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

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

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

CAPITAL REGION
Katherine Alonge-Coons, DCS Rensselaer County
Amanda Pierre, Director Apogee Center, MHFA - 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
Omaya Perea, DCS Nassau County
Mike Stoltz, Executive Director MHWA
Melissa Wettengel, RPC Coordinator

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

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

NYC REGION
Yoshi Pinadwala, NYCDHMH
Anita Sambanurty, NYC RPC

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

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

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

Kelly Hansen
Executive Director, CLMHD

Lori Kicinski, MHA
RPC Project Director

Katerina Gaylord, LMSW
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RPC COORDINATORS

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WELCOME NEW RPC BOARD MEMBERS!

THANK YOU!
• 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
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
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?
- 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...”

**Why is it Important?**

- Are there Regulatory and/or Policies in place?
- What evidence exists?

**Can we gather the right data?**

**Are there other solutions/alternatives?**

**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

Issue identified by Workgroup

Issue identified by Board

Investigate, evaluate and identify next steps

Identify regional solutions

Evaluate regional solutions

Is the problem solved & did it work?

RPC Best Practices Share Statewide

RPC coordinator escalates to RPC for further information and/or data request

RPC inquires with subject matter experts (O’s and others)

Viability assessment?/No

Viable

How does action meet objectives?

Recommended to state partners

RPC and region(s) design and collect data

RPC Project Leads checks regions for similar issue

Cross regional approach

RPC creates cross regional feedback loop

Regional process
RPC process
Decisions
Outcomes

RPC Due Diligence Process
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
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.
Website changes: under construction