

NYC Field Office  
Regional Advisory Committee Input  
April 1, 2013

1. What do you like about the managed care approach presented?
  - a. Incorporating more Peer Services
  - b. Additional services in self-directed care
  - c. The Health And Recovery Plan, (HARP) program will result in less stress
  - d. Can eventually result in overall better care – can result in more competition
  - e. Covers more services
  - f. Includes the whole person not just the symptoms of Mental Illness
  - g. Physical health inclusion is key
  - h. Self-directed care and implementation of more peer-led support services
  - i. Peer run – crisis/respice centers, vocational programs, anti-stigma campaigns
  - j. Connection of medical and mental
  
2. What do you not like about the managed care approach presented?
  - a. There are no outright provisions for Long Island & Westchester
  - b. Re-Investment – where is it going to go? There should be some specific stipulation in the contract that states that it will go directly to Behavioral Health and non-traditional peer service
  - c. The worry that peer services will be held accountable to the bio-medical model
  - d. Peer services have been so limited
  - e. Where is the cultural competency core in this plan?
  - f. The peer/consumer should be able to freely write their own vocational & educational prior skills & assessment with the help/guidance of the HARP intake co-coordinators
  - g. It's not eligible for individual who have Medicaid/Medicare
  - h. Seems like it's the same plan but a different name
  - i. It did not seem that re-investment dollars would be eligible for non-traditional services
  
3. What service(s) do you think are needed in the Harp?
  - a. Cultural Competent Services (ethnicity, gender/transgender, LGBTQ, forensic, hard of hearing/speaking, American Indian/ Asian, language barriers, list of resources for various cultures, religious beliefs recognized, parental services, geriatric services)
  - b. More peer led and run services
  - c. HIV
  - d. transportation – Medicaid should pay for it there shouldn't be any barriers to obtain any service(s)

4. What are the concerns and or benefits about expanding peer services under managed care?
  - a. We do not want mental health providers' approval
  - b. Expanding Peer – Services are true, peer run services no more HYBRIDS meaning: Autonomous Peer Services as opposed to Peer Services that have to answer to clinical providers
  - c. Expanding pure, per-Id, peer-run peer services will eventually in the long and short run will result in a reduction in hospitalizations and relapses.
  - d. Some re-investment dollars should go towards parents having problems with Administration of Children's Services
  - e. Add children to population served
  - f. Bring more jobs for peers
  - g. Animal therapy
  - h. Peer professionals need support
  - i. Need for self-employment of peers and training for entrepreneurship
  - j. Safe and affordable housing – need ready access and more opportunity to move into better housing
  - k. Eligibility to own housing
  - l. Making skills of peers transferrable to other recognizing positions
  
5. If you had a magic wand what would you do to make managed care work for people with mental health needs?
  - a. Get rid of providers
  - b. Change modality of training to recovery and person-centered
  - c. Make the NYC Regional Advocacy Specialist the head of the managed care provider contracts
  - d. Create medical; social networks; radio; press and film to educate people on mental illness and stigma
  - e. Offer and give people access to animal therapy
  - f. Sing out against stigma
  - g. Managed care works for everybody not just Medicaid only
  - h. Address the fact that some of us have sexual needs and may have concerns – address sexual dysfunction
  - i. Recognizing transferable skills of Peers
  - j. Provide services for people who may as a result of a side-effect of medication (or not) have sexual dysfunction
  - k. Change the statement of “mental illness” just say “illness “ or disorder
  - l. Move away from the bio-medical model construct and move into the social constructs of what we believe is a bio-medical disease disorder
  - m. Peers be invested on every level in managed care decisions
  - n. Get our peers a real education college
  - o. Get licensing for Peers
  - p. Quality is better quantity
  - q. Have financial education be embedded into the person-care plan for everyone

- r. Need to work with parents (NYC-Administration of Children's Services / Upstate-Child Protective Services)
  - s. Paying peers a decent living wage
  - t. Peers working for public and private sectors and be guaranteed contracts that ensure cost of living adjustments every year
  - u. Including complementary and alternative medical treatments that will be Medicaid billable
  - v. Peers to be offered non-marginalized employment opportunity-i.e. janitor vs. tutor; clerk vs. city planner
  - w. Entrepreneurship and ability for peers to apply for grants and training for startup peer-run programs
  - x. Nutrition/Exercise Coaching offered to everyone in the HARP program
6. What should these health plans consider as they coordinate transitioning forensic clients into the community?
- a. Include forensic peers in every aspect of the HARP
  - b. Need immediate access to services (housing parenting class, budgeting, financial management seminars, benefits, vocational training, clinical services, family counseling and education)
  - c. Employing forensic peers in prison systems
  - d. More in-reach for forensic population
  - e. Transportation
  - f. Document replacement (NYS ID, social security card, voters registration, birth certification, etc)