AGENDA

Warren/Washington Counties Community Services Boards

November 10, 2016

- Call to Order

- Approval of minutes of the October 13, 2016 joint meeting of the Community Services Boards

- Presentation – Introduction to Value-Based Payments (OCS Staff)

- New Business
  - ✓ Budget/contract amendment – Council for Prevention, $28,000 (100% State Aid, NYS OASAS) for purchase of new passenger van (Wash Co only)

  - ✓ Temporary Office Specialist position

  - ✓ Warren County CSB nominations
    --Kim Brayton (term 1/1/17 – 12/31/20)
    --Christina Bessen (term 1/1/17 – 12/31/20) (relocating)

  - ✓ Washington County CSB nominations

- Informational Items
  - ✓ County budget updates
  - ✓ Cynthia Wasson retirement in January 2017
  - ✓ Washington County CSB Election of Officers – January 2017
  - ✓ Updating CSB member contact information
  - ✓ Fiscal updates – Harry Carlson
  - ✓ Additional items

- Adjournment – <u>Next Meeting: December 8th @ 3pm</u>

REGIONAL PLANNING CONSORTIUMS

(WHAT IS AN RPC?)

REGIONAL PLANNING CONSORTIUM

A Regional Planning Consortium (RPC) is a regional board populated with community-based providers, peers, county mental health directors, regional healthcare entities and managed care companies from each region.

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

FOUNDATION: The RPC is being built based upon the belief that each region experiences unique challenges and opportunities in their provision of behavioral healthcare. These challenges require in person dialogue and collaboration to resolve.

REGIONAL PLANNING CONSORTIUMS

PURPOSE

The purpose of the RPC is to:

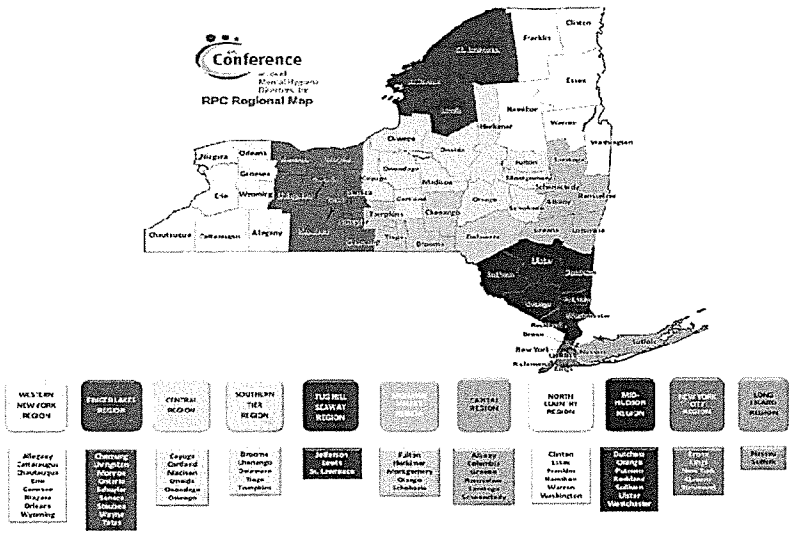
- (Taken from the RFA) The RPC will work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.

In doing so:

- The RPC will 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 behavioral health transformation agenda.

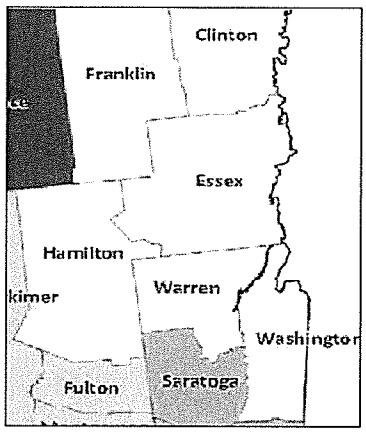
Conference

REGIONAL PLANNING CONSORTIUMS



North Country RPC

Clinton, Essex, Franklin, Hamilton, Warren and Washington



RPC STRUCTURE & OBJECTIVE

STRUCTURE (Function): To achieve it's purpose the RPC will create a board comprised of:

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

OBJECTIVE (Responsibility): The RPC will formulate an issues agenda, use data to inform their discussions, collaborate together and resolve the issues identified within their region. The board will come together on a quarterly basis, and members will serve as an access point for providers and consumers to bring concerns.

ACCESS: This meeting will be available to those who are not on the board via GoTo meeting beginning in 2017.

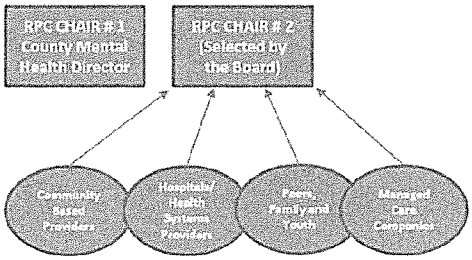
Conference of Local Mental Hygiene Directors, Inc.

RPC CHAIRS

Each RPC will be co-chaired by a County Mental Health Director (DCS) and another individual selected by the board in their region, excluding the County Mental Health Directors group. The DCS is already seated, given their statutory responsibility. (See Diagram)

PROCESS: The 2nd Co-Chair will be selected after the board is seated.

The Chairs will work together with the Board to compile a list of issues that could not be resolved on a regional level. They will travel to Albany to meet with the state agencies, representing their RPC.



Conference of Local Mental Hygiene Directors, Inc.

RPC CHAIRS MEETING

PURPOSE

The purpose of the RPC Chairs Meeting is to create a collaborative dialogue amongst the 11 NYS RPC's and with NYS government. This forum will be used to resolve issues that cannot be resolved on the regional level.

(TAKEN FROM THE RFA) 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.

Conference of Local Mental Hygiene Directors, Inc.

RPC CHAIRS FUNCTION & RESPONSIBILITY

STRUCTURE (Function): The RPC Chairs Meeting will achieve its purpose in bringing together the Co-Chairs from every region to dialogue with the state agencies. The Co-Chairs from every region meet quarterly in Albany to present their regional issues agenda.

Leadership representatives from the Central Office(s) of NYS DOH, NYS OMH, NYS OASAS ad NYS OCFS will work together with the RPC Chairs to address and resolve issues occurring within the regions.

Objective (Responsibility): The responsibility of the RPC CHAIRS is to bring forth issues that could not be resolved in their region in an effort to strengthen regional voice (with that of other RPCs) and to work together with NYS state to resolve these issues.

ACCESS: The Co-Chairs Meeting is an internal meeting.

RPC AUTHORITY & SUPPORT

AUTHORITY: The Regional Planning Consortiums derive their authority from the *CMS 1115 Waiver* with New York State. Specifically referenced in the Waiver, the RPC's will serve as the regional voice when communicating local impact of state initiatives associated with behavioral health. *The federal government considers the RPC's a necessary element in the behavioral health transformation agenda.*

UNPRECEDENTED SUPPORT: The project is backed by NYS DOH, NYS OMH, NYS OASAS and NYS OCFS.

ADDITIONAL PARTICIPATION: The State has required the medical director and clinical director from each MCO/HARP to participate in the RPCs.

RPC 1st STAKEHOLDER MEETING

-Introductions

-Description of Board Activities and Member Responsibilities

- Board member terms are for 2 years
- Attend quarterly meetings of the RPC (in-person, no proxy permitted)
- By volunteering for board consideration, you are agreeing that you are willing to bring forward the views of the respective stakeholders in your region
- Board members should be willing to serve as an access point for members of the community who would like to bring issues to the attention of the RPC
- Board members are asked to collaborate in good faith to meet the overarching objectives of the RPC

-Description of the nomination and voting process to establish the RPC Board of Directors

- Nominating process – self nomination or nomination of others- Review current slate
- The Voting Process will occur via Survey Monkey after Meeting # 2
- One vote per organization (irrespective of # of locations or programs operated by org)
- People eligible to vote are those who registered for Stakeholder Meeting # 1 or # 2
- After receiving the ballot, voters will have 48 hours to choose their top 6 choices in their own stakeholder group
- Voting will occur within stakeholder groups. No cross stakeholder voting
- Results will be announced within 1 week
- RPC Project Staff will manage the voting process
- Senior ranking person (who signed up for the RPCs) will receive the ballot

-Distribute – Current List of Stakeholders who have singed up to be Board Members with the Nomination Form.

-Reconvene with the rest of the stakeholder groups for next steps

RPC – Benefits of Participation (Organized by Stakeholder Group)

Below is an overview of how each stakeholder group will benefit from participating and collaborating with the RPC.

Community Based Organizations

- Through the RPC's, *Community Based Providers* will be part of the discussion around problem solving the service roadblocks that exist in their regions. Initially, the discussion will focus on issues related to the transition to Medicaid Managed Care, but later the group will have the authority to make recommendations to the plans (and to the State of NY) around funding new projects and improving network capacity to ensure people are getting the services they need. Providers will have an opportunity to form relationships with the Managed Care Companies operating in their region. The RPC will use data from these plans to inform the ongoing discussions – some of this data will be shared at the 2nd stakeholder meeting.

Hospitals and Health Systems Providers (Formally was called the Institutions group)

- *Health Homes are under the Medicaid Managed Care* umbrella – being a part of the RPC process will allow Health Home "leads" and "downstream" providers to problem solve around issues related to implementation. This includes access to care issues and engagement.

- *Hospitals* will also benefit from participating in the RPC. Each hospital is working toward reducing unnecessary ER use and hospital readmissions. A key element in their success will be found in their ability to remain connected with their patients after an episode of care and in their ability to address social determinants through case management and community care. The RPC is where hospitals can come to connect with behavioral health expertise, as all stakeholders in the community continue their efforts to coordinate and integrate care, and strategize around system hurdles.

RPC's – Benefits of Participation (Organized by Stakeholder Group)

Overview (continued)

Peers/Family/Youth Group

- The *Peers/Family/Youth Group* is a critically important stakeholder group. This group represents the voice of individuals most affected by the access issues that exist in every community. By coming to the RPC, this group can speak directly to the leaders of the behavioral health community to tell them about what is, and is not, working in their region. This is the local voice of those affected by mental illness and substance abuse.

Others (PHIPs, PPS's)

- Other system initiative representatives are welcome in the Planning Consortium process. *PPS and PHIPS* stakeholders will benefit from participating in the RPC's as it relates to their goals of improving population health and managing social determinants.

MCOs/HARPs

- The *Managed Care Companies* will benefit from attending the RPCs. At this venue, they will meet multiple providers and be active participants in problem solving. Early in the process, the MCO's will come together to form relationships and complete a needs assessment for (HCBS Services) with other stakeholders, but as the process matures, the plans will work together with local leaders to support regional behavioral health projects.

The RPC will identify community needs with the Plans and communicate priorities to the State around the reinvestment of Medicaid funding.