From Local to Collaborative Governance in Behavioral Health Reform

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1115 Medicaid Waiver

- Establishes the “triple aim” of improving care, improving health, and reducing public health care costs.
- Targets a 25% reduction in avoidable hospitalization over a five-year period
- Anticipates $17 billion in savings, and allows New York to reinvest $8 billion in systems innovations that advance the state’s objectives

Structural mental health reforms

- Integration of behavioral and primary health care
- Coordinated Care models such as Health Homes
- Managed Care Organizations (MCOs) administering these services
- Reduced contractual authority for county-based Directors of Community Services (DCSs)
- Authorities of state offices recentralized under the Department of Health (DOH)
- DOH oversees Managed Care Organizations

Regional Planning Consortiums (RPCs)

- Ten (RPCs) will reflect the natural patterns of where people access care in the state
- Comprised of four cross-sector groups, including DCSs, Managed Care Organizations, service providers, and consumers and family members
- Designed to ensure that local stakeholders have influence over how mental health systems reforms are implemented
- Will implement a formal collaborative governance structure

Collaborative Governance

- A governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberative and that aims to make or implement public policy or manage public programs or assets (Ansell and Gash, 2008, p. 544).

Research questions

- How do behavioral health officials understand the governance challenges that New York State faces as it transitions its behavioral health system from Medicaid fee-for-service to managed care?
- How do officials believe RPCs will address these challenges?

Methods

- Snowball sampling
- Interviews
  - 9 Directors of Community Services (or DCSs)
  - 7 State officials (5 from the Office of Mental Health and 2 from the Office of Alcoholism and Substance Abuse Services)
  - 3 Staff from the Conference of Local Mental Hygiene Directors
- Ethnographic observations
- Data analysis
  - Grounded theory
  - NVivo coding software

Concerns with managed care transition

- Privatization and profit motive
- Scale and specialization
- Transfer of expertise
- Technical and administrative capacity
- Coverage and network adequacy

Privatization and profit

- The MCO (managed care organization) part of that—and they're part of that governance—becomes critical, because, as I'm sure you're aware, historically the MCOs were in and of themselves god-like. "Whatever we say works," you know…."We're not gonna look at ourselves as a collaborator. We're just gonna do our thing and make beaucoup bucks" (L004).

Privatization and profit

- Back in the late 80s, early 90s, the push was how do we save costs by denying care—and really not wanting this [transition] to go that way. I'm really figuring out how do we save costs by delivering better care? So, being able to push the managed care companies in that direction and assist them in doing that. Because, if they're not able to save money by delivering better care, I believe they will resort to saving money by denying care (L001).

Scale and specialization

- It seems like the state DOH [Department of Health] is driving this whole health care reform. And, I think the concern of some people, certainly some people that I've talked to, is that with DOH driving it, they're concerned about maybe behavioral health services being provided by the physical health care providers rather than the behavioral health care providers (0006).

Scale and specialization

- There is a real fear, founded or not, that Medicaid will take over the behavioral health system and that Medicaid will no longer promote those community ideas. Medicaid will medicalize what is in many ways a community-based mental health treatment [system]—and addiction treatment is more than just a medical issue. There's a psychosocial issue, there is the social determinants issue, and there's a real fear that because Medicaid is so medical oriented, that it will just simply do away with progress that's been made in those areas (0003).

RPC goals

- To facilitate a smooth transition from Medicaid fee-for-service to managed care
- To achieve process goals of inclusiveness, collaboration, and stakeholder voice
- To create a placeholder for regional involvement, facilitating cross-county coordination, planning, and efficiency enhancements
- To secure a role for DCSs in the new system

Facilitate a smooth transition

- You need to have these canaries in the coalmine, if you will. You need to have these monitoring systems as close to the ground level as possible to see where it ain't goin' right and try to do course corrections (L001).
- The plural of anecdote is not data…I think we need to look deeper than the metrics and we need the information that family members provide, we need the intelligence that families can provide, consumers can provide…You don't find that information out unless you hear from those folks (L007).

Bring everyone to the table

- I think ultimately having the payers for service at the same table with the people who deliver and the people who receive will break down some of the operating myths that we all have about what people's motivations are…So, I think having them at the table is going to demystify and de-demonize, if there is such a word, the insurance industry as a whole…And just kind of stimulates a dialogue that's more rich. So, you know, I'm thinking it's gonna bring everybody on – it'll de-demonize a lot of folks and it will help bring into clear focus the ability to strategically apply resources where they can do the most good (L007).

To secure a role for DCSs in the new system

- Yeah, I mean we're inserting our self into a process that didn't necessarily invite us to the table (C001).

- He who has the gold makes the rules. I didn't think it was viable for us to go toe to toe with the managed care companies and say, "well, under the mental hygiene law, we have local services planning responsibility." And they would say, "yeah, but we're the ones paying the bill." So, I really felt like we wouldn't get a whole lot of traction just trying to assert the traditional role and would be better served trying to do something that was collaborative and really played to the self-interest of the managed care companies as well as the other stakeholders (L001).