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An Assessment of Deficiencies at the Northport VA Medical Center

STATEMENT OF MAYER BELLEHSEN, PhD.

Good morning. I am Mayer Bellehsen Ph.D., Director of Northwell Health's Mildred and Frank Feinberg Division of the Unified Behavioral Health Center for Military Veterans and their Families.

I want to thank Chairman Miller, Ranking Member Takano and Members Zeldin, Rice and Israel for convening on Long Island this field hearing of the House Committee on Veterans' Affairs. Long Island's Nassau and Suffolk Counties are home to nearly 150,000 military veterans so it is important that the Committee is here focusing upon their health care needs and, as importantly, on the needs of their family members who are too often overlooked.

While I am not an employee of the Veterans Health Administration, I consider it an honor and privilege to serve alongside my Northport Veterans Administration Medical Center (VAMC) colleagues in an effort to assist our Nation's veterans and family members who have sacrificed for us. As the Director of the Northwell Health Feinberg Division of the Unified Behavioral Health Center, I have been directly involved with the operations of this Center from its opening in late October, 2012, until today. As such, I am able to speak to the successes of this unique, first-of-its-kind public-private partnership in which co-location of services and coordination of care is collaborated on between Northwell Health and the Northport VAMC to serve veterans and their families.

I am excited to present to the Committee a modest but effective veteran family health care model that Northwell Health established in 2012 in cooperation with the Northport Veterans Administration Medical Center. In particular, I would like to thank the leadership from both Northwell Health and the Northport VAMC, including Michael Dowling, Blaine Greenwald, MD, Phillip Moschitta, and Charlene Thomesen, MD. I believe this joint enterprise reflects highly on the vision and boldness of leadership in both institutions, as well as their commitment to serving the veteran community. The data I will present demonstrates that with a modest investment, public-private partners like our not-for-profit Northwell Health and the Northport VAMC can generate significant clinical successes for our deserving veteran families.

People will often ask about the scale of the necessary investment. I shall provide budgetary details later in my testimony. The essential point, however, is that an effective health care program does not require a multi-story expensively equipped building. Instead, I have attached to my testimony the actual floor plan for our 3,680 square foot store front facility in downtown Bay Shore. We would welcome the opportunity to give the Committee and/or its staff a tour at a future date.

Based upon the success of our program, we urge the Committee members to consider the possibility of replicating our successful model in your districts and, indeed, throughout the country.

I would like to first share with you the history of this partnership and then our achievements. The Center was first conceived of in the context of conversations that started in 2010 regarding possibilities for collaboration between Northwell Health (formerly known as North Shore-Long Island Jewish Health System) and the Northport Veteran Administration Medical Center. Building off of Northwell Health's prior efforts to serve military members and their families, along with Northport VAMC's expertise in serving veterans, leadership from both institutions agreed that it would be advantageous to pursue a novel, public-private partnership to expand care to veteran families.

The impact of military service on veterans has been well documented (Tanielian et al. 2008) and the desire for families to be further integrated into services has been highlighted (Shell & Tanielian, 2011). Furthermore, we know that there is an impact on the family members of those who have served when re-integration challenges and mental health difficulties such as Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Depression and Substance Abuse are present (Amadzadeh & Malekian, 2004; Chandra et al. 2010; Dekel & Goldblatt, 2008; Tanielian et al. 2013). However, due to Veterans Health Administration guidelines, there were limitations on the ability for the VAMC to assist the family system. Historically, the mandate of the Veterans Health Administration is to care for the individual veteran. There are instances in which it can assist family members, but there are limitations as well, including: 1) situations where a family member would like to engage in treatment, but the veteran is not engaged, 2) cases where individual services are needed for an adult family member independent from the veteran, and 3) when children are involved and require child focused treatments.

As a result, it is often the case that the family members look to ad hoc providers in the private sector for care. There is no structured clinical path for the VA and private providers to collaborate on a treatment plan for the veteran's family as a unit.

Gaps in coverage and the need for partnerships to address them have been recognized as an important area to focus on within the veteran space. To this end, in 2012, President Obama signed an executive order calling for collaboration between the VHA and local community-level partners in order to improve the services provided to service members and their families (Department of Defense, 2013). However, Northwell Health and the Northport VAMC were ahead of the curve in pioneering a model for addressing these needs.

As a consequence of the conversations in 2010 and in response to a request for proposals by The Robert Wood Johnson Foundation, the *Unified Behavioral Health Center for Military Veterans and their Families* (UBHC) was proposed and then established. The mission of the Center is to operate a model public-private partnership (between a federal Veterans Administration (VA) Medical Center (Northport VAMC) and a private sector Health System

(Northwell Health)) that successfully serves the behavioral health needs of military and veteran families.

The novelty of this partnership included the development and maintenance of a Center that promotes **co-location** of services and **cross-talk** between staff from both institutions for the provision of coordinated care to the veteran family. The VA offers primary care and behavioral health services to the veteran in a Community Based Outpatient Center (CBOC) called the VA Clinic at Bay Shore, while Northwell Health offers behavioral health services to the family members at the Mildred and Frank Feinberg Division of the Unified Behavioral Health Center. These two centers are located side by side under one roof, with shared spaces for collaboration. Through a collaborative care model, the two institutions meet regularly to coordinate care of shared cases.

The Center was established with five principal goals in mind: These included:

1. Model a new form of public-private partnership to meet the needs of military and veteran families.
2. Increase access to behavioral health services for veterans and their families.
3. Offer evidence-based, quality treatment to ameliorate mental health distress born by veterans and their families and improve quality of life.
4. Conduct outreach to the community to de-stigmatize mental health service, and
5. Document and disseminate this model for others to consider in replication.

Achievements

I am pleased to share that in our nearly four years of operation, we have been largely successful in meeting our objectives. These accomplishments are a testament to the positive working relationship between our institutions' administrative and clinical staff along with our shared commitment to serving our military and veteran community. Supporting documentation of these accomplishments can be found in the attached Exhibits A-F. Achievements include:

Establishment of a unique public-private partnership- In 2012, the Unified Behavioral Health Center was built and opened in Bay Shore, NY. This entailed construction of a 3,680 square foot center for co-location and coordination of behavioral health services for the veteran and his or her family. The Center was staffed by personnel from both institutions and began implementing its coordinated care model by December, 2012. The model has included weekly coordinated treatment team meetings with staff from both institutions along with occasional integration of staff located at other Northport VAMC facilities via teleconferencing. Co-location and collaboration has contributed to 61% of Northwell Health clients being referred from the VA, which reflects on the success of partnerships in reaching this population. Additionally, this arrangement has led to monthly opportunities for cross education to share knowledge regarding family and veteran related challenges across institutions.

Increased Access to Care- The partnership has also lead to increased access to care for veterans and their families. From inception through August 31st, 2016 there have been 9,470 visits among 303 unique patients in the Northwell Health section of the UBHC (the Feinberg Division).

Meanwhile, there have been 10,017 visits among 1,040 unique patients at the VA section of the UBHC. Prior to opening the CBOC in Bay Shore, the Northport VAMC operated two mobile CBOCs in Islip and Lindenhurst. Notably, when the Northport VAMC contrasts the visits in its Bay Shore CBOC to the year prior to opening this facility, they find an increase of 4% in unique patients encountered in the region.

As a result of the partnership, nearly half of the referrals to Northwell Health from the VA have resulted in collaborative care cases (i.e. cases wherein the VA sees the veteran, Northwell Health sees at least one family member, and permission is given to coordinate treatment). Furthermore, 73% of the clients seen by Northwell Health clinicians are family members or have a close relationship to a veteran/military member and 47% report no prior treatment. Although definitive conclusions are difficult to make without comparisons to other programs, this data suggests that the Center is reaching individuals that may not regularly engage in treatment. Additionally, over half of the clients seen by Northwell Health connect their difficulties to the invisible wounds of war such as PTSD. Lastly, 20% of our active clients at present are children who would otherwise not likely receive treatment in a veteran informed space.

Satisfaction with Services- As a result of our collaborative efforts, clinicians largely report that they are satisfied with the model and clients report that they are satisfied with services and outcomes. An independent evaluation of the Center is being conducted by the RAND Corporation and I have been informed that they will be releasing their evaluation in October, 2016. This evaluation will also include some analysis of satisfaction and outcomes. However, in the Northwell Health section, our staff's clinical observations that incorporate the use of standard psychometric tools and patient report already suggest that patients are achieving desirable improvements.

Beyond the successes captured in these numbers, the stories of those we serve are most compelling. As highlighted in the stories of our clients such as an interview conducted by CNN with one couple treated at the Center (Exhibit C), it is our belief that our partnership has not only resulted in greater care for a veteran's family, but it has benefitted the veteran as well. Furthermore, due to co-location, clinicians from the Northwell Health side can regularly encourage veteran engagement with the Northport VAMC when a family member reaches out independently or when a veteran finds their way to Northwell Health. While there are no statistics to capture this, I can anecdotally report on numerous instances when I have been able to walk a veteran over to the VA to engage them in VA care. I was always met with receptivity and a quick response to engage the veteran in treatment.

Promotion of the Model- The Unified Behavioral Health Center has been highlighted by the White House as an example of community partnership. Additionally, reports by CNN and the Agency for Healthcare Research and Quality have featured this Center as a model (Exhibit C). More recently, the RAND Corporation released a paper that reviews the landscape of public-private partnerships in delivering care to veterans (Pedersen et al., 2015). It noted that there are very few such partnerships in delivering behavioral health care and it highlighted the UBHC

as one of a kind in delivering *co-located, coordinated* care for the veteran and their family. As noted above, the RAND Corporation has been conducting an independent evaluation of the Center and will produce a report that comments on the program in the month of October. Ultimately, it is the hope of UBHC staff that the report will add legitimacy to the argument for the Federal Government to do more in supporting the replication and sustainability of other centers similar to the UBHC on a national level.

Cost of Operations- The Northwell Health section of our Center is currently staffed by 4.5 full time employees that range in professional background. For the 3.5 years from inception through June, 2016 we have been able to operate our program at a cost of \$2,319,661 (Exhibit D). This amount has been secured through various channels, including a Robert Wood Johnson Foundation and Local Funding Partners grant, and through ongoing subsidization and fundraising efforts by Northwell Health. Additionally, our Center began billing processes in 2016 to help offset costs of sustaining the Center.

In summation, the model of the Unified Behavioral Health Center for Military Veterans and their Families is a novel public-private partnership that includes co-location of services and coordination of care between institutions that has resulted in increased benefits to the veteran community, including: expansion of services to the family (including children), greater dialogue between institutions to coordinate care, efficient referrals of services for veterans and family members, greater education on family related challenges for VAMC staff, greater education on veterans' culture and challenges for private sector staff, and easier access to the networks of support that both partner institutions can offer. Staff report that they believe the model is effective and clients at the UBHC report feeling satisfied with their treatment.

It is my belief that the center has had an important impact on the landscape of veteran care and veteran family care on Long Island, and should continue to have an impact. The key elements of success have been co-location and coordination of care. The creation of a new site tailored to this task was undertaken, but this may not always be necessary as future partnership may want to utilize existing space on VA grounds or on the grounds of a private sector institution. As long as there is adequate engagement of staff from both institutions through regular coordination of care and some degree of co-location, it is likely that these centers can achieve the goals of enhanced care for the veteran and the family.

The implementation of a public-private partnership between a private sector health system and the VHA is a critical step for expanding family services to the veteran community. The model that has been piloted by Northwell Health and the Northport VAMC at The Unified Behavioral Health Center for Military Veterans and their Families has demonstrated the viability of partnerships. Further independent evaluation of the Center is forthcoming, but I believe this model represents a promising avenue for supporting our Nation's veteran families.

I thank you again for the opportunity to discuss our Center and welcome any questions you may have.