Southwest Brooklyn Health Home Consortium

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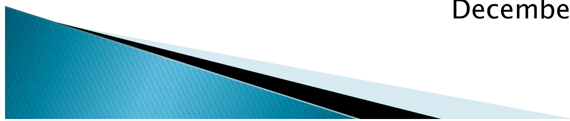
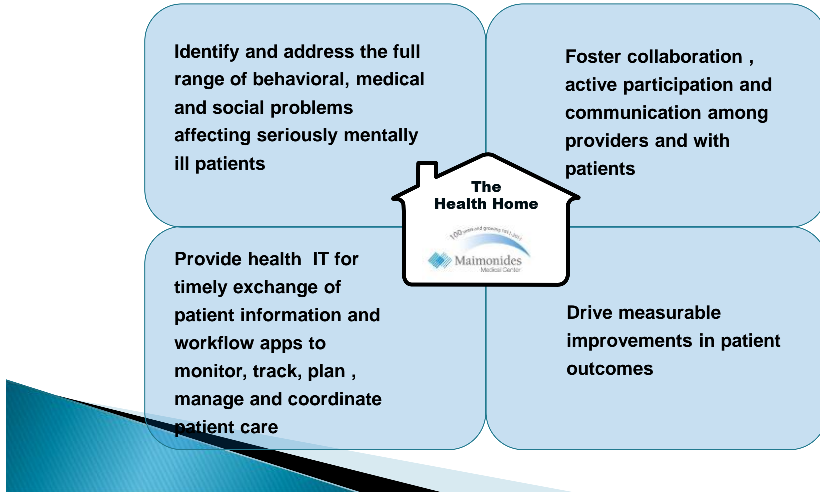


Mental Health Home History

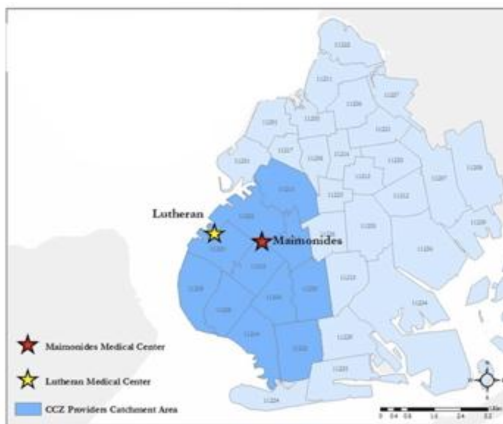
- The Care Model is based upon a program jointly developed by South Beach Psychiatric Center and Maimonides
  - Co-located mental health and primary care
  - Structured, weekly case conferences
  - Outcome: Improved communication and coordination of care
- HEAL 10: Southwest Brooklyn Patient Centered Medical and Mental Health Home Project
- HEAL 17: Comprehensive Care Management for Patients with Serious Mental Illness

Goals

Care Model Jointly Developed by South Brooklyn Consortium as part of HEAL 10 and 17



Target Population & Service Area

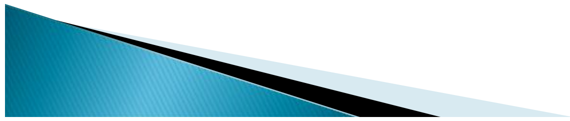


15,000 patients over the age of 18 with serious mental illness, including:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Severe depression

HEAL 10 Stakeholders

- Maimonides Medical Center – Lead grantee
- Lutheran Health Center
- The Institute for Community Living
- South Beach Psychiatric Center
- First to Care Home Care
- Visiting Nurse Services of New York
- Federation Employment and Guidance Service, Inc.
- Brooklyn Health Information Exchange

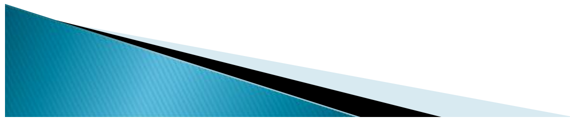


HEAL 17 Stakeholders

- HEAL 10 Stakeholders
- Promoting Specialized Care and Health
- Jewish Board of Family and Children's Services
- NYC Department of Health and Mental Hygiene- Public heath reporting and Riker's Island Correctional Facilities
- Center for Urban Community Services
- New York University School of Medicine

Method

- Integrates general and behavioral health care through a continuously updated Coordinated Care Plan (CCP)
- Provides new and expanded HIT and HIE functionalities shared among a diverse set of providers.
  - Event notifications (BHIX)
  - Clinical messaging (BHIX)
  - Video conferencing



Key Care Team Roles

Care Manager

The Care Manager has overall day-to-day responsibility for:

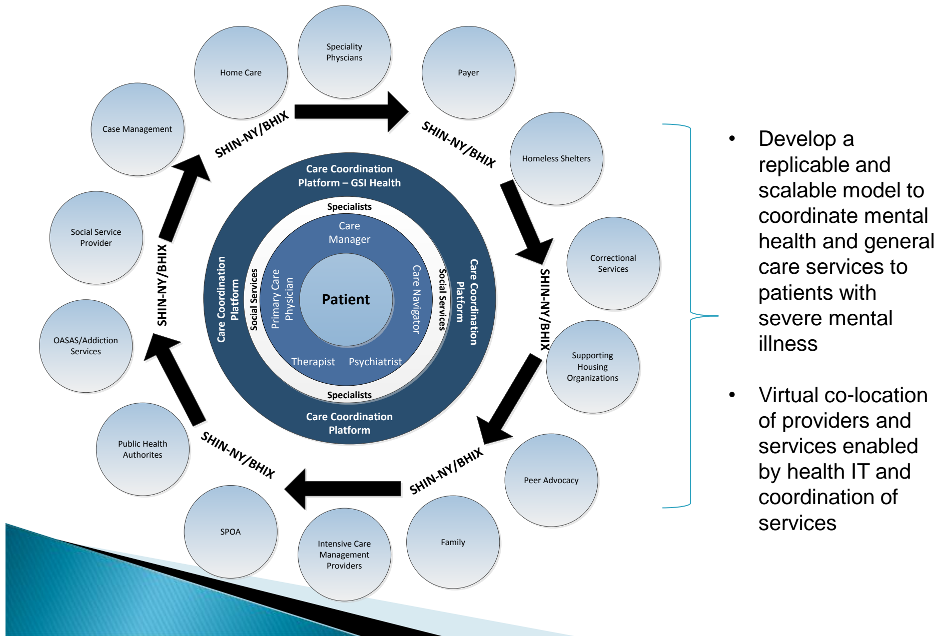
- Coordinating the activities of the MHH Team to help improve patient experience and outcomes
- Utilizing resources efficiently and effectively to enable patients to access needed services and avoid unnecessary use of inpatient and ER services

Care Navigator

The Care Navigator ensures successful implementation of the care coordination activities through:

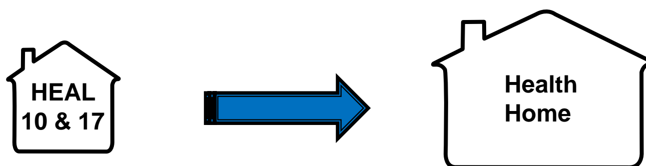
- Communication and collaboration with the Care Manager
- Utilization of health IT tools to monitor and track patient health information to accomplish care coordination
- Monitoring alerts regarding patient hospitalizations to ensure timely communication to select clinical staff and appropriate follow-up
- Monitoring and sharing information with other care team members throughout care transitions
- Monitoring that patients have follow-up appointments after a medical or psychiatric discharge as needed

Mental Health Home Model



- Develop a replicable and scalable model to coordinate mental health and general care services to patients with severe mental illness
- Virtual co-location of providers and services enabled by health IT and coordination of services

Transition to Health Home



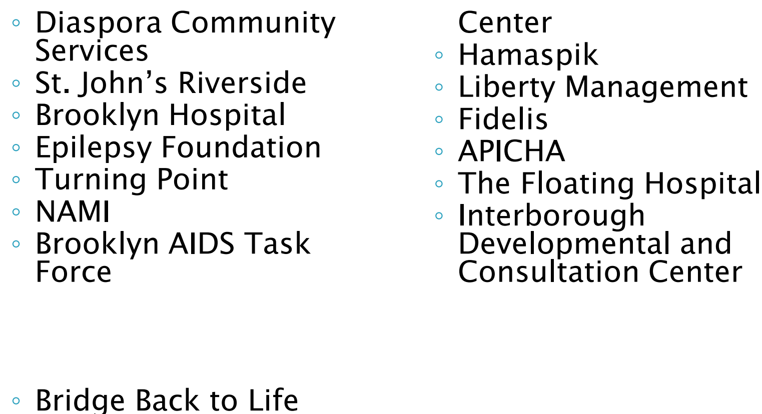
- Mental Health Home model of care matches Health Home standards
- Health Home funding provides the opportunity to sustain and improve the Mental Health Home
- Expanded provider network will offer more comprehensive and complete services to patients
- Expanded population to include the multiply chronically ill patients

Health Home Partners

In addition to HEAL 10 and HEAL 17 Stakeholders,

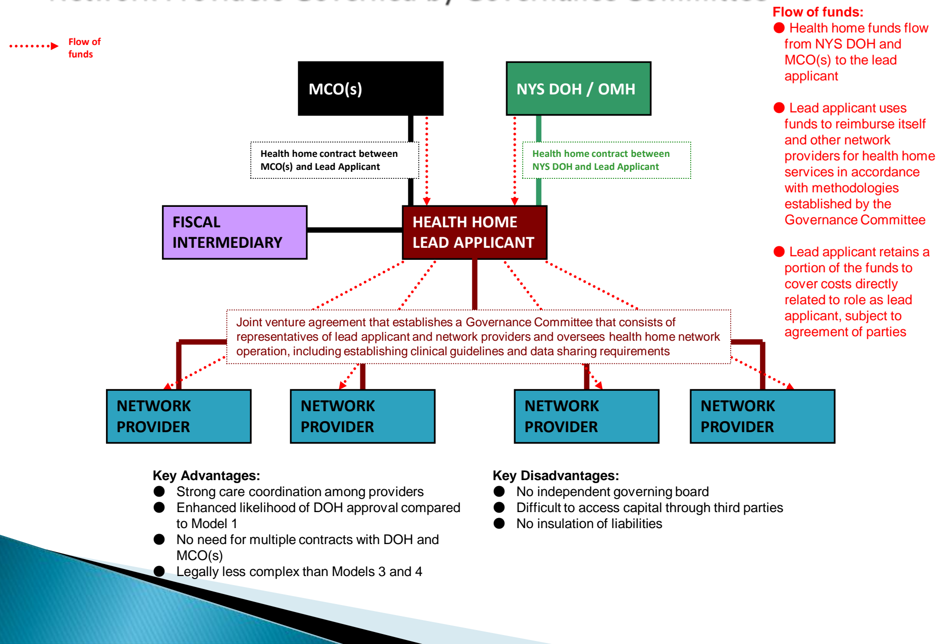
- Catholic Charities Neighborhood Services
- Housing Works
- Ohel Children's Home and Family Services
- Phoenix House
- Services for the Underserved
- Brooklyn Community Services
- Catholic Charities
- NADAP
- Public Health Solutions
- CAMBA
- Village Care

Health Home Partners



Conversations are ongoing with:

- Diaspora Community Services
- St. John's Riverside
- Brooklyn Hospital
- Epilepsy Foundation
- Turning Point
- NAMI
- Brooklyn AIDS Task Force
- Bridge Back to Life Center
- Hamaspik
- Liberty Management
- Fidelis
- APICHA
- The Floating Hospital
- Interborough Developmental and Consultation Center



Lessons Learned

- Money corrupts
- Power corrupts absolutely

- Collaborate based on clearly defined roles and responsibilities
- Coordinate clinical programs
- Standardize technology
  - Data elements
  - Clinical applications