New York State Conference of Local Mental Hygiene Directors

REGIONAL PLANNING CONSORTIUMS (RPCs)

2018

Annual Report
SUMMARY

As the RPCs began their second full year, the focus was on developing a deliberate vetting approach to address the identified issues in each region. In January of 2018, the RPC Co-chairs from across the state met for a daylong retreat to gather feedback and discuss areas of focus for the upcoming year. Across the board, there was a sense of importance that the issues being addressed needed to be vetted and provide viable recommendations. Through this vetting process, the RPCs continued to keep the consumer in the forefront with the intent of proposing recommendations that would assist in accessing services in the most efficient way.

Over the next series of months, RPC regions were asked to:

- Explore the identified issues in more depth, collect regional information and data
- Propose and pilot viable regional recommendations
- Share best practices across the region and state

In addition, one of the major areas of focus for 2018 was bringing online the rest of the RPC Children and Families Subcommittees across the state as providers, state agencies and families prepared for the 1/1/19 Children’s Medicaid Managed Care transition.

Additionally, as the RPC efforts continued to grow, so did the RPC Team. Three new full-time RPC Coordinators were hired and a new State Project Director, came on board.

This report summarizes the RPC initiative’s achievements for 2018.
EFFORTS & IMPACT

Listed below are the 2018 Strategic Initiatives and Goals for the RPCs as approved by the RPC Co-Chairs.

**Strategic Initiative #1**

View issues through the lens of client first, then consider everything else.

**Strategic Initiative #2**

Rebalance the RPC approach to intensive inquiry, problem-solving and specific actionable recommendations.

- **Goal:** Implement a phase two approach for the RPC that shifts our mindset from the past to the future, from talking to action and from RPC fatigue to energized curiosity.
- **Goal:** Empowerment: Examine what we can do first; regionally and statewide.
- **Goal:** Due Diligence: Be accountable for our words, rigorously test and research our identified issues, thoroughly investigate viability and wherever possible, offer multiple recommendations/ideas.
- **Goal:** Accomplishment: What are we doing that makes a difference and how do we know it makes a difference? What best practices have been identified?
- **Goal:** Capitalize on our subject matter expertise: Identify our resources both internally and outside connections to guide our decision-making.

**Strategic Initiative #3**

Recalibrate RPC operations to cross-regional collaboration and planning while simultaneously recognizing the uniqueness of each region.

- **Goal:** Create a RPC infrastructure that increases individual and collective accountability, communication between regions and provides a consistent framework that can be built upon by individual regions.
- **Goal:** Shift Co-Chair call from RPC driven agenda to Co-Chair driven agenda; increase overall ownership, collaboration and engagement.
- **Goal:** Level set, reduce redundancy and collaborate on projects.
- **Goal:** Align regional information/data to provide both statewide and cross-sectional views.

**Strategic Initiative #4**

Shift to a proactive, engaged, in-depth communication with our state partners.

- **Goal:** Revisit how our collaborative governance model is working for all involved parties - all levels, identify and implement innovations and improvements that increase our communication, connection and results.
- **Goal:** Anticipate, escalate, research and address issues in real time as a continuous process rather than as a build up to the bi-annual Chairs meetings.
- **Goal:** Reduce number of issues, increase depth of discussion and reformat meetings to increase synergy with state partners.
OVERVIEW OF THE 2018 RPC STRATEGIC INITIATIVES

Strategic Initiative #1: View issues through the lens of client first, then consider everything else

When an issue was identified, one of the first questions that each region was encouraged to ask was how this issue was affecting the client. Multiple steps were taken throughout the year to ensure that this lens was utilized and to increase consumer awareness of the RPCs:

- A strong effort was made to increase the peer voice at the RPC table. The RPC Project Director met individually with each RPC Peer/Family/Youth Advocate stakeholder group to hear their feedback around the RPC process. This feedback lead to the following actions being taken:
  - The RPC Coordinator team was trained in the summer of 2018 on behavioral health-stigmatic language and a concerted effort was made to monitor and address any stigmatic language heard at the board/workgroup meetings.
  - An additional tab was created on the RPC website as a method to collect anonymous feedback from peers about their lived experience; quality of their lives and how services support them [(Click here](#) to access this tab). RPC team members have followed up with those peers that completed the survey and requested outreach.
  - The RPC Team created and distributed peer-specific business cards that advertise the survey above. Please outreach your RPC Coordinator if you are interested in acquiring some of these business cards to distribute in your region.

- Throughout 2018, the RPC Project Leadership team met with various agencies to discuss the scope and function of the RPC and ideas on how the RPCs could engage additional peers in the process. These agencies included: NYAPRS, Families Together of NYS, OMH Office of Consumer Affairs, YOUTH POWER! and Friends of Recovery-NY.

- The RPC team presented at the 2018 Families Together of NYS Conference and an OMH Recipient Affairs meeting to provide education around the RPCs and gather feedback on how to improve the RPC process.

- Additional Peer related outcomes in 2018:
  - **Career Opportunities for Peer Empowerment (COPE) in the Mohawk Valley** – In the Mohawk Valley RPC it was identified that there are not enough peers in the workforce. In response to this issue, COPE was created to bring together peers who are going through the OMH or OASAS peer certification process to talk about any issues, struggles, or successes through Learning Circles. COPE is also an avenue to highlight the Peer Empowerment workforce and in return bring more peers to the certification process. COPE has created a [Facebook page](#), brochures, and has exhibited at a few events.

  - **Children and Family Fireside Chats** - In order to provide education to families and caregivers about children’s health homes, several regions have teamed up with Families Together- NYS to hold “fireside chats”. These chats provide an opportunity to obtain feedback from families regarding their experiences with health homes serving children and other involvements within the children’s Medicaid behavioral health system. Regions have also tracked attendees’ previous and current understanding of health homes. Participants noted an increase in
understanding the purpose and function of Health Homes after attending these events. Feedback from families was shared with state agencies and regional Children’s Health Homes.

- **Adult Feedback Forums** – The Capital Region RPC Coordinator, in collaboration with David Ferencz, the Statewide Trainer from NYAPRS with the New Choices Project and Brandon Barton from the Alliance for Positive Health, updated the New Choices in Recovery educational materials for both individuals seeking Home and Community Based Services (HCBS), as well as providers offering these services. Attendees indicated that they left the training with a better understanding of HARP and HCBS, and the entire process to access HCBS.

- **YOUTH POWER! Webinar** - On December 20, 2018 the RPCs collaborated with YOUTH POWER! to host a statewide webinar on Youth Peer Advocacy. This webinar helped to provide greater understanding of the role of Youth Peer Advocate, as well as how to become a credentialed Youth Peer Advocate. YOUTH POWER! also covered additional resources and supports that they provide. More than 100 people attended for this webinar. This webinar can be accessed by clicking here.

- **Academy of Peer Service’s Virtual Learning Community (VLC)** - Four RPC Coordinators co-presented with the NYC RPC Director to the VLC on June 20, 2018 to provide an overview of the RPCs and a summary of peer-specific initiatives. 90% of participants providing feedback found the session good or excellent in quality, and reported learning something new and relevant to their everyday work.

**STRATEGIC INITIATIVE #2: Rebalance the RPC approach to intensive inquiry, problem-solving and specific actionable recommendations.**

- **Goal:** Implement a phase two approach for the RPC that shifts our mindset from the past to the future, from talking to action and from RPC fatigue to energized curiosity.
- **Goal:** Empowerment: Examine what we can do first; regionally and statewide.
- **Goal:** Due Diligence: Be accountable for our words, rigorously test and research our identified issues, thoroughly investigate viability and wherever possible, offer multiple recommendations/ideas.

Beginning in spring of 2018 the RPC Project Director met with each of the RPC boards across the state and presented on the revamped due diligence process. This process encouraged each RPC board to review the issues that had been identified in their region, prioritize areas of focus, and begin to develop a plan to address these issues on a regional level.
The following questions and workflow illustrate the due diligence process the RPCs use to vet issues raised by the RPC Boards. The RPC Co-Chairs approved the process unanimously.

**RPC Due Diligence 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)?**

1. How does this issue impact the client and our service goals?
2. What stakeholders own the issue and how does the issue vary among stake holder groups?
3. Is the issue actually the issue or is there something else driving it? What? (repeat this until you get to the root issue)
4. What attempts have been made to remediate the issue? What aspects failed and what aspects worked? Why?
5. What aspects of the issue are within the control of the presenting stakeholders and what’s out of their control?
6. For the areas out of stakeholder control; who owns control?
7. For the owner of control, what, if anything, is being done to address the root issue?
8. Does not addressing the issue create risk? How?
9. What is the viability (the ability/willingness of the state or federal government to take action) of this issue – i.e. is it actionable?
10. What are our recommendations (more than one is preferable) and how can we prove/demonstrate our ideas/recommendations will address the concern sustainably and better serve clients?
Goal: Accomplishment: What are we doing that makes a difference and how do we know it makes a difference? What best practices have been identified?

As RPC Boards completed the due diligence process in their regions, they were able to share best practices with other RPC regions and identify opportunities for inter-regional collaboration. In the fall of 2018, the RPCs began to utilize a web-based tool called SmartSheet, which tracks the active issues being addressed across 10 RPC regions. Regions are able to view the action steps other regions have taken to address their issues, as well as related regional accomplishments.

Throughout 2018, as the RPC hosted various Adult HCBS educational and/or networking events, evaluations or feedback surveys were distributed to attendees to measure the effectiveness of these events. Overall, the feedback received was positive and has helped the RPCs to shape and develop future events. Health Home Care Manager attendees noted that these events increased their understanding of HCBS services, provided them an opportunity to meet face to face with the HCBS providers and MCOs in their region, and increased the likelihood of them making a referral to a HCBS service. Please outreach your RPC Coordinator if you would like to learn more about the data collected in your region.

Goal: Capitalize on our subject matter expertise: Identify our resources both internally and outside connections to guide our decision-making.

Each region was encouraged to share best practices related to the Medicaid Managed Care Transition throughout their region as well as across the state.

Some best practices shared have included:

- Regional Adult BH HCBS Directories - Click here for an example
- Standardized Adult BH HCBS Referral Form
- Adult BH HCBS POC Form
- Data Resource Tool
- A Provider Contact Form for Families

When appropriate, the RPCs consulted and connected with Subject Matter Experts to address questions/feedback that related to the issues being addressed. Some of the topics consulted on included:

- PCP/BH Integration Best Practices
- TeleHealth Updates
- The Collaborative Care Model
- In Lieu of Services
STRATEGIC INITIATIVE #3: Recalibrate RPC operations to cross-regional collaboration and planning while simultaneously recognizing the uniqueness of each region

- Goal: Create a RPC infrastructure that increases individual and collective accountability, communication between regions and provides a consistent framework that can be built upon by individual regions.
- Goal: Shift Co-Chair bi-weekly call from RPC staff driven agenda to Co-Chair driven agenda; increase overall ownership, collaboration and engagement.

Due to the increasing pace of the RPC, the staffing needs of the project were reviewed. In 2018, the RPCs hired two new full-time staff to focus solely on the Tug Hill and Mohawk Valley RPC regions, allowing one coordinator to be dedicated to one RPC region. In September 2018, the part-time Long Island RPC Coordinator retired and a new full-time Long Island RPC Coordinator was hired.

Two Team Leader positions were created, one for the West Side of the state (Western, Finger Lakes, Central, Southern Tier and Tug Hill regions) and one for the East Side of the state (North Country, Capital, Mohawk Valley, Mid-Hudson and Long Island regions). The Team Leader positions were created to assist in analyzing multiple regional issues, for the potential for unifying issues.

The RPC infrastructure was also reexamined to be able to develop two additional areas of focus:

1. **Professional Development** – Based on the feedback received from RPC Board members, the RPCs implemented opportunities for ongoing education and training related to the various aspects of the Adult and Children’s Medicaid Managed Care Transition. In 2018, the RPCs co-hosted four statewide webinars on the following topics:
   - February 1, 2018 - OMH Collaborative Care Model
   - May 24, 2018 - In Lieu of Services
   - September 12, 2018 - Confidentiality 101
   - December 20, 2018 - Overview of Youth Advocates

   Recordings of these webinars can be found on the RPC website by clicking here. The RPCs are grateful to the various Subject Matter Experts (SMEs) that collaborated with our team to share information around priority topic areas identified by various boards. Each of the above webinars were well attended and received positive feedback regarding the usefulness of these opportunities to connect with SMEs.

In the fall of 2018, the RPC board members were surveyed on the Medicaid Managed Care (MMC) topic areas in which they felt they needed additional educational information. The survey results will help guide the direction of future statewide webinars for 2019.

Throughout 2018, the RPC Team held various internal professional development trainings, areas of focus included: meeting facilitation, critical thinking and addressing stigma.
2. **Communications Plan** - An additional area of focus for the RPCs in 2018 was increasing communication around the progress of the RPCs to the larger stakeholder community. The following steps were taken to address this plan:

- Worked with NYS CLMHD Communications Director to update RPC website ([www.clmhd.or.rpc](http://www.clmhd.or.rpc)) - Updates included:
  - Helpful Links section - Links to state agency websites and to relevant guidance related to the MMC Transition;
  - Master Calendar - Lists board meetings, work groups, and subcommittees occurring across the state;
  - The anonymous Peer Feedback Survey;
  - Addition of various Regional resources created by the RPC regions that address an identified issue in the region.
- Distributed a winter 2018 newsletter capturing updates related to the RPCs ([Click Here to Access.](#))

**Goal: Level set, reduce redundancy and collaborate on projects.**

The following actions were taken to address this goal:

- Each RPC coordinator reviewed the 2019 Local Services Plans for the counties in their respective regions to identify possible areas for collaboration (as they relate to MMC) and to avoid duplication. The RPC coordinators were and continue to be in frequent contact with their regional Directors of Community Services, often attending their regional meetings to see where these opportunities may exist.
- The Rest of State RPCs have had frequent contact with the NYC RPC to examine opportunities to align and share resources.
- Throughout 2018, the RPC Project Director met with various organizations and associations including: the NYS Health Home Coalition, Health Plan Association, NYAPRS, Care Management Association, the MCO/HH subcommittee, etc. to continue to build relationships, learn more about the areas of focus and initiatives of these agencies and collaborate and avoid duplication where possible.

**Goal: Align regional information/data to provide both statewide and cross-sectional views.**

In 2018, the RPCs began to utilize a web-based tool called SmartSheet. This tool has allowed the RPC team to track the active issues being addressed in the regions. The team updates this tool to list the due diligence and action steps that are being taken to address these identified issues in real time. The OMH and OASAS Field Office staff can access the Smartsheet tool to provide feedback, suggestions and ask questions about the regional issues that are been actively addressed.
STRATEGIC INITIATIVE #4: Shift to a proactive, engaged, in-depth communication with our state partners.

Goal: Revisit how our collaborative governance model is working for all involved parties - all levels, identify and implement innovations and improvements that increase our communication, connection and results.

Throughout 2018, the RPC team and/or a selection of regional RPC board members were able to have direct conversations with our state partners around a specific question/issue identified in their region. This mechanism has allowed board members to get specific targeted questions answered and misinformation clarified, thus helping to guide the board on next steps regarding the identified issue. The RPCs appreciate the state’s ongoing collaboration.

Goal: Anticipate, escalate, research and address issues in real time as a continuous process rather than as a build up to the bi-annual Chairs meetings.

Having directed targeted conversations has allowed for a decrease in the number of issues on the agenda at the bi-annual RPC Co-Chairs meeting. Throughout 2018 a handful of RPC regions have had conversations with multiple Subject Matter Expert’s from across the state agencies or NYS associations.

Goal: Reduce number of issues, increase depth of discussion and reformat meetings to increase synergy with state partners.

The third state level RPC Co-Chairs meeting was held on November 30, 2018 in Albany, NY. During the meeting, the 22 RPC Co-Chairs from across NYS convened with state leadership from OMH, OASAS, DOH and OCFS. The focus of the meeting was discussion around five issues. There was a concerted effort to not only reduce the number of issues presented, but to also ensure that items on the agenda were issues that had been thoroughly vetted and researched.

In previous meetings, there were anywhere from 11-17 issues on the agenda. In comparison, the agenda for this meeting had two thoroughly vetted issues and three issues that led to informed dialogues. The RPC regions presented the information and/or data that they had vetted (or were in the processing of vetting) to have a collaborative dialogue with the state agencies. With fewer items on the agendas, and more time focused on the information the regions had collected, meeting participants were able to have a more in depth conversation.

The two thoroughly vetted issues discussed that day focused on:

- **Southern Tier RPC**- Non-Emergency Medical Transportation to Same Day Appointments at Mental Health & Substance Use Disorder Clinics
- **Finger Lakes RPC**- Current OMH 599 Guidance prohibits Physician Assistants(PAs) from assessing patients and prescribing medications in Article 31 clinics
Minutes from the November 30, 2018 Co-Chairs meeting were shared in January 2019 - please outreach your RPC Coordinator for this document. To see a complete list of the issues that were addressed at this meeting please click here.

OVERVIEW OF WORKGROUPS AND SUBCOMMITTEES

Within each RPC Board are various workgroups and subcommittees that focus on addressing the regional prioritized issues. These are comprised of both board members as well as additional stakeholders in the region. Below is a brief overview of the RPC workgroups/subcommittees.

HARP/HCBS/HEALTH HOME WORKGROUPS

Almost every RPC region has a HARP/HCBS/Health Home workgroup, comprised of stakeholders representing MCOs, Lead Head Homes, CMAs, HCBS providers, State Agencies and Peers/Family/Youth Advocates. Conversations have focused around the HARP/HCBS workflow, addressing barriers identified in the workflow, sharing best practices, reviewing regionally specific-data and implementing ways to simplify the client’s path to access to HCBS services. Many regions have:

- Held networking events to help build relationships, with the ultimate goal of increasing efficiencies and access to HCBS services.
- Hosted educational events, where SMEs and/or regional providers have helped to answer questions, clarify misinformation and share best practices.
- The RPCs also collaborated with the presenters from the NYARPS- News Choices in Recovery program to provide training opportunities to consumers and providers across the state.

CHILDREN AND FAMILIES SUBCOMMITTEE

In 2018, the remaining Children and Families Subcommittees were implemented in all RPC regions across the state. The focus of these subcommittees is on the implementation plan of the children’s behavioral health transition to Medicaid Managed Care, which includes: Health Homes Serving Children (HHSC), Children and Family Treatment and Support Services (CFTSS) and Home and Community Based Services (HCBS)).

Children and Families Subcommittee Members:

<table>
<thead>
<tr>
<th>Hospital and Health Systems</th>
<th>HH CMAs</th>
</tr>
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<tbody>
<tr>
<td>Children &amp; Families</td>
<td>Voluntary Foster Care Agencies</td>
</tr>
<tr>
<td>Children &amp; Youth Advocates</td>
<td>Early Intervention Providers</td>
</tr>
<tr>
<td>Directors of Community Services</td>
<td>MH/SUD Treatment Providers</td>
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<tr>
<td>SPOAs</td>
<td>Adolescent Probation/PINS</td>
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<tr>
<td>Local Dept. of Social Services</td>
<td>MCOs</td>
</tr>
<tr>
<td>CFTSS and HCBS providers</td>
<td>Educational Providers</td>
</tr>
</tbody>
</table>

Subcommittee Rollout - Regions have been using the state designation list to add to the regional subcommittee distribution lists. All regions are currently active and scheduling future meetings, convening at least quarterly, and at maximum every other month. Common themes and questions are currently being gathered and tracked in the SmartSheet tool and being shared on an ongoing basis with state partners. The
subcommittee discussions focus on provider readiness for the upcoming transition and gathering feedback from families who have been accessing Health Home services.

**VALUE BASED PAYMENT WORKGROUPS**

Currently three regions have Value Based Payments Workgroups (Central, Long Island and a joint workgroup made up of the Tug Hill and North Country Regions). These workgroups have provided an opportunity for information to be shared specifically around the progress of the regional Behavioral Health Care Collaborative’s and preparing for Value Based Payment.

In the fall of 2018, the Finger Lakes RPC held a panel event in which three BHCCs (*Finger Lakes and Southern Tier BHCC, Hillside-Catholic Charities BHCC and Integrity Partners for Behavioral Health/Genesee County BHCC*) presented updates and answered questions from attendees.

*Please see the REGIONAL UPDATES section (page 13) of this report for more specific information around the focus and progress of the regional workgroups and subcommittee.*
OVERVIEW OF CURRENT WORKGROUPS/SUBCOMMITTEES ACROSS ROS RPCs:

<table>
<thead>
<tr>
<th>Region</th>
<th>HARP, Health Home, &amp; HCBS</th>
<th>Value Based Payment (VBP)</th>
<th>Children &amp; Families Subcommittee</th>
<th>Clinical Integration</th>
<th>Other</th>
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<td>(30)</td>
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<tr>
<td>Central</td>
<td>(20)</td>
<td>(20)</td>
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<td>(10)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>(35)&lt;sup&gt;4&lt;/sup&gt;</td>
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<td>(33)</td>
<td>(15)</td>
<td>(16)&lt;sup&gt;5&lt;/sup&gt; (23)&lt;sup&gt;6&lt;/sup&gt;</td>
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<td>(18)</td>
<td>(33)</td>
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</tr>
<tr>
<td>Mid-Hudson</td>
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<td>Southern Tier</td>
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<td>(45)</td>
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<td>(7)&lt;sup&gt;13&lt;/sup&gt; (5)&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

() Avg. # of Participants

1,2 Held taskforces on HCBS transportation with 10 attendees and HCBS workflow with 10 attendees.

3 Taskforce met once.

4 Workforce workgroup

5 SUD Bed Access workgroup

6 Education regarding Peer Role.

7,8 Held taskforces on HCBS Workflow with 27 attendees and Care Management workforces with 26 attendees.

9 COPE – Career Opportunities for Peer Empowerment/Learning Circles - Peer workforce.

10 Cross-regional group between Tug Hill and North Country. Total attendance is 10.

11 HCBS Round Table also met. Attendance ranges from 9-18

Regional Updates

[Click here](#) to view 2018 regional updates from each of the 10 ROS RPCs.
Next Steps

In 2019, the 10 RPC boards will continue to vet the identified issues, focus regionally on action steps to resolve these issues, and collaborate across the state with other regions and entities where possible.

The RPCs will continue to focus on the Adult MMC rollout, but will also focus on the Children’s MMC transition, identifying areas of concern and how the RPC Children and Families Subcommittees can help to address these issues. We look forward to continuing to work with the state agencies children’s teams to identify major questions and themes.

The RPCs will continue to collaborate with our state partners around the discussion of transportation and increasing access to HCBS services. Additionally, the RPCs will continue to pilot and provide recommendations that ultimately will improve consumers access to the services they need to move toward recovery.

In October of 2018, Donna Dewan resigned as the RPC Project Director to accept a position with NYAPRS. We want to thank Donna for her effort and vision she brought to the RPCs and look forward to continuing to collaborate with her in the future. In 2019, the NYS CLMHD and RPC Leadership Team will work to fill this vacancy.

We look forward to a continued successful collaboration in 2019 amongst regions and with our SMEs and state partners to work together to address issues related to the Medicaid Managed Care Transition.

Onward!

“The RPC is the only group that has such a diverse membership and participation among the various behavioral health stakeholders. There is active participation by the membership at meetings to identify, discuss and problem solve regional issues and concerns.”

--RPC Board Member