
2018 NEW YORK CITY REGIONAL PLANNING CONSORTIUM ANNUAL REPORT

Executive Summary

In 2018, the New York City Regional Planning Consortium (the Consortium) worked with organizations whose programs are directly impacted by the expansion of behavioral health services under Medicaid managed care. These efforts created more partnerships to resolve expansion issues. Partners included Medicaid beneficiaries, Medicaid managed care plans, Health Home programs, care management agencies, behavioral health providers, home- and community-based service providers, Delivery System Reform Incentive Payment (DSRIP) Program Performing Provider Systems and City government agencies that work with New Yorkers covered by Medicaid. The Consortium also developed a new steering group with children's care management agencies.

Key activities the Consortium and its members conducted in 2018:

- Outlined gaps and overlaps among case management staff working with the Health Home program
- Organized networking events and trainings for Health Home care managers, in partnership with the Coalition for Behavioral Health and the New York State (NYS) Offices of Mental Health and Alcoholism and Substance Abuse Services
- Trained Human Resource Administration staff on the Health Home program, the Health and Recovery Plan (HARP), and home- and community-based service providers to increase enrollment into the Health Home program
- Reported on care manager agency staff turnover to determine the amount of turnover and how it affects agencies
- Gathered New York City (NYC) behavioral health care collaboratives, managed care organizations, Health Home programs, and DSRIP Performing Provider Systems to discuss barriers and best practices related to the transition to value-based payment

In 2019, the Consortium will continue to work with stakeholders and the community to develop solutions that increase the use of behavioral health services covered under Medicaid managed care. These efforts will focus on:

1. Engaging people with behavioral health conditions, who may be eligible for the Health and Recovery Plan (HARP), but do not have access to regular care
2. Preparing behavioral health providers to enter value-based payment arrangements through partnerships and other supports
3. Monitoring the transition of children's behavioral health services into managed care by reshaping stakeholder groups, identifying barriers to care and developing local solutions

Mission

To prepare for the expansion of behavioral health services under Medicaid managed care, New York State, New York counties and NYC developed the Regional Planning Consortium. The 11 regions across the state identify and address issues regarding Medicaid managed care. The group focuses on:

- Access to and continuity of care
- Quality and efficiency of services and plan performance
- Collaboration between health services directly affected by Medicaid managed care to solve problems and improve health care systems

Goals of the Consortium

1. To be the central point for members to share successes, challenges and needs related to Medicaid managed behavioral health care, and for continued monitoring and problem-solving of that care
2. To develop initiatives that improve Medicaid managed care and the Medicaid Redesign Team's efforts, and inform the New York City Health Department's (the Health Department) collaboration with the State offices (including the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, the Department of Health, and the Office of Children and Family Services) in guiding behavioral health policy in NYC. In this role, the Consortium will complement the Health Department's local oversight role, as a point of accountability for Health and Recovery Plans and managed care organizations in identifying and addressing local system issues.
3. To understand and improve the intersection of managed behavioral health care with other system redesign initiatives, especially the DSRIP Program and Population Health Improvement Program.

2018 Consortium Objectives

All of the Consortium's activities and goals align with the following strategic planning areas:

- 1) **Access and equity:** Remove barriers so New Yorkers can access behavioral health services when and where they need them.
- 2) **Workforce:** Develop a trained mental health and primary care workforce, and infrastructure to meet the need and demand for this workforce.
- 3) **Life span:** Improve the life span approach by focusing on creative prevention programs for mental health and substance use disorders.
- 4) **Integrated care:** Effective and appropriate combination of primary care and behavioral health care services.

Here are the Consortium's specific goals for each planning area.

Access and Equity

- **Increase enrollment in Health Home programs by 1,000 people:**
 - Provide the National Council's Case to Care Management Training.
 - Identify gaps and overlaps between case management staff.
 - Provide 30 Medicaid managed care trainings to health care providers in the community.
 - Launch the East Harlem Behavioral Health Connector Project.
- **Increase home- and community-based service provider enrollment by 10 percent:**
 - Promote and measure impact of the New York State home- and community-based service provider infrastructure program funds.
 - Evaluate the effectiveness of the State Designated Entity.
 - Host networking events for home- and community-based service providers.

Workforce

- **Reduce staff turnover by 5 percent among care management agencies:**
 - Analyze case manager turnover and share best practices for staff retention.
 - Give presentations on Medicaid managed care, value-based payment and the DSRIP program to students at undergraduate and graduate schools of social work.

Life Span

- **Launch the Children's Care Management Agency Steering Group.**
- **Launch a new criminal justice work group.**

Integrated Care

- **Involve community-based organizations, managed care organizations and Performing Provider Systems in integrated care activities promoted by the Health Department:**
 - Collaborate and contribute to the Health Department's Division of Mental Hygiene's value-based payment project.
 - Develop a new value-based payment learning collaborative with other collaboratives.
 - Support the use of integrated care delivery models in home- and community-based service infrastructure funding applications.
 - Work with the Mental Health Service Corps to train all eligible corps members in home- and community-based service assessment.

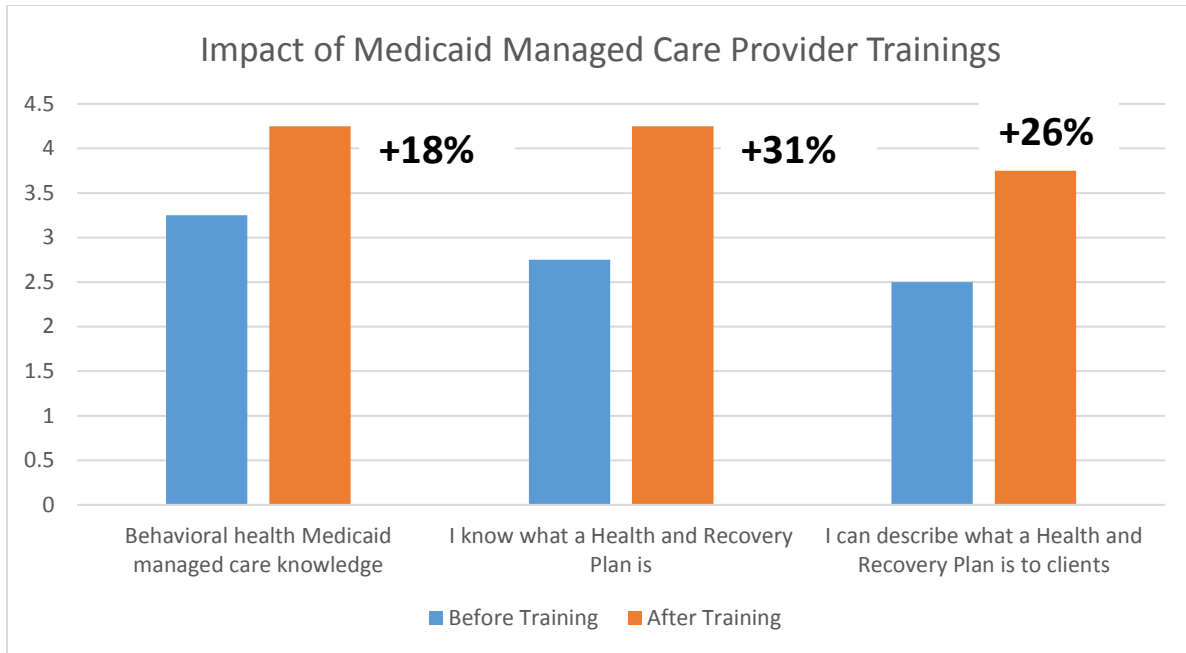
2018 Progress on Objectives

Access and Equity

Goal 1: Increase Health Home program enrollment in NYC by approximately 1,000 people.

Health Home program enrollment among NYC HARP members increased by 1,200 people in 2018. We presume that these activities contributed to the retention and enrollment of NYC HARP members in Health Home programs this year.

- Activity 1: Provide the National Council's Case to Care Management Training.
 - The Consortium hosted five Case to Care Management trainings facilitated by the National Council for Behavioral Health. Two-hundred-and-fifteen NYC care managers attended the training from over 60 NYC care management agencies. In a survey handed out at the end of the training and two months after the training, attendees reported increased knowledge of their role as a care manager and successfully connected to home- and community-based service providers as a result of the training.
- Activity 2: Identify gaps and overlaps between case management staff.
 - The Consortium developed a system to outline case management staff roles for those who regularly work with Health Home program participants. This allowed the group to identify overlapping staff roles and gaps in care. The Consortium has also developed trainings for City agency staff on Medicaid managed care based on this system, and plans to distribute the information to care management agencies, home- and community-based service providers and City agencies in 2019.
- Activity 3: Provide 30 Medicaid managed care trainings to provider organizations in the community.
 - In 2018 the Consortium, along with other Health Department staff, trained over 650 staff members at 41 organizations throughout NYC's five boroughs. The Consortium also trained all of the case management support programs subcontracted by the City's Human Resources Administration, which serve 4,000 severe mental illness and substance use disorder clients per year. The Human Resources Administration encouraged staff to connect clients to Health Home programs, as needed.
- Activity 4: Launch the East Harlem Behavioral Health Connector Project.
 - The Consortium is placing four peers and community health workers in the Health Department's East Harlem Neighborhood Health Action Center. The peers and community health workers will educate and encourage community members to enroll in Health Home care management, HARP, and home- and community-based service. They will also share best practices for engagement with the Consortium.



Goal 2: Increase home- and community-based service enrollment by 10 percent.

Home- and community-based service enrollment increased by 79 percent in 2018. We presume that these activities contributed to enrollment this year.

- Activity 1: Promote and measure impact of New York State's Home and Community Based Services (HCBS) Infrastructure Program funding.
 - The Consortium advertised and encouraged providers to submit applications to the New York State HCBS Infrastructure Program grant. The group also discussed barriers, potential solutions, partnerships and opportunities to adopt new practices with providers and managed care organizations. The Consortium is also participating in the NYS Office of Mental Health's HCBS Quality and Infrastructure Workgroup to track application barriers and the number of applications managed care organizations received. The Consortium will measure the impact of the infrastructure funds and share best practices after the funding is awarded in 2019.
- Activity 2: Evaluate the State Designated Entity
 - The Consortium advertised and encouraged providers to become state designated entities and recovery coordination agencies during meetings and Medicaid managed care provider presentations. The Consortium also discussed new ways to integrate home- and community-based service evaluations into workflows beyond care management agency staff. The Consortium will measure the impact of the state designated entity and share best practices in 2019.
- Activity 3: Host Networking Events for Home- and Community-Based Services
 - The Consortium hosted two home- and community-based service networking events, in collaboration with the Coalition for Behavioral Health, the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services. The Office of Mental Health also organized a home- and community-based service training for care managers. Over 420 people attended the events. Trainees reported an increased understanding of person-centered care and of home- and community-based services in the post-training survey. In a follow-up survey, sent one month after the event, respondents reported that they provided

or received home- and community-based service referrals due to connections made at the event.

Workforce

Goal 1: Reduce staff turnover by 5 percent among care management agencies.

- Activity 1: Analyze case manager turnover and share best practices for keeping staff.
 - Six care management agencies brought monthly data on their staff turnover to the Consortium meeting in October 2018. The Consortium also discussed opportunities to expand the project statewide with NYS Department of Health (NYSDOH). The Consortium plans to distribute best practices for staff retention in 2019.
- Activity 2: Give presentations on Medicaid managed care, value-based payment and the DSRIP program to students at undergraduate and graduate schools of social work.
 - The Consortium hosted presentations and lectures at five schools of social work in NYC for 163 bachelor's and master's degree students.

Life Span

Goal 1: Launch the Children's Care Management Agency Steering Group.

- The Consortium launched the Children's Care Management Agency Steering Group in January 2018. The group meets every other month to provide feedback to the State on its community education plan and the Children and Family Treatment and Support Services brochure, FAQ and the Health Home program video.

Goal 2: Launch a new criminal justice work group.

- Because the State relaunched the behavioral health criminal justice work group, the Consortium did not launch a new criminal justice work group. Instead, the Consortium invited members to the John Jay Criminal Justice Work Group and actively participates in the group's quarterly meeting. Coordinated Behavioral Care Health Home presented on their criminal justice pilot to the Participant Steering Group and discussed the health concerns of those involved in the criminal justice system, their connections to the Health Home program, system challenges and resources.
- The Consortium is working with the NYC Department of Correction train counseling staff on Medicaid managed care, Health Home programs, HARPs and HCBS.

Integrated Care

Goal 1: Involve community-based organizations, managed care organizations, and Performing Provider Systems in integrated care activities promoted by the Health Department.

- Activity 1: Collaborate and contribute to the Health Department's Division of Mental Hygiene's value-based payment project.
 - The Consortium received feedback on the division's value-based payment project from Performing Provider Systems and managed care organizations. This included best practices on how to engage community-based organizations and how to use information technology platforms, such as NowPow.
- Activity 2: Develop a new value-based payment learning collaborative with other NYC behavioral health care collaboratives.
 - In partnership with the Managed Care Technical Assistance Center, the Consortium held a webinar for behavioral health care collaboratives, managed care organizations and Performing Provider Systems on Oct. 24 and an in-person meeting on Nov. 5. Over 100 people attended the webinar and 76 people attended the in-person meeting, including representatives from NYC's 10 managed care organizations, 11 Health Home programs, seven behavioral health care collaboratives, and six Performing Provider Systems. The

- meeting aimed to find ways these organization can work together to provide value-based payment arrangements and adopt integrated-care models.
- Attendees broke out into small groups to develop action items, which the Consortium will address during upcoming meetings. Attendees reported that the meeting was a valuable use of their time and agreed that there should be a follow-up meeting in six months. The Consortium is working with the Managed Care Technical Assistance Center, NYS Office of Mental Health, NYS Office Alcoholism and Substance Abuse Services and NYSDOH, as well as behavioral health care collaboratives, managed care organizations and Performing Provider Systems to schedule a six month follow-up meeting.
 - Activity 3: Encourage the inclusion of integrated care models into home- and community-based service providers infrastructure funding applications.
 - The Consortium encouraged providers to submit applications to the New York State HCBS Infrastructure Program grant and discussed ways the grant could help fund new, creative practices. The Consortium will measure the impact of the grant funds and share best practices after funds are awarded in 2019.
 - Activity 4: Encourage the Mental Health Service Corps to train all eligible corps members on how to evaluate home- and community-based service providers.
 - The Consortium began internal discussions on how easily Mental Health Service Corps members could become State Designated Entities. The Consortium is also exploring if continuing education units are available for licensed master social workers and licensed mental health counselors for the home- and community-based service assessment training.

Active Steering Groups and Work Groups

| Group | Average number of participants | Number of times convened |
|---|---------------------------------------|---------------------------------|
| Advisory Board | 22 | 4 |
| Behavioral Health Service Participant Steering Group | 14 | 9 |
| Adult Care Management Agency Steering Group | 21 | 5 |
| Children’s Care Management Agency Steering Group | 23 | 7 |
| Delivery System Reform Incentive Payment (DSRIP) Program Performing Provider Systems (PPS) Steering Group | 20 | 4 |
| Home- and Community-Based Service Provider (HCBS) Steering Group | 21 | 4 |
| Health Home Steering Group | 20 | 4 |
| Managed Care Organization Steering Group | 32 | 12 |
| NYC Agency Steering Group | 8 | 3 |
| Provider Steering Group | 16 | 1 |

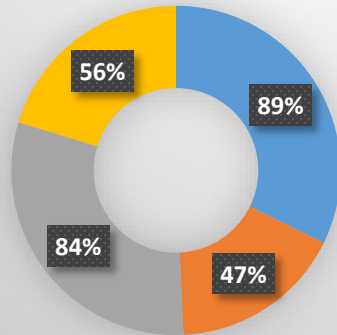
Events

HCBS/CMA Networking Events

| Date | Location | Number of Attendees |
|----------------|---|----------------------------|
| March 26, 2018 | Queens, Health Department | 205 |
| June 7, 2018 | Queens, City University of New York School of Law | 216 |

HCBS/Care Management Agency Networking Event

One Month Follow-Up Survey (36 respondents)



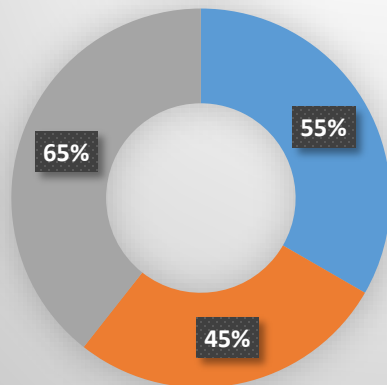
- I made connections with other organizations at the networking event.
- I made or received successful referrals from organizations in attendance.
- I shared the information I learned at this event with my organization and colleagues.

National Council Case to Care Management Training

| Date | Location | Number of Attendees |
|------------------|---|---------------------|
| June 25-29, 2018 | Queens, City University of New York School of Law | 216 |

Case to Care Management Training

Two Month Follow-Up Survey (21 respondents)



- My care management skills have improved as a result of the Case to Care Management Training.
- I am better able to keep clients as a result of the Case to Care Management Training.
- I am more confident in developing health and recovery goals with my clients as result of the Case to Care Management Training.

Number of HCBS referrals made by respondents: 40

BHCC, MCO, DSRIP PPS and Health Home Programs Meeting

| Date | Location | Number of Attendees |
|--------------|---------------------------|---------------------|
| Nov. 5, 2018 | Queens, Health Department | 76 |

The Consortium, in partnership with the Managed Care Technical Assistance Center, hosted a meeting for behavioral health care collaboratives, managed care organizations, Health Home programs and DSRIP PPS. Seventy-six people attended the meeting, including representatives from NYC's 10 managed care organizations, 11 Health Home programs, seven behavioral health care collaboratives and six Performing Provider Systems.

Gary Belkin, MD, provided opening remarks and discussed NYC's role in assisting behavioral health providers with the transition to value-based payment and promoting integrated care models. The audience also heard presentations from:

- Ryan Ashe from NYSDOH on the State's vision for value-based payment and the importance of developing partnerships
- Gary Weiskopf from the NYS Office of Mental Health
- Pat Lincourt from the NYS Office of Alcoholism and Substance Abuse Services on the work of NYC's behavioral health care collaboratives, different value-based payment contracts and the importance of behavioral health providers entering value-based payment arrangements

The event also included a panel of speakers who discussed successful partnerships, barriers and adoption, and the promotion of integrated care models in their networks. Panelists included:

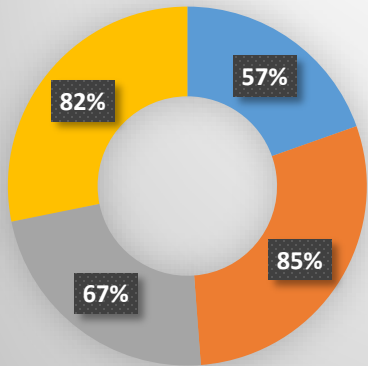
- John Dionisio, vice president of business intelligence of SOMOS Community Care
- Donna Demetri Friedman, executive director of Mosaic Mental Health
- Jorge Petit, president and chief executive officer of Coordinated Behavioral Care, Inc. (CBC)
- Kristle M. Rosado, behavioral health integration lead at SOMOS Community Care
- Donna Lynn Taylor, clinical director at Healthfirst.

Breakout groups at the meeting suggested the following activities for attendees:

- **Metrics:** Increase opportunities to share the metrics reported by managed care organizations, Performing Provider Systems, Health Home programs and behavioral health care collaboratives, but reduce the number of metrics these organizations must report.
- **Data Sharing:** Behavioral health care collaboratives to promote Regional Health Information Organization enrollment among providers, managed care organizations to educate providers on billing codes, and the development of a universal consent process.
- **Networks and Roles:** State advocacy to require managed care organizations to contract with Behavioral Health Providers for value-based payment, and the State to clarify where behavioral health providers, behavioral health care collaboratives and Independent Practice Associations fit in the value-based payment roadmap.

Behavioral Health Care Collaborative Meeting Poll

(47 respondents)



- I learned effective strategies to collaborate with behavioral health care collaboratives, managed care organizations, Performing Provider Systems, and behavioral health providers around value-based payment.
- I networked with individuals I had never met before.
- I plan to discuss starting partnerships with some of the entities I met today with my organization.
- There should be a follow-up meeting in six months.

2018 Updates from Steering and Work Groups

Advisory Board

Advisory Board Co-Chairs: Gary Belkin, executive deputy commissioner for mental hygiene at the Health Department, and Jason Lippman, executive vice president of the Coalition for Behavioral Health

Purpose of Group: Analyze and address overlapping issues that come up in multiple Consortium Steering Group meetings and consider higher level transition issues.

2018 Highlights: Assisted with planning the November meeting for behavioral health care collaboratives, managed care organizations, Performing Provider Systems and Health Home programs; developed and approved Consortium bylaws and strategic planning goals for 2018; and reviewed the system to outline case management staff roles. Resolved 11 out of 21 issues raised.

Behavioral Health Service Participant Steering Group

Consortium Staff Lead: Hadley Fitzgerald

Advisory Board Chairs: Sandra Mitchell and Leslie Najarian

Purpose of Group: Develop strategies for peer specialists to engage Medicaid beneficiaries in Health Home programs, care management, home- and community-based service providers and behavioral health services. Provide feedback on community educational projects developed by the Health Department, NYC Well and community events.

2018 Highlights: Gave feedback on how NYC Well could learn a caller's health insurance information and heard presentations on connecting people leaving the criminal justice system to Health Home programs. The group also shared information on how people leaving the criminal justice system could better access home- and community-based service providers. Resolved 41 out of 52 issues raised.

Adult Care Management Agency (CMA) Steering Group

Consortium Staff Lead: Hadley Fitzgerald

Advisory Board Chairs: Patrick O'Quinn, senior vice president for care management and program development at ACMH, and Ana Tabachneck, director of quality assurance at NADAP

Purpose of Group: Discuss issues related to referring behavioral health service clients to home- and community-based service (HCBS) providers, staff turnover, and communication with managed care organizations and Health Home programs.

2018 Highlights: Developed and completed the care management agency staff turnover study, which included staff turnover rates in 2017 and 2018. This group also worked with the Consortium's HCBS Steering Group to resolve issues related to care manager and HCBS provider communication, referral barriers and member engagement. Resolved 25 out of 33 issues raised.

Children's Care Management Agency (CMA) Steering Group

Consortium Staff Lead: Maryam Zoma

Advisory Board Chairs: Barbara Bonhomme, director of the Puerto Rican Family Institute, and Bridget Carter, director of business development at Abbott House

Purpose of Group: Discuss issues related to the transition into Medicaid managed care; community education on the Health Home program and Children and Family Treatment and Support Services; communication between care management agencies, Health Home programs and managed care organizations; and the home- and community-based service workflow and how clients access those services.

2018 Highlights: Launched steering group and provided feedback on State-developed educational materials. Resolved 18 out of 26 issues raised.

Delivery System Reform Incentive Payment (DSRIP) Program Performing Provider Systems Steering Group

Consortium Staff Lead: Maryam Zoma

Advisory Board Chairs: Lidia Virgil, chief operations officer of SOMOS Community Care, and Rebekah Epstein, project manager at Bronx Partners for Healthy Communities

Purpose of Group: Share challenges, lessons learned and best practices related to carrying out integrated care, value-based payment, working with community-based organizations, and sustainability efforts post-DSRIP.

2018 Highlights: Gave feedback on the role of the Performing Provider System depression care manager for the system to outline case management staff roles. The group also made recommendations for the Health Department's Division of Mental Hygiene's value-based payment project for community-based organizations, including how to engage community-based organizations and adopt information technology platforms, such as NowPow. Resolved 10 out of 14 issues raised.

Home- and Community-Based Service (HCBS) Provider Steering Group

Consortium Staff Lead: Hadley Fitzgerald

Advisory Board Chairs: Jason Lippman, executive vice president of the Coalition for Behavioral Health

Purpose of Group: Discuss issues that affect home- and community-based service providers, ways to increase service enrollment, and how to improve communication between care management agencies, Health Home programs and managed care organizations.

2018 Highlights: Organized two networking events for home- and community-based service providers and care management agencies. The group also discussed issues around timely billing and reimbursement, Statewide HCBS Infrastructure funding, and with the Consortium CMA Steering Group determine how to improve communication and collaboration between HCBS and CMA providers. Resolved 15 out of 21 issues raised.

Health Home Steering Group

Consortium Staff Lead: Hadley Fitzgerald

Advisory Board Chairs: Amanda Semidey, vice president of care coordination services at Coordinated Behavioral Care Health Home, and Valentine Hernandez, executive director of Queens Coordinated Care Partners

Purpose of Group: Discuss how to increase Health Home program enrollment, educate the community about benefits of Health Home programs, improve care management agency workflow, and review workforce and training issues.

2018 Highlights: Held combined meetings with the NYC Agency Steering Group and developed the system to outline case management staff roles. The group also created Medicaid presentations for the City's Human Resources Administration. Resolved 12 out of 16 issues raised.

Managed Care Organization (MCO) Steering Group

Consortium Staff Lead: Maryam Zoma

Advisory Board Chairs: Alan Rice, population health specialist for the Visiting Nurse Service of New York, and Marjorie Stuckle, government and community liaison for Empire Blue Cross Blue Shield

Purpose of Group: Discuss issues affecting managed care organizations, including billing, payment and enrolling people into HARPs, Health Home programs, and home- and community-based service providers. The group also works to engage members, Health Home programs, care management agencies, and home- and community-based service providers in the work of the Consortium.

2018 Highlights: Discussed Statewide HCBS Infrastructure funding, the State Designated Entity, the children's behavioral health transition to Medicaid managed care and reviewed the system to outline case management staff roles. Resolved 35 out of 48 issues raised.

NYC Agency Steering Group

Consortium Staff Lead: Maryam Zoma

Purpose of Group: Focus on the following activities as they relate to behavioral health services under Medicaid managed care: evaluate how the services affect New Yorkers, solve problems related to carrying out the services, discover gaps in access to services, share related data across agencies, share education materials, and work with other steering groups and partners on overlapping issues.

2018 Highlights: Gave a presentation to the MCO Steering Group on medically fragile children, contributed to the system to outline case management staff roles and created presentations on Medicaid managed care for Human Resources Administration staff. Resolved seven out of 10 issues raised.

Provider Steering Group

Advisory Board Chairs: John Coppola, executive director of Alcoholism and Substance Abuse Providers of New York State, Steven Helfand, executive director of the Bleuler Psychotherapy Center, Jason Lippman, executive vice president of the Coalition for Behavioral Health, and Allegra Schorr, president of the Coalition of Medication Assisted Treatment Providers and Advocates

Purpose of Group: Identify and address issues behavioral health providers experience during the transition to Medicaid managed care, and assist them with the transition to value-based payment.

2018 Highlights: The group decided to meet on an ad-hoc basis and has participated in other Consortium steering groups and activities, including the HCBS Steering Group, the behavioral health care collaborative meeting in November and the John Jay Criminal Justice Work Group. The group will meet again in 2019 to determine membership of the steering group and if this group should focus on the children's Medicaid behavioral health transition.