Attendees: Jane Plapinger, Laura Cain, Sue Diehl, Janet Edelman, Debra Hammen, Suzanne Harvey, Diane Hoffman, Suki Kelley, Jim Pavle, Linda Raines, Melissa Schober, Steven Sharfstein, Crista Taylor, Roger Wolf, Stacy Smith

The attendees introduced themselves. Referring to the handouts for the meeting, Jane Plapinger, chair, described the tasks planned for the morning: identifying the target population, considering program design, and beginning a discussion of system accountability. The target population for the model program will be identified by a delineation of at least two criteria: diagnosis and service utilization. The group reviewed the eligibility criteria for priority services in the Public Mental Health System and for three programs that serve individuals with intensive service needs in the community.

The group considered where the program should connect with the patient, and, after discussion, there was agreement that the target population should be identified during an acute inpatient hospitalization. Referral at the time of an emergency room visit was rejected as too short a time frame to make a determination of eligibility. The group discussed whether eligibility should be limited to those eligible for the public mental health system, and agreed that it should be. PMHS has extensive experience in reimbursing for the range of services likely to be included in the model program, private insurance may have greater restrictions on which providers or facilities a patient can access, and the expected changes to coverage in 2014 under health reform will likely expand Medicaid eligibility to most of the anticipated target population.

There was a discussion about the use of more subjective criteria to determine eligibility, when multiple hospitalizations or other objective criteria would likely encompass the intended population. It was acknowledged that subjective criteria determinations could be unnecessarily staff-intensive and expensive. The subcommittee agreed that the target population will:

- Be adults;
- Be identified during an acute inpatient stay; and
- Have a history of inpatient admissions (which will be further defined) and/or jail time.

In addition, it was agreed that family involvement in the determination of eligibility would be desirable. Further study will be made concerning whether involvement in the criminal justice system, homelessness, or a lack of engagement in outpatient programs should be considered as criteria for eligibility. Jane Plapinger offered to work with Crista Taylor to develop an operational version of these criteria prior to the next meeting.

The subcommittee reviewed the recommendations for Program Design included in the handouts, and discussed some of the critical elements to be included: housing funding that is available and flexible, unlimited and 24/7 contact with the program, a person-centered approach and a harm reduction approach, and strategies that are trauma informed. Public communication and marketing for the program was identified as an important component to program implementation, as was training and supervision of staff and communication protocols.

The group briefly addressed important components of system accountability: tracking of information, resource availability, a higher-level authority to implement problem-solving strategies,
fidelity to process, audit functions, structural incentives to maintain fidelity to the process, process evaluation, and outcome evaluation. Consumer Quality Teams were suggested as a possible component of ongoing evaluation. Ongoing staff evaluation, including recidivism rates, was also recommended. The length of the pilot project was discussed, and the need for at least three years for planning, implementation and data-gathering before outcomes can be determined was recognized.

The next meeting of the Program Subcommittee is scheduled for September 13, 2011 at 9 a.m. at the Law School.