC Coordinator worked with the regional DCS's to coordinate and host two stakeholder meetings. The first stakeholder meeting was held in October. The Central Region had an 81 percent attendance rate, with Community-Based Providers making up 40 percent of the audience.

The second stakeholder meeting was held in December in both regions. The Central Region had a 78 percent attendance rate, with a significant increase in Peer, Family, and Youth Advocate participation (55 percent). This is noteworthy, as the RPC Coordinator and regional DCS's have done substantial outreach and have had significant Peer, Family, and Youth Advocate participation, with 15 nominations. With that said, 24 percent of the audience in the second stakeholder meeting were new to the RPC process and had been engaged by the RPC Coordinator and regional DCS's. In addition, the max occupancy rate for the second stakeholder meeting was expanded to accommodate 120 people due to the increase in registrations. After the second stakeholder meeting an additional six nominations were collected and added to the Central Region Ballot. There was a total of 53 nominations, with 42 percent of the ballot consisting of Community-Based Providers. The Central Region RPC Board was not seated at the time of this report.

**Tug Hill/Seaway Region (Patricia Fralick MBA – RPC LEAD; Kathryn Molanare LMSW – Regional Coordinator) *Jefferson, Lewis, St. Lawrence***

This past fall, the Tug Hill/Seaway Region RPC Coordinator worked with the regional DCS's to coordinate and host two stakeholder meetings. The first stakeholder meeting was held in October. The Tug Hill/Seaway Region had a 100 percent attendance rate when including additional walk-in's.

The Tug Hill/Seaway Region's second stakeholder meeting had an 81 percent attendance rate, with a slight increase in Community-Based Provider participation (25 percent). Including all stakeholder groups, 20 percent of the audience had been engaged by the RPC Coordinator and regional DCS's and was attending their first stakeholder meeting. The second stakeholder meeting brought in an additional three nominations, bringing the total to 26 nominations for the Board. It is important to note that the Tug Hill/Seaway Region had one of the highest Hospital/Health System Provider nomination rates out of the state, with a total of seven participating hospitals. Considering the size of the Tug Hill/Seaway Region, this is a tremendous accomplishment.

In 2017, the goal for both regions are to establish the RPC Board(s) and begin the process of transitioning from conceptualizing to operationalizing solutions to regional issues. However, considering regional differences there are various ways to strengthen each area. The RPC Board would allow the Tug Hill/Seaway Region to create a more cohesive access point for providers. Giving all stakeholders, near and far, the same opportunity to get involved. At the time of this report, the RPC board was still in the election process.





**Mohawk Valley (Susan Matt LCSW, CASAC – RPC LEAD; Noel Clinton Feik – Regional Coordinator) *Fulton, Montgomery, Otsego, Schoharie, Herkimer***

Early in the fall of 2016 the Mohawk Valley Regional Planning Consortium began taking shape. The Project Coordinator, Noel Feik and RPC Lead, Susan Matt, began hosting weekly RPC Directors of Community Services team building and strategy sessions. Agenda objectives, included RPC education, stakeholder session planning and assignment distribution.

The stakeholder sessions (October & December) were well attended and nominations and voter forms were submitted. Endless hours were devoted to meticulously reviewing regional diversity and service gaps. As organizations were identified, DCS's used their local influence to engage those agencies.

The Mohawk Valley meetings also hosted over 100 attendees, averaging 80% show rate and received some nomination and voter forms. Nominations by stakeholder group: Community Based Organizations = 5, Hospital and Health Systems = 1, Peer/Youth/Family = 2.

Board slates have been distributed to identified voters. 2017 board meetings have been scheduled, as well as a MCTAC training. The first two quarters in 2017 will be dedicated to board training and issue identification, children and families' committee preparation, and RPC co-chairs agenda setting. At the time of this report, the RPC Board in this region was still completing their election process.

**Southern Tier (Cindy Heaney LCSW, CASAC – RPC LEAD; Noel Clinton Feik – Regional Coordinator) *Delaware, Broome, Chenango, Tompkins, Tioga***

Early in the fall of 2016 the Southern Tier Regional Planning Consortium began taking shape. The Project Coordinator, Noel Feik and RPC Lead, Cindy Heaney, began hosting weekly RPC Directors of Community Services team building and strategy sessions. Agenda objectives, included RPC education, stakeholder session planning and assignment distribution.

The Southern Tier meetings hosted over 100 attendees between their two meetings, averaging 85% show rate and received numerous nominations and voter registration forms. Nominations by stakeholder group: Community Based Organizations =4, Hospital and Health Systems = 3, Peer/Youth/Family = 2. At the time of this report, the RPC board was still completing the election process.

**Finger Lakes Region (George Roets RN, MS – RPC LEAD; Bethanne White MPA, SPHR – Regional Coordinator) *Monroe, Yates, Wayne, Ontario, Livingston, Steuben, Schuyler, Chemung, Seneca***

As we have undertaken the establishment of the Regional Planning Consortium in the Finger Lakes region, interest and participation have been high. Two Stakeholder meetings have been held, with over 100 attendees registering for each of them.

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**October 14<sup>th</sup>** - 103 registered, of which 80 attended, including:

35 CBO's, 7 Peer/Family/Youth, 11 Hospital & Health System Providers



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**December 7<sup>th</sup>** - 112 registered, of which 85 attended, including:

50 CBO's, 9 Peer/Family/Youth, 17 Hospital & Health System Providers

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Voting is currently underway to establish the RPC Board of Directors, with a robust slate of candidates offered to voters. To fill 6 Board seats in each of 3 stakeholder groups, there are 18 CBO candidates, 9 Peers/Family/Youth and 7 Hospital & Health System Providers.

Excellent outreach efforts on the part of the region's DCS group has resulted in good representation from across the region.

Contact has been established with both the PPS and PHIPS projects, and discussions have begun regarding how the RPC might infuse those initiatives with targeted behavioral health expertise to support their goals. MCO's have begun to engage with the Coordinator to explore how best to prepare for and participate in the Consortium's work.

The Finger Lakes RPC's first Board meeting will take place on January 30<sup>th</sup>. At the time of this report, the RPC Board in this region was still completing their election process.

**Western Region (Mark O'Brien LCSW – RPC LEAD; Margaret Varga MHC, CASAC – Regional Coordinator) *Niagara, Erie, Orleans, Genesee, Wyoming, Allegany, Cattaraugus, Chautauqua***

The Western New York region of the RPC is moving full steam ahead! In 2016 a kick-off meeting was held during the summer with good attendance and we found many individuals and organizations very interested in learning more about the RPC and the goals of the organization. Led by Mark O'Brien, DCS of Orleans County, Laura Kelemen, DCS of Niagara County and RPC State Project Director, James Button, staff was brought on and we moved ahead with stakeholder meetings and outreach to local community organizations.

At the conclusion of the stakeholder meetings we received positive feedback from all involved and had a variety of community based organizations, peers, family members, hospitals, and health homes all interested in having a seat on the board. We had excellent participation from managed care organizations, PPS groups, and the local PHIP. Regional office staff from OMH and OASAS were also supportive in identifying partners and discussing current local concerns.

Board elections are on-going; the hospital/health systems stakeholder group has been seated and we continue to recruit for two open seats. We are also beginning outreach to youth groups for inclusion on the board. Individuals and organizations have expressed interest in participating with the Children and Families sub-committee. The WNY RPC Board will be announced by January 13<sup>th</sup>.

WNY has a history of both independence and collaboration. Several planning groups are already in existence and RPC staff has been invited to participate with these groups. The WNY RPC DCS stakeholder group has had considerable input into the development of the RPC Board, assuring that each member of the board has a vote and a voice into the development of policies, programs, and participation.

There are local issues that will surely be addressed by the WNY RPC – continued downsizing and/or relocation of state-operated services is a primary concern. The on-going opiate epidemic has impacted each county and efforts continue to work on ways to combat this scourge. The ability to access services is problematic – WNY is a widely rural area and transportation has been identified by each county in their local plan as an enduring problem with limited resources to



address it. Linkage with area primary care providers is needed to address health needs. The RPC will assist in this process by further facilitating discussions and cooperation between area PPS's and behavioral health care organizations. These are just a few of the issues that occur in the WNY region.

We look to 2017 as an opportunity to re-shape the behavioral health care system. Acknowledging the impact of the movement to Medicaid managed care, value based payments and working with local MCO's and CBO's we will share experiences – good and bad- within this new construct. Understanding that this process will take time, patience, and cooperation – all partners will work together with the goal being to continue to provide quality services to the citizens of our region. At the time of this report, the RPC Board in this region was still completing their election process.

**Long Island (Dr. James Dolan – RPC LEAD; Michael Hoffman LCSW-R – Regional Coordinator) *Nassau and Suffolk***

The Coordinator for the Long Island Partnership – RPC was hired effective August 29, 2016. Since that time a great deal of work went into the planning for two stakeholder meetings. Registration and attendance at these events was excellent and there was a great deal of interest and enthusiasm expressed. On October 25, 2016 the first stakeholder meeting was held. There were 155 people registered to attend and 123 people attended. At the second meeting on December 16, 2016 there were 150 people registered and 100 attended.

55 nominations for the RPC Advisory Board were received: 25 from the CBO stakeholder group, 14 from the Hospital/Health System/FQHC/HH group (one was later withdrawn) and 16 from the Peer/Family/Youth group (three were later withdrawn). Nominations were received in all subcategories within the groups. In addition, 7 nominations were received from the Key Partners group. These will be considered for appointment at the first Board meeting.

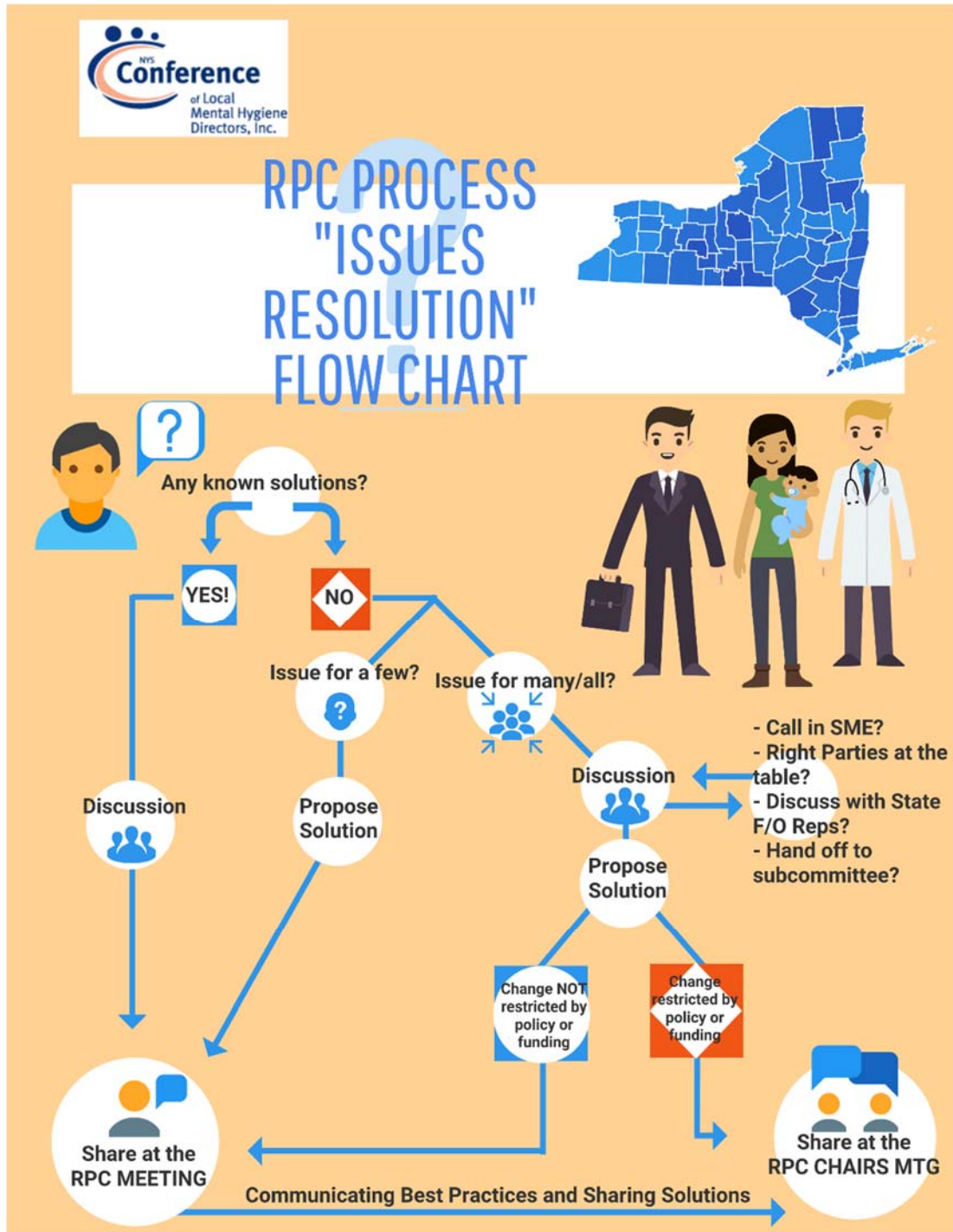
Outreach to various stakeholder groups has been a key goal during the first five months. Meetings and presentations have occurred with a number of groups, including the OMH and OASAS Field Offices, PHIP representatives, MCO representatives, Hospital representatives, Long Island Directors of Community Services, LGU Community Advisory Boards, Peer and Family groups, and youth. In addition, many discussions have occurred during the two LI Partnership meetings.

The LI RPC Coordinator has attended many of the Plan/Provider Roundtable meetings, as well as the RPC Advisory conference calls, using these venues to develop working collaborative relationships and soliciting input on the RPC agenda, as well as ensuring a consistent approach with other NYS regions.

During the last two months of 2016, the stage has been set for voting to be completed for RPC Advisory Board positions. Board appointments will be announced in mid-January 2017 in preparation for the first LI Partnership/Board meeting on 2/22/17. At the time of this report, the RPC Board in this region was still completing their election process.

## Still Developing

As the RPC's move into 2017, the RPC Team will continue their efforts to develop the RPC process. Efforts are currently underway to develop a standardized agenda for RPC meetings and to create an agenda for the RPC Chairs meetings. The RPC Chairs and RPC Regional Coordinators have already begun to discuss how issues that come to the RPC might be resolved. Pictured below is an 'issues flow resolution' graphic to help RPC's as they begin their work:



## Children & Families Committee

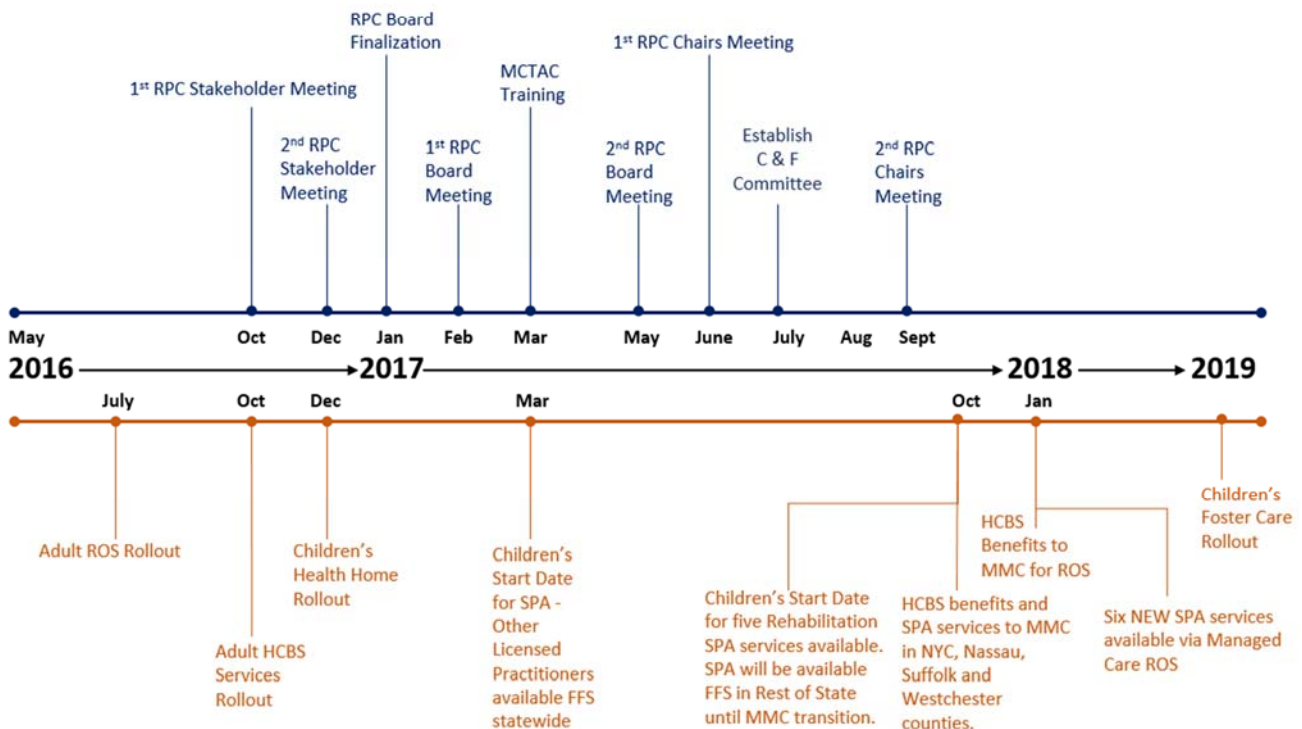
2017 will see the development and seating of the RPC Children and Families Committee in each region. This process is anticipated to begin in the early summer. Once the RPC Boards are seated in each region, the selection of a Children & Families Committee chairperson will be made from a group of existing board members. The purpose of this committee will mirror that of the RPC's – to discuss the behavioral health transformation agenda, strategize around regional dilemmas and provide recommendations to state government around best practices.

**Children & Families Committee Pilot** - While the Children & Family Committees are anticipated to begin in the summer of 2017, the Capital Region, led by Katherine Alonge-Coons (Rensselaer County DCS) and the Mid-Hudson Region, led by Mark Herceg (Westchester County Commissioner), will organize and coordinate their Children and Families Committee three months early, beginning in March. This pilot is viewed as a necessary addition to the implementation timeline. The early seating of this committee will provide local insight around the process and inform the statewide Children & Families Committee implementation.

## Looking Ahead

In 2017, the RPC Team and the RPC LEADS are looking forward to continuing to build and capitalize upon the momentum that the RPC's have at the end of 2016. Below is a high-level timeline for the RPC's compared against the NYS's roll out of Medicaid Managed Care. A copy of this Timeline is also attached for purposes of convenience.

## RPC and State MMC Timeline





## **Thank you**

In closing, the RPC Team would like to acknowledge the efforts and support of the Directors of Community Service in the 58 Local Government Units across the state of New York. Without their credibility and community relationships, the initial ‘successes’ the RPC’s have experienced would not have been possible.

The RPC Team would also like to thank the New York State Office of Mental Health, Office of Alcohol and Substance Abuse Services, Office of Children and Family Services and the Department of Health – Medicaid, for their support, their confidence in the Conference’s ability to take on this venture and for their commitment to partnering with the DCS’s across the state of New York.

A very special thanks is extended to the Conference Executive Committee, and the RPC LEADs and RPC HOSTS in each region. They have been committed to this process from the onset of the project, very generously giving of their time and attention to matters related to the Regional Planning Consortiums, and passionate in their belief that the RPC’s will facilitate innovation, inclusion and improved services through the behavioral health system transformation.

Onward and Upward in 2017.

James D. Button LMSW

State Project Director – NYS Regional Planning Consortiums