



Welcome!

**2019 North Country
Regional Planning Consortium
Stakeholder Meeting**

**October 16, 2019
Golden Arrow Resort**



What we're going to do today

- Learn about the RPC – particularly about the North Country RPC!
- Hear about regional/state accomplishments
- Learn more about work being done in this region and how you can participate
- Talk about the Board of Directors – who they are and what they do
- Expectations of Board Members (what will you need to do as a member)
- Explain the election process: nominations, voter registrations, actual election



RPC Purpose & Objective

Purpose: 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.

Objectives:

- 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)
- 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.



RPC AUTHORITY & SUPPORT

AUTHORITY: The Regional Planning Consortia derive their authority from the *CMS 1115 Waiver* with New York State.

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve pilots or demonstration projects that promote the objectives of the Medicaid programs. In order to enroll individuals in Medicaid Managed Care into the HARP program, NYS needed to submit an 1115 Waiver application to the federal Centers for Medicaid and Medicare Services (CMS) for permission. 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



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|---|---|---|---|------------------------------------|---|---|--|---|--|--------------------------|
| 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 |



Clinton, Essex, Franklin, Hamilton, Warren, Washington





Who is involved? The Stakeholder Groups

- Community Based Organizations
- Consumers and Families
- County Directors of Community Services
- Hospitals and Health System Providers including FQHCs and Health Homes
- Managed Care Plans
- State Partners – OMH, OASAS, OCFS and DoH
- Other key partners – PHIP, DSS, PPS, SME on initiatives



Structure

- Each RPC Board has voting and non-voting members.
- Voting stakeholder groups include: Directors of Community Services; Community Based Organizations (CBO); Hospital & Health Systems (HHS), Peer & Family Representatives; Managed Care Organizations (MCO)
- Non-voting stakeholders include: representatives from state agencies such as OMH and OASAS. Key Partners are also recruited and selected by the board for their specific expertise related to the transformation of services to an MMC auspice.
- The RPC will formulate an issues agenda, use data to inform their discussions, collaborate, and resolve (when possible) the issues identified within their region. The board will meet *in person* on a quarterly basis.



Structure

- Each RPC Board has a DCS Co-Chair. This individual is selected by the other DCS representatives on the BOD.
- The co-chairs will facilitate quarterly board meetings. They will also represent the North Country RPC at the bi-annual state co-chairs meetings in Albany.



RPC Chairs Meeting

- 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.
- It is the aim of the state RPC to meet with representatives from the state "O" agencies at least twice per year and to meet with specific representatives in-between meetings to work on regional concerns.



RPC – What we have done! (state-wide accomplishments)

- Bi-weekly updates are given to state “O” agencies to update on regional issues/concerns
- RPC pilot projects regarding the transition of children’s services to MMC gave valuable insight into barriers identified by families & children’s service providers resulting in changes prior to roll-out of new services
- Education workshops on VBP, transition to MMC, and workforce issues conducted statewide through in-person & webex
- Developed a new strategic perspective – view all concerns through the eyes of the consumer (see RPC Annual Report 2018)
- Supported cross-regional initiatives including workforce (WNY & CNY) and statewide task force on HCBS; North Country now has representation on this workgroup as well
- Changed focus to look at regional solutions first, then state
- Increased utilization of SurveyMonkey for data collection; adapting/adopting surveys from other regions
- Enter data into SmartSheets and allow for comments by state & field offices on works in progress



RPC Chairs Meeting – Oct 4, 2019

- Transportation
- Guidance on PA assessing patients and prescribing meds in Article 31
- 820 SUD Treatment
- Workforce incl LI RPC Lived Experience Workforce Group
- Demonstration of SUD Bed Availability Finder pilot in Finger Lakes
- VBP in NYC – networking and training/technical assistance/assessments



North County RPC – Workgroups!

- HHH (HARP/HH/HCBS): Andrea Deepe
- Workforce: Kelly Owens serving on RPC State Committee
- VBP: Mary McLaughlin and Terri Morse
- Children and Families Subcommittee: Richelle Gregory and JoAnne Caswell
- 2019 Strategic Plan: Housing
- Other suggestions for future board discussions include Legislative Outreach and Social Determinants of Health



Board Member Requirements

- Board members serve a three-year term.
- Board members are to attend each quarterly board meeting. Generally, North Country RPC BOD meetings take place in the 3rd month of each quarter – March, June, September, December.
- By volunteering for board consideration you agree *to represent the collective views of your respective stakeholder group in the region.*
- Board Members should expect *to serve as an access point for members of the community* who have questions/concerns/issues that would like these brought to the attention of the RPC.



How does the election work?

- The North Country RPC BOD is elected by popular vote. Individuals/organizations must register to vote at this meeting.
- The vote will take place through SurveyMonkey.
- The following stakeholder groups are up for election at this time: Community Based Organizations (CBOs), Peers, Youth & Family (PYF); Hospital & Health Systems (HHS)
- For CBOs & HHS representatives: you are elected as an individual who is representing an organization and stakeholder group. If you leave your employment position and move to a new position outside of your stakeholder group you will need to step down from the board. If an individual retires from an organization that seat will be considered open. In either case, the organization does not appoint a new representative and an election for the open seat will take place.



How does this work? (continued)

- Any individual representing a *CBO or HHS should be employed in a decision-making capacity by that organization.*
- Peer and Family representatives may be employed by any of the stakeholder groups; however, Peer and Family Representatives are not to speak for their employers but rather represent the views of peers and families.
- CBO and HHS organizations can submit one vote only. The organization will need to choose who will cast the vote for an organization.
- Only one individual from an organization can serve on the board (other than a peer/family representative).



How does this work? (continued)

- Stakeholder groups are divided by function. Although an organization may serve many populations and provide a variety of services you will need to select which service level you want to represent on the board.
- CBO: Adult Mental Health, Children's Mental Health, Substance Use Disorders, Housing, HCBS.
- HHS: Health Homes (adult or children), Hospitals with a significant behavioral health component (non-state facilities), FQHC, large primary care practice.



How does this work? (continued)

- Peer and Family Representatives:
- Peers must have lived experience within the mental health or SUD service systems (public or private) and be willing to share those experiences in order to assist another peer.
- Family representatives must have experience dealing with the issues/concerns of a family member within the mental health or SUD service systems (public or private) and be willing to share those experiences in order to assist another family.



How does this work? (continued)

- Individuals vote with their respective stakeholder groups, that is,
 - CBOs vote only for CBO seats
 - HHS vote only for HHS seats
 - Peers & Families vote only for Peers & Families
- DCS representatives are chosen by their peer group
- MCO representatives are appointed by their organization
- Key Partner representatives are nonvoting and appointed by the board due to their subject matter expertise.



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 Clinton 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. They are running in the children’s mental health stakeholder group.

Counties Served – Clinton, Essex, Hamilton.



Voting Timeline

- Deadline for **nominations** is **October 31**
- **Bio information** is due **November 6** – concise!
- **Voting** from **November 8** to **November 22**
- **All nominees** will be notified by **December 2**.
- There will be a final 2019 board meeting of the current board on Friday, December 20 in the southern part of North Country region. All newly elected members will be invited to attend.
- All new and re-elected board members will be notified of the date/location of the March 2020 meeting by December 15, 2019.



QUESTIONS?



For more information about the NC RPC

- **Co-Chair: Suzanne G. Lavigne, MHA, CTRS, CASAC II**
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Director of Community Services
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- **Co-Chair: Lee Rivers**
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Group Workout

