

Behavioral Health Planning Responses
Executive Office of Elder Affairs

1. How do you anticipate health resource planning for Behavioral Health to help you in your work? How do you expect to use the information resulting from the effort?

This planning will help to identify where there are gaps in behavioral health services for our population as well as others. This will allow focused solutions to fill those identified gaps.

2. 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.

LTSS which is included on page 6 represents many community services that are vital to supporting individuals with behavioral health issues in their community. These services are those that help the individual with their daily living (ie: getting them to their counseling visits, assisting them with taking their medications on time, monitoring if they haven't been taking their medications, etc.) even if not specifically mental health interventions. We want to be sure that these services are included in the health resource planning process.

3. Given the importance of prevention and also "post-acute" services for mental health & substance abuse, what critical evidence-based services & programs are available, should be expanded, or need to be developed? Are there specific models you suggest we study?

There are a number of evidenced based programs that assist individuals living in the community better manage their chronic conditions including those individuals with mental health diagnoses. They are known as Chronic Disease Self-Management Education (CDSME) programs and can be found at <http://www.healthyliving4me.org/>

4. Obtaining capacity, workload/volume, and demand data for outpatient & community mental health & substance abuse services is a challenge. Do you have ideas for data sources or suggestions for collecting data now or in the future? Are there specific "data gaps" that you feel are important for future data collection?

In EOE's home care system of record (SIMS) we have information on individuals in the Home Care Program who have a mental health diagnosis, those who are taking antipsychotic medications and, for some if substance abuse is an identified concern. In our "big data" analysis project we are hoping to be able to isolate those consumers in the aggregate to assess

service plans to analyze what services might be contributing to more successful outcomes/service interventions. We are in process of adding Mass Health data to the analysis. This will allow us to assess outcomes across a broader range of interventions that would include medical as well as community long term services and supports data.