



Massachusetts Association for Mental Health

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January 29, 2014

Madeleine Biondolillo, MD, Associate Commissioner
Massachusetts Department of Public Health

Attention: Kathy Svizzero

Re: **MAMH's Comments in Response to DEPARTMENT OF PUBLIC
HEALTH INFORMATIONAL SURVEY - 2014 HEALTH RESOURCE
PLANNING FOR BEHAVIORAL HEALTH SERVICES**

Dear Dr. Biondolillo,

We appreciate the opportunity to offer comments to the above referenced document, which we received this date. It is comprehensive and we applaud the efforts of all who have worked on this project. Our response is addressed to the following question:

1. Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were not already included in the list of services on page 6? Please describe with as much specificity as possible. Please indicate how they can be addressed through health resource planning.

For the reason briefly outlined and discussed below, we believe coordination of primary and behavioral health care should be viewed and listed as a behavioral health service.

We know from research and experience that low-income individuals with severe and persistent behavioral health issues have shortened life expectancies (25 to 30 years) as a result of cardiovascular issues, and a myriad of primary health needs often unaddressed because of the focus on the disability, lack of attention to diet, wellness and other factors. Sadly, there has not been any significant improvement to this statistic for more than 2 decades.

We also know there can be significant savings in health care costs for this population with better coordination of their primary health needs, by simply reducing this population's excessive use of Emergency Rooms, poor diet and exercise regimens.

Meeting the primary health needs of the dually eligible population is even more complex. 60% of the Dually Eligible MassHealth members have a diagnosis of severe and persistent mental

illness, and MassHealth notes that about 25% of its members make up 80% of spending. In its development of the Duals Pilot, MassHealth stated, "Integrating Behavioral Health and enhancing Primary Care Coordination will drive quality and efficiency for the most expensive members in the PCC Plan.

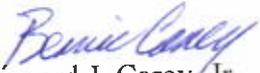
Simply stated we are suggesting something of a "modest" culture change. That is – begin to talk about (and think about) better coordination of primary and behavioral health care as a "behavioral health service" just as other services targeted to this population are viewed and listed on page 6. We are not suggesting primary health care has to be offered at the same site as behavioral health care – only that coordination should be seen as a behavioral health care service, even if it is nothing more than asking the client or patient is s/he has had a physical the past 12 months, or does s/he have a primary care clinician?

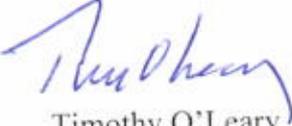
We also note the use of peer specialists and navigators has been an effective change in health care delivery for this population, and a practice endorsed by the National Institute of Mental Health. But, again we are not suggesting there is only one strategy; and certainly other approaches could be studied and examined for their effectiveness, efficiency and outcomes.

We believe we can reduce costs, and produce better outcomes for those with behavioral health disorders by helping them to recognize that paying better attention to their primary health needs is just as important as addressing their behavioral health. This can start if the behavioral health community can begin to view this as a service they can provide, promote or simply encourage as part of their work with this population.

Thank you.

Sincerely,


Bernard J. Carey, Jr.
Executive Director


Timothy O'Leary
Deputy Director