

REGIONAL PLANNING CONSORTIUMS

2/21/2020

New RPC Co-Chairs and Board Members Onboarding
and the Due Diligence Process





Today's Agenda

- 9:30-10am Welcome, Housekeeping items/overview of webinar
- Overview of the RPC
- 10:00-10:15am Gary Weiskopf, Associate Commissioner, OMH
- 10:15- 11:00am - Due Diligence Process
- 11:00 – 11:30 am - Sharing your great RPC work!
- Q&A



RPC CO-CHAIRS MAP

RPC CENTRAL OFFICE - ALBANY
Lori Kicinski, RPC Project Director
Katerina Gaylord, Assistant RPC Project Director

WESTERN REGION
Mark O'Brien, DCS Orleans County
Kirsten Vincent, Director Respite Services - Housing Options
Cheryl Krause, RPC Coordinator

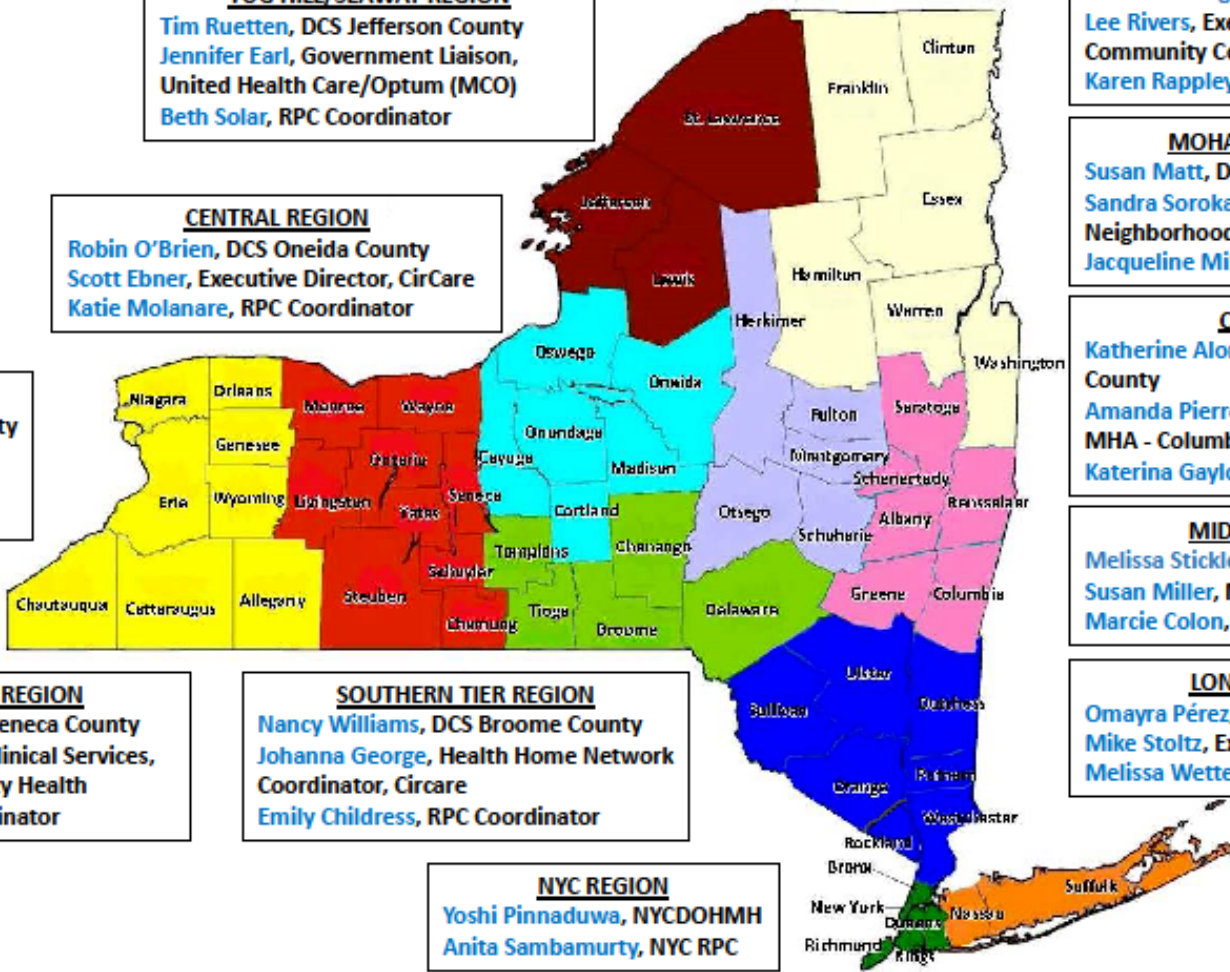
FINGER LAKES REGION
Margaret Morse, DCS Seneca County
Ellen Hey, Director of Clinical Services, Finger Lakes Community Health
Beth White, RPC Coordinator

TUG HILL/SEAWAY REGION
Tim Ruetten, DCS Jefferson County
Jennifer Earl, Government Liaison, United Health Care/Optum (MCO)
Beth Solar, RPC Coordinator

CENTRAL REGION
Robin O'Brien, DCS Oneida County
Scott Ebner, Executive Director, CirCare
Katie Molanare, RPC Coordinator

SOUTHERN TIER REGION
Nancy Williams, DCS Broome County
Johanna George, Health Home Network Coordinator, CirCare
Emily Childress, RPC Coordinator

NYC REGION
Yoshi Pinnaduwa, NYCDHMH
Anita Sambamurty, NYC RPC



NORTH COUNTRY REGION
Suzanne Lavigne, DCS Franklin County
Lee Rivers, Executive Director of Community Connections of FC
Karen Rappleyea, RPC Coordinator

MOHAWK VALLEY REGION
Susan Matt, DCS Otsego County
Sandra Soroka, Executive Director, The Neighborhood Center
Jacqueline Miller, RPC Coordinator

CAPITAL REGION
Katherine Alonge-Coons, DCS Rensselaer County
Amanda Pierro, Director Apogee Center, MHA - Columbia-Greene
Katerina Gaylord, Interim RPC Coordinator

MID-HUDSON REGION
Melissa Stickle, DCS Sullivan County
Susan Miller, Managing Director RSS
Marcie Colon, RPC Coordinator

LONG ISLAND REGION
Omayra Pérez, DCS Nassau County
Mike Stoltz, Executive Director MHWA
Melissa Wettengel, RPC Coordinator



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WELCOME NEW RPC BOARD MEMBERS!

THANK YOU!



CLMHD

- The Conference represents the Directors of Community Services (DCSs)/County Commissioners of Mental Health) for each of the counties in the State and the Department of Mental Hygiene for the City of New York, also referred to as the Local Governmental Unit (LGU).
- The DCSs are county officials and have *specific responsibilities and authority under the Local Services provisions of Article 41 of the Mental Hygiene Law (MHL) for planning, development, implementation, and oversight of integrated services to adults and children in their counties affected by mental illness, substance use disorder, and developmental disabilities.*
- <http://www.clmhd.org>



Brief History

Medicaid Redesign Team (MRT) established

- Growth in Medicaid costs are unsustainable. MRT puts in place mechanisms/projects to cap the growth

Behavioral Health MRT is established

- BH services moving from FFS to Managed Care
- All stakeholders represented; advise on needs and design of MA waiver

2012 – 2013: BHO 1

- OMH & OASAS work with 5 MCOs – help prepare field for managed care
- Data Collection, Info re: care transitions from inpatient to community



Brief History

2012: DCSs recognize move to MA managed care will result in significant changes to the local BH delivery system, which the LGU oversees

- New Partners – DOH’s lead role in Medicaid, MCO’s, Primary Care
- County borders blur – regional approach reflect where people get care
- “The solutions are in the community” Local voice of *all community stakeholders* is critically important to a successful transformation.
- Researched regional, ground-up collaborative structure (WNYCCC, Penn. BHARP) & principles/models of collaborative governance

2013: CLMHD issues white paper calling for the creation of Regional Planning Consortiums



Brief History

OMH/OASAS Support creation of the RPC – DOH approves the project

- Project supported by a grant from OMH
 - RPC role and collaboration part of the RFP to MCOs
 - NYC RPC developed first. July 1, 2015 NYC goes live w/HARP enrollment
 - ROS RPC staffed 2016. ROS – go live w/HARP July 1, 2016
-
- **RPC Year 1 – Infrastructure & Awareness**
 - Team hired, in-person presentations awareness of the new HARP/HCBS model and the RPC
 - Stakeholder engagement – networking meetings - lots of them!
 - Board member nominations & elections, training of staff/Board members
 - Stakeholder groups select their reps. LGUs – select LGU reps only



RPC Objective

The RPC is where collaboration, problem solving and system improvements for the integration of mental health, addiction treatment services and physical healthcare can occur in a way that is data informed, person and family centered, cost efficient and results in improved overall health for adults and children in our communities.

Priorities for Board Structure

- All sectors and stakeholder groups are represented
- All sectors are represented equally



RPC Board Design & Collaboration

Collaborative Governance is an internationally accepted and replicated form of governance which is based on the premise that through collaborative governance, leaders engage with all sectors – public, private, non-profit, citizens, and others - to develop effective, lasting solutions to public problems that go beyond what any one sector could achieve on its own.



Board Operations

The all-inclusive design of the RPC Boards and the expertise of the Board Members are what bring credibility to the work of the RPC and the ability to influence change.

- Every Board has a Children & Families Subcommittee
- Individual Boards - identify specific issues or areas for further investigation via, Subcommittee or Workgroup
- Statewide issues/areas – Taskforce w/ reps from each regions
- You are the expertise. Your Coordinator is the researcher, facilitator, cross region & state communicator.



Communication Channels

- RPC Director/Assistant Director – bi-weekly calls with OMH/OASAS
- Group Soup – Bi-Weekly calls Director, Assist. Director & RPC Coordinators
- RPC Co-Chairs call with RPC staff – Monthly via Webinar
- RPC Coordinators ongoing contact w/Co-Chairs, Board members, SMEs

A note on difference between RPC Advocacy and State Lobbying

- RPC advocacy - operates in the public policy space
- State Lobbying – operates in the political & legislative space



Hello
my name is

Gary Weiskopf

NYS OMH Associate Commissioner,
Division of Managed Care
(RPC Supporter)



The Due Diligence Process

RPC Years 2-3: Focus, Question, Research, Verify and Question again

- Issues/items identified were at the 10,000 foot view.
- RPC needed to dig into the issues to develop & recommend solutions





The Due Diligence Process

Objective: Specifically identify the cause, effect and recommended solution of an issue

Issues brought to the state for discussion, pass through 2 separate levels of investigation and evaluation

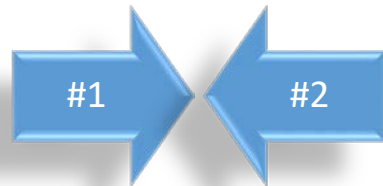
1. Informed dialogue – Initial fact finding, research, workgroup.

- a. Are other RPC's identifying the same/similar issue?
- b. Can the issue be solved regionally?
- c. If "Yes" – Share "best practice" with other RPC Regions and OMH/OASAS etc.
- d. If "No" – Initial discussion with OMH/OASAS for more investigation, direction, deliberation.

2. Due Diligence – Extensive investigation, data collection & testing

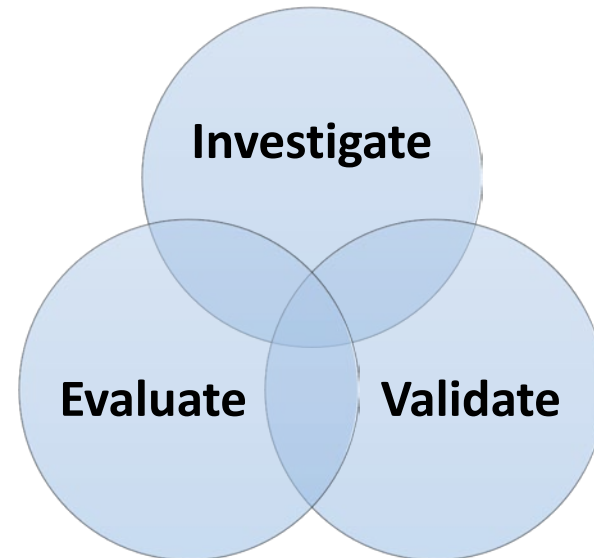
RPC Informed Dialogue & Due Diligence Processes for Boards and Workgroups

Due Diligence is a thoughtful and intentional approach that requires a curious mindset and two simultaneous processes:



- #1** Investigation of the information
- #2** Evaluation of the information

RPC inquiry – what do we know (investigation and evaluation) and what do we do with what we know (problem solving and ideas)?



Start by Asking the Right Questions – All Must Be Answered

- How does this issue impact our service goals?
- What stakeholders 'own' the issue and how does the issue vary among stakeholder groups?
- Is the issue actually the concern or is something else driving it? What? (Repeat this until you get to the root cause.)
- What attempts have been made to remediate the issue Regionally? What aspects failed and what aspects worked? Why?
- What aspects of the issue are within the control of the presenting stakeholders and what are not?

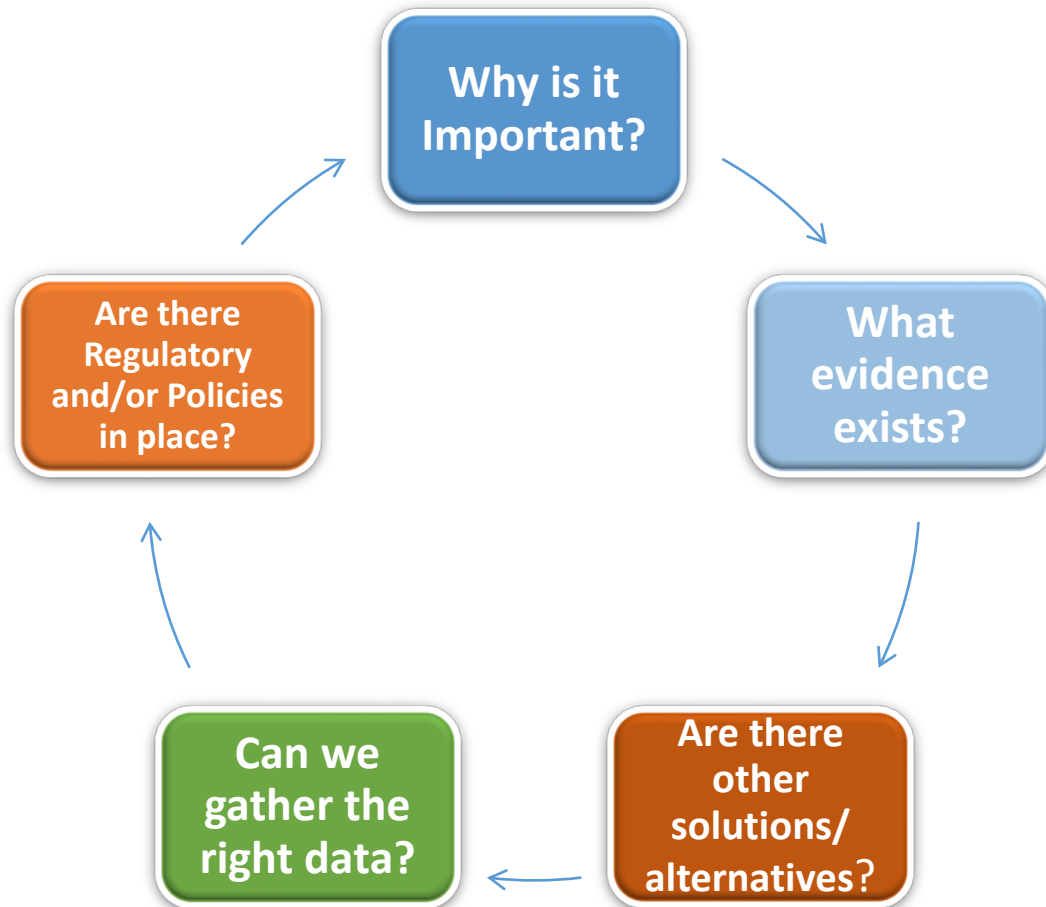


“Neutral Conveners”

- For the areas outside of stakeholder control, who has it and can you confirm?
- For the owner of control, what, if anything, is being done to address the root issue?
- Does not addressing the issue create risk? How?
- What is the viability? Ability/willingness of the state or federal government to take action?) Is it actionable?
- What are our recommendations? Can we prove/demonstrate our ideas/recommendations sustainably to better serve our Regions and State?

What is meant by “Informed Dialogue”?

‘Informed Dialogue is a collaborative course of action to test, evaluate, and enable the potential to move an issue, recommendation and/or solution forward in the Due Diligence process...’



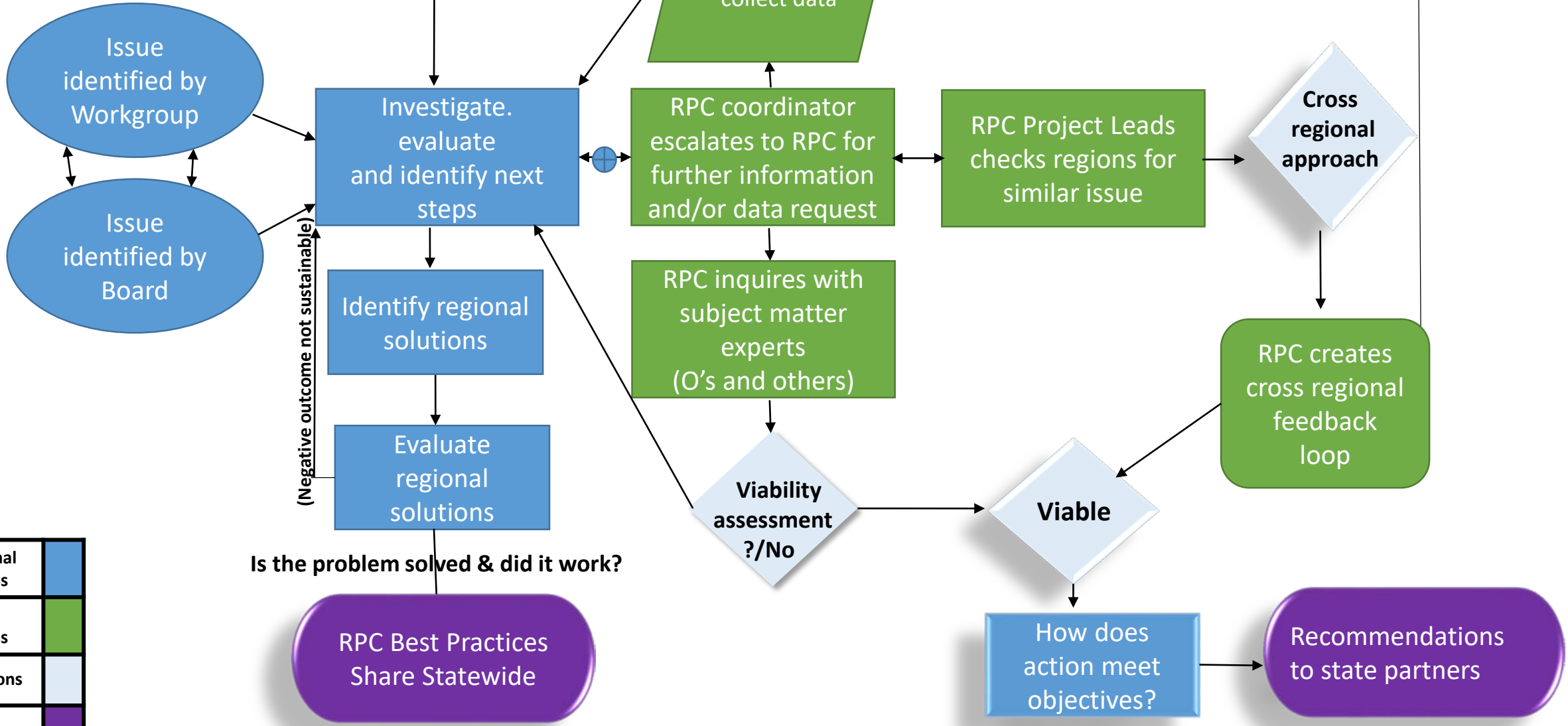
The Key is Collaboration!

- Co-Chairs
- Board Members
- Committees tasked to apprise the RPC Board
- Co-Chairs and Boards engage in informed dialogue with State Partners

RPC Coordinators and leadership staff

RPC Informed Dialogue Process

RPC Due Diligence Process



(Negative outcome not sustainable)

Is the problem solved & did it work?

Regional process	Blue
RPC process	Green
Decisions	Light Blue
Outcomes	Purple

Strategies, Implementation & Communication



DATA

- Capture it
- Share & Consolidate it
- Is the data significant to address the issue?
- Does the imbedded data drive recommendations or solutions?

RESEARCH

- Exhaust the Regs
- Explore the Policy and Guidance
- Communicate with Agencies for clarification

SMEs

- Can they validate?
- Willing to share resources?
- Do Co-chairs & BODs recommend?
- Can they test or pilot for a period of time?

Recommendations & Solutions

Examples of the Process at Work

Raised Issue and Process:
Physician Assistants Assessing and
Prescribing in Article 31 Clinics

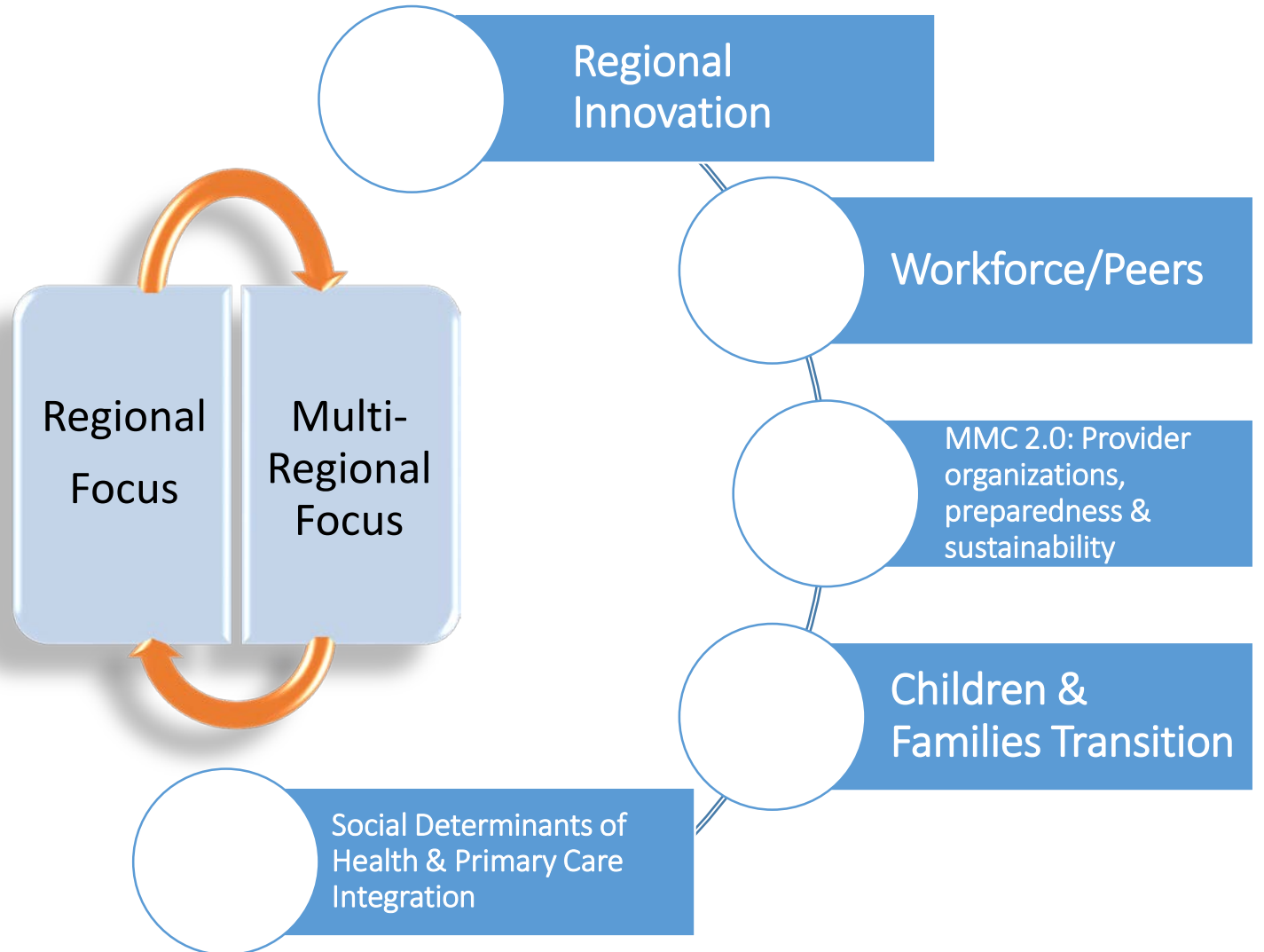


Raised Issue and Process:
Impact on HARP 820 SUD Treatment
Facilities:
*Medicaid/Public
Assistance/Congregate Care Level II
Processes*

Once Boards have moved through the Due Diligence Process...

There can be much more to consider!

State agencies have several over-arching priorities areas which the RPC can provide feedback, obtain information & facilitate solutions.



Sharing your great RPC work with our website & Social Media!



www.clmhd.org/rpc



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- RPC Co-Chairs
- RPC Regional Board Members**
- RPC Regions
- RPC 2020 News & Events
- RPC Regional Calendars
- RPC Resources
- Peers & Family Members
- State Agency & Partner Information
- In Case You Missed It (ICYMI)

[CONTACT US >](#)

REGIONAL PLANNING CONSORTIUMS

RPC Regional Board Members

COMPLETE LIST OF RPC BOARD MEMBERS - ALL REGIONS

[Capital Region RPC Board Members](#)

[Central Region RPC Board Members](#)

[Finger Lakes RPC Board Members](#)

[Long Island RPC Board Members](#)

[Mid-Hudson RPC Board Members](#)

[Mohawk Valley RPC Board Members](#)

[NYC RPC Advisory Board Members](#)

[North Country Region RPC Board Members](#)

[Southern Tier RPC Board Members](#)

Website changes: under construction

of Local Mental Hygiene Directors, Inc.

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RPC 2020 News & Events

CAPITAL REGION **MOHAWK VALLEY**

CENTRAL NY **NORTH COUNTRY**

FINGER LAKES **SOUTHERN TIER**

LONG ISLAND **TUG HILL SEAWAY**

MID-HUDSON **WESTERN NY**

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REGIONAL PLANNING CONSORTIUMS

State Agency & Partner Information

NYS Department of Health (DOH)

Adult Health Homes
Children's Health Homes
Health Home Webinars
Social Determinants of Health
Behavioral Health Clinical Advisory Group- Value Based Payment Recommendation Report

NYS Office of Mental Health (OMH)

Value Based Payment
Home and Community Based Services
Policy, Guidance, and Resources

NYS Office of Addiction Services and Supports (OASAS)

Upcoming: OASAS Statewide Plan Provider Meetings - Feb/Mar 2020

MCTAC/CTAC

MCO Plan Matrix

United Hospital Fund

Questions & Comments

