



Welcome!

**2019 WNY Regional Planning Consortium
Stakeholder Meeting**

September 27, 2019

Millennium Hotel 2040 Walden Avenue



What we're going to do today

- Learn about the RPC – particularly about the WNY 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



What are Regional Planning Consortia? (RPCs)

- 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. These are the voting members.
- The RPC is built 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.
- There are 10 RPCs across NYS plus an RPC in NYC.



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



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
Alegany Cattaraugus Chautauque 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



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





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) 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.



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)s
- 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 a 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 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.
- At the February 2020 meeting a community co-chair will be elected. This individual is elected by representatives from the following stakeholder groups: CBO, HHS, PF, MCO.
- The co-chairs will facilitate quarterly board meetings. They will also represent the WNY RPC at the bi-annual state co-chairs meetings in Albany.
- At the February 2020 meeting a representative from each voting stakeholder group will also be elected to serve on the “kitchen cabinet” – an advisory group to the co-chairs and coordinator.



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.



WNY 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
- 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



WNY RPC – What we have done!

(regional accomplishments)

- Developed an initial list of 197 issues/concerns that were distilled into a regional framework of 10 focus areas – the board votes to determine which areas are addressed in which order. Utilized a new framework – IPAC (inform, plan, advocate, convene).
- Examined high priority issues/concerns identified through LSP for 8 counties of WNY – aligned these with board priorities for regional framework
- Quarterly updates from OMH on changes that impact service provision in WNY
- Joined multiple collaborative efforts including Millennium Health Homes Groups, Erie County Building Careers in Human Services, Regional DCS Meeting.
- DOH created an expedited MMC line to enroll individuals in MMC when entering 820 programs
- A pilot program was developed with Erie County DSS and Horizon Health Services & Cazenovia Recovery Systems to allow for *Zoom* interviews for individuals needing to apply for public assistance benefits
- Wrote a white paper identifying key barriers to individuals accessing SUD residential care and presented to OTDA & OASAS
- OTDA & OASAS are reviewing requirements that individuals have to switch from state to county auspice for MMC when entering an 820 program
- Have a regional workgroup focusing on barriers to services to receive HCBS – networking, coordination, communication!
- Developing a new framework to focus how goals/objectives are quantified, developed, and reached: PEISTO: Problem (what is causing a barrier to providing/receiving services), Engage (who needs to be in the room), Identify (what are the issues/barriers that make this a problem), Solutions/Recommendations (how would we like to see this problem solved, can we do it regionally or is it a regulatory concern), Tasks (what data do we need to collect to support the solutions/recommendations), Outcome (what is the product of the process).



WNY RPC – Workgroups!

- HHH (HARP/HH/HCBS): Kirsten Vincent
- OASAS 820: Anne Constantino
- Workforce: tbd
- Children’s Subcommittee: Beth McPartland
- Kitchen Cabinet: Howard Hitzel
- Board:
 - MCO: Patricia Hunter
 - Peer/Family: Sue Gagne



Board Member Requirements

- Board members serve a three (3) year term.
- Board members are to attend each quarterly board meeting. Generally, WNY RPC BOD meetings take place in the 2nd month of each quarter (February, May, August, November). Meetings are on Wednesdays, either the 2nd or 3rd week of the month.
- 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 WNY 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 & Family; 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)

- This is an open nomination process. You can nominate yourself/someone from your own organization or you may nominate someone from another organization.
- Any individual representing a CBO or HHS must 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, Peer-Run. In addition, there is one seat that is reserved for an organization headquartered in a rural county – organizations based in Erie or Niagara counties are not eligible to be considered for this seat.
- HHS: Health Homes (adult or children), Hospitals with a significant behavioral health component (non-state facilities), FQHCs, 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.
- There are three (3) openings in each category.



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



Biographical Sketch

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

- 2-3 sentences describing the services provided by your organization (if running for a CBO or HHS seat). Also some information about the person who is representing that organization.
- The counties served by your organization

This is an example that you may choose to follow:

Jane Smith is the CEO of John Smith’s Counseling Center (JSCC), 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. They are running in the children’s mental health stakeholder group. Ms. Smith is a LCSW, has worked with children’s services for 20 years, and has served on several local/state boards advocating for children.

Counties Served – Niagara, Orleans, Erie, Genesee.



Voting Timeline

- Deadline for nominations is October 11th
- Bio information is due 10/18 – this needs to be concise and will be edited for space
- Voting will begin on October 23 and close on November 1st
- All nominees will be notified by November 8th of their status
- There will be a final board meeting of the current board on November 20th. 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 February 2020 meeting by December 1, 2019.



For more information about the WNYRPC

- Mark O'Brien
 - WNY RPC DCS Chair
 - Mark.OBrien@orleanscountyny.com
- Kirsten Vincent
 - WNY RPC Community Co-Chair
 - Kirsten.Vincent@housingoptions.org
- Margaret Varga
 - WNY Project Coordinator
 - mv@clmhd.org