

Long Island Field Office
Regional Advisory Committee Input
April 1, 2013

1. What do you like about the managed care approach presented?
 - a. Prescriber prevail
 - b. peer services other than medical model
 - c. self-directed care included
 - d. crisis respite
 - e. no “wrong door” approach
 - f. seamless gap in services
 - g. supported employment
 - h. trauma informed providers
 - i. independent coordinators
 - j. 10% cap for Administration/promotion
 - k. more money for rural areas
 - l. connection to community services.

2. What do you not like about the managed care approach presented?
 - a. Difficult to add services that don't already exist
 - b. does not ensure alternative healing modalities
 - c. excludes Medicare

3. What service(s) do you think are needed in the Health And Recovery Plan? (HARP)
 - a. Alternative treatments, i.e. gym access
 - b. pain management
 - c. acupuncture, meditation/yoga
 - d. transportation
 - e. MYPYCKES/Common Ground
 - f. Wellness Recovery Action Plan
 - g. nutritionists, nutritious foods
 - h. peer support/Academy of Peer Services as training and support mechanism
 - i. in-service for non-peer staff, training for non-peers on working with peers as providers.

4. What are the concerns or benefits about expanding peer services under managed care?
 - a. Respect from clinical staff is necessary
 - b. need clarity of roles to avoid co-optation
 - c. peers can inspire hope
 - d. are seen as equals by recipients
 - e. lead to greater trust and can relate experientially

5. If you had a magic wand what would you do to make managed care work for people with mental health needs?
 - a. Pay a living wage
 - b. increase education to community regarding stigma
 - c. less "elitist" in peer community
 - d. peer transport services
 - e. coffee bar, creative and expressive artists, open Mic. Night.