

REGIONAL PLANNING CONSORTIUMS

WESTERN REGION

DECEMBER STAKEHOLDER MEETING



REGIONAL PLANNING CONSORTIUMS

GOALS FOR THIS MEETING

- **Update on Medicaid Managed Care Implementation**
- **Review the Regional Planning Consortiums Voting Process**
- **Unveil the Western Region RPC Slates**
- **Breakout Groups (CBO's, Peers/Family, Hospitals & Health Systems Providers, MCO's, Key Partners)**
- **Plan/Provider Meet & Greet**

REGIONAL PLANNING CONSORTIUMS

(REVISIT - WHAT IS AN RPC?)

RPC Lead-Mark O'Brien, LCSW-R

DCS - Orleans County

RPC Coordinator – Margaret Varga, MS, CASAC

NEW YORK STATE CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS

Statewide organization – Directors of Community Services (DCS) of the 58 Local Governmental Units (LGU's) in the state.

Each county has a DCS, you may also know them as your:

County Commissioner of Mental Health or County Mental Health Director

Under MHL, the County Director of Mental Health oversees, manages and plans for services and supports for adults and children with mental illness, substance use disorders and/or developmental disabilities in their LGUs.



BEHAVIORAL HEALTH TRANSITION TO MEDICAID MANAGED CARE

- **Adults in Mainstream Managed Care Plans:** All adult recipients who are eligible for Medicaid Managed Care will receive the full physical and behavioral health benefit through managed care.
- **Children in Mainstream MCOs:** Children's behavioral health services, including all six home and community based service (HCBS) waivers currently operated by OMH, DOH and OCFS, will be included in the Medicaid Managed Care benefit package in 2018.

The goals of the *transition are to improve clinical and recovery outcomes for participants with SMI and/or SUDs; reduce the growth in costs through a reduction in unnecessary emergency and inpatient care; and increase network capacity* to deliver community-based recovery-oriented services and supports.



REGIONAL PLANNING CONSORTIUM

A Regional Planning Consortium (RPC) is a regional board populated with community-based providers, peers/family/youth, county mental health directors, regional healthcare entities and managed care companies from each region.

There will be 1 RPC in each of the 11 regions across New York State.

FOUNDATION: Each region will experience unique challenges and opportunities as the behavioral health transition to managed care occurs. These challenges require in person dialogue and collaboration to resolve.



RPC AUTHORITY & SUPPORT

AUTHORITY: The Regional Planning Consortia derive their authority from the CMS 1115 Waiver with New York State. The 1115 Waiver application describes to CMS how NY intends to implement the HARP program and the RPC is a component of the waiver application that was approved by CMS.

CMS considers the RPC's a necessary element in the transition to Medicaid Managed Care.

STATE GOVERNMENT SUPPORT: The RPC is backed by NYS DOH, NYS OMH, NYS OASAS and NYS OCFS.

PLAN PARTICIPATION: The State has required each MCO/HARP to participate in the RPCs.

REGIONAL PLANNING CONSORTIUMS



WESTERN NEW YORK REGION	FINGER LAKES REGION	CENTRAL REGION	SOUTHERN TIER REGION	TUG HILL SEAWAY REGION	MOHAWK VALLEY REGION	CAPITAL REGION	NORTH COUNTRY REGION	MID- HUDSON REGION	NEW YORK CITY REGION	LONG ISLAND REGION
Allegany Cattaraugus Chautauqua Erie Genesee Niagara Orleans Wyoming	Chemung Livingston Monroe Ontario Schuyler Seneca Steuben Wayne Yates	Cayuga Cortland Madison Oneida Onondaga Oswego	Broome Chenango Delaware Tioga Tompkins	Jefferson Lewis St. Lawrence	Fulton Herkimer Montgomery Otsego Schoharie	Albany Columbia Greene Rensselaer Saratoga Schenectady	Clinton Essex Franklin Hamilton Warren Washington	Dutchess Orange Putnam Rockland Sullivan Ulster Westchester	Bronx Kings New York Queens Richmond	Nassau Suffolk

WESTERN REGION RPC

Niagara, Orleans, Genesee, Erie, Wyoming,
Chautauqua, Cattaraugus & Allegany



REGIONAL PLANNING CONSORTIUMS (PURPOSE, OBJECTIVES & FUNCTION)

REGIONAL PLANNING CONSORTIUMS

PURPOSE & OBJECTIVES

The purpose of the RPC is to:

- *“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.”*
- The RPC will **work collaboratively 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) and;
- The RPC will **strengthen the regional voice** when communicating concerns to the state partners and;
- The RPC will **act as an information exchange** and a place where people can come to get updates on the behavioral health transformation agenda.

HOW DOES THE RPC WORK WITH OTHER PLANNING GROUPS?

COMMON AREAS

- Triple Aim Focus
- Neutral Focus/Collaborative Effort
- Engaging Key Stakeholders from various arenas
- Regional Focus
- Same Regional Breakdown (11 regions)
- Focus on Developing Solutions to address accessing care
- Use data to measure outcome
- Focus on Integration of Medical and BH

DIFFERENCES IN FOCUS

- Alignment of Behavioral Health Initiatives with regional and state priorities
- Focus on Network Adequacy, Access to Services, Satisfaction, etc.
- Equal significance on peer/family/youth voice in consensus building
- Focus on re-alignment of children's concerns with input from all child serving agencies
- Focus exclusively on behavioral health concerns in the WNY Region
- Sharing of information across regions with ability to adopt/adapt models from other RPC regions

RPC STRUCTURE & FUNCTION

STRUCTURE: In each region, the RPC will create a board comprised of:

- **county mental health directors**
- **community-based providers,**
- **peers, youth & families,**
- **managed care organizations in the region**
- **hospital and health system providers (HH Leads, FQHC's)**
- **state field office staff**
- **key partners (PHIPs, PPS, LDSS, LHD, and others)**

FUNCTION: The RPC will formulate an issues agenda, use data to inform their discussions, collaborate together and resolve the issues identified within their region. The board will come together on a quarterly basis.

ACCESS: For those not on the board, this meeting will be available to the public and via GoToWebinar beginning in 2017. There will be a limited number of seats available for the public to attend meetings.

RPC BOARD COMPOSITION

• county mental health directors (Up to 6 reps),	20%
• community-based providers, (Up to 6 reps),	20%
• peers, youth & families (Up to 6 reps),	20%
• managed care organizations in the region (Up to 6 reps)	20%
• <u>hospital and health system providers (Up to 6 reps)</u>	20%
TOTAL	100%

- **state field office staff** (Valued Partners in each region – Will advise the RPC around time-sensitive issues requiring input from NYS. (Ex-Officio, meaning non-voting)
- **key partners (PHIPs, PPS, LDSS and LHD)** (Up to 6 will be appointed) (non-voting)

EQUITY VOTE: Each stakeholder's vote is equal to that of another stakeholder. Issues requiring a vote will be determined by majority vote.

REGIONAL PLANNING CONSORTIUMS **(RPC ELECTION MECHANICS)**

RPC ELECTION MECHANICS

- **THE RPC BOARDS WILL BE BUILT USING A POPULAR VOTE PROCESS BY PEOPLE WHO HAVE ATTENDED MEETINGS 1 OR 2. THE VOTE PROCESS IS STRUCTURED FOR CBOs, PEERS/FAMILY/YOUTH, and H/HSP. KEY PARTNERS ARE APPOINTED TO THE BOARD.**
- **THERE IS AN OPEN NOMINATION PROCESS. PEOPLE CAN NOMINATE THEIR OWN ORGANIZATION OR OTHER ORGANIZATIONS BETWEEN THE FIRST & SECOND MEETING.**
- **VOTING WILL OCCUR AFTER THE SECOND MEETING USING SURVEY MONKEY.**

CATEGORY DEFINITIONS

- **COMMUNITY BASED ORGANIZATIONS (CBO) ARE AGENCIES THAT PROVIDE A DIRECT INTERVENTION IN ONE OF THE FOLLOWING AREAS (MENTAL HEALTH, SUD, HOUSING, HCBS, CHILDREN/FAMILY SERVICES) AND BILLS MEDICAID/MCO'S**
- **A HEALTH SYSTEM IS DEFINED AS A SYSTEM HAVING MORE THAN ONE HOSPITAL**
- **A PEER IS AN INDIVIDUAL WHO HAS "LIVED EXPERIENCE" IN THE MH AND/OR SUD SYSTEM**
- **A RURAL COUNTY IS A COUNTY WHICH DOES NOT CONTAIN A LARGE URBAN CENTER – ERIE & NIAGARA COUNTIES ARE NOT CONSIDERED RURAL COUNTIES. ONE CBO SEAT WILL BE FOR AN ORGANIZATION BASED IN A RURAL COUNTY.**

RPC ELECTION MECHANICS

- **ONE VOTE, PER AGENCY/ORGANIZATION.** ORGANIZATIONS MUST SUBMIT THE VOTER REGISTRATION FORM TO THE RPC COORDINATOR IN ORDER TO RECEIVE A BALLOT.
- **ORGANIZATIONS WILL ONLY BE VOTING FOR THEIR STAKEHOLDER GROUP** (I.E. CBOs VOTE FOR CBOs, HOSPITALS & HEALTH SYSTEMS VOTE FOR HOSPITALS & HEALTH SYSTEMS)
- **ONLY ONE PERSON** FROM EACH AGENCY MAY SERVE ON THE RPC BOARD.

RPC BOARD MEMBER REQUIREMENTS

- BOARD MEMBERS WILL SERVE **2 YEAR TERMS**
- **ATTEND QUARTERLY MEETINGS** (IN PERSON, NO PROXY)
- BY VOLUNTEERING FOR BOARD CONSIDERATION, YOU AGREE TO **REPRESENT THE COLLECTIVE VIEWS** OF THE RESPECTIVE STAKEHOLDERS IN THE REGION
- BOARD MEMBERS SHOULD EXPECT TO **SERVE AS AN ACCESS POINT** FOR MEMBERS OF THE COMMUNITY WHO HAVE QUESTIONS OR WOULD LIKE TO BRING ISSUES TO THE ATTENTION OF THE RPC
- YOU MAY CHOOSE TO SERVE ON A SUBCOMMITTEE MEANING THAT YOU WOULD BE ATTENDING ADDITIONAL MEETINGS TO COMPLETE TASKS ASSIGNED BY THE BOARD; YOU CAN SERVE ON A SUBCOMMITTEE WITHOUT BEING ON THE BOARD

RPC VOTING PROCESS

TIMELINE

- DEADLINE FOR NOMINATIONS IS DECEMBER 21st
- BIO INFORMATION ALSO DUE 12/21 – NEEDS TO BE CONCISE; WILL BE EDITED FOR SPACE IF NECESSARY
- VOTING WILL BEGIN ON DECEMBER 28TH
- BALLOTS ARE DUE BY JANUARY 6th
- **RPC BOARD ANNOUNCEMENT WILL BE MADE IN MID-JANUARY 2017**
- **1ST BOARD MEETING WILL TAKE PLACE 2/1/17 at the Quality Inn in Batavia from 9:30AM to 12:30AM.**

Biographical Sketch of Your Organization

For the ballot you are requested to write a short biographical sketch of 3-4 sentences to give voters a brief description of your organization. Please include:

- 2-3 sentences describing the services provided by your organization.
- The name of the individual who will be representing your organization (remember, this person is committing to attending at least 4 meetings per year – no proxies).
- The counties served by your organization

This is an example that you may choose to follow:

John Smith's Counseling Center (JSCC), represented by Jane Smith, CEO, located in Niagara County. JSCC provides mental health and substance abuse services to adults and children including outpatient counseling, therapeutic foster care for children age birth to 18, service coordination, family support services, and prevention education. JSCC partners with community agencies including United House, Creative Partners for the Arts, and Albany House.

Counties Served – Niagara, Orleans, Erie, Genesee.



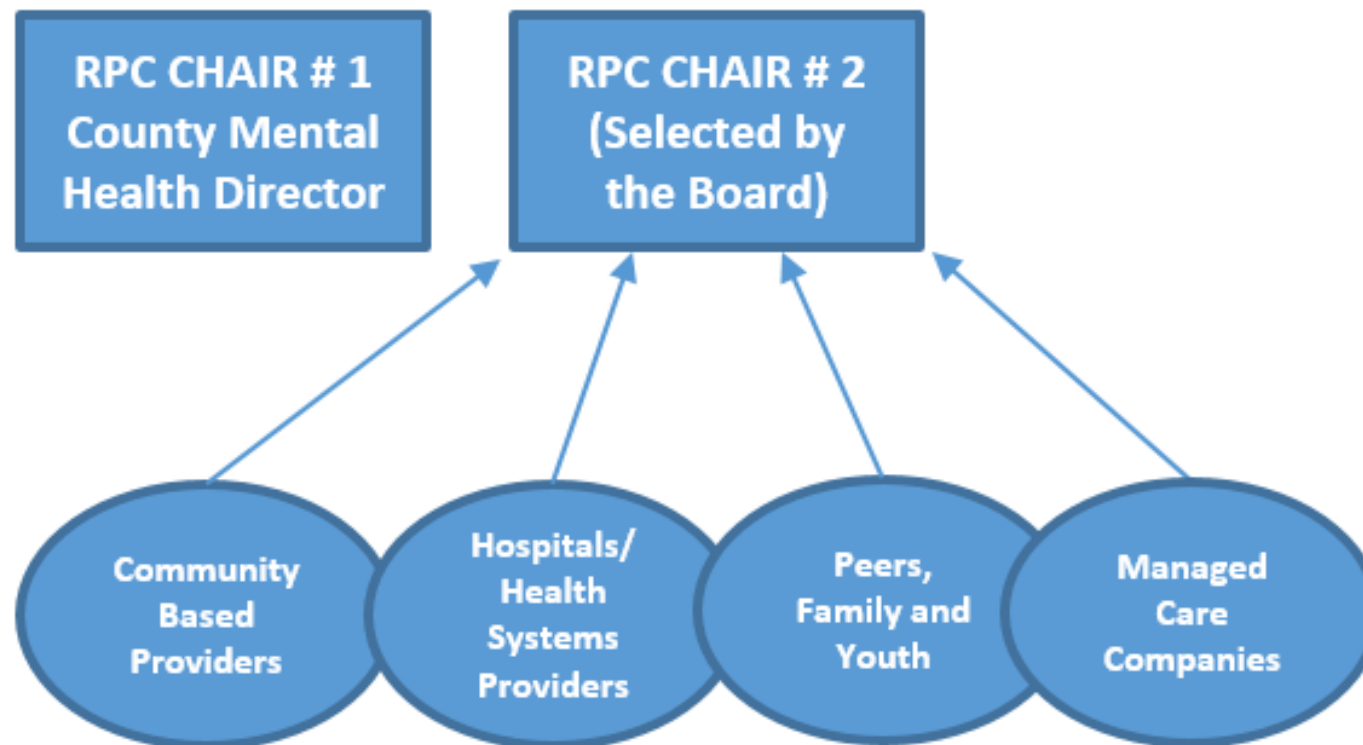
RPC CHAIRS MEETING

(STATEWIDE MEETING: PURPOSE, FUNCTION, RESPONSIBILITY)

RPC CHAIRS

Each RPC will be co-chaired by a County Mental Health Director (DCS) and another individual selected by the board in their region, excluding the County Mental Health Directors group. The DCS is already seated, given their statutory responsibility.

ROLE: The Chairs will facilitate the RPC meetings. They will also represent their RPC at RPC CHAIRS MEETINGS.





RPC CHAIRS MEETING

PURPOSE

The purpose of the RPC Chairs Meeting is to create a collaborative dialogue between the 11 NYS RPC's and with NYS government. This forum will be used to resolve issues that cannot be resolved on the regional level.

“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.”

RPC CHAIRS MEETING

(FREQUENCY, ATTENDANCE & ACCESS)

FREQUENCY: The RPC Chairs Meeting will bring together the Co-Chairs from every region to dialogue with the state agencies on a **quarterly basis**. The first meeting is June 8, 2017.

ATTENDANCE: Leadership representatives from the Central Office(s) of NYS DOH, NYS OMH, NYS OASAS ad NYS OCFS will work together with the RPC Chairs to address and **resolve issues** occurring within the regions.

ACCESS: The Co-Chairs Meeting is an internal meeting.



REGIONAL PLANNING CONSORTIUM

(REGIONAL MEETINGS)

RPC MEETINGS 1 & 2

The RPC will meet twice in 2016. The first meeting occurred in October 2016. The purpose of that meeting was to **talk about the RPC and build the current slate of candidate (organizations)** in each stakeholder group

MEETING 1
October 26

At today's meeting 2 we received a status update on the Medicaid Managed Care Implementation, **clarify the voting process and finalize the slate for each stakeholder group.**

MEETING 2
TODAY

FIRST RPC BOARD MEETING FEBRUARY 1, 2017

AFTER THE BOARD IS SEATED, THE BOARD WILL:

- Select a co-chair
- Confer on appointments of key partners
- Receive training from MCTAC (additional meeting March 1, 2017)
- Discuss the CHILDREN & FAMILIES COMMITTEE (only standing committee)
- Discuss forming other subcommittees and/or AD HOC groups
 - (e.g., RURAL, NETWORK ADEQUACY, WORKFORCE)
- Note: The children & families committee will be chaired by an RPC board member. It will be populated by child serving entities and peers/youth/families.

ONGOING RPC PARTICIPATION

HOW TO HAVE YOUR VOICE HEARD

A seat on the Board is NOT the only way to participate in the RPC process. You can provide input and raise issues via **5** different ways:

- Board Co-Chairs
- Your County Mental Health Director
- Your Stakeholder Group's Board representatives
- RPC Coordinator
- **Membership on Subcommittees and Ad Hoc Work Groups -**
Each Region's Board will establish Subcommittees and Ad Hoc groups to address specific areas and needs relevant to that region.

POSSIBLE AGENDA ITEMS

- Increased children's mobile crisis services
- Gaps in child psychiatric care
- Transportation – non medical
- Additional and more specialized services such as family therapy modalities and resources for developmental issues such as autism
- Children's Respite - out of home and crisis respite
- Financial Viability and System Re-structuring – risk and vulnerability
- IT Systems and coordination of EHR
- Retention of trained QHPs
- Patient education re primary care and changes in Medicaid system



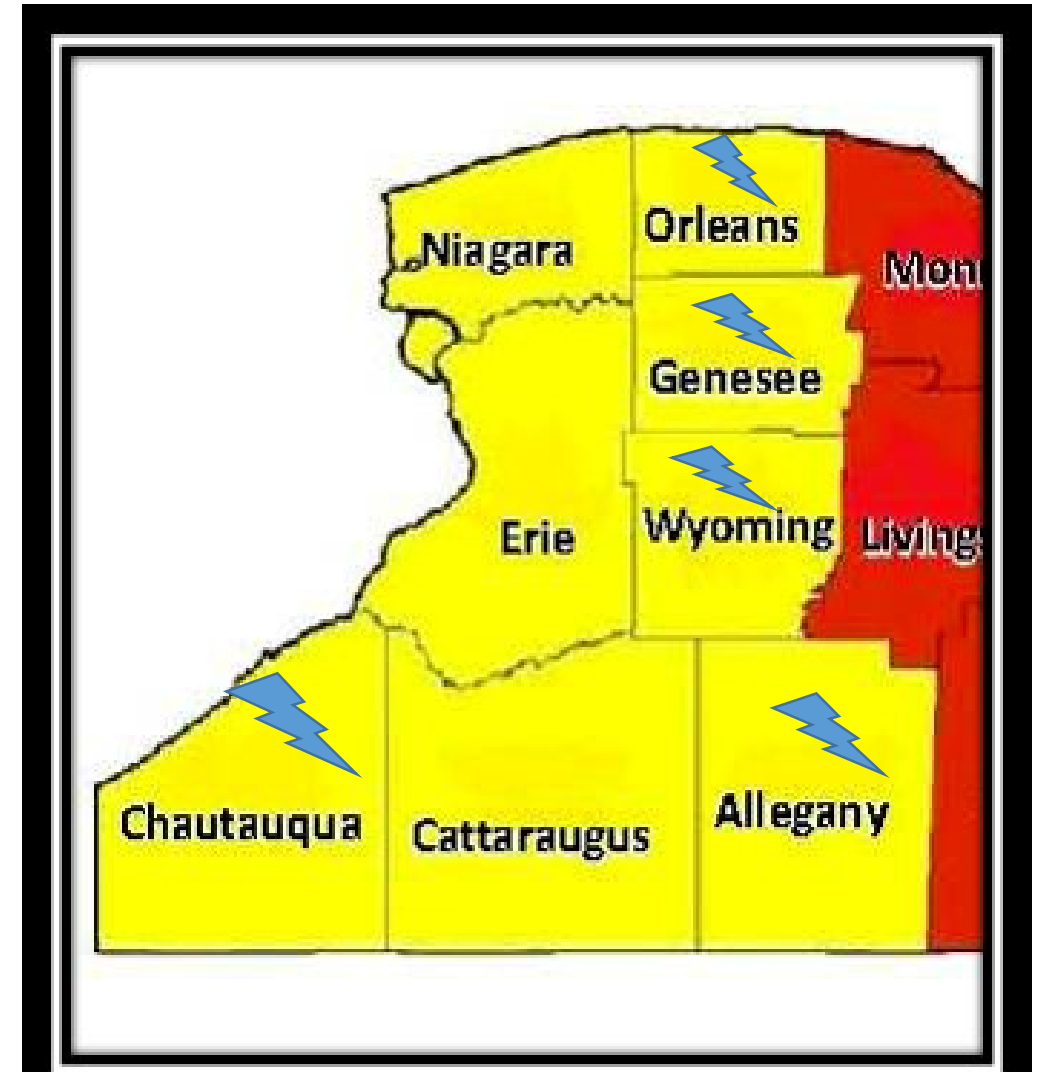
REGIONAL PLANNING CONSORTIUM

RPC SLATE DEVELOPMENT

REGIONAL PLANNING CONSORTIUMS

UPDATES – COMMUNITY BASED PROVIDER SLATE

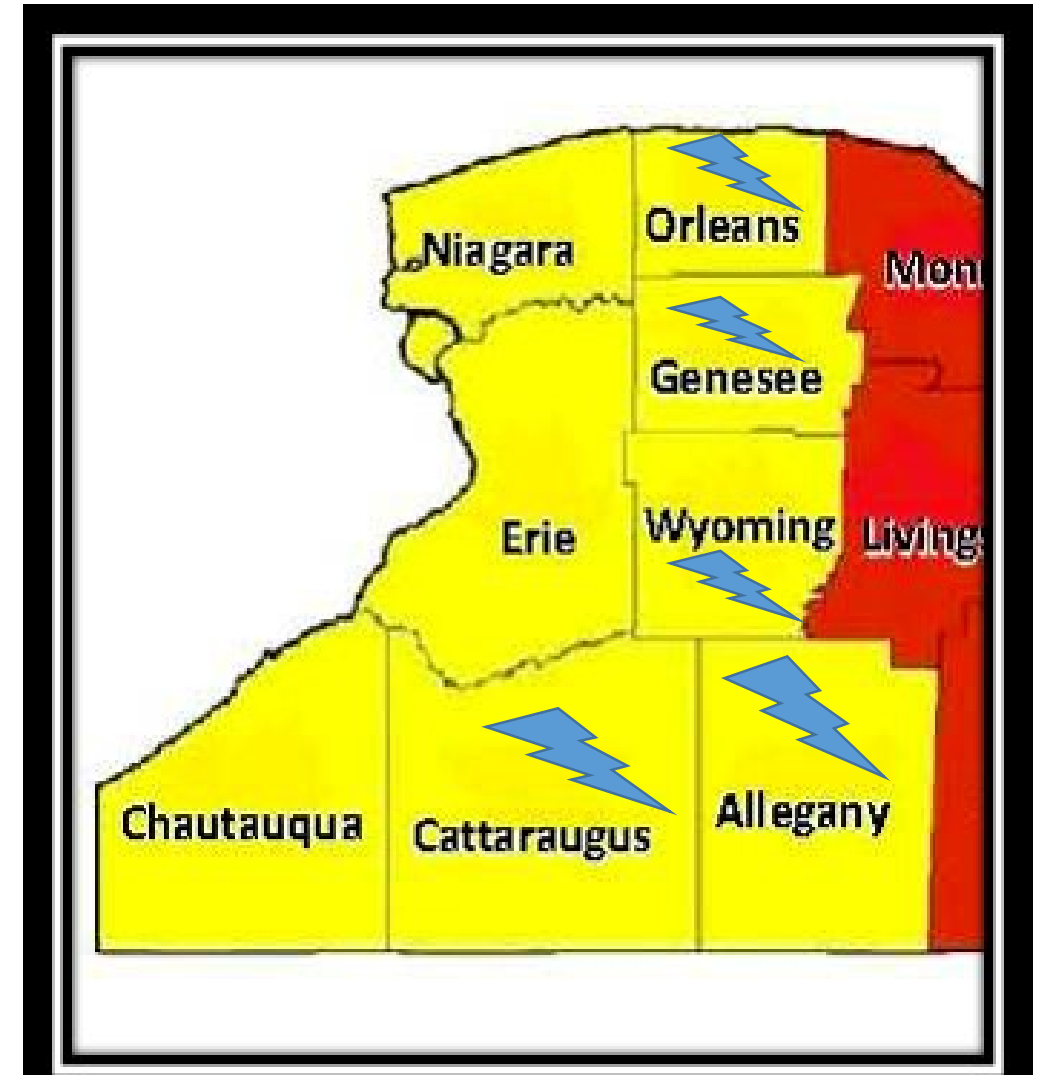
	Mental Health	Substance Abuse	Children's Services	Housing	HCBS
Allegany					
Cattaraugus	x				
Chautauqua					
Erie	xxxxx	xx	xx	x	x
Genesee					
Niagara		x	x		x
Orleans					
Wyoming					
Monroe				x	x



REGIONAL PLANNING CONSORTIUMS

UPDATES – HOSPITAL & HEALTH SYSTEMS SLATE

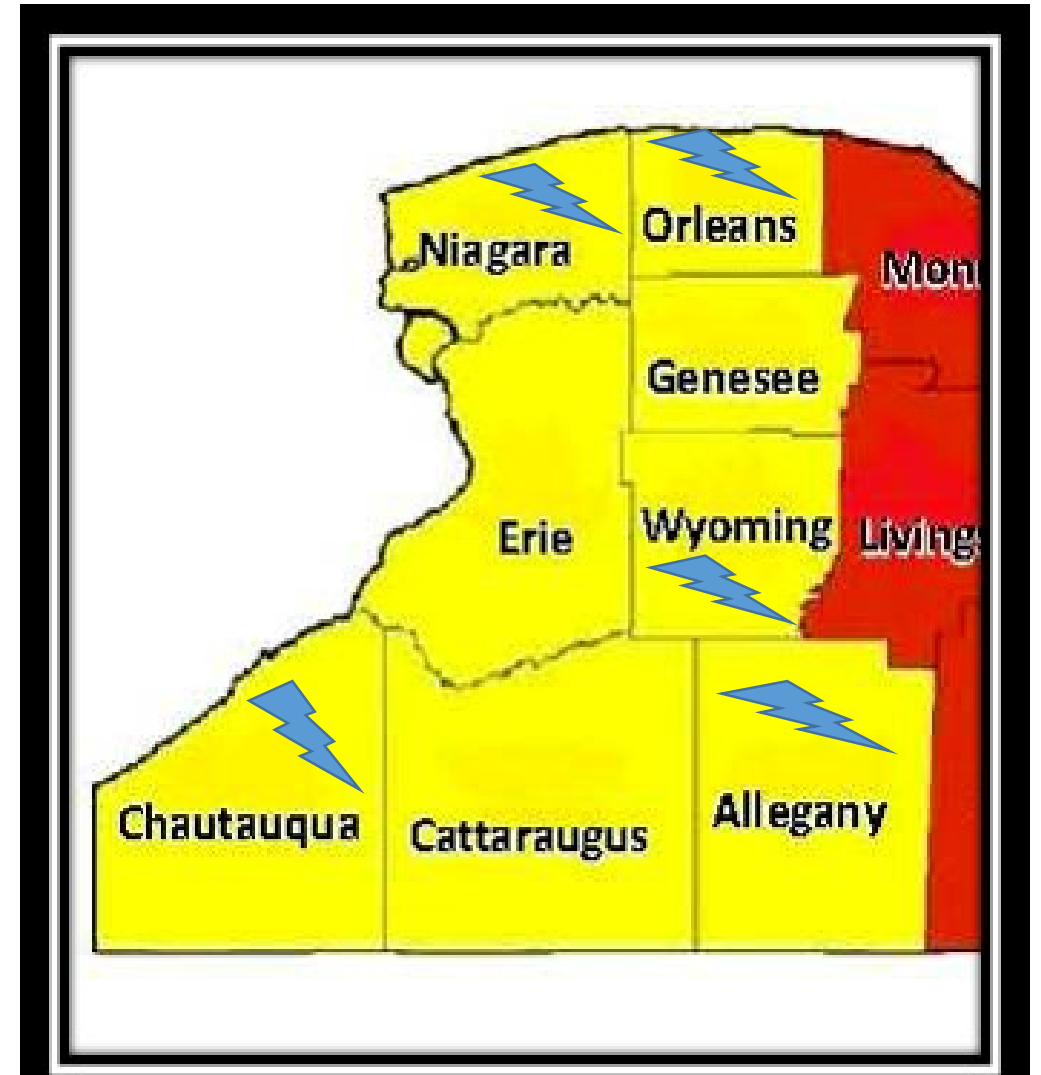
	FQHC	Health Homes	Health Systems	Hospitals
Allegany				
Cattaraugus				
Chautauqua				x
Erie		xx		
Genesee				
Niagara				x
Orleans				
Wyoming				
Monroe				



REGIONAL PLANNING CONSORTIUMS

UPDATES – PEERS, FAMILY, AND YOUTH SLATE

	Peers	Family	Youth	
Allegany				
Cattaraugus	x			
Chautauqua				
Erie	xx	x		
Genesee		x		
Niagara				
Orleans				
Wyoming				
Monroe				



STAKEHOLDER BREAK OUT GROUPS

- INTRODUCTIONS**
- NOMINATIONS**
- VOTER REGISTRATIONS**



FOR MORE INFORMATION ABOUT THE WESTERN REGION RPC

Mark O'Brien
Western Region RPC Chair
(Mark.O'Brien@orleanscountyny.com)

Margaret Varga
Western Region RPC Coordinator
(mv@clmhd.org)

THIS SLIDE DECK CAN BE FOUND ON OUR WEBSITE (UNDER THE RPC TAB)
www.clmhd.org/rpc