Regional Planning Consortiums
September 19th Webinar
Regional Planning Consortiums
Agenda

• Overview of the NYS Conference of Local Mental Hygiene Directors
• Explaining the Regional Planning Consortiums
• Discussing the Meeting Frequency/Communications Plan
• How to Get Involved
New York State Conference of Local Mental Hygiene Directors

- Statewide organization – Directors of Community Services (DCS) of the 58 Local Governmental Units (LGU’s) in the state.

Each county has a DCS, you may also know them as your:
  - County Commissioner of Mental Health or
  - County Mental Health Director

- Under MHL, the County Director of Mental Health oversees, manages and plans for services and supports for adults and children with mental illness, substance use disorders and/or developmental disabilities in their LGUs.
County Mental Health Directors - Explaining Role & Relationships

County Mental Health Directors are embedded in the community and have linkages that extend across all systems & for the entire population.

- Hospitals, 9.39s, Comprehensive Psychiatric Emergency Program (CPEP), state-operated PCs & ATC
- Adult services providers - treatment & support
- Children’s services, & schools
- Housing & Shelters
- DSS - Child & Adult protective services, Foster Care
- Juvenile & Adult Probation/Parole
- Law Enforcement & Jail Administrative and Clinical Staff
- Judges (Criminal & Family Courts) & District Attorneys
County Mental Health Director  
- Establishing Context -

• A County Mental Health Director contracts with Community Based Providers to ensure that necessary services and supports are available.

• Adult & Children’s SPOA (Single Point of Access) (Every Director has a SPOA Coordinator)

• Access to ACT services (Directors oversee the front door, waiting list and back door)

• Assisted Outpatient Treatment (AOT) – court ordered outpatient mental health treatment (Every Director has AOT Coordinator)

• 9.45s – The County Mental Health Director & their designees can authorize transport by law enforcement to hospital for observation & evaluation

Given the nature of their connections in each community, the County Mental Health Director has an elevated view of the region’s strengths and needs. They also have a relationship with all providers.
Health & Behavioral Health is being transformed to meet the Triple Aim:
- Better Care
- Better Population Health,
- Lower Cost

There are many Medicaid Transformation projects (ex. DSRIP, HARP) occurring around the State. While many people are familiar with a few of the projects, none of us are completely acquainted with every process.

The RPC aims to create alignment of behavioral health initiatives.

Spoken about in the CMS 1115 Waiver, each region’s local agenda will be used to communicate with State Government to ensure local voice, on the impact of these initiatives, is heard, and discussed, and to used shape new and existing initiatives.

This project is supported by NYS OMH, NYS OASAS, NYS OCFS & NYS DOH.
RPC – Who, What and How

Who: The RPC brings together those in the region with behavioral health expertise, from within 6 Stakeholder groups:

1. Counties (County Directors)
2. Community-Based Providers
3. Hospitals, Primary Care & Health Homes;
4. MCOs/HARPs; and
5. Consumers & Families
6. State Agencies (Ex-Officio Status)

What: The Region’s 6 stakeholder-groups are each represented on an RPC Board; (this will typically include 5 or 6 representatives from each stakeholder group), totaling between 30 and 40 members.

• THE RPC BOARDS WILL BE BUILT USING A POPULAR VOTE PROCESS BY PEOPLE WHO ATTEND THE MEETINGS.

• THERE IS AN OPEN NOMINATION PROCESS. PEOPLE CAN SELF NOMINATE OR NOMINATE OTHERS.

• REPRESENTATIVES WILL BE CHOSEN FROM EACH STAKEHOLDER GROUP TO REPRESENT THE COLLECTIVE PERSPECTIVE OF THE REGION. THOSE NOT SELECTED TO BE ON THE RPC BOARD MAY STILL ATTEND THE MEETINGS.

• RPCs WILL BE OPEN TO THE PUBLIC AND DEDICATED TO CREATING A TRANSPARENT PROCESS.

• WHILE 2017 MEETINGS WILL HAVE REMOTE ATTENDANCE OPTIONS, THE MEETINGS IN 2016 REQUIRE IN-PERSON ATTENDANCE.

How: The RPC Board will meet regularly to monitor regional data on: access; capacity; utilization; satisfaction; and outcomes (clinical & fiscal).

There will be one standing committee (Children & Families) and several ad-hoc committees in each Regional Planning Consortium.
Once the RPC Board is seated, Committees will be populated.

The Children & Families Committee will be the first and only standing committee. The Children and Families Committee is considered a critical component of the Regional Planning Consortiums. The Committee will be chaired by a person on the RPC Board and will be focused on addressing the issues associated with the children’s transition to Medicaid Managed Care. There will also be other committees created on an ad hoc basis.
Regional Planning Consortiums – Stakeholder Groups Expanded

- **Consumers** (Adults, Youth and Family Reps – Peer Support Professionals)
- **LGUs** (County Director of Mental Health Services & Staff)
- **MCOs & HARPS** (Medical Director and Clinical Director from MCO’s & BHO’s)
- **Hospital & Health Systems Staff** (DSRIP Staff involved in Behavioral Health Projects, Health Home Administrators, Staff from FQHC’s, Hospital Administrators, FQHC Staff)
- **Adult & Child Services Providers** (Mental Health Providers, Substance Use Disorder Providers, Housing Providers, Agencies involved in Criminal Justice for both children and adult pops., Medicaid Transportation Providers, Housing, Local Department of Social Services, Local Health Department)
- **OMH/OASAS/DOH/OCFS** (State Field Office Staff from both OMH and OASAS will be at all RPC events across the State)
- **PPS/PHIP Reps** (Representatives from Performing Provider Systems and Population Health Improvement Programs)

The RPC will function as the vehicle through which **regional issues are identified and resolved** using a collaborative governance model. The RPC is also a **place where providers from across the region can gather and build relationships**, aimed at creating regional solutions to address population health issues. Currently, NYS approaches behavioral health provision within a community-centric model; however, in order to better tackle health and wellness, it is believed that a regional approach is required.
OMH and OASAS Field Office Staff are **valued partners in the RPC process and will serve as bi-directional information conduits** at the regional meetings. They will keep their respective Central Office’s informed about the RPC’s in their regions, and keep the RPC informed about agency driven changes, policy developments, licensing/certifications - and advise the RPC when appropriate.

**Field Office MCO Liaisons** (from each respective state agency) will attend meetings and speak to any issues or positive outcomes that are occurring with transition to MMC. They will update on regional issues related to Behavioral Provider Networks, Managed Care Organizations, Delegated BHOs, Health Home Services, Performing Provider Systems and VBP arrangements.

**Field Office Senior Leadership Field Office** staff will attend the RPC meetings as well, serving as the voice of State Operations, including State Psychiatric Center and Addiction Treatment Center service arenas. Senior Leadership will collaborate with Regional Planning Consortiums (RPC) on program development, key issues, and system transformation.
Approved Meeting Plan – 2016 & 17

In 2016, the Regional RPCs will meet once every 30 -45 days to begin the dialogue around local level issues, to select a board and to agree upon an agenda.

Beginning in January 2017, the Region RPCs will meet quarterly. Beginning in early 2017, each Region will send their Co-Chairs to the CHAIRS meetings in Albany.

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Approved Communications Plan - 2017

Regional Communications - RPC Project Staff will keep a record of the issues discussed and whether they were resolved, and how they were resolved. Beginning in 2017, the meetings will be broadcast through conference call or webcast.

Statewide Communications - Beginning in early 2017, the ‘RPC Chairs’ Meeting will take place in Albany the month after each quarterly meeting. At this meeting, the 2 “chairs” from each region will travel to Albany to discuss their regional agenda, reviewing both solutions and regional dilemmas in an effort to problem solve with the State Partners (OMH, OASAS, OCFS & DOH)
DSRIP & RPC - Working Together

The success of the 3ai DSRIP projects are dependent upon working with the community-based providers and addressing social determinants – the RPC will serve as the expertise in the arenas of community-based service provision and the management of social determinants.
Regional Planning Consortiums – Purpose & Goals

PURPOSE OF THE RPC:
The RPC will function as the vehicle through which regional issues are identified and resolved using a collaborative governance model. The RPC is also a place where stakeholders from across the region *can build relationships with each other*, aimed at creating regional solutions to address population health issues.

GOALS OF THE RPC:
To troubleshoot issues related to adult and children’s Medicaid Managed Care implementation and the Behavioral Health Transformation Agenda. *The RPC will identify regional issues and engage in meaningful dialogue with the state agencies and the managed care companies about how to resolve them (including funding streams, program development and regulatory relief).*
Regional Planning Consortiums – Getting Involved

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<thead>
<tr>
<th>Region</th>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<td>Central</td>
<td>Wednesday, October 5, 2016</td>
<td>10:00am - 12noon</td>
<td>Holiday Inn Liverpool</td>
<td>44 Electronics Parkway</td>
<td>Liverpool</td>
<td>NY</td>
<td>13088</td>
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<td>Tug Hill/Seaway</td>
<td>Friday, October 7th, 2016</td>
<td>10:00 am – 12:00 pm</td>
<td>Hilton Garden Inn</td>
<td>1290 Arsenal Street</td>
<td>Watertown</td>
<td>NY</td>
<td>13601</td>
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<td>Finger Lakes</td>
<td>Friday, October 14, 2016</td>
<td>10:00am - 12noon</td>
<td>Memorial Art Gallery</td>
<td>500 University Ave</td>
<td>Rochester</td>
<td>NY</td>
<td>14607</td>
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<td>Southern Tier</td>
<td>Thursday, October 20, 2016</td>
<td>10am - 12noon</td>
<td>Cornell Cooperative Extension</td>
<td>840 Upper Front St.</td>
<td>Binghamton</td>
<td>NY</td>
<td>13905</td>
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<td>10:00am - 12noon</td>
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<td>412 NY 3</td>
<td>Plattsburgh</td>
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<td>Mid-Hudson</td>
<td>Monday, October 24, 2016</td>
<td>1:30pm - 3:30pm</td>
<td>Poughkeepsie Grand Hotel</td>
<td>40 Civic Center Plaza</td>
<td>Poughkeepsie</td>
<td>NY</td>
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<td>Western</td>
<td>Wednesday, October 26, 2016</td>
<td>10am - 12noon</td>
<td>Millennium Buffalo</td>
<td>2040 Walden Avenue</td>
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<td>Thursday, October 27th, 2016</td>
<td>10:00am - 12:00pm</td>
<td>Holiday Inn Oneonta-Cooperstown</td>
<td>5206 State Highway 23</td>
<td>Oneonta</td>
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<td>13820</td>
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<td>Capital Region (MEETING 2)</td>
<td>Monday, October 31st, 2016</td>
<td>10:00 am – 12:00 pm</td>
<td>Radisson Hotel Albany</td>
<td>205 Wolf Road</td>
<td>Albany</td>
<td>NY</td>
<td>12205</td>
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Please note: Long Island’s RPC Meeting is being rescheduled. More details will follow.
For additional information, please contact:

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