



MRT Work Group Meeting Summary

WORK GROUP NAME:

Behavioral Health Reform Work Group

MEETING DATE, TIME, LOCATION:

August 23, 2011 ■ 1:00 p.m. – 4:00 p.m.
NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, 4th Floor Conference Room
Albany, New York

MEMBERS IN ATTENDANCE:

Linda Gibbs, Michael Hogan, Wendy Brennan, Pam Brier, Alison Burke, Donna Colonna, Lauri Cole, John Coppola, Betty Currier, Philip Endress, Kelley Hansen, Ellen Healion, Tino Hernandez, Robert Kent (for Arlene Gonzalez-Sanchez), Cindy Levernois, Kathy Riddle, Harvey Rosenthal, Philip Saperia, Sanjiv Shah, Richard Sheola, Ann Sullivan

SUMMARY OF KEY MEETING CONTENT:

■ **Opening Remarks:** Co-Chair Hogan presented the group with an overview of the agenda which included: Next steps on the Report Outline, an update from the Children's subgroup, a presentation on the NYS/NYC Criminal Justice Review Panel and the follow-up Care Monitoring Initiative, a presentation on Recommendations on Performance Standards for Managed Care, and Review of outstanding issues including BHO's/SNP's and state inpatient facilities, housing, and employment.

■ **Revised Working Outline for the Final Report:** Co-Chair Gibbs indicated that the Health Homes recommendations developed by the Work Group have been shared with the Governor's Office and DOH and that it received positive feedback. Co-Chair Hogan pointed out that DOH has already made significant changes re: health home deadlines based upon this group's recommendations. There were a number of questions raised about health home implementation in relation to the Work Group's recommendations with some time dedicated to discussion, though resolution was tabled for a future time, including the need to spend some focused time on the criminal justice interface. Regarding the report format the plan is to maintain a narrative summary that links the various recommendations and shows their interrelatedness, and the individual recommendation templates provided recently by DOH will be used to outline and isolate concrete steps to the concepts outlined in the narrative summary. Staff will begin drafting these documents and will share progress to-date at the next meeting, though several may be in the very early stages of completion.

Co-Chair Gibbs shared that there will soon be another MRT Subcommittee formed chaired by James Introne and Ed Mathews to address Housing issues for the frail elderly, individuals with behavioral health needs, and the disabilities population. Consideration will need to be given on how to incorporate this Work Group's recommendations regarding housing into the Housing Subcommittee's work and whether or not any references need to be made in this Work Group's report relative to housing.

Discussion about references to the importance of peer involvement in the draft report led to discussion about the existence of an informal Peer Work Group and that our MRT Subcommittee has been designated to receive those recommendations on behalf of the MRT. Ellen Healion shared some of the Peer Work Group's initial recommendations and is prepared to share the group's formal recommendations with an emphasis on recommended strategies for re-engaging people who have fallen out of care at the next meeting. A question about the composition of the MRT Basic Benefits subcommittee was raised relative to whether or not behavioral health issues - especially peer involvement - were adequately represented.

■ **Children's Subcommittee Update:** Kristen Riley provided an overview of progress to date. The subcommittee has had 3 very productive meetings. They are focusing their work on core elements developed by a panel of experts. They are developing recommendations in key areas including improving delivery systems and eliminating silos, and developing mechanisms to reduce the complexity around benefits for children and families. Medicaid managed care elements is receiving close attention. In general the group is focused using valid reliable tools to measure outcomes, vs. measuring process.

■ **NYS/NYC MH/Criminal Justice Review Panel and CMI:** Robert Myers and Adam Karpati presented an overview of the findings of the Review Panel, as well as the follow up done by the CMI. The review panel was formed in response to 3 serious incidents in 2007 and 2008. The panel found a pattern where time disengagement from care gradually increased overtime, up until point of negative outcome/incident. General findings point to a lack of accountability for providers. The panel recommended and created standards of care for providers that OMH now follows during licensing visits. The panel also recommended and created Care Monitoring Teams in NYC. Data collected by these teams was shared by Adam Karpati who noted that data sharing across agencies presented a barrier to the Care Monitoring Team's Work. There was discussion about data access in general with Co-Chair Hogan pointing out that implementation of Health Homes and the requirements related to HER data sharing present a significant opportunity to improve care.

■ **Performance Standards Presentation:** Susan Essock gave a presentation on how to restructure behavioral healthcare using performance standards to promote good care at a reasonable cost. Discussion of the types of metrics included suggestions about the need to not only focus on kept clinic appointments and filled prescriptions as measures of engagement but on the need for non clinical supports like housing, food, connection to peers and family. Success of the Peer Bridger model was discussed including reduced recidivism rates for people leaving correctional facilities and if there were ways to expand the use of this model.

■ **Discussion of Outstanding Issues:** Co-Chair Hogan introduced the issues referenced in the agenda overview and suggested initial discussion of each item to get a sense of the general direction the group needs to be exploring on each item.

■ **BHO's/SNP's and State Inpatient Facilities:** On a principle level, the group agrees BHOs/SNPs should have a responsibility regarding inpatient State PC care, though there was recognition of the complexity. Cross cutting standards and measures need to apply to all.

■ **Housing:** The Group expressed agreement that stable housing is a foundation to recovery and there is not enough of it in NYS and that unless housing is addressed, we won't get the expected savings in reduced hospitalizations etc, as the NYNY housing initiatives have demonstrated. The group recognizes that a significant amount of housing and social services are developed and accessed through Local Governmental Units (LGUs) in the MH system, and that these resources are best utilized by maintaining close relationships between the plans and LGUs. Housing challenges were reviewed including the many competing issues with housing in general such as who is eligible for it, pockets of housing that can only be used for people with certain financial or medical conditions. Some of these programs are federal and some are state. These different programs are going to have to be aligned better. The Work Group recommends a proactive approach to using, developing and leveraging housing.

■ **Employment:** The group recognizes the general lack of employment services and that Medicaid can't fund employment services. At the same time, the Work Group generally accepts research that demonstrates that having a job tends to reduce Medicaid expenses. Therefore the group agreed on the principle that we should be encouraging plans to promote and measure employment amongst people with behavioral health needs, even though they are not responsible for providing employment services. Co-Chair Hogan noted that we are in conversations with the Department of Labor and SSA to actively incentivize better employment outcomes. Managed Care Plans should be expected to require discussion of employment goals in treatment plans.

NEXT MEETING DATE, TIME, LOCATION:

September 12, 2011 ■ 1 p.m. – 4 p.m.
DOH Metropolitan Regional Office, 90 Church Street
4th Floor, Conference Room A/B
New York, New York