

CLMHD - Regional Planning Consortiums Managed Care Policy & Planning Mtg. March 6, 2014

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Who we are & what we do

- Established by law, the Directors of Community Services (DCS) oversee, manage and plan for services for adults and children with mental illness, substance use disorders and/or developmental disabilities
- Article 41 MHL (1977) established the process for the joint effort between the State and Local Government Unit's (LGU's) for the **planning** and **financing** of mental hygiene services in NYS

Statutory Authority of the LGU

- Art. 41 was a correction to problems of mass discharges (deinstitutionalization) from state hospitals
 - Lack of continuity of care from inpatient hospital to the community
 - Failure to meet the needs of the seriously mentally ill
- §41.10 MHL establishes the Conference of Local Mental Hygiene Directors (CLMHD)

LGU Oversight & Management of Behavioral Health

LGU – Manages the local system through:

- Comprehensive Local Services Planning (MHL 41.16)
 - Data informed, across the 3 disabilities
 - Developed w/providers & consumers

LGU Oversight & Management of Behavioral Health

➤ Fiscal Management:

Resources are finite

- ✓ Local dollars – County/City Tax Levy & MA local share
 - ✓ State dollars – State Aid
 - ✓ Federal dollars
 - ✓ Maximize dollars to meet local needs & priorities identified through the Local Planning process.
- Contracting for Services/Supports with providers
- Outcome measures in contracts

LGU Embedded in the Community

LGU works with all of these systems and we have extensive knowledge of the community

- LGU operates Assisted Outpatient Treatment (AOT)
 - ✓ AOT is court ordered involuntary outpatient mental health treatment
 - ✓ AOT is NOT court ordered substance abuse treatment
- Criminal justice - law enforcement & courts
 - ✓ Jail & probation,
 - ✓ Police,
 - ✓ Sheriff, prison & parole,
 - ✓ Family & criminal courts
- Social Services & Crisis Services

LGU Embedded in the Community

- Community based mental health/substance use/DD services & supports providers
- State operated ATCs, PCs & Developmental Centers
- Hospitals—ED, CPEP, Psych Units & Detox beds
- Housing & shelter services
- Schools, Foster Care & Child Protective
- Public Education & Training

LGU as a resource

- RFI feedback: MCOs need to understand NY & local behavioral health & non-Medicaid system

- The LGU contracts with, funds, or oversees providers of 1915-i services (if services are available)
 - Rehabilitation
 - Crisis Intervention
 - Education Support Srvcs.
 - Employment Supports
 - Children's System
 - Habilitation
 - Peer Supports
 - Family Support/Training
 - Recovery Supports

Mutual Priorities

- LGUs in a region are a resource to MCOs - we know the local behavioral health delivery system
- MCOs are a resource to the LGUs to carry out our responsibilities under Art. 41
- Where we align
 - Quality improvements will drive savings
 - Data and performance measurement
 - ✓ You have data, we have data
 - Better planning for finite resources/services

CLMHD Initiatives

➤ CLMHD Data Dashboard

- County & Regional estimates of MA FFS and MA MC enrollees w/potential need for BH or DD services (Salient no PHI data)
- County & Regional MA MC utilization summaries priority pops.
- Adult inpatient admissions data - all payer (SPARCS)

➤ CLMHD Jail Data/Health Home Project

- Matching algorithm where LGUs check NYSID (jail ID #) against HH roster, at intake

➤ Youth Mental Health First Aid Training

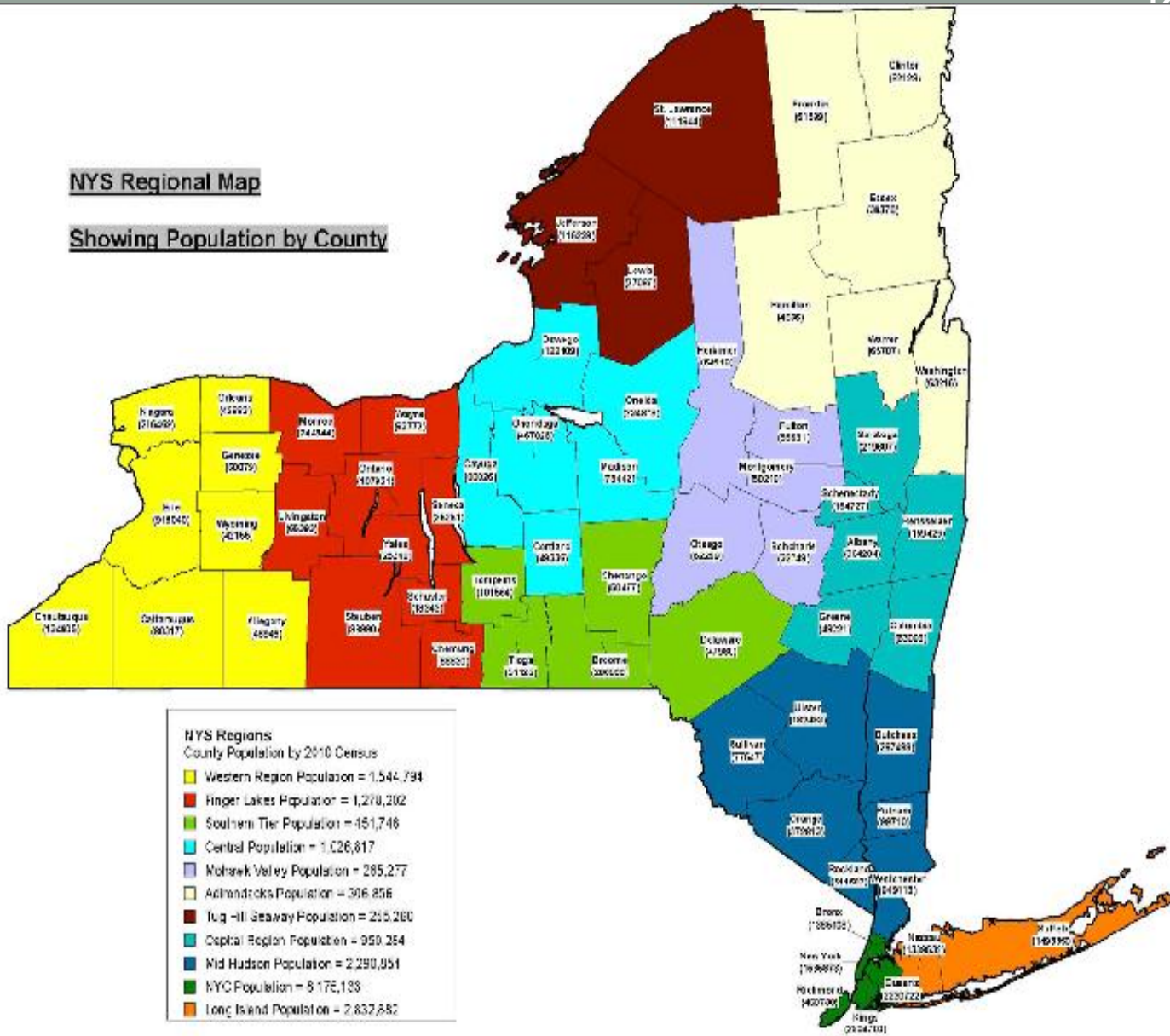
- Trains on how to help an adolescent (age 12-18) experiencing a mental health or addictions or is in crisis.
- CLMHD Train the Trainer – 30 people

A Regional Approach - RPC

- RPC is a regional structure to provide oversight, monitoring, trouble shooting, etc. through the creation of Regional Planning Consortia (RPCs)
- Multi-stakeholder body, collaborative process
- Builds on success of NYCCP & PA HealthChoices regional structure
- Regions reflect the natural patterns of where people access care

NYS Regional Map

Showing Population by County



Why an RPC?

- Needed for an efficient & effective process (no separate counties)
- Need for a successful conversion that meets the triple aim for the people we serve
 1. Improved health
 2. Better health care & consumer experience
 3. Lower costs
- We **all** have a collective vested interest in managed care being successful

WHY AN RPC?

- Needs of MH/SA population are complex & intertwined
- Multiple state agencies, local treatment & housing providers, Health Homes, MCOs/BHOs/HARPS, non-medical, rehab. & social supports providers, LGUs, are all involved
- **This transformation is unwieldy and daunting**
- RPC creates “the table” to bring together the region’s stakeholders to monitor the implementation & impact of managed care on services & outcomes for people with mental illness & substance use disorders

Responsibilities & Role of the RPC

- Data sharing
 - State, Local & Regional
 - Meaningful, Manageable & Measurable
- Service System Planning - Identify gaps in services & increase access
- Input into reinvestment – identify local priorities in context of state’s overarching objectives
- **Monitor the moving parts** – Access, networks, esp. for 1915-i like services, case finding, engagement, housing, care coordination, criminal justice, etc.
- Share best practices – region & statewide

Collaborative Governance

- Collaborative Governance w/ Consensus Decision Making the National Quality Forum (NQF) model
- Multi-stakeholder membership
 - LGUs
 - Peer/Consumer/Family
 - Hospitals
 - State agencies (OMH/OASAS/DOH)
 - Board of Directors with Subcommittees
 - MCOs/BHOs/HARPs
 - Health Home Leads
 - Mental Health/Substance Abuse Providers
 - Housing Providers
 - Other (Cross pollination w/RHIC membership)

RPCs are

- **The regional conscience of the behavioral health system**
- How are LGUs, Plans, providers, & HH's responding to:
 - Consumers needs
 - Interaction of the system
 - Community needs (criminal justice, social services etc.)
- This is a Continuous Quality Improvement process – never ends



REALLY connecting the dots

- Communication & coordination among the LGUs, providers, consumers, HH, MCOs/BHOs/HARPs, OMH/OASAS/DOH is critical
- RPC is the vehicle to tie together the state, local priorities, data & planning, with the MCOs, consumers, providers
- Collaboration is essential (**And not at all easy**)

It doesn't matter how many resources you have.



If you don't know how to use them,
it will never be enough.

Thank you!

QUESTIONS AND DISCUSSION