



2017 Regional Planning Consortiums Annual Report

Summary

After several months of planning and gathering community stakeholder interest in 2016, the 10 Regional Planning Consortia (RPCs) officially convened in January 2017. This report summarizes the RPC Initiative's achievements over the past year and outlines the goals for 2018.

Mission

The RPC Initiative 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 Initiative 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 Initiative will synthesize and strengthen the regional voice when communicating concerns to the state partners
- The RPC Initiative will act as an information exchange and a place where people can receive updates regarding the behavioral health transformation agenda.

2017 Timeline Overview

Winter 2017

December 2016 and early 2017 were devoted to seating and establishing the RPC boards, creating the issue identification process, and providing a level ground for the board to begin its work. In December 2016, elections were held for the following RPC Board seats: Community Based Organizations, Hospital and Health System Providers, and Peer, Family, Youth Advocates. The remaining stakeholder board seats, Director of Community Services, Managed Care Organizations, and State Field Office Representatives, were confirmed. For a complete list of RPC Board members by region, please visit www.clmhd.org/rpc.

The first round of official board meetings convened in January and February 2017. The focus of these board meetings was for the newly elected board members to introduce themselves, elect an additional Co-Chair to join the Director of Community Services Co-Chair and appoint Key Partners to the board. A preliminary regional discussion began to identify issues related to the behavioral health transition to Medicaid Managed Care (MMC). Many of the regions also discussed the establishment of bylaws for their boards.

Targeted board meetings were held in March 2017. This board meeting focused on a two-hour MCTAC training which provided an overview on the MMC transition. For some stakeholders, this information was not new, but for many it provided an opportunity to learn more about the details of this transition. At this time, the RPC Logic Model was introduced with the purpose of focusing the conversation on Primary Care Behavioral Health integration, Health and Recovery Plans (HARP)/Home and Community

Based Services (HCBS) for Behavioral Health, Health Homes, Value Based Payment (VBP), and Population Health.

The following chart identifies the 22 RPC Co Chairs from across NYS:



Spring 2017

During the second quarter RPC board meetings, held in May 2017, boards were asked to collectively prioritize their top 10 issues requesting to further discuss with the State partners. Each issue was accompanied by a proposed recommendation to address the challenges identified. In all, 110 issues, which included issues from the New York City RPC, were submitted for potential inclusion in the agenda at the inaugural RPC Chairs meeting scheduled for June 8, 2017. Seventeen of these issues would make the final agenda.

RPC Children & Families Subcommittee Pilots

While initially anticipated to kick off in the fall of 2017, RPC leadership decided to pilot this subcommittee in the Capital Region and the Mid-Hudson Region in March 2017. To date, the pilots have centered their discussion on Children's Health Home. As the children's transition progresses in the summer of 2018, the subcommittees will begin to discuss Children's State Plan Amendment (SPA) services and HCBS. Multiple State partners, including representatives from the Office of Mental Health (OMH), Office of Alcohol and Substance Abuse Services (OASAS), Office of Children and Family Services (OCFS) and the Department of Health (DOH), have been invited to participate in these subcommittee meetings. State partner involvement has allowed to hear issues and concerns directly from providers and family members. The robust dialogue has led to proactive changes to the children's transition and

an opportunity to share best practices. These pilots have provided local insight around the children's transition and have informed the statewide rollout of the remaining RPC Children and Families Subcommittees.

Summer 2017

On June 8, 2017, the inaugural RPC Chairs meeting was held in Albany, NY. Representatives from four state agencies including, OMH, OASAS, OCFS, and DOH, met with the RPC Co-Chairs from the 11 RPC regions. The agenda focused on the discussion of the 17 State-level identified issues that had been submitted by the RPC Boards. These 17 issues illustrated the major themes of the various challenges identified by the boards. An additional component to this meeting included an update from OMH regarding data on the MMC Transition.

As only 11 of the 17 issues were reviewed and discussed that day, the State partners provided written responses to the six remaining issues. The meeting minutes from the RPC Chairs meeting as well as the written responses to unaddressed issues were distributed to all RPC board members for review.

Throughout the month of June, the RPCs partnered with MCTAC to host six Value Based Payment educational events. During these well-attended events, speaker Adam Falcone, a partner at Feldesman, Tucker, Leifer and Fidell, or Brett Friedman a partner at Ropes & Gray, provided attendees with an overview of various Value Based Payment arrangements. These events also provided an opportunity for providers to network with other community based providers in their regions prior to the submission of the Behavioral Health Care Collaborative (BHCC) Notification of Interest.

In the summer of 2017, each of the RPC regions established regional ad hoc workgroups, consisting of both board members and community stakeholders. The purpose of these groups is to address regional issues identified by the boards and community stakeholders.

The regional ad hoc workgroups meet on an ongoing basis and report quarterly on their progress to the larger RPC board. Additionally, each RPC coordinator documents the identified regional issues and the status of those issues discussed in the regional ad hoc work groups. This information, collected in the Regional Issues Tracker, is reported to the State partners on a quarterly basis.

Below is a table listing the current regional ad hoc workgroups and the average number of attendees:

Regional Ad Hoc Work Groups and Subcommittees

	HARP, Health Home, & HCBS	Value Based Payment (VBP)	Children & Families Subcommittee	Clinical Integration	Other
Capital	(30)	(10) ¹	(30)		
Central	(20)	(18)			
Finger Lakes	(14)			(17)	
Long Island	(30)	(28)	(24)		
Mid-Hudson	(18)	(10) ¹	(50)		
Mohawk Valley	(14)	(13)			(8) ^{3,1}
North Country	(12)	(12) ²			
Southern Tier	(15)	(12) ¹		(14)	
Tug Hill	(6)	(12) ²			
Western	(20)	(41)			(10) ⁴

() Avg. # of Participants

¹ Work group has been put on hold.

² Combined meeting between North Country and Tug Hill regions. 12 providers total.

³ Primary Care and Behavioral Health Integration: Workforce Shortages

⁴ Systems Workgroup

Fall 2017

The third quarter board meetings provided the board members an opportunity to review the meeting minutes from the June 8, 2017 RPC Chairs meeting. The boards then prioritized three state-identified issues to send to the Fall RPC Chairs meeting scheduled for October 30, 2017. Due to time restrictions during the Summer RPC Chairs meeting and the inability to address the complete list of issues submitted by each region, the issue submission process was altered. Moving forward, each RPC region will be able to submit up to three issues, instead of ten issues previously allowed.

The second RPC Chairs meeting, held on October 30, 2017 in Albany, once again convened the State Partners and RPC Co-Chairs to review the 11 State-level identified issues and proposed recommendations. At this meeting, a total of seven issues were discussed. Throughout the course of the meeting, the RPC Co-Chairs had an opportunity to share some of the regional work the boards have conducted to address the submitted issues. This meeting also provided an opportunity for dialogue between the Co-Chairs and State partners regarding what they felt was working well with the RPCs and areas for ongoing refinement. Many reported that the RPCs have been a successful vehicle to bring together multiple stakeholders to work collaboratively.

Winter 2017

Coming off of the fall RPC Chairs meeting, the focus of the fourth quarter RPC board meetings was to discuss regional efforts being made to address regional challenges as well as to review meeting minutes from the fall RPC Chairs meeting. Prior to these December board meetings, the RPC Coordinators asked

the board members to complete a feedback survey to gauge how they felt about the RPC process thus far. During the board meeting, members were afforded an opportunity to review the outcomes of this survey and respond to the feedback provided.

2017 RPC Objectives

Below is a status report on the RPC project's achievements from January 2017 through December 2017.

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

Objective One: *REFINE ISSUES IDENTIFICATION & REFERRAL PROCESS*

In early 2018, RPC staff and Co-Chairs will review the status of the issues that have been brought to the two 2017 RPC Chairs meetings. The RPC coordinators are tracking the regional issues and the progress of addressing these issues in every region.

Objective Two: *REFINE MEETING MANAGEMENT PROCESS*

In 2018, the RPC board meeting schedule will be aligned in order to make sure every region is on the same timeline. In 2018, all RPC Board meetings will fall between the following time frames:

- First Quarter-February 2-16
- Second Quarter-May 2-18
- Third Quarter-September 6-21
- Fourth Quarter-December 3-14

To view a list of upcoming Board meetings scheduled for 2018, please visit: www.clmhd.org/rpc

Objective Three: *SUCCESSFULLY PUT IN PLACE NEW RPC PROJECT LEADERSHIP*

In June 2017, James Button, the previous RPC Statewide Project Director resigned. RPC Initiative Coordinator, Cathy Hoehn served as the Acting RPC Project Director from July - December 2017. Throughout the summer and fall of 2017, an extensive interview process occurred to find a permanent Project Director. In November, final candidates were interviewed and the CLMHD interview committee selected Donna Dewan, LPC, LMT, CCTP as the new RPC Project Director. Donna began with CLMHD at the end of December 2017.

Objective Four: *ONGOING COMMUNICATION*

RPC Leadership is in frequent communication with the State Partners to provide ongoing updates. The RPC Leadership team has met on occasion with the leadership from the four state agencies, along with their field office staff. Starting in 2018, the RPC leadership team will provide the following updates to the State Partners:

- Monthly RPC updates to the State Partners via Webex
- Quarterly status updates on the OMH Work Plan
- Quarterly report on the issues being addressed and discussed in the regional ad hoc workgroups

Objective Five: *ONGOING COMMUNITY OUTREACH & ENGAGEMENT*

In an attempt to engage the larger stakeholder community beyond the board members, the regional ad hoc work groups were advertised to community members. Board meetings are open to the public and a certain number of gallery seats are set aside for the public. Meeting minutes from each of the board meetings are also available and can be found on the NYS Conference of Local Mental Hygiene Directors' website at www.clmhd.org/rpc. The RPCs have also collaborated with the State Partners to help distribute any educational materials to the boards and larger community regarding the MMC transition.

Objective Six: *PARTNER WITH STATE PARTNERS ON CHILDREN'S MANAGED CARE ROLL OUT*

In 2017, the Mid-Hudson and Capital Region RPCs piloted a Children and Families Subcommittee in their regions. The purpose of this subcommittee mirrors that of the RPC's – to discuss the behavioral health transformation agenda, strategize around regional dilemmas and provide recommendations to our State Partners regarding the children's rollout. In the fall of 2017, both the Western and Long Island RPC kicked off their subcommittees, with the ROS planned to kick off to February 2018.

Regional Updates

Please see the Appendix to read specific highlights from each of the 10 RPC Regions.

Looking Ahead

Listed below are the areas of focus for the RPCs as we move into 2018:

Children & Families Subcommittee – Early 2018 will include the development and seating of the remaining RPC Children and Families Subcommittees. This process is anticipated to begin in February 2018, although two additional regions kicked off their subcommittees in the fall: Long Island (October 2017) and Western Region (December 2017). Currently, the remaining RPC regions have confirmed their Chairs and Leads for these subcommittees and are finalizing their invite lists for their kick off meetings.

Co-Chairs Retreat - In January 2018, the RPC Co-Chairs from across the state are scheduled to meet for an annual retreat. During this time, the Co-chairs will review the progress of RPCs to date and strategize on how to continue to improve and refine the process.

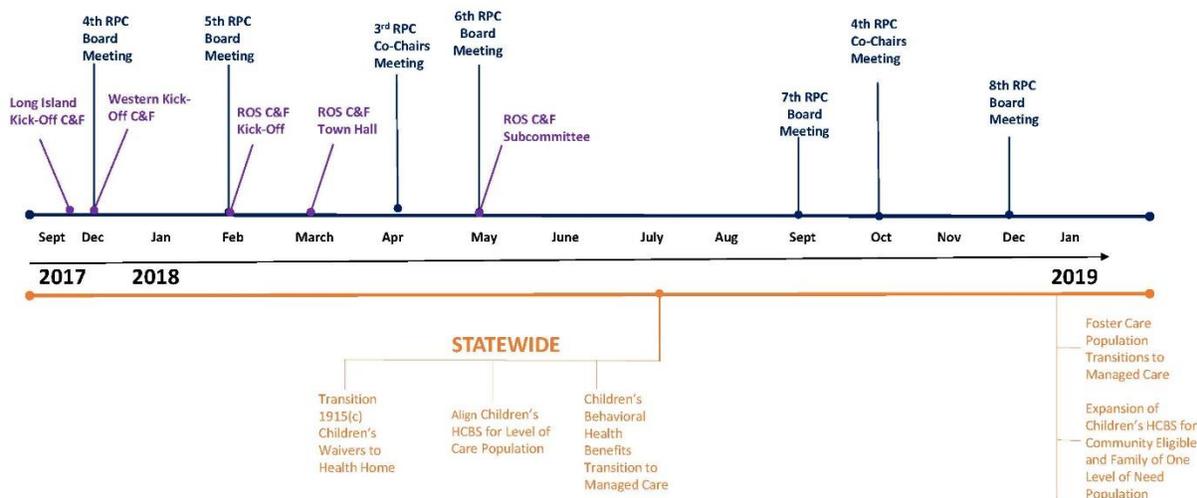
Issue Development - The RPCs will continue to track the issues and discussions that are occurring at the regional level and will work to share best practices with the other RPC regions. At the RPC Chairs meeting level, the RPC team will continue to review and work with the boards on what issues are best suited to be addressed at this venue.

In 2018, the RPC Team is looking forward to continuing to build and capitalize upon the momentum that the RPCs have made at the end of 2017.

Below is a high-level 2018 timeline for the RPCs:



2018 RPC and State MMC Timeline



Thank you

In closing, the RPC Team would like to thank our multiple partners in this process.

We would first like to acknowledge the efforts and support of the Directors of Community Service (DCSs) in the 58 Local Government Units across the state of New York. The DCSs have helped to host and guide the RPC Coordinators, included the RPC Team in their existing monthly DCS meetings, and welcomed RPC staff at Conference semi-annual meetings.

The RPC Team would also like to thank the NYS Office of Mental Health, NYS Office of Alcohol and Substance Abuse Services, NYS Office of Children and Family Services and the NYS Department of Health, for their support and ongoing collaboration.

A very special thanks is extended to the RPC Co-Chairs and roughly 350 Board members from across NYS, who have been committed to this process from the onset of the project, very generously giving their time and attention to matters related to the Regional Planning Consortia, and passionate in their belief that the RPCs will facilitate innovation, inclusion and improved services through the behavioral health system transformation.

Lastly, we would like to thank the CLMHD Officers and Executive Director for their continued support.

Onward!

The RPC Team



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Capital Regional Planning Consortium: Overview of 2017
RPC Coordinator: Alexis Harrington

The Capital RPC Board, made up of 37 individuals from varying stakeholder groups, continues to successfully identify regional and state issues to be addressed. The Co-Chairs of the RPC BOARD, Katherine Alonge-Koons and Robert Holtz, have attended two State Co-Chairs meetings. This board has met 6 times in 2017 and average attendance was 78%. The board has ambitiously recommended regional solutions for several Statewide issues such as working with State Medical Directors to address dental providers denying services to HARP members, eliminating statewide MCO technical billing system glitches for HCBS, and addressing challenges with coordinating non-Medical transportation with MAS as a benefit within HCBS.

HARP/HCBS/HH WORK GROUP

- This work group is led by Linda Lewis, Service Director of Unity House of Troy, Inc.
- 25 participants attended the inaugural HARP/HCBS/HH work group meeting on June 30th.
- HARP/HCBS Networking Event-Over 80 attendees, 10 vendor tables (Home and Community Based Services (HCBS) providers and Managed Care Organizations) came together. The event received very positive feedback. Many have expressed interest in holding more of these, at maximum quarterly due to staff turnover. There has been a recommendation to move these networking events around the region and to perhaps hold the next one in Columbia or Greene County.
- ***This year the work group has met twice in 2017 and has successfully resolved five out of fifteen identified regional issues.***

CHILDREN & FAMILIES SUBCOMMITTEE PILOT

- This subcommittee is led by Chair, William Gettman, CEO of Northern Rivers and Local Government Unit Lead, Moira Manning, Deputy Commissioner of Children & Family Services of Albany County
- Over 30 participants have consistently attended the Capital Region Children & Families subcommittee pilot meetings where we focus on regionally identified issues that may be addressed at a regional or state level.
- ***This year the subcommittee has met five times in 2017 and has successfully resolved four out of twelve identified issues.***

2017 REGIONAL HIGHLIGHTS IN THE CAPITAL REGION

1. **ISSUE:** CBOs having difficulty with an MCO in the region related to “administrative denial” and a long turnaround time to hear back to the MCO related to denied claims, which is impacting their ability to be paid for claims submitted. Challenging to navigate the denial process.
ACTION TAKEN: The Capital Region RPC identified a specific point of contact for billing issues with the MCO.
OUTCOME: As a result of this closed issue there have been IT fixes in the MCO platform to fix denials related to HCBS staff travel and ensuring HCBS providers receive the appropriate amount of units for peer support.

2. **ISSUE:** MCOs having difficulty contracting HCBS with providers (Non-response from providers; Providers not returning contracts; Providers not ready to provide services). Lack of network adequacy results in increased hospital admissions.

ACTION TAKEN: HARP/HCBS networking event held on June 16th in the Capital Region.

OUTCOME: As a result of this networking event, stakeholders have reported an increase in contracts between MCOs and HCBS providers, increase in collaboration between MCOs, HCBS providers and Health Home care managers, and relationships created between MCOs, HCBS providers and Health Home care managers.

3. **ISSUE:** Difficulty accessing transportation services through HCBS after the individual is approved to receive them.

ACTION TAKEN: Medical Answering Services (MAS) presented to the HARP/HCBS work group on coordinating non-medical transportation with MAS and provided many resources to providers related to the process of authorizing transportation.

OUTCOME: Work group will continue to monitor this as an issue and hope for an increase in accessing non-medical transportation as a result of the MAS presentation to the HARP/HCBS/Health Home work group.

Central Region: Regional Planning Consortium: Overview of 2017
RPC Coordinator: Kathryn Molanare

The Central Region RPC Board, made up of 41 individuals from varying stakeholder groups, continues to successfully identify regional and state issues. The Co-Chairs of the RPC Board; Mark Thayer and Scott Ebner (elected in August 2017) have attended two State Co-Chairs meetings. This board has met four times in 2017 with an average attendance of 30 individuals.

In addition, the Central Region RPC has had an average of 10 community members attend board meetings since May. Community members that attend range from interested Community Behavioral Organizations (i.e. Unity House, Oswego Opportunities, Syracuse Behavioral Health, Upstate Cerebral Palsy) to consulting agencies (Hezel Associates, eHealth Systems and Solutions).

News of the Central Region RPC have spread to other community members interested in presenting their concerns and educating the board on various topics. During the 4th quarter board meeting, the executive director of the Human Rights Commission in Onondaga County presented her concerns around the rights of people who have limited proficiency in English. A barrier that seems to be growing in primary care settings, as well as, within Managed Care Organizations. The Central Region RPCs will continue to allow interested community members to present material around Medicaid Manage Care.

HARP/HCBS/HH WORK GROUP

- The HARP/HCBS/HH Work Group has met five times since June 2017, with an average of 20 participants.
- This group is led by Carole Hayes Collier of AccessCNY, a peer advocate on the Central Region RPC Board.
- This group hosted a HARP/HCBS Networking Event. The event had over 100 attendees, 22 vendor tables (Home and Community Based Services (HCBS) providers and Managed Care Organizations) came together to attend the Central Region HARP/HCBS Networking Event. The event received very positive feedback. The work group is looking to hold more networking events around the region, as well as, incorporate consumers and NYAPRS into the networking events.

VBP WORK GROUP

- The VBP Work Group has met three times since June 2017, with an average of 18 participants at the work group meetings.
- The original purpose of the VBP work group was to create an information sharing platform for community members in the region to discuss topics, concerns, and issues around VBP. Currently the work group is repurposing its efforts while still acting as an information sharing platform. Some possible alternatives that have been discussed include:
 - A venue to consolidate the BHCC leads to share information and resources with providers looking to partner or become an affiliate with the leads
 - A venue to consolidate Independent Practice Associations (IPAs) to create efficiencies across the region, as well as, outreaching to other RPC regions that may have consumers that are served in the Central region (i.e. Tug hill region and Mohawk Valley region).

- During the VBP meetings, OMH has provided many updates around trainings and educational opportunities that many group members have utilized and found helpful. The group will continue to allow OMH time to provide any relevant updates.

CHILDREN & FAMILIES SUBCOMMITTEE PILOT

- The Central Region RPC is looking to hold the Children and Families Subcommittee Kickoff meeting on February 5th, 2018 from 2 pm to 3:30 pm at the Holiday Inn in Liverpool NY. There will be a “Town Hall” meeting in March and the first official subcommittee meeting in May. Further details to be determined.
- The Chair for the Children and Families Subcommittee is Jennifer Daly, a peer and family advocate on the Central Region RPC Board.
- The LGU Lead for the Children and Families Subcommittee is Jennifer Parmalee, Deputy Commissioner for the Department of Children and Family Services for Onondaga County.

2017 REGIONAL HIGHLIGHTS IN THE CENTRAL REGION

1. Central Region, with the help of the Finger Lakes, Western and Southern Tier RPC region has hosted two joint MCO stakeholder meetings in 2017. Future joint MCO meetings will be held in 2018.
2. Central Region has held one NYAPRS Peer to Peer training in Onondaga County with plans to bring this training to the surrounding counties in Spring of 2018 with a networking event following for consumers.
3. The RPC Coordinator and the Central Region DCSs continue to provide the counties with RPC updates at the monthly Community Service Board meetings. The region has seen an increase in work group involvement due to these monthly updates and will continue to do so in 2018.

Finger Lakes Regional Planning Consortium: Overview of 2017
RPC Coordinator: Beth White

The Finger Lakes RPC Board, made up of 38 individuals from varying stakeholder groups, continues to successfully identify regional and state issues to be addressed. The Co-Chairs of the RPC Board, George Roets and Lisa Pappa, attended two State Co-Chairs meetings.

- The Finger Lakes Board met 6 times in 2017 and average attendance of voting stakeholders at the 5 required meetings was 84%.
- Due to Lisa Pappa having recently left the Board, Ellen Hey was appointed in December as the new Co-Chair.
- Starting in June, the last three board meetings have been open to up to 20 guest observers. These gallery seats generally “sell out” within 24 hours of being made available.

HARP/HCBS/HH WORK GROUP

- 10 participants attended the inaugural HARP/HCBS/HH work group meeting on March 20, 2017 and 14 participants attended a second meeting on October 20, 2017.
- Workgroup discussed the board identified issue of the need for education about HCBS services at the first meeting. While several promising strategies for education were discussed, concern was identified regarding HCBS providers not being ready to deliver the services. The group decided that a survey was needed of HCBS providers to determine their status.
- At the second HCBS workgroup meeting, input was obtained for the planning of a networking event. Efforts were coordinated with the local HCBS Consortium.

CLINICAL INTEGRATION WORK GROUP

- 17 participants attended the inaugural Clinical Integration workgroup meeting on November 9, 2017.
- Issues discussed included increasing PCP and BH provider participation in the RHIO, and education being needed for BH providers regarding the sharing of information.
- Next meeting scheduled for January 2018.

CHILDREN & FAMILIES SUBCOMMITTEE

- The Finger Lakes region will present its C&F Subcommittee Kick Off on February 9, 2018.
- The Subcommittee Chair, Jodi Walker, and LGU Lead, Amy Scheel-Jones, were appointed at the December Board meeting.

2017 REGIONAL HIGHLIGHTS IN THE FINGER LAKES REGION

1. Finger Lakes Region - HCBS Readiness Survey

The status of HCBS providers in their readiness to deliver services was not consistent with listed status on OMH designation list. This region performed a survey of 34 regional HCBS providers, with 30 out of 34 participating. Results showed that:

- 85% of those listed were ready to deliver HCBS services
- Only 82% of needed MCO contracts were in place
- Of the two thirds of providers who had already delivered HCBS services, only 45% of those had been paid

The Finger Lakes RPC's HCBS Workgroup has committed to a goal of 100% readiness and contracting, and connection of unpaid providers to the appropriate MCO's contacts. The RPC has started working with the local HCBS consortium to support the attainment of these goals.

2. HCBS-CMA-MCO Networking Event - On December 5th, 2017, 118 attendees came together in Mt. Morris for the Finger Lakes Region Networking Event, presented in partnership with Health Homes of Upstate New York.

- More than 60 Health Home Care Managers visited 13 HCBS Provider and 5 MCO vendor tables to connect with colleagues and discuss how to work together to deliver HCBS services to eligible clients.
- The event included a presentation of the HCBS work flow and a Q&A session with MCO representatives.
- Of 64 feedback surveys submitted, 42 reported that the event was "very" or "extremely" useful. Only 2 reported minimal usefulness.
- A comprehensive "HCBS Provider Directory" and an "MCO/HCBS Provider by County Grid" were provided to attendees.
- Due to popular demand, another networking event will be planned for the first half of 2018.

3. Community Collaboration -The Monroe County Medical Society has agreed to participate in the Clinical Integration workgroup to identify and support the best way to connect with PCP's regarding the integration of medical and behavioral health care.

Long Island Regional Planning Consortium: Overview of 2017
RPC Coordinator: Michael Hoffman

The Long Island RPC is composed of two groups focusing on the transition of the behavioral health benefits in Medicaid from fee-for-service to a managed care environment.

The Long Island Partnership is a town hall style meeting of stakeholders throughout the region, who have an interest in the transition of the behavioral health benefits in Medicaid from fee-for-service to a managed care environment.

The LI RPC Board, made up of 45 individuals from varying stakeholder groups, continues to successfully identify regional and state issues to be addressed. The Co-Chairs of the RPC Board are Ann Marie Csorny, Director of the Suffolk County Division of Community Mental Hygiene (who replaced James Dolan as LGU Co-Chair) and Michael Stoltz, Chief Executive Officer at the Association for Mental Health and Wellness. The Co-Chairs have attended two State Co-Chairs meetings. This board has met four times in 2017 and average attendance was 35.

HARP/HCBS/HH WORK GROUP

- This group has been meeting on a monthly basis as an outgrowth of regional Plan-Provider Roundtable meetings.
- Average attendance for the group was 29, including MCO, CBO, HH, CMA, PPS, HCBS, hospital and residential providers, as well as representatives from County DSS.
- Work Group Members reviewed the Adult HCBS Workflow document as a means of identifying barriers in the system as well as methods of increasing the number of referrals to HCBS services and increasing the timeliness of these referrals.
- There has been a consistent focus on telepsychiatry, telehealth and telepractice as a means of improving the efficiency of service delivery, assessment services and as a means of reaching more individuals and families. The group has advocated for loosening restrictions and increasing consistency of regulations across state agencies.
- The work group hosted a Networking Event. 125 Care Managers attended the Nassau County Care Management Conference. As part of the event, 6 vendor tables were staffed by providers of Home and Community Based Services (HCBS). The event received very positive feedback, and has resulted in an increase in HCBS referrals. There has been a recommendation to hold one or more networking events in Suffolk County as well.

VBP WORK GROUP

- The work group had its initial meeting on 10/31/17 with 28 individuals in attendance, representing CBO's, IPA's, hospital systems, MCO's, CBOs, PPS, private providers, state agency reps, peers and families.
- The members are kept abreast of training offerings on VBP and developments in the state VBP Readiness Program and developing Behavioral Health Care Collaborative.
- Many work group members attended a recent DOH VBP Boot Camp held on LI on 11/15/17.

CHILDREN & FAMILIES SUBCOMMITTEE

- An initial meeting was held on 10/10/17 with 24 individuals in attendance, representing youth, families, DSS, MCO, MH and SUD CBOs, County and State government, CMAs and HH representatives.
- The initial focus of the group was focused on Health Home and challenges in the delivery of CM and HCBS Waiver services, training needs for families and providers, and preparing for the implementation of Medicaid Managed Care for BH services.
- Eileen Kadletz, Executive Director of LI Families Together, was elected Chair of the C&F Subcommittee.

2017 REGIONAL HIGHLIGHTS IN THE LONG ISLAND REGION

1. The Value Based Payments Work Group meeting on 10/31/17 included a presentation was made by Northwell Health, Montefiore Medical Center and NYS OMH regarding Total Cost of Care and on Clinical Quality Measures.
2. A directory of Long Island HARP products and contact people was produced based on input from the Board.

Mid-Hudson Regional Planning Consortium: Overview of 2017
RPC Coordinator: Marcie Colon

The Mid-Hudson board continues to collaborate with the local DCSs, stakeholder groups, community and state. There are 42 seats on the Mid-Hudson Board with three currently being held by state representatives (OMH, OASAS, and OCFS). The Co-Chairs for the Mid-Hudson RPC are Michael Piazza, DCS for Putnam County and Susan Miller, Managing Director for RSS.

- The Mid-Hudson RPC had two DCSs resign over the last year. These positions were filled by those who were named by the counties following the retirement of one individual and resignation of another from his position as DCS in Westchester County. In addition, an election was held to fill seats vacated due to the resignation of two individuals from the Peer/Family/Youth Advocacy stakeholder group. These resignations are attributed to personal matters, with one individual having relocated outside the area.
- To date there have been four board meetings in the Mid-Hudson region. Each meeting had participation from several other interested parties (i.e. CBOs, CMAs, and peer & family advocates not on the board).

CHILDREN & FAMILIES SUBCOMMITTEE PILOT

- The sub-committee consists of more than 50 individuals who participate actively and consistently who attend monthly meetings.
- The committee has expanded opportunities for collaboration as well as fostered open communication between individuals and organizations that serve children and continues to find solutions that will further ensure improved services and outcomes.
- To date the committee has identified resolutions to address five of the eight identified issues. The issues identified seem to address two themes, access to services and education.
- At the state level, we are pleased that the state has already addressed an issue the subcommittee identified related to the CANS-NY training.

HH/HARP/HCBS/ WORK GROUP

- In late July, a HH/HARP/HCBS workgroup was established.
- This group, consisting of more than 18 consistently committed members, has identified ten issues and are addressing seven of the ten at this time. Most of these issues are being addressed on a regional level, although we have shared some with state representatives at the co-chairs meetings.
- The HH/HARP/HCBS workgroup has been working to identify an improved process for community referrals.
- They are currently developing plans for a networking/educational forum for health homes, CMAs, MCOs and HCBS providers.
- The coordinator has been able to share a directory of Health Homes in the region and the CMAs they contract with, and the state DOH is assisting by identifying expertise of each of these organizations.
- The HH/HARP/HCBS workgroup is committed to improving processes and relationships between the SPOAs, Health Homes, CMAs and MCOs both within the region and across the state.

2017 Regional Highlights in the Mid-Hudson Region

- The Mid-Hudson Region hosted a 2-day conference on November 13 & 14th to address the issue identified regarding the need for integration of services for individuals with co-occurring mental health & substance abuse disorders. The conference was a regional attempt/training to address the issue. Dr. Ken Minkoff a content expert in the field presented and an action plan is now being discussed.
- The Mid-Hudson RPC has developed a positive relationship with local PPS as the result of the Peer/Family/Youth Advocacy and HH/HARP/HCBS group. A meeting was held to discuss how we can work together to address regional issues since both groups are working on similar issues. The RPC would like to collaborate and avoid duplication of efforts.
- The Mid-Hudson RPC has identified the need for education in several areas, including but not limited to, Children's Health Homes and HAPR/HCBS services. The RPC has developed and begun implementation of educational programs related to these areas.
 - DOH was invited to present on Children's Health Homes at which time there was conversation with and recommendations from providers to ensure positive outcomes.
- NYAPRS presented training at Oct. workgroup meeting. Additionally, RPC members made recommendations to the NYAPRS trainer to include CMA's at presentations. This is to afford consumers direct access to providers instead of having to wait for questions to be answered from Health Homes on who the CMA's are in their catchment area and if there are wait lists, etc.
 - Participants have been encouraged to host a training; so far, several trainings have been scheduled within the region.

Mohawk Valley Regional Planning Consortium: Overview of 2017
RPC Coordinator: Emily Hotchkiss

The Mohawk Valley Regional Planning Consortium (RPC) Board, made up of 36 individuals from varying stakeholder groups, continues to successfully identify regional and state issues to be addressed. The Co-Chairs of the Mohawk Valley RPC Board, Susan Matt, Otsego County DCS, and Sandra Soroka, Executive Director of The Neighborhood Center, have attended two State Co-Chairs meetings. This board has met five times in 2017 and average attendance was 82%. This board has a vacant youth advocate seat which has remained open throughout the year. However, the board has had minimal turn over in members; only one Managed Care Organization (MCO) and Behavioral Health Organization representative changed.

HARP/HCBS/HH WORK GROUP

- The work group started slowly with only 4 participants attending the inaugural HARP/HCBS/HH work group meeting. The meeting was rescheduled to July 6, 2017 and 12 participants attended.
- Work group members reviewed the regional issues that were identified by the Mohawk Valley RPC board, identified potential solutions, and prioritized the issues to address.
- Kate Hewlett, Certified Peer Specialist in Otsego County, leads this work group.
- Mohawk Valley held a combined Presentation and Networking Event. Kate Hewlett gave a talk on the Power of Language, emphasizing her personal experiences. The second half of the event was open tabling and networking. Sixty-five attendees with 11 vendor tables (Home and Community Based Services (HCBS) providers, Behavioral Health IT (BHIT) program representative, and MCOs) came together at the Mohawk Valley Networking Event.
- The work group identified the shortage of Certified Peer Specialists as a priority area and is actively working to advertise and create Learning Circles of individuals working towards certification collectively.
- Additionally, the work group has noted the low utilization of HCBS and few HCBS providers in the Mohawk Valley region; they are actively looking for ways to reverse this trend.

VBP READINESS WORK GROUP

- The VBP Readiness work group met twice in 2017; with a total of 15 participants.
- The first meeting focused on training needs and VBP questions for State Partners.
- The second meeting, held November 14, 2017 identified social determinants of health as an area of interest moving forward.
- The work group chair, Deanna Charles of Regional Primary Care Network, and Sandra Soroka will map measures and outcomes under value based payment for some social determinants of health interventions identified in the region.

PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION – WORKFORCE SHORTAGES

- On June 28, 2017, eight participants met for the inaugural PC/BH integration, workforce shortages workgroup.
- Led by Rebecca King, Bassett Healthcare Network, the workgroup discussed existing regional efforts to address workforce shortages and possible activities the workgroup could undertake.
- No actionable steps were identified and the work group was placed on hold.

- The work group may be revitalized in 2018 to provide input to the State Innovation Model's Workforce Shortage Committee.

2017 REGIONAL HIGHLIGHTS IN THE MOHAWK VALLEY REGION

1. Learning Circle planning group including representation from the Mohawk Valley PHIP, certified peer specialists, family advocates, and certified recovery peer advocates has developed a work plan to recruit and train more individuals in this region, dubbed the Peer Advocate Movement of the Mohawk Valley.
2. The presentation from a certified peer specialist at the HCBS Networking Event was very well received from Care Managers. They shared that the presentation helped them to understand their clients' point of view for the first time and the importance of the words they use.
3. The Networking Event resulted in two HCBS providers identifying additional BHIT funds, two HCBS providers initiating contracts with a new MCO, and three HCBS providers identifying and addressing county designation mismatch.

North Country Regional Planning Consortium: Overview of 2017
RPC Coordinator: Peter Griffiths

The North Country RPC Board, made up of 32 individuals from varying stakeholder groups, continues to successfully identify regional and state issues and propose resolutions. The Co-Chairs of the RPC Board, Rob York and Beth Lawyer, have attended two State Co-Chairs meetings. The board met 5 times in 2017 and average attendance was 62%.

HARP/HCBS/Health Home Workgroup

- The HARP/HCBS/Health Home workgroup is tasked with regional resolution to issues around the Health and Recovery Plans (HARP's), Home & Community Based Services (HCBS), and the Health Homes. Similar to the larger board, this group is comprised of individuals from varying stakeholder groups and backgrounds. **Andrea Deepe** – MHA Warren/Washington Counties and **Peter Griffiths** - RPC Coordinator lead this group.
- Approximately 15 participants attended the first HARP/HCBS/HH workgroup meeting on June 27th. The workgroup has since met two other times.
- Workgroup members reviewed the regional issues that were identified by the larger board
 - From the list of regional issues submitted, the workgroup identified two root issues that were common themes throughout the list of issues: The need to **network/communicate** better and the need to **educate** were the common denominators. The workgroup then shifted their focus to resolving these two issues.
- **Networking Event** - Over 40 people were in attendance. There were 8 vendor tables that were primarily comprised of HCBS providers and Managed Care Organizations. The event received very positive feedback. Many have expressed interest in holding more of these throughout the year and in varying locations around the region. The workgroup intends to conduct similar events in 2018.
- **NYAPRS Trainings** – The workgroup has also begun to look at the second main issue that was identified, the need to educate. The workgroup collaborated with David Ferencz – NYAPRS, to bring an introductory, easily digestible training to an agency location in the North Country region on 11/17/17. This training helped to inform service providers around the changes to Medicaid Managed Care. The workgroup intends to partner with NYAPRS on additional trainings around the region in 2018.

VBP Workgroup

- In an effort to provide an outlet for individuals and entities to process VBP related information, the North Country Region has partnered with the Tug Hill Region to form a joint VBP workgroup. This workgroup serves as an information exchange, a place where various people and entities can come together to discuss and process information and challenges as they relate to Value Base Payment (BHCC application questions, questions about VBP specifics, etc.)
- The intention of this workgroup is not to produce any new VBP materials, as the group believes there is adequate information already in place, but to serve as a place for casual conversation and processing around VBP. The group is able to ask questions of one another and forward those questions to the State's attention if an answer is not immediately available from other members

of the workgroup. **Jason Halstead**, CREDO and **Peter Griffiths**, RPC Coordinator lead this workgroup for both regions.

Children & Families Subcommittee

- The North Country region is excited to kick off their Children and Families Subcommittee in 2018.
- **JoAnne Caswell** – Families First will chair this subcommittee & **Richelle Gregory** – DCS Clinton County will be the LGU lead for this subcommittee.

2017 Regional Highlights

1. The North Country RPC hosted a networking event for HCBS Providers, Managed Care Organizations, and Care Management Agencies on 11/9/2017.
 - a. The feedback from those that attended this event was that it was very helpful to meet one another and discuss how they can work more collaboratively going forward.
2. Identified 13 Issues that are impacting the North Country region:
 - a. The board worked together to vote on the identified issues and decided that 11 of the 13 required some level of State attention. These issues were submitted to the State, via the Co-Chairs meetings, on June 8th and October 30th
 - b. The remaining issues were sent to the HARP/HCBS/HH workgroup where the group decided on the 2 root issues which are identified earlier in this report (need for increased networking/communication & education)
3. The North Country RPC collaborated with NYAPRS to bring a low-level, introductory HARP/HCBS training to an agency within the North Country on 11/17/2017.
 - a. This training was well received and the feedback was that it was easy to understand and more trainings of this nature would be helpful to provider staff as well as consumers

Southern Tier Regional Planning Consortium: Overview of 2017
RPC Coordinator: Emily Hotchkiss

The Southern Tier Regional Planning Consortium (RPC) Board, made up of 39 individuals from varying stakeholder groups, continues to successfully identify regional and state issues to be addressed. The Co-Chairs of the Southern Tier RPC, Cindy Heaney, Delaware County Director of Community Services (DCS), and Mary Maruscak, Family Advocate, have attended two State Co-Chairs meetings. The board met four times in 2017 and average attendance was 77%. During the course of the year, there were numerous changes in board members, including the DCS from Broome County as well as OMH and OASAS Field Office representatives. The board elected to add an additional Community Based Organization seat, specifically seeking an organization that provided Adult Behavioral Health Home and Community Based Services. Finally, the board has had challenges in maintaining engaged peer board members.

HARP/HCBS/HH WORK GROUP

- 14 participants attended the inaugural HARP/HCBS/HH work group meeting on June 28, 2017.
- Work group Members reviewed the regional HARP/HCBS/HH issues that identified by the Southern Tier RPC.
- This work group is led by Margaret Fontenot, Circare.
- This group successfully resolved seven out of twenty identified issues.
- One resolution was a Networking Event held 9/28/2017 with approximately 80 attendees, 11 vendor tables (Home and Community Based Services (HCBS) providers, Managed Care Organizations (MCOs), Behavioral Health IT (BHIT) program representatives, and Regional Health Information Organizations (RHIOs)). The event evaluations reported very positive feedback.
- Regional contact sheets containing information on Health Homes, Care Management Agencies, HCBS providers, and MCOs were distributed at the Networking Event. This contact sheet has been replicated in other regions as a result of the positive impact it has had.
- The HCBS Round Table, deemed a support group for HCBS providers, will hold the first meeting on December 20, 2017.

VBP WORK GROUP

- 10 participants attended the inaugural VBP Readiness work group meeting on August 2, 2017.
- Participants identified training need and questions for State partners on the rollout of VBP.
- This work group was put on hold due to a wealth of training resources being made available and the Behavioral Health Care Collaborative initiative applications.

CLINICAL INTEGRATION WORK GROUP

- 14 participants attended the first Clinical Integration work group meeting on November 30, 2017.
- Participants reviewed all of the state and regional level issues related to Clinical Integration and reviewed the State's response to related issues brought to the RPC Co-Chairs meeting on October 30, 2017.
- The work group identified next steps and actionable items to address some of the issues.

2017 REGIONAL HIGHLIGHTS IN THE SOUTHERN TIER RPC REGION

1. Developed regional contact list of HCBS provider and corresponding grid of services, counties, and providers designated to provide those services.
2. Identified prior authorizations for anti-psychotic injectable medications as a barrier and are undertaking a data collection process to demonstrate the impact and breadth of this issue.
3. Hosted members of the HCBS Designation Team from OMH Central Office to meet with HCBS providers in the Southern Tier to improve communication, collaboration, and address barriers.

Tug Hill Regional Planning Consortium: Overview of 2017
RPC Coordinator: Peter Griffiths

The Tug Hill Regional Planning Consortium (RPC) Board is made up of 31 individuals from varying stakeholder groups. The Tug Hill RPC continues to successfully identify both regional and state issues working towards solutions geared to meet the needs of the region or recommendations to be considered by the state partners. The Co-Chairs of the RPC Board, Pat Fralick, Director of Community Services for Lewis County and Jennifer Earl, Government Liaison for United Health Care, have attended two State Co-Chairs meetings. The board has met 4 times in 2017 and average attendance rate was 56%.

HARP/HCBS/Health Home Workgroup

The HHH workgroup, led by Angela Doe, Director of Behavioral Health Services for United Helpers and Peter Griffiths - RPC Coordinator, is tasked with finding regional solutions to issues around the HARP's, HCBS, and the Health Homes. Similar to the larger board, this group is comprised of roughly 10 individuals from varying stakeholder groups and backgrounds.

- Since its inception, the HHH group has met three times
- Workgroup members reviewed the regional issues that were identified by the larger board
 - From the list of regional issues submitted, the workgroup identified 2 root issues that were common themes throughout the list of issues: The need to **educate** and the need to **network/communicate** were the common denominators. The workgroup then shifted their focus to resolving these 2 issues.
- **New York Association of Psychiatric Rehabilitation Services (NYAPRS) Trainings** – The workgroup will soon begin to look at the second main issue that was identified, the need to educate. The workgroup is working on collaborating with David Ferencz, Community Outreach Specialist with NYAPRS, to bring an introductory, easily digestible training to varying locations around the Tug Hill region. This training will help to inform not only consumers but also service providers around the changes to Medicaid Managed Care.

Value Based Payment (VBP) Workgroup

To provide an outlet for individuals and entities to process VBP related information, the Tug Hill Region has partnered with the North Country Region to form a joint VBP workgroup. This workgroup serves as an information exchange, a place where various people and entities can come together to discuss and process information and challenges as they relate to Value Base Payment (Behavioral Health Care Collaborative (BHCC) application questions, questions about VBP specifics, etc.)

The intention of this workgroup is not to produce any new VBP materials, as the group believes there is adequate information already in place, but to serve as a place for casual conversation and processing around VBP. The group is able to ask questions of one another and forward those questions to the State's attention if an answer is not immediately available from other members of the workgroup. Jason Halstead, Director of Quality Assurance/Compliance with CREDO and Peter Griffiths, RPC Coordinator lead this workgroup for both regions.

Children & Families Subcommittee

- The Tug Hill region is excited to kick off their Children and Families Subcommittee in 2018.
- Jennifer Barlow, Director of Integrated Services with Children's Home of Jefferson County will chair this subcommittee & Alicia Ruperd, Coordinator of Mental Health Services with Jefferson Co. Community Services will be the LGU lead for this subcommittee.

2017 Regional Highlights

1. The Tug Hill RPC hosted a networking event for HCBS Providers, Managed Care Organizations, and Care Management Agencies on 12/11/2017.
 - a. The feedback from those that attended this event was that it was very helpful to meet one another and discuss how they can work more collaboratively going forward.
 - b. Networking Event - Over 40 people were in attendance. There were 6 vendor tables that were primarily comprised of HCBS providers and Managed Care Organizations. The event received very positive feedback. Many have expressed interest in holding more of these throughout the year and in varying locations around the region. The workgroup intends to conduct similar events in 2018
2. Identified 19 Issues that are impacting the Tug Hill region:
 - a. The board worked together to vote on the identified issues and decided that 10 of the 19 required some level of State attention.
 - b. The remaining 9 issues were sent to the HARP/HCBS/HH workgroup where the group decided on the 2 root issues which are identified earlier in this report (need for increased networking/communication & education)
3. Established communication channels and cohesiveness amongst board & community members.

Western New York Regional Planning Consortium: Overview of 2017
RPC Coordinator: Margaret Varga

The WNY RPC Board, made up of 32 individuals from varying stakeholder groups (plus 6 Key Partners, 2 BHOs, and ex officio members from OMH, OASAS, OCFS), continues to successfully identify regional and state issues to be addressed. The Co-Chairs of the WNY RPC Board - Mark O'Brien, DCS Orleans County and Andy O'Brien, Director of Mental Health & Substance Abuse Services, UPMC/Chautauqua - have attended two State Co-Chairs meetings. This board has met 5 times in 2017 and average attendance was 85 percent (85%).

Health Homes Work Group

- Twenty-one (21) individuals participated in the first HHH ad hoc work group conference call.
- Bruce Nisbet, President of Health Home Partners of WNY, LLC volunteered to be the lead for this work group.
- Work Group Members reviewed the State issues that were submitted by the WNY RPC to the State Co-Chairs meeting on June 8th.
- This work group discussed the eight (8) issues identified by the WNY RPC Board and provided input and feedback to the board. Two (2) issues were sent to the state co-chairs meeting in June; currently the work group is addressing these issues in concert with other regions.
- A networking event was held on November 29th for MCO/BHOs to meet with representatives from regional Health Homes, Care Management Agencies, and HCBS providers. Ninety-four (94) individuals attended and asked questions of MCO representatives. Participants agreed that this was a good beginning for networking opportunities and requested that a Care Management vendor fair take place in 2018. Many individuals signed up to participate on either the Health Homes or HCBS work groups.
- At the September WNY RPC Board meeting it was decided that due to the level of interest and number of issues being discussed that the HHH work group be divided into two (2) groups – Health Homes and HCBS. The HCBS group will be led by Michelle Scheib, Recovery Center Services Coordinator for Restoration Society, Inc. Next meetings for both groups will occur in January 2018.
- At the December WNY RPC Board meeting, it was decided to collaborate with the Millennium PPS Health Home group to address Health Homes issues and have the groups meet jointly.

VBP Work Group

- The WNY RPC Board initially sought to develop a VBP work group to discuss educational needs surrounding VBP. Over forty (40) individuals from throughout the community expressed interest in taking part in a bi-monthly call.
- Three (3) conference calls took place with information sharing between participants.
- Due to the transfer of the group lead – Tina Lamont from Blue Cross/Blue Shield – and the amount of information being shared by DOH and MCTAC it was determined that the group would not meet on a regular basis.

SYSTEMS Work Group

- This work group was developed to address a regional concern surrounding access to care for the SUD population seeking community-based medically supervised withdrawal and stabilization

beds and/or long term residential services. This work group was led by Anne Constantino, President & CEO of Horizon Health Services.

- Primary issues identified: The delays from the point of Medicaid approval until the actual enrollment in Medicaid Managed Care can pose barriers to services that can only be billed to MMC (such as HCBS, crisis stabilization, etc.). Current state requirements create barriers and unsafe conditions for SUD clients entering crisis stabilization or residential care. Clients must present for in person face-to-face interviews to apply for Medicaid. Independent third party assessments are also required when moving to a higher level of care for SUD treatment. Recommendations were made including: (a) allowing for Skype or other technologies to interview clients for Medicaid coverage; (b) eliminate 3rd party assessments by acceptance of universal use of OASAS LOCADTR; (c) when appropriate, automatic enrollment in MMC for all clients in SUD programs.
- After attempting to resolve these issues on a regional basis, the group reported to the WNY RPC Board that they were unable to solve the areas in dispute. The issues were referred to the state co-chairs meeting.
- At present, meetings to further address these concerns are being scheduled to continue the discussion.
- The Systems Work Group will change focus and membership as additional issues are identified and assigned for deliberation by the WNY RPC Board.

CHILDREN & FAMILIES Sub-Committee

The WNY RPC Board elected Vicki McCarthy, Executive Director of the Family's Child Advocacy Network, as the Chair for the Subcommittee. Marie Sly from the Erie County Department of Mental Health will serve as the LGU Lead. The Kick-off Meeting for the subcommittee was held on December 14th. Town Hall meetings will take place in January 2018.

2017 REGIONAL HIGHLIGHTS IN THE WESTERN REGION

1. The WNY RPC developed a "Kitchen Cabinet" to gather board member feedback. The Kitchen Cabinet includes a representative from each voting stakeholder group. It assists the coordinator and co-chairs in guiding the regional issues discussions and serves a sounding board prior to scheduled board meetings.
 2. The WNY RPC Board has decided to collaborate with the Millennium PPS to coordinate Health Homes Work Groups; each group was composed of many of the same individuals and therefore the decision was made to work in partnership. The WNY RPC will take the lead locally in developing an HCBS work group and consortium for regional providers to exchange information, developing working directories, and implement regional solutions to identified issues. This work group will build on the information collected at the November Networking Event attended by representatives from MCO/BHOs, Health Home providers, Care Management Agencies, and HCBS providers.
-