NEW YORK STATE | Department of Health | Medicaid Redesign Team

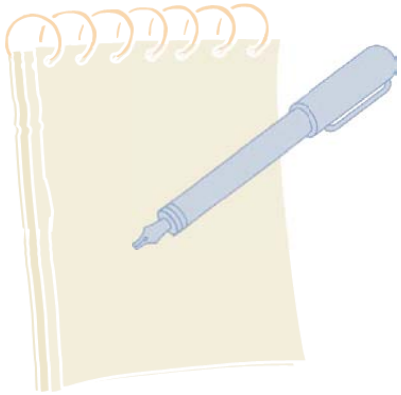
Social Determinants of Health and Community Based Organizations

Subcommittee Meeting #2

August 19, 2015

Agenda

1. Review of Roadmap Questions
2. Subgroup Findings and Discussion
3. Guidelines for Providers and the State
4. Housing Determinants
5. Capturing Savings Across Public Spending



Roadmap Questions: SDH

★ *Questions currently being addressed by the Subgroup formed after Meeting #1*

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Roadmap Questions: SDH

These remaining questions will drive much of the discussion today…

What methods can be used to capture savings across public spending?

How do we measure providers' performance related to impacting SDH

How will the State incentivize providers to invest VBP savings in Social Determinants?

How do we address housing determinants and develop an action plan?

SDH Subgroup Findings and Discussion

SDH Categories

The Subgroup identified and began evaluating social determinants across the following five categories:

- Economic Stability
- Education
- Health and Healthcare
- Social, Family and Community
- Neighborhood and Environment

Subgroup Focus Areas

The following were considered when evaluating social determinants:

- Does it have a standard metric for measurement?
- What interventions are currently being done with success?
- What are the costs of the interventions?
- What health outcomes do they produce?
- What are the net financial impacts?
- What is the strength of evidence behind the health outcomes?
- Are there any resources that can be leveraged and how available are they?
- What is the population health objective?
- What is the social impact?
- Are there any identifiable co-beneficiaries (outside VBP modality)?

The slides that follow present the research conducted to date by the Subgroup on the identified social determinants. This is draft for the purposes of discussion with Subcommittee.

Economic Stability

-Economic Instability Poverty, and Lack of Employment
-Homelessness and Housing Instability
-Food Insecurities and Lack of Access to Healthy Food
-Lack of Transportation

Economic Instability Poverty, and Lack of Employment

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes: Employment status	Case management/entitlement assistance with disability benefits/public assistance/other subsistence benefits		Improved physical and mental health quality of life		Medium - longitudinal research needed					
	Financial incentives for medication adherence and/or other health behaviors									
	Provision of child care									
	Provision of benefits counseling for persons moving from entitlement programs to employment									
	Referral to vocational rehabilitation services		Improved physical and mental health quality of life							
	Credentialing programs for peer specialist community health workers in OASAS, Office of Mental Health, DOH and other Medicaid funded programs to provide one avenue for return to work		Improved physical and mental health quality of life		Strong					

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Homelessness and Housing Instability

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes	Respite care	$2,000 - $2,500 monthly	Reduced readmission/ER visits		Very strong			Universal access to safe & affordable housing	Ending homelessness & housing instability	Shelter systems
	Rental assistance	$400 - $1,000 monthly	Increased health stability		Very strong	Section 8/TANF				Jails
	Legal services				Very strong	Legal services				Emergency rooms
	Housing related case management services	$300 - $500 monthly			Strong					
	Supportive housing	$1,500 - $2,000 monthly	Health stabilization & capacity for continuous monitoring & intervention		Very strong					
			Better health outcomes							
			Reduction in disparities in care							
			Reduction in health care cost							

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Food Insecurities and Lack of Access to Healthy Food

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	SNAP (Supplemental Nutrition Assistance Program)/WIC		BMI/Chronic Disease Prevention		Very strong			Access to high quality nutritious foods for improved health	Ending hunger; reducing poverty	Schools
	SBP (School Breakfast Program)		BMI/Chronic Disease Prevention							Oral health care
	Summer Food Service Program		BMI/Chronic Disease Prevention							Community markets, local business
	Child & Adult Food Care Program		BMI/Chronic Disease Prevention							
	Farmers Market WIC Couponing		BMI/Chronic Disease Prevention							
	Fruit & Vegetable Rx		BMI/Chronic Disease Prevention							

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Lack of Transportation

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Not started										

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Education

-Lack of Education and/or Educational Disparities

Lack of Education and/or Educational Disparities

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Advocacy regarding accessing and optimizing public programs:		Health literacy							
	PreK to 12 Education		Chronic Disease Prevention				Various public programs	Improved health literacy and ability to effectively engage	Reduction in poverty	Schools
	Early childhood/Head Start		Trauma reduction							
	Summer programs									
	Even Start									
	Tutoring programs									
	Classroom supports (reduction in class size, teacher training)									
	Health literacy education									

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Health and Healthcare

-Lack of Healthy Behaviors
-Lack of Health Literacy Skills
-Lack of Follow-up Care in Community Post-Hospitalization
-Lack of Regular Healthcare Provider Visits
-Lack of Vaccinations
-Disparities in Linkages to Social Environments
-Lack of Transportation for Healthy Needs
-Disparities in Linkages to Insurance Coverage
-Lack of Advanced Directives
-Disparities in Access to Culturally Competent Staff and Staff Training
-Lack of Adequate Nutrition
-Disparities in Access to Affordable Housing
-Disparities in Access to Adequate Food
-Lack of Access to Adequate and Affordable Health Insurance
-Disparities in Access to Appropriate Transportation
-Lack of Socialization
-Disparities in Access to Entitlements, Benefits, and Other supports for Independent Living

Lack of Healthy Behaviors

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Home Care Senior Centers Social Adult Day Care Adult Day Health Care Housing with Services Client Centered Technologies		Better disease prevention in overall population-increased wellness in the chronically ill			DTFA, DOH, SOFA, HRA,ACS		Better disease prevention in overall population-increased wellness in the chronically ill	Decreased healthcare costs-healthier population	

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Lack of Health Literacy Skills

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Home Care Senior Centers Social Adult Day Care Adult Day Health Care Housing with Services Client Centered Technologies		Better educated healthcare consumers with enhanced ability to navigate the healthcare system and make appropriate healthcare decisions			DTFA, DOH, SOFA, HRA,ACS		Better educated healthcare consumers with enhanced ability to navigate the healthcare system and make appropriate healthcare decisions	Healthier, more educated consumers better able to make informed decisions and navigate healthcare system	

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Lack of Follow-up Care in Community Post-Hospitalization

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Home Care Community Care Transitions Housing with Services		Fewer unnecessary ER visits, admissions, readmissions			DTFA, DOH, SOFA		Fewer unnecessary readmissions	Decreased healthcare costs-healthier population	

Lack of Regular Healthcare Provider Visits

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Home Care		Better disease prevention in overall population-increased wellness in the chronically ill			DTFA, DOH, SOFA		Better disease prevention in overall population-increased wellness in the chronically ill	Healthier population	

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Lack of Vaccinations

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Home Care Senior Centers Social Adult Day Care Adult Day Health Care Housing with Services		Fewer cases of preventable disease, i.e. flu, pneumonia particularly in frail elderly			DTFA, DOH, SOFA		Fewer cases of preventable disease, i.e. flu, pneumonia particularly in frail elderly	Healthier population-decreased healthcare dollars spent on preventable illness	

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Disparities in Linkages to Social Environments

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Senior Centers Social Adult Day Care Adult Day Health Care Client Centered Technologies		Decrease feelings of social isolation and the cognitive, behavioral, and physiological consequences of loneliness Decrease incidence of Depression Increased mortality risk enhanced opportunity for recreational and leisure activities			DTFA, DOH, SOFA		Minimize feelings of social isolation and the cognitive, behavioral, and physiological consequences of loneliness Decrease depression Increased mortality risk	Healthier, happier population Lower incidence of mental illness, criminal behavior, and depression	

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Lack of Transportation for Healthy Needs

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Social Adult Day Care Adult Day Health Care		Better disease prevention in overall population-increased wellness in the chronically ill			DTFA, DOH, SOFA, HRA,ACS		Better disease prevention in overall population-increased wellness in the chronically ill	Reduction in number of people who are unable to obtain, or delay obtaining health care-healthier population	

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Disparities in Linkages to Insurance Coverage (e.g., Medicare, Medicaid, Managed Care)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Home Care Senior Centers Social Adult Day Care Adult Day Health Care Housing with Services		Improve access to health care to result in better disease prevention in overall population-increased wellness in the chronically ill			DTFA, DOH, SOFA		Better disease prevention in overall population-increased wellness in the chronically ill	Reduction in number of people who are unable to obtain, or delay obtaining health care-healthier population. Lower healthcare costs Greater number of individuals with specific source of ongoing care	

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Lack of Advanced Directives

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Home Care Senior Centers Social Adult Day Care Adult Day Health Care Housing with Services		Encourage patient autonomy-provide individuals with the opportunity to state their goals regarding health and medical treatment based on personal values, attitudes, and beliefs surrounding health care, illness, and death-decreases opportunity for unwanted, costly healthcare treatment at end of life			DTFA, DOH, SOFA		Encourages patient autonomy Provides individuals with the opportunity to state their goals regarding health and medical treatment based on personal values, attitudes, and beliefs surrounding health care, illness, and death-decreases opportunity for unwanted, costly healthcare treatment at end of life	Decreased dollars expended on expensive, unwanted end of life care	

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Disparities in Access to Culturally Competent Staff and Staff Training

Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries
Community Based Care Coordination Community Based Case Management Home Care Senior Centers Social Adult Day Care Adult Day Health Care Housing with Services Client Centered Technologies		Mutual respect, trust and understanding between patients and caregivers; minimizing barriers to healthcare and health literacy by: • Promoting more equitable inclusion of all community members in the healthcare system • Assisting patients and families to participating in their care • Promoting patient and family responsibility for participating in their healthcare • Improving patient data collection and communication of health information • Increasing incidence of preventive care by patients-fewer missed visits • Increasing cost savings from a reduction in medical errors, volume of treatments and legal costs			Department for the Aging (DFTA), Department of Health (DOH), State Office for the Aging (SOFA), Human Resource Administration (HRA), Administration for Children's Services (ACS)		Mutual respect, trust and understanding between patients and caregivers; minimizing barriers to healthcare and health literacy by: • Promoting more equitable inclusion of all community members in the healthcare system • Assisting patients and families to participating in their care • Promoting patient and family responsibility for participating in their healthcare • Improving patient data collection and communication of health information • Increasing incidence of preventive care by patients-fewer missed visits • Increasing cost savings from a reduction in medical errors, volume of treatments and legal costs	More educated and engaged healthcare consumers with fewer marginalized individuals, groups	

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Lack of Adequate Nutrition

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Care Coordination Community Based Case Management Home Care Senior Centers Social Adult Day Care Adult Day Health Care Housing with Services Client Centered Technologies		Decreased risk of heart disease, diabetes, obesity, bone loss and osteoporosis, and other chronic diseases Enhanced brain health Enhanced growth (during childhood and pregnancy), healing and the maintenance and development of healthy muscle mass			DTFA, DOH, SOFA, HRA,ACS		Decreased incidence of costly chronic illnesses such as heart disease, diabetes, obesity, bone loss and osteoporosis, alzheimers Enhanced growth (during childhood and pregnancy), healing and the maintenance and development of healthy muscle mass		

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Disparities in Access to Affordable Housing

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Housing with Services		Reduction of stress and its adverse health outcomes Frees up resources to be spent on proper nutrition and healthcare Reduction in health problems associated with substandard housing Provide more stable environment for delivery of healthcare services			NYC Housing Authority (NYCHA), Home Sharing Programs, Section 8, SCRIE, DRIE, NYS Housing & Community Renewal (HCR), NYC Housing Preservation & Development (HPD)	Collage PAM	Shelter for frail elderly	Less Homeless Caregiver stres reduction	

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Disparities in Access to Adequate Food

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Meals on Wheels Senior Centers		Decreased risk of heart disease, diabetes, obesity, bone loss and osteoporosis, and other chronic diseases Enhanced brain health Enhanced growth (during childhood and pregnancy), healing and the maintenance and build-up of muscle mass			SNAP, Senior centers, City Meals on Wheels, DFTA MOW		Nutrition to at risk populations to increase overall population health	Less hunger and malnutrition	

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Lack of Access to Adequate and Affordable Health Insurance

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Case Management Care Transitions Home Care		Increased access to healthcare resulting in greater incidence of early intervention with better disease prevention in overall population Increased wellness in chronically ill			Medicaid, Medigap, FIDA, MLTCP, HRA		Better disease prevention in overall population-increased wellness in the chronically ill Coverage of medical needs	Reduction in number of people who are unable to obtain, or delay obtaining health care-healthier population. Lower healthcare costs Greater number of individuals with specific source of ongoing care Less avoidable visits to ER and hospitals. Less use of hospital as pcp.	

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Disparities in Access to Appropriate Transportation

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Case Management Home Care Social and Adult Medical Day Care Housing with Services		Increased ability to access to healthcare services, socialization activities, employment, education, food and other activities-greater sense of independence, decreased stress, better disease prevention and management of chronic illness			DOT, MTA, Access a Ride, Ambulette services		Better disease prevention in overall population-increased wellness in the chronically ill Educated population with greater ability to avail itself of available opportunities Accessibility to medical appointments	Reduction in number of people who are unable to obtain, or delay obtaining health care-healthier population Decreased unemployment Greater number of individuals able to access educational opportunities Decreased stress Increased opportunities for socialization More preventative interventions and better medication and health management	

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Lack of Socialization

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Client Centered Technology Senior Centers Faith Based Meeting		Minimize feelings of social isolation and the cognitive, behavioral, and physiological consequences of loneliness, Decrease depression			VSC, Friendly visitor programs, care giver support, senior centers, SADS		Minimize feelings of social isolation and the cognitive, behavioral, and physiological consequences of loneliness Decresae depression Icreased mortality risk Increase in overall well being	Healthier, happier population Lower incidence of mental illness, criminal behavior Reduction in depression, stress and anxiety	

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Disparities in Access to Entitlements, Benefits, and Other supports for Independent Living (e.g., Clothing, Phone Bill, A/C Units)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
	Community Based Case Management Care Transitions Care Coordination					ECAP Supplemental Grants		Increase equivalent household income Minimize adverse health effects of stress	Decrease in poverty Increase in population well-being Allows patient to not have to choose between medication, rent and food over clothing for example.	

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Social, Family and Community

-Criminal Justice Involvement
-Isolation and Lack of Family Support
-Trauma

Criminal Justice Involvement

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes	Ongoing support during incarceration that includes both pre-and post-reentry services.									
Yes http://www.wsipp.wa.gov/BenefitCost?programSearch=Functional+Family+Therapy; http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=372; http://www.cdc.gov/violenceprevention/youthviolence/pdf/opportunities-for-action.pdf	Functional Family Therapy in state institutions, youth on probation and Parole with quality assurance (http://www.wsipp.wa.gov/BenefitCost?programSearch=Functional+Family+Therapy)	Costs: (($3,405) or for parole ($4,538)) and benefits: ($34,379 or for parole $10,168)	This program has been shown to significantly reduce delinquency, violence, and violent crime and sustain improvements over time	Benefit: cost $11.19 to $3.24; Chances benefits will exceed costs: 99% to 75%	Very strong (considered evidence-based in SAMHSA's NREPP database, and by CDC)					
Yes (http://www.wsipp.wa.gov/BenefitCost?topicId=1)	Multi-systemic Therapy (http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=multisystemic%20therapy)	Costs:((7,689) and benefits $15,611)		Benefit:cost $3.03; Chances benefits will exceed costs: 88%	Very strong (considered evidence-based in SAMHSA's NREPP database, and by CDC)					

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Criminal Justice Involvement (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=48 and http://www.wsipp.wa.gov/BenefitCost/Program/20	Multi-dimensional Treatment Foster Care (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=48)	Costs: ((8,230) and benefits: $9,126)		Benefit: cost $2.11 Chances benefits will exceed costs: 65%	Very strong (considered evidence-based in SAMHSA's NREPP database, and by CDC)					
	Parent-Child Interaction Therapy									
Yes (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=325)	Victim offender restitution services (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=325) and victim offender mediation services (http://www.wsipp.wa.gov/BenefitCost/Program/45) not sure if this is the same as restitution?	(Cost:$605; benefits: $3,271)	Crime/ Delinquency	Chances benefits will exceed costs 78%						

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Isolation and Lack of Family Support

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1)	Triple P Level 4 - Group Triple P has 5 Levels (ages 0-55yrs.) (http://www.wsipp.wa.gov/BenefitCost?programSearch=Triple+P) and (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1)	Costs: $ 550; Benefits: 1565;	Triple P has been shown to reduce costs associated with conduct disorder, child abuse and out-of-home placement	Benefit: cost NA Chances benefits will exceed costs: 100%	Very strong (considered evidence-based in SAMHSA's NREPP database)	Schools, social service agencies for recruitment and support	Varies	1: Decrease negative and disruptive child behaviors; 2: Decrease negative parenting practices as a risk factor for later child behavior problems; 3: Increase positive parenting practices as a protective factor for later child behavior problems	Increase social cohesion; Better educational outcomes; Decrease violence	Jails, Schools, Employers, Healthcare

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1)	Triple P Parenting (System)	Costs: ($ 149); Benefits: 1278;	Triple P has been shown to reduce costs associated with conduct disorder, child abuse and out-of-home placement	Benefit: Cost is $9.58; Chances benefits will exceed costs: 58%	Very strong (considered evidence-based in SAMHSA's NREPP database)	Schools, social service agencies for recruitment and support	Varies	1: Decrease negative and disruptive child behaviors; 2: Decrease negative parenting practices as a risk factor for later child behavior problems; 3: Increase positive parenting practices as a protective factor for later child behavior problems	Increase social cohesion; Better educational outcomes; Decrease violence	Jails, Schools, Employers, Healthcare

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1)	Triple P Parenting-Level 4 Individual	Costs: ($ 976); Benefits: 629;	Triple P has been shown to reduce costs associated with conduct disorder, child abuse and out-of-home placement	Benefit: Cost is $1.64; Chances benefits will exceed costs: 64%	Very strong (considered evidence-based in SAMHSA's NREPP database)	Schools, social service agencies for recruitment and support	Varies	1: Decrease negative and disruptive child behaviors; 2: Decrease negative parenting practices as a risk factor for later child behavior problems; 3: Increase positive parenting practices as a protective factor for later child behavior problems	Increase social cohesion; Better educational outcomes; Decrease violence	Jails, Schools, Employers, Healthcare

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=213)	Other Behavioral Parent Training (BPT) for children with disruptive behavior disorders (there are several)	Cost: 110; Benefits: $1,276	Reduce conduct disorder, child abuse, trauma-informed	Benefit: cost NA Chances benefits will exceed costs: 89%	Very strong (considered evidence-based in SAMHSA's NREPP database see: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=213)	Schools, social service agencies for recruitment and support		Family relationships, mental health, social functioning	Increase social cohesion; Better educational outcomes; Decrease violence	Jails, Schools, Employers, Healthcare

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=8+B9:L10+B9:H108)	Nurse Family Partnership for low-income children http://www.wsipp.wa.gov/BenefitCost/Program/35	Cost: ($9,993); Benefits: $18,885	Primary outcomes affected: Crime, Test scores, Child abuse and neglect, K-12 grade repetition, K-12 special education, Disruptive behavior disorder symptoms, Internalizing symptoms	Benefit: Cost $2.89 Chances benefits will exceed costs: 75%	Very strong (considered evidence-based in SAMHSA's NREPP database (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=88) and Community Guide (http://www.cdc.gov/ViolencePrevention/childmaltreatment/prevention.html)					

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes http://www.wsipp.wa.gov/BenefitCost/Program/119	Healthy Families America http://www.wsipp.wa.gov/BenefitCost/Program/119	Cost: ($4,767): Benefits: $271	Primary outcomes affected: Major depressive disorder, Illicit drug abuse or dependence symptoms, Problem alcohol use, Low birth weight births	Benefit: Cost $1.06 Chances benefits will exceed costs 54%	Promising (not listed in SAMHSA's NREPP or Community guide)					
Yes (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=372)	Functional Family Therapy for children in the welfare system	Costs and benefits not available see: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=372	substance abuse and delinquency, HIV risk behaviors, and/or depression (or other behavioral and mood disturbances) and their families	Not available as WSIPP says no rigorous evaluation for outcome of interest(see: http://www.wsipp.wa.gov/BenefitCost?programSearch=Functional+Family+Therapy)	Conflicting. SAMHSA NREPP lists as evidence-based; WSIPP states that rigorous evaluation is not available.					

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.wsipp.wa.gov/BenefitCost?programSearch=+G21+B21:G21+G21+B21:G21+B21:H21+B21:G21+B21:F21	Parent-Child Interaction Therapy	Costs: (($1,613) and benefits: $ 37,552)) http://www.wsipp.wa.gov/BenefitCost?programSearch=parent+child+interaction+therapy	Family/relationships, Mental health, Social functioning, Trauma/injuries, Physical aggression and violence-related behavior	Benefit: Cost $24.28 Chances benefits will exceed costs 100%	Very Strong SAMHSA NREPP and CDC list as evidence-based					
Yes http://www.mdrc.org/publication/conditional-cash-transfers-new-york-city	Conditional Cash Transfer (still experimental) http://www.mdrc.org/publication/conditional-cash-transfers-new-york-city	Still experimental								

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes http://www.expandinglearning.org/docs/Durlak&Weissberg_Final.pdf	Quality afterschool program that follow the SAFE framework (sequenced step-by-step training approach (S), emphasized active forms of learning by having youth practice new skills (A), focused specific time and attention on skill development (F) Afterschool Programs That Follow Evidence-Based Practices to Promote Social and Emotional Development Are Effective (E) and were explicit in defining the skills they were attempting to promote	Not found	drug use, positive social behaviors, reduction in problem behaviors, school bonding, school grades, self-perceptions, academic achievements	NA (often evaluated as part of a package)	Often evaluated as part of a package					
Yes	School-based and community-based Mentoring programs for students (http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=mentoring and http://www.wsipp.wa.gov/BenefitCost?programSearch=mentoring)	Wide variations ($75 - $25,821)	Crime, High school graduation, Illicit drug use before end of middle school, Grade point average, School attendance, Office discipline referrals, Test scores	Chances benefits will exceed costs 60-70%						

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Isolation and Lack of Family Support (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.euro.who.int/__data/assets/pdf_file/0010/74656/E88086.pdf)	Empowerment of vulnerable populations. Empowerment is recognized both as an outcome by itself, and as an intermediate step to long-term health status and disparity outcomes		Within the first pathway, a range of outcomes have been identified on multiple levels and domains: psychological, organizational, and community-levels; and within household/family, economic, political, programs and services (such as health, water systems, education), and legal spheres. Only a few researchers have used designs resulting in evidence ranked as strong in the traditional evidence grading systems	Yet there is evidence based on multi-level research designs that empowering initiatives can lead to health outcomes and that empowerment is a viable public health strategy	Very strong					

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Trauma (e.g., Domestic Abuse, Rape)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.wsipp.wa.gov/BenefitCost?programSearch=trauma)	Cognitive Behavioral Therapy (CBT)-based models for child trauma (http://www.wsipp.wa.gov/BenefitCost/Program/155)	Cost: 332 Benefits: 6501	Building resiliency	Benefit: cost NA Chances benefits will exceed costs: 98%	Very strong	Schools, social service agencies for recruitment and support		Schools, social service agencies for recruitment and support	Increase social cohesion; Better educational outcomes; Decrease violence	Jails, Schools, Employers, Healthcare
Yes (http://www.wsipp.wa.gov/BenefitCost?programSearch=trauma)	Cognitive Behavioral Therapy (CBT)-based models for PTSD(http://www.wsipp.wa.gov/BenefitCost/Program/155)	Cost:($351) Benefits: 37,004	Building resiliency	Benefit: cost NA Chances benefits will exceed costs: 100%	Very strong	Schools, social service agencies for recruitment and support		Schools, social service agencies for recruitment and support	Increase social cohesion; Better educational outcomes; Decrease violence	Jails, Schools, Employers, Healthcare

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Trauma (e.g., Domestic Abuse, Rape) (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes (http://www.wsipp.wa.gov/BenefitCost?programSearch=)	Parent-Child Interaction Therapy	Costs: (($1,613) and benefits: $ 37,552)) http://www.wsipp.wa.gov/BenefitCost?programSearch=parent+child+interaction+therapy	Family/relationships, Mental health, Social functioning, Trauma/injuries, Physical aggression and violence-related behavior	Benefit: Cost $24.28 Chances benefits will exceed costs 100%	Very Strong SAMHSA NREPP and CDC list as evidence-based					
Yes	Screening for trauma (http://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf (Appendix D and p. 104 and http://www.integration.samhsa.gov/clinical-practice/screening-tools) and (ACES and Resilience Score: http://acestoohigh.com/got-your-ace-score/)									

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Trauma (e.g., Domestic Abuse, Rape) (Cont'd)

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Yes	Example of collective healing program: Truth and Reconciliation/restorative justice process for mass trauma. The truth and reconciliation process seeks to heal relations between opposing sides by uncovering all pertinent facts, distinguishing truth from lies, and allowing for acknowledgement, appropriate public mourning, forgiveness and healing. (http://www.greensborotrc.org/truth_reconciliation.php)									

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Neighborhood and Environment

-Poor Air Quality
-Physical Barriers in the Home

Poor Air Quality

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Not started										

Physical Barriers in the Home

Standard Metric (yes/no)*	Interventions	Intervention Cost	Health Outcome	Net Financial Impact	Strength of Evidence re Health Outcomes (w/references)	Leverage-able Resources	Availability of Resources that can be Leveraged	Population Health Objective	Social Impact	Identifiable Co-Beneficiaries (outside VBP modality)
Not started										

Remaining Roadmap Questions for Discussion

Guidelines for Providers and the State

- How can we measure provider performance related to how they impact SDH?
- How should the state incentivize provider payments?
- Other questions/ideas?

Housing Determinants

- Where can money be leveraged from?
- Other questions/ideas?

Capturing Savings Across Public Spending

- What public programs would incur savings with SDH interventions?
- How can these savings be measured?
- Other questions/ideas?

Reminder: Meeting Schedule and Logistics

Meeting #	Confirmed Date	Time	Location
Meeting 1 - SDH	7/30/2015	1:00-4:00pm	Albany – HANYS
Meeting 2 - SDH	8/19/2015	1:00-4:00pm	Albany School of Public Health – Massry Center
Meeting 3 - SDH	9/9/2015	1:00-4:00pm	90 Chuch St., NYC
Meeting 4 - CBO	10/15/2015	12:00pm-3:00pm	NYC, TBD
Meeting 5 - CBO	11/17/2015	1:00pm-4:00pm	90 Church St. NYC
Meeting 6 - CBO	12/16/2015	1:00pm-4:00pm	Albany - HANYS

Subcommittee Co-chairs

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