



MRT Work Group Meeting Summary

WORK GROUP NAME:

Behavioral Health Reform Work Group

MEETING DATE, TIME, LOCATION:

September 12, 2011

1:00 P.M. to 4:00 P.M.

NYS Department of Health NYC Field Office

90 Church Street

New York, NY

MEMBERS IN ATTENDANCE:

Linda Gibbs, Michael Hogan, Wendy Brennan, Pam Brier, Alison Burke, Donna Colonna, Lauri Cole, John Coppola, Philip Endress, Kelley Hansen, Tino Hernandez, Robert Kent Arlene Gonzalez-Sanchez, Cindy Levernois, Kathy Riddle, Harvey Rosenthal, Philip Saperia, Sanjiv Shah, Richard Sheola, Ann Sullivan, Paul Samuels, and Ilene Margolin.

SUMMARY OF KEY MEETING CONTENT:

Opening Remarks: Co-Chair Hogan provided an introduction of the agenda topics.

Children and Family Sub-group Update: Gail Nayowith provided an overview of the group's work over the course of their 5 meetings. The group reviewed the research and agreed upon several universal principles that would serve as core expectations for all payers, Medicaid or commercial. Four distinct conclusions are outlined in the group's draft executive summary, including that intervening early in the progression of behavioral health disorders is effective and reduces cost; accountability across all payers is needed for children's behavioral health; the current system for children and families services in NYS are "siloed;" and the current behavioral healthcare system for children and their families is underfunded. The importance of peer, self help, and natural supports was highlighted along with the need for early intervention that is easy to access, across a system with clearly articulated mechanisms to ensure accountability. The co-chairs and work group members expressed support for these recommendations and added that many of these recommendations are relevant for college age people, where early intervention is equally important. There was also some discussion about the special needs for children in foster care. Gail indicated that there will be a three year window for children to come in to the managed care system and that they are to be considered categorically eligible for services, though the details of implementation are still in process. Co-Chair Hogan reiterated the group's consensus, that our most vulnerable children should have presumptive eligibility to specialty care.

Peer Sub-group Update: Harvey Rosenthal provided an update on the collaborative recommendations of this group which has met on four occasions. The group highlighted the heightened need to keep the peer community informed about rights and choice in a new managed care environment. The group recommends that managed care companies consider “enrollment brokers” to play a navigator role. Given the current focus on Health Information Exchange to foster integration and efficiency, the peer community wants to make certain that privacy and confidentiality are maintained and that undesired leakage is avoided given new electronic records standards. In addition, the outreach and engagement process needs to continue to value trust, hope, and mutuality. Given the climate of concrete and measurable outcomes there is concern that engagement will be more about pursuing people to see a doctor, when engagement should start with a personal relationship. Several evidence based models of engagement were highlighted including the use of Peer wellness coaches with a strong focus on life beyond being a patient and taking pills. Wellness Recovery Action Plans (WRAP) should be used as a way to maintain engagement. Warm lines, peers in the emergency room, peers with the police, were also suggested as ways to be responsive but not coercive. Continued emphasis and training about advance directive rights is also recommended. The group discussed funding issues related to peer services, and the ongoing debate about whether or not they should be reimbursed by Medicaid. Establishing clear criteria, standards and credentialing for peer services that Health Homes and Managed care can subcontract for was also discussed. Co-Chair Gibbs reinforced the idea that principles of recovery should be integrated in every aspect of the system and shouldn’t be viewed as ancillary, but inherent in the delivery of behavioral health service. The subgroup’s full report was accepted by the group and it will be included in the work group’s overall submission of recommendations.

Focus Group on the Uninsured – Ann Sullivan convened a focus group to discuss issues related to the uninsured. The group highlighted the need to be aware of the unintended consequences for the uninsured as changes in Medicaid design are implemented. If the ways in which this group has traditionally been supported are no longer available, it is possible that costs in other areas will increase (emergency rooms, correctional facilities, inpatient care) inflating emergency Medicaid costs. The focus group full report and recommendations were accepted by the group and will be included in the work group’s report to the MRT.

Subcommittee Draft Report Review – Co-Chair Hogan provided a framework for the groups approach to review and comment on the draft. The discussion was facilitated by a review of each category heading. Several sections of the draft represent collective work that the group had reached consensus on at previous meetings (Principles and Health Homes) so the discussion was focused on the draft recommendations. Andrea Cohen gave a brief description of each recommendation and gave the group the opportunity to comment and ask questions.

NEXT STEPS AND WRAP UP

Co-Chairs requested that work group members forward any additional comments by 9/16/11. Revisions will be incorporated into the report and shared a second time with the work group. Given interdependency of the numerous work group recommendations, the need for them to be reviewed together as a package rather than as discrete, stand-alone recommendations is critical in the presentation to MRT. The group agreed that recommendations needed to be presented in an integrated fashion. Co-Chair Hogan summarized the status of the BHO contracts and indicated the work group may need to reconvene over the winter to review budget determinations relative to the work group’s recommendations.