

One Care Implementation Council – Behavioral Health Subcommittee

September 6, 1:00-2:30 PM

1 Ashburton Place, 21 Floor

Boston, MA

Attendees:

Council Members: Paul Styczko(Chair) Dennis Heaphy (Chair), Bruce Bird, Joe Finn, David Matteodo (by phone), Howard Trachtman (by phone), Sara Willig

Organizations Represented: MassHealth, Commonwealth Care Alliance (CCA), Tufts Health Unify (Tufts), Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), CityPsych Wellness, Massachusetts Medicaid Policy Institute, (MMPI), Senate Committee on Health Care Financing, Disability Policy Consortium, Vinfen, Massachusetts Housing and Shelter Alliance, Massachusetts Association of Behavioral Health Systems, Greater North Shore Link

Handouts: Agenda

Themes:

- Challenges to the integration of Behavioral Health services noted by participants included:
 - Confusion about allowable services for DMH members;
 - Choice regarding clinicians because a number of clinicians do not accept certain reimbursements which affects plans provider networks;
 - Limited availability of therapists who prescribe medications and the need for some individuals to see multiple therapists in order to receive treatment and medication;
 - Barriers in accessing mobile mental health services;
 - Hand-offs between staff doing assessments and staff responsible for care planning;
 - Many medical professionals are not familiar with the Recovery Model or the role of Certified Peer Specialists (CPS).
- Participants discussed the role of CPSs in One Care. Comments included:
 - Peers can offer a non-medical perspective on care teams;
 - Members with varying levels of engagement in One Care and their care teams may benefit from different types of engagement by CPSs;
 - Several methods for introducing the possibility of including peers as care team members.
 - The importance of using culturally and linguistically appropriate language was noted.

- A video was suggested as an educational tool. RNs were mentioned as trusted allies.
- CCA noted success in working with CPSs to run support groups at respite facilities. CCA also noted interest in other suggested ways to engage CPSs.
 - One suggestion included engaging CPSs in discharge planning from inpatient behavioral health stays.
- One Care plan representatives commented on their experience of enrollees transitioning from hospitals and inpatient stays back to their homes or communities.
 - It was noted that hospital discharges are measured as part of quality measurement and reporting.
 - CCA noted that some providers appear unclear about the role of the health plan in discharge planning.
 - Tufts noted their care managers are alerted when members are hospitalized and that the plan continues to work with hospitals on communication when a member is hospitalized.

Key Recommendations:

- Further defining BH subpopulations to adapt certified peer specialist strategies to each subpopulation. Subpopulations identified included individuals who are unreachable by the plans, individuals who are well engaged in their care, and individuals who are somewhere in between (reachable but not optimally engaged).
- Conduct a small pilot within each One Care plan to determine if there are benefits to having comprehensive assessments completed concurrently with RNs, LTS-Cs and other professionals, as needed. Outcomes would be measured.
- Additional next steps included engaging David Matteodo to determine how to improve engagement of One Care plan staff during hospital discharge to improve care transitions.