

One Care Implementation Council – Behavioral Health Subcommittee

May 26, 2016 3 – 4:30 PM

Boston Resource Center, 85 E. Newton Street

Boston, MA

Attendees:

- **Council Members:** Howard Trachtman (Chair) Dennis Heaphy (Chair), Jeff Keilson, Lydia Brown, Sara Willig

Handouts: Agenda

Themes:

- More information is needed regarding how delivery systems function and barriers to meeting the needs of individuals with mental health needs and/or substance use disorders.
- People with behavioral health needs cannot be judged as a single heterogeneous group. Instead, it should be recognized that there are areas of distinction between people and areas of overlap. The Council should look to other states to identify best practices.
- The Council should seek information from the One Care plans regarding any barriers to enrollee access to Department of Developmental Services (DDS) and Department of Mental Health (DMH) services and how well they are working with these state agencies.
- The Council should ask One Care plans how they are currently utilizing peers. It was noted that additional peer run respite is needed and New York has a successful model.
- Enrollee training on integrated care and the model of care within the plan the person is enrolled in and it could be co-led by a peer.
- It is important to develop an understanding of what integration means for medical and behavioral health and how it should be measured. It's also important to understand how providers are held accountable and how records are maintained across providers.
- A case study was presented where a One Care enrollee experienced many challenges, including:
 - Reduced access to mental health providers;
 - Insufficient care coordination support from the One Care plan, including inability to contact staff and back-up contact due to vacations;
 - Inability to access cueing and supervision, not receiving support from a Care Coordinator, and being referred back and forth between providers who questioned the etiology of the need (psychiatric vs. autism);
 - Inability to access a therapist;

- Lack of communication between care team members; and
- Lack of a clear understanding of care team member roles.

Recommendation:

- The Council should develop a one-page template that would be used by all One Care plans for the purposes of providing enrollees basic information about the care team membership, contact information, ombudsman contact information and the individual's identified goals every six months. The document would serve multiple purposes. First, it should provide important information to enrollees about their care team, care plan and important context of formation. Secondly, it should provide an opportunity for the enrollee to engage in a conversation with the care coordinator about potential inaccuracies on the document so that it can be updated as needed.