REGIONAL PLANNING CONSORTIUMS

NORTH COUNTRY REGION

OCTOBER STAKEHOLDER MEETING

NYS Conference of Local Mental Hygiene Directors, Inc.

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REGIONAL PLANNING CONSORTIUMS

GOALS FOR THIS MEETING

- Explain the Regional Planning Consortiums
- Facilitate Introductions (Stakeholder Groups)
- Reconvene for Next Steps

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.

REGIONAL PLANNING CONSORTIUMS

(WHAT IS AN RPC?)

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BEHAVIORAL HEALTH TRANSITION TO MEDICAID MANAGED CARE

- **Adults in Mainstream Managed Care Plans:** All adult recipients who are eligible for Medicaid Managed Care (excludes Medicare recipients and certain other populations), 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 the Office of Children and Family Services (OCFS), will be included in the Medicaid Managed Care benefit package in 2017.

  The goals of the process *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/families/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: The RPC is being built based upon the belief that 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.

NYS Conference

RPC AUTHORITY & SUPPORT

AUTHORITY: The Regional Planning Consortiums 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

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

NORTH COUNTRY REGION RPC

Franklin, Clinton, Hamilton, Essex, Warren & Washington

NYS Conference of Local Mental Hygiene Directors, Inc.

REGIONAL PLANNING CONSORTIUMS

(PURPOSE, OBJECTIVES & FUNCTION)

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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."***

In doing so:

- **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.**

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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**
- **additional important partners (PHIPs, PPS, LDSS and LHD)**

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: This meeting will be available to those who are not on the board via GoTo meeting beginning in 2017.

RPC BOARD COMPOSITION

- county mental health directors (Up to 6 representatives), 1 VOTE (20%)
- community-based providers, (Up to 6 representatives), 1 VOTE (20%)
- peers, youth & families (Up to 6 representatives), 1 VOTE (20%)
- managed care organizations in the region (Up to 6 representatives) 1 VOTE (20%)
- hospital and health system providers (Up to 6 representatives) 1 VOTE (20%)

TOTAL - 5 VOTES (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) (Will be appointed) (non-voting)

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

RPC ELECTION MECHANICS

- THE RPC BOARDS WILL BE BUILT USING A POPULAR VOTE PROCESS BY PEOPLE WHO ATTEND MEETINGS 1 OR 2. THE VOTE PROCESS IS BUILT FOR CBOs, PEERS/FAMILIES/YOUTH and H/HSP.
- NOMINATIONS ARE FOR ORGANIZATIONS, RATHER THAN PEOPLE. THE ORGANIZATION WILL CHOOSE THEIR REPRESENTATIVE PRIOR TO VOTING.
- 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 PAPER BALLOT or SURVEY MONKEY.
- ONE VOTE, PER AGENCY/ORGANIZATION. ORGANIZATIONS MUST SUBMIT THE VOTER REGISTRATION FORM TO THE RPC COORDINATOR IN ORDER TO RECEIVE A BALLOT.
- ONLY ONE PERSON FROM EACH AGENCY MAY SERVE ON THE RPC BOARD.
- MCOs & DCS GROUPS DO NOT GO THROUGH AN ELECTION PROCESS. KEY PARTNERS ARE APPOINTED TO THE 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

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RPC CHAIRS MEETING

(PURPOSE, FUNCTION, RESPONSIBILITY)

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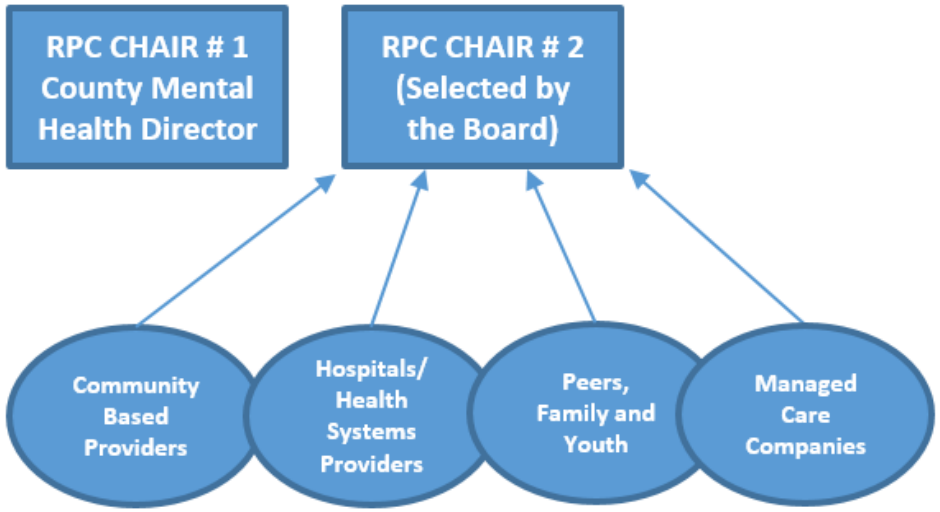
RPC CHAIRS

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.

PROCESS: The 2nd Co-Chair will be selected after the board is seated. This is the board's first task.



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."

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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.

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.

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REGIONAL PLANNING CONSORTIUM

(MEETINGS)

NYS Conference of Local Mental Hygiene Directors, Inc.

RPC MEETINGS 1 & 2

THE RPC WILL MEET TWICE IN 2016, TODAY AND AGAIN IN NOVEMBER OR DECEMBER. THE PURPOSE OF TODAY'S MEETING IS TO TALK ABOUT THE RPC AND ADD TO THE CURRENT SLATE OF CANDIDATE (ORGANIZATIONS) IN EACH STAKEHOLDER GROUP.

MEETING 1
TODAY

AT MEETING # 2 WE WILL RECEIVE A STATUS UPDATE ON THE MEDICAID MANAGED CARE IMPLEMENTATION, CLARIFY THE VOTING PROCESS AND FINALIZE THE SLATE FOR EACH STAKEHOLDER GROUP.

MEETING 2
NOVEMBER/DECEMBER 2016

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RPC BOARD MEETING (JANUARY 2017)

AFTER THE BOARD IS SEATED:

- THEY WILL SELECT A CO-CHAIR
- CONFER ON APPOINTMENTS OF KEY PARTNERS
- BE TRAINED BY MCTAC
- DISCUSS THE CHILDREN & FAMILIES COMMITTEE (ONLY STANDING COMMITTEE)
- OTHER SUBCOMMITTEES AND/OR AD HOC GROUPS MAY BE FORMED
  - (EX., JUSTICE SYSTEM, NETWORK ADEQUACY, DATA)

- THE CHILDREN & FAMILIES COMMITTEE WILL BE CHAIRED BY AN RPC BOARD MEMBER. IT WILL BE POPULATED BY CHILD SERVING ENTITIES AND PEERS/YOUTH/FAMILIES.

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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 4 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.**

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STAKEHOLDER BREAK OUT GROUPS

-INTRODUCTIONS
-FORMS
-EXPECTATIONS OF BOARD MEMBERS
-ELECTION PROCESS

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FOR MORE INFORMATION ABOUT THE NORTH COUNTRY REGION PROCESS:

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