

REGIONAL PLANNING CONSORTIUMS

CHILDREN & FAMILIES SUBCOMMITTEE

KICKOFF MEETING





REGIONAL PLANNING CONSORTIUMS **CHILDREN & FAMILIES KICKOFF AGENDA**

- **Welcome / Introductions**
- **Recognition of State Partners**
- **RPC Overview (101)**
- **Children and Families Subcommittee Overview and Structure**
- **Next Steps**
- **Questions/Answers**



REGIONAL PLANNING CONSORTIUMS

RECOGNITION OF STATE PARTNER INVOLVEMENT





REGIONAL PLANNING CONSORTIUMS

RPC 101 – WHAT IS AN RPC?



REGIONAL PLANNING CONSORTIUM **INITIATIVE SUMMARY**

A Regional Planning Consortium (RPC) is a board including regional representation from: community based organizations, healthcare providers, children & families, peers, county mental health and Managed Care Organizations (MCOs).

**There will be 1 RPC in each of the 11 regions
across New York State.**

FOUNDATION: Each region will experience unique challenges and opportunities as the behavioral health transition to managed care occurs. These challenges require in person dialogue and collaboration to resolve.



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AUTHORITY & SUPPORT

AUTHORITY: The Regional Planning Consortia derive their authority from New York State's 1115 Waiver approved by Centers for Medicare & Medicaid Services (CMS) approved. The 1115 Waiver application includes the RPC as a specific component of New York's implementation of Medicaid Managed Care.

STATE GOVERNMENT SUPPORT: The RPC has partnered with NYS DOH, NYS OMH, NYS OASAS and NYS OCFS.

PLAN PARTICIPATION: Each of the MCO's working within Medicaid Managed Care are participating in the RPCs.

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- Each region's board has been seated.
- Each region's Co-Chairs have been elected to facilitate the RPC and represent the region in conversations with State Partners.
- Each region has a dedicated staff member responsible for coordinating the region's board activities.





NC REGIONAL PLANNING CONSORTIUM

Clinton, Essex, Franklin, Hamilton, Warren & Washington Counties





REGIONAL PLANNING CONSORTIUMS

North Country RPC CO-CHAIRS

**Rob York, Director of Community Services –
Warren/Washington Counties
&**



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PURPOSE & OBJECTIVES

The purpose of the RPC is to:

“The RPC will work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.”

- The RPC will **work collaboratively to resolve issues** related to access, network adequacy and quality of care occurring in the region around the behavioral health transformation agenda (specifically Medicaid Managed Care) and;
- The RPC will **strengthen the regional voice** when communicating concerns to the state partners and;
- The RPC will **act as an information exchange** and a place where people can come to get updates on the health and behavioral health transformation agenda.



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STRUCTURE

In each region, the RPC is comprised of:

- **county mental health directors**
- **community-based providers,**
- **children, youth & families, and peers**
- **managed care organizations in the region**
- **hospital and health system providers (HH Leads, FQHC's)**
- **state field office staff**
- **key partners (PHIPs, PPS, LDSS and LHD)**



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STRUCTURE & FUNCTION

FUNCTION: The RPC formulates an issues agenda, uses data to inform their discussions, collaborates together and resolves the issues identified within their region.

ACCESS: RPC Board Meetings are open to the public.

FREQUENCY: The board will come together on a quarterly basis. The RPC Board closely resembles a steering committee.

COLLABORATION: Within each RPC, there will be work groups known as multi-stakeholder 'subcommittees'.



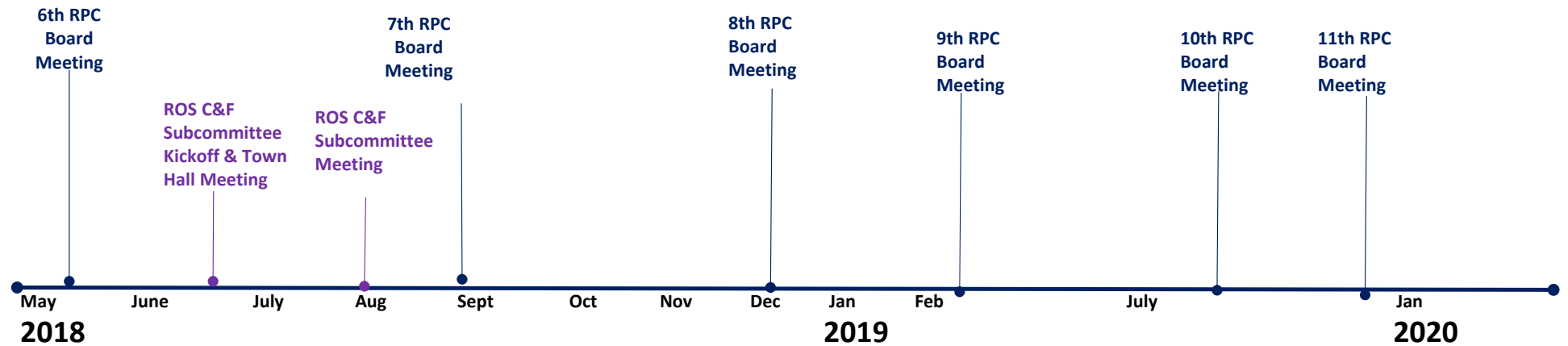
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MULTI-STAKEHOLDER SUBCOMMITTEES

- **In each RPC there will be various multi-stakeholder subcommittees, convened to focus on specific agenda items.**
- **The one standing subcommittee that is prescribed in the RPC model is the Children and Families Subcommittee.**
- **Each region will have a Children & Families Subcommittee, among other work groups and subcommittees.**



RPC and State MMC Timeline



CMS PENDING!

3 of the 6 new Children's State Plan Amendment (SPA) will begin:

- Other Licensed Practitioners (OLP)
- Community Psychiatric Supports Treatment (CPST)
- Psychosocial Rehabilitation (PSR)

1915 (c) waivers will transition to the 1115 waiver and to Health Home care management

-Expansion of Level of Care (LOC) eligibility will begin
This will be phased in over 3 years (managed by the Global Cap)- After the 3 year phase in, State will initiate the new Level of Need (LON) eligibility

-Foster Care will transition to Managed Care
VFCAs will obtain their new licensure under Public Health Law in order to contract and bill with MCOs

- 1 of the 6 new SPA services: Family Peer Support

Remaining 2 SPA services to begin :

- Youth Peer Support
- Crisis Intervention



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CHILDREN & FAMILIES SUBCOMMITTEE



CHILDREN & FAMILIES SUBCOMMITTEE

(PURPOSE & OBJECTIVE)

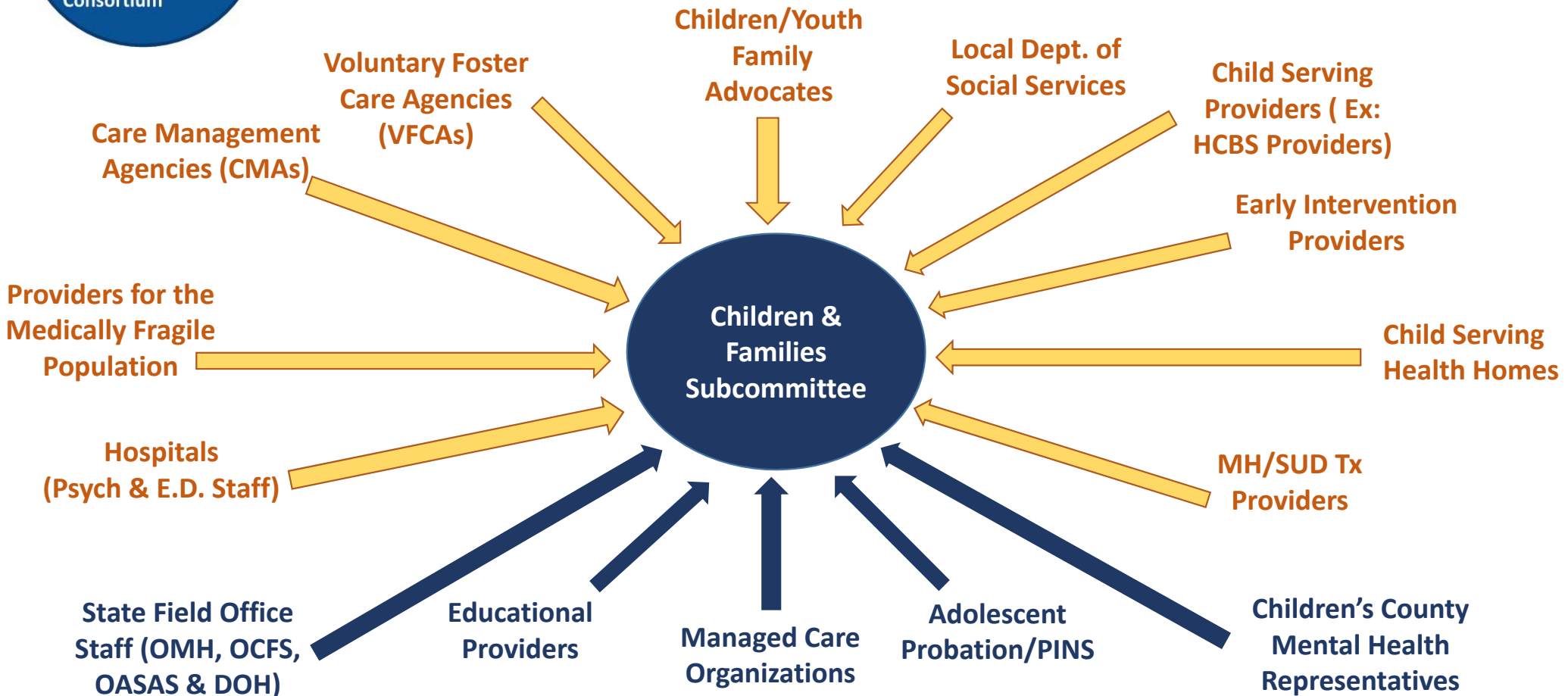
PURPOSE: To bring together stakeholders associated with services for children, youth and families in every region to collaborate around systems challenges related to the transformation of children's services across New York State.

OBJECTIVE: Subcommittee stakeholders will work together to identify solutions and provide recommendations to State Government to improve network adequacy, increase access to services and to support children at-risk to thrive in their home and community.



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CHILDREN & FAMILIES SUBCOMMITTEE COMPOSITION





CHILDREN & FAMILIES SUBCOMMITTEE

WHO LEADS THE CHILDREN & FAMILY SUBCOMMITTEE?

C & F CHAIR: The Children & Families Subcommittee will be chaired by a child-serving provider or recipient from the region. The chair must not only have a direct connection child-serving system, but also be a member of the RPC board.

LGU LEAD: The Chair will be supported by a member of the region's county mental health provider system. This person has been chosen based on their experience and their connectivity to the children's services in their region.

The Chair and the LGU Lead will oversee the process, guide the conversations and serve as the liaisons between the subcommittee and the RPC Board.



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NC REGION CHILDREN & FAMILIES CHAIR

JoAnne Caswell

Executive Director, Families First

NC REGION CHILDREN & FAMILIES LGU LEAD

Richelle Gregory,

Director of Community Services (DCS) – Clinton County



CHILDREN & FAMILIES SUBCOMMITTEE

(COMMUNICATION FLOW)



Department of Health



Office of Mental Health

Office of Alcoholism and Substance Abuse Services



Office of Children and Family Services



CHILDREN & FAMILIES SUBCOMMITTEE (STAGGERED)



REGIONAL RPC MEETINGS (QUARTERLY)






RPC CHAIRS MEETING Twice per Year (STAGGERED)





CHILDREN & FAMILIES SUBCOMMITTEE

(STATE GOVERNMENT PARTICIPATION)

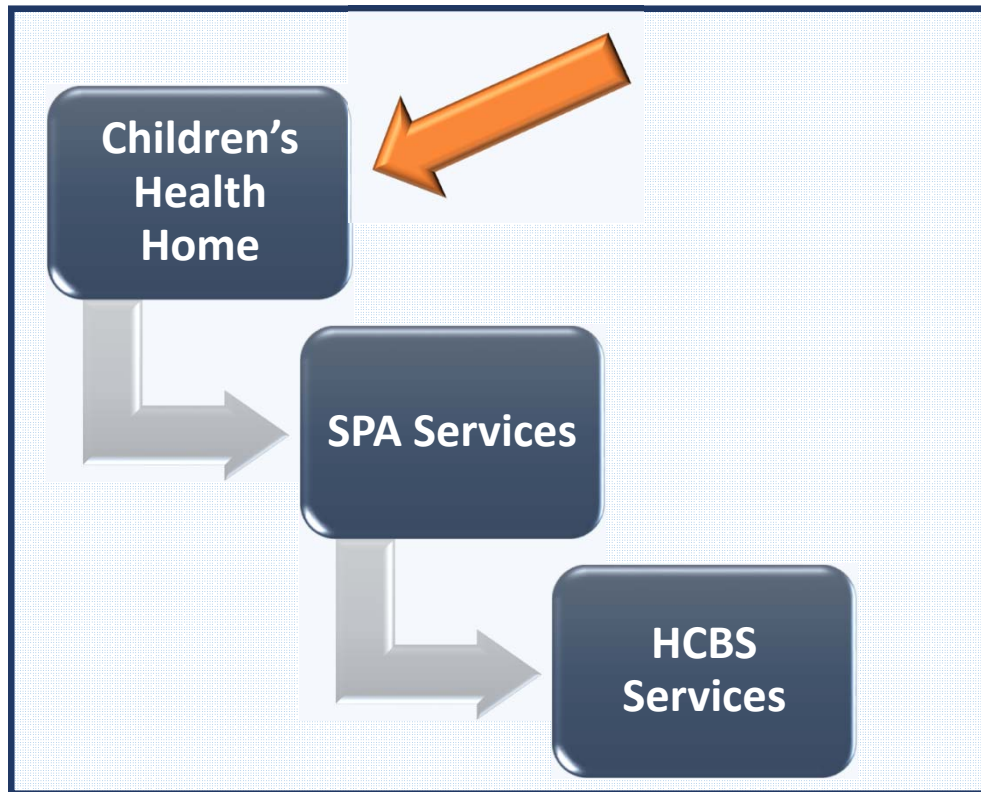
State Agency	Participation
 Office of Mental Health Office of Alcoholism and Substance Abuse Services	<p><i>Field Offices</i> will provide support and serve as two-way information conduits between each of the 10 ROS RPC's and the state government.</p> <p><i>Central Office</i> staff will meet twice per year with the RPC Chairs to discuss best practices and collaborate around system improvements.</p>
 Office of Children and Family Services	<p>The NYS OCFS will provide support and serve as two-way information conduits for all levels of the RPC process, specifically focusing on the Children and Families Subcommittee and serving on the regional boards, but also participating in the RPC Chairs meetings.</p>
 Department of Health	<p>The NYS DOH will work with the RPC's, attending the RPC Chairs Meeting twice per year.</p>



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CHILDREN & FAMILIES SUBCOMMITTEE

RPC SCOPE

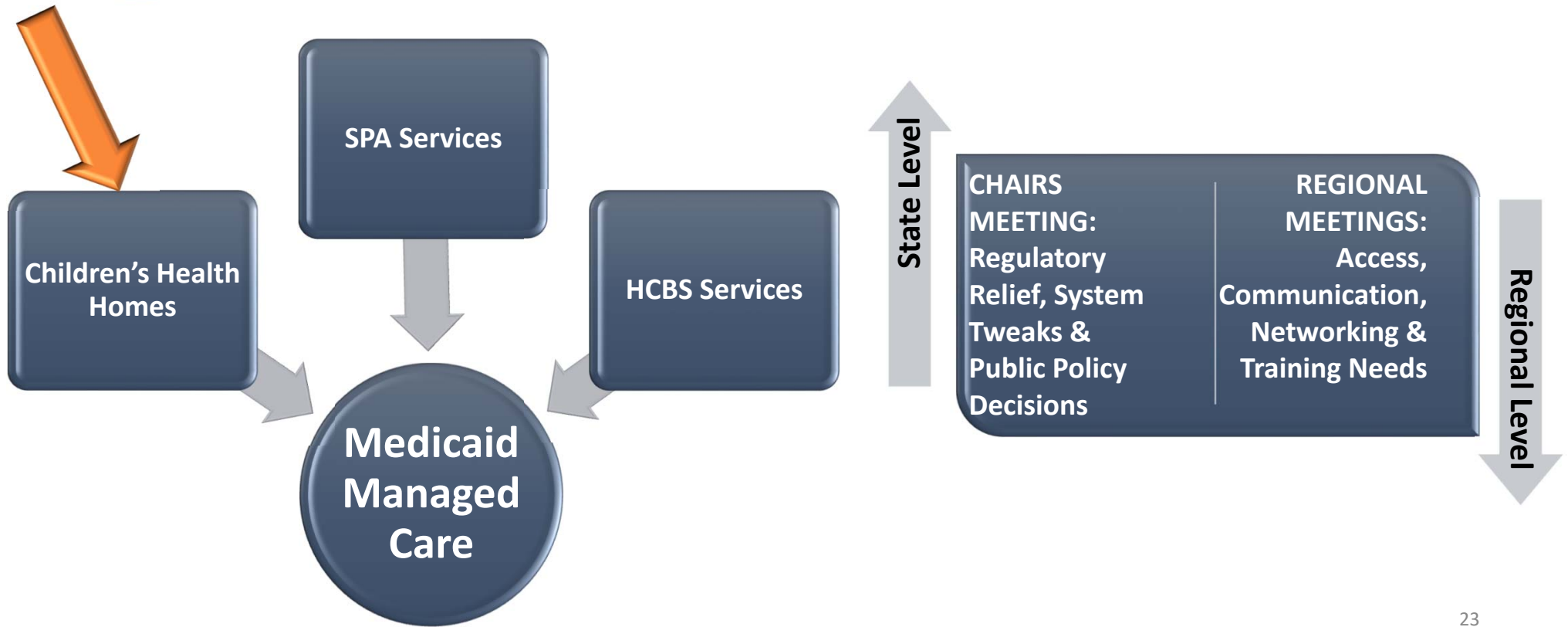


- Please use this scope to shape the C & F discussions in each of the regions. It should be noted that this is not an exclusive list.
- We have encouraged the Children and Family Chair and LGU Lead to keep a tight focus on the issues that are discussed and develop a sense for what is a reasonable issue for the C & F Subcommittees to work on.
- While some discussions may be more relevant to your stakeholder group than others, it is a critical component of the process that all child serving systems are included in the C & F Subcommittee dialogue.



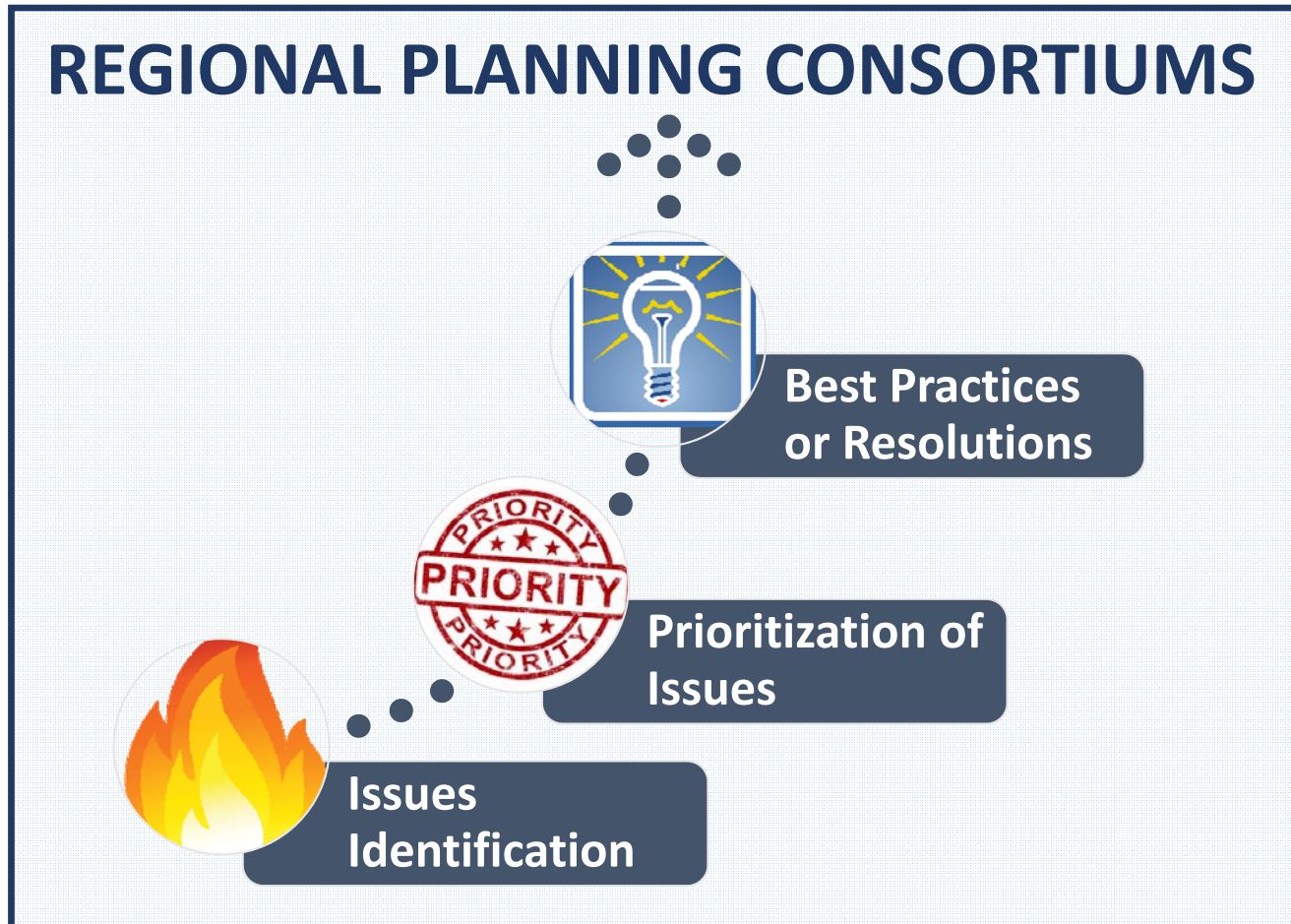
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SHAPING DISCUSSIONS – GUIDING DIALOGUE





REGIONAL PLANNING CONSORTIUMS CHILDREN & FAMILIES SUBCOMMITTEE PROCESS





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CHILDREN & FAMILIES SUBCOMMITTEE

GUIDING PRINCIPLES

The Children & Families Subcommittee is founded upon the following principles:

- Families are best engaged in their own communities where they live and are most comfortable, and where they have culturally relevant resources to use in the achievement of their goals;
 - Families are viewed as partners and colleagues in the discussion;
- Child and Family serving systems/agencies must collaborate to create a seamless system;
 - **Every child serving stakeholder must be included in the conversation;**
 - Recommendations must be solution-focused;

*This is not unique to the RPC's, but it is a reiteration of the CASSP values (Child and Adolescent Service System Program) which were developed in 1983.



CHILDREN & FAMILIES SUBCOMMITTEE

(FAQs)

WHAT IS THE SIZE OF THE SUBCOMMITTEE?

Subcommittee size will be decided by the region.

CAN ANYONE SIT ON THE C & F SUBCOMMITTEE?

Any stakeholder who is involved in the delivery or receipt of children and families services in New York State.

WILL THE MEETINGS BE OPEN TO ANYONE? Yes, the public is welcome to attend.

WHEN & WHERE WILL THEY TAKE PLACE? The meeting frequency and location will be determined by the region.



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PILOT: CHILDREN & FAMILIES SUBCOMMITTEE



CHILDREN & FAMILIES SUBCOMMITTEE

PILOT REGIONS

- **Capital Region**
 - Kick-off held on March 22nd, 2017
 - Town Hall held on May 4th, 2017
 - First Subcommittee meeting on May 24th, 2017
- **Mid Hudson Region**
 - Kick-off held on March 28th, 2017
 - Town Hall held on April 28th, 2017
 - First Subcommittee meeting on May 24th, 2017



CHILDREN & FAMILIES SUBCOMMITTEE

THEMES IDENTIFIED IN THE PILOT REGIONS

- **TRAINING/EDUCATION:**
 - PROVIDE ADDITIONAL CUSTOMIZED/FACE TO FACE TRAINING TO CARE MANAGERS TO ENSURE THEY ARE NOT DISENGAGING WITH THE FAMILIES AND COMPLETING THE CANS-NY AS A “MOTION”.
 - ENGAGE WITH PARENT PARTNERS TO IDENTIFY BEST PRACTICE IN ENGAGING FAMILIES TO COMPLETE THE CANS-NY.
 - PROVIDE TRAINING FOR FAMILIES ON HEALTH HOMES
 - OBTAIN FEEDBACK FROM FAMILIES WHO RECEIVE HEALTH HOME SERVICES
- **ACCESS:**
 - ALLOW FOR TIMELY AND APPROPRIATE SERVICES FOR CHILDREN & FAMILIES.
 - INCREASE THE COORDINATION OF SERVICES AGENCY TO AGENCY
 - COMPLEX TRAUMA ELIGIBILITY CRITERIA AND CAPACITY OF ASSESSORS



CHILDREN & FAMILIES SUBCOMMITTEE

REGIONAL SOLUTIONS IDENTIFIED IN THE PILOT REGIONS

- **REGIONAL CONTACT LISTS:** MANY PROVIDERS HAVE ASKED FOR A “MASTER” REGIONAL CONTACT LIST FOR THE CHILDREN & FAMILIES SYSTEM. THE FOLLOWING ENTITIES HAVE BEEN INCLUDED ON THE REGIONAL MASTER CONTACT LIST:
 - CHILDREN’S HEALTH HOMES IN THE REGION
 - CHILDREN’S HEALTH HOME CARE MANAGEMENT AGENCIES IN THE REGION
 - STATEWIDE SPOA, DCS AND DSS LIST
- **REGIONAL TRAINING OPPORTUNITIES:** MANY PROVIDERS HAVE ASKED FOR A TRAINING FROM THE REGIONAL CHILDREN’S HEALTH HOMES ON THEIR REFERRAL PROCESS. POSSIBLE AUDIENCES FOR THIS MAY BE:
 - ENTIRE C&F SUBCOMMITTEE,
 - ADDITIONAL C&F PROVIDERS,
 - HOSPITALS, AND;
 - OTHER STAKEHOLDERS THE SUBCOMMITTEE WISHES TO TARGET.



REGIONAL PLANNING CONSORTIUMS **CHILDREN & FAMILIES SUBCOMMITTEE** **EVENT TIMELINE**

**CHILDREN &
FAMILIES
SUBCOMMITTEE
KICKOFF**
June 2018

PURPOSE: Elevate Awareness around the Children & Families Subcommittee and begin to identify issues & work group members

**CHILDREN &
FAMILIES
SUBCOMMITTEE
MEETING**
August 2018

PURPOSE: Prioritize Issues Agenda and Create an Action Plan



REGIONAL PLANNING CONSORTIUMS

FOR MORE INFORMATION ON THE NC REGION CHILDREN & FAMILIES SUBCOMMITTEE

Pete Griffiths, NC RPC Coordinator

Phone: 518-424-1014

Email: pg@clmhd.org

Website: clmhd.org/rpc



Town Hall – Issue Identification Process

Goal: Identify top 3 issues that are impacting the region

Count off into groups

- We will divide into 3 or 4 small groups

Discuss current & anticipated issues with your group

- Take 20 minutes to discuss current & anticipated issues with the Children's MMC Transition – select top 3

Select representative to report out to larger group

- We will come back together as a large group to voice and take note of the top 3 concerns or issues



Questions to Consider:

- What are the greatest issues you are facing today in terms of the Children's transition to Medicaid Managed Care?
- What issues do you anticipate as the transition rolls out?
- What would you like to see this subcommittee focus on first?

Common themes/issues from other regions:

- 1) There is a need for training for families re: Health Home (LI & Cap.)
- 2) HH enrollment has lagged behind initial expectations. (LI)
- 3) The changes to the HCBS Waiver Program in September 2017 have required cuts in staffing as well as a loss of capacity for crisis response(LI)
- 4) Improving Information Flow between CSPOA, HH, CMA, Waiver (LI, MH)
- 5) Concerns about the structure and rates for the HCBS and SPA services starting in January 2019 as well as staff recruitment (Cap.)



What's Next?

1st North Country Children & Families Subcommittee Meeting

When: Wednesday, August 1, 2018 – 10:00-12:00

Where: Clinton County Mental Health

Address: 130 Arizona Ave. Plattsburgh, NY 12903

Calendar invite to follow this meeting

Contact RPC Coordinator, Peter Griffiths with questions:

PG@CLMHD.org or 518-424-1014