Slide 1:

Behavioral Health Integration in Tufts Health Unify

Presentation to the One Care Implementation Council

February 12, 2016

Slide 2:

1. Today’s Discussion
2. Behavioral Health Model of Care
3. Medical and Behavioral Health Data
4. Successes, Challenges and Lessons Learned for members with:
   * 1. Behavioral Health Needs
     2. Medical and Behavioral Health Needs
     3. Substance Use Disorders
5. Member Engagement
6. Promoting Successful Integration

Slide 3:

Tufts Health Unify  Behavioral Health Model of Care

* Tufts Health Plan’s Model of Care designed around an interdisciplinary care team that is member-focused.
* Coordination of health services, including mental health, substance use, and primary care is necessary to achieve positive outcomes for people with complex health care needs

Graphic: One large circle with two smaller circles within it. The inner most circle includes the text: Member. The second circle surrounds the first and includes the following text: Interdisciplinary Care Team, Specialist and Other Ancillary Providers, Long Term Services and Supports LTSS, Other Member Supports, Tufts Health Plan Care Manager, and Primary Care Provider (PCP). The largest circle includes the text: Emergency Services Program, Enhanced Acute Treatment Services, Community Support Services, Clubhouse, Acute treatment Services (detox), Peer Support, Psychiatric Day Treatment, Community Crisis Stabilization Services, In-home therapy, Structured Outpatient Addiction Program, Group Counseling, and Partial Hospitalization Program.

Slide 4:

Nearly two-thirds of Tufts Health Unify members have both medical and behavioral health needs.

Graphic: Pie chart depicting:

* 65% Medical & Behavioral
* 25% Medical Only
* 11% Behavioral Only

Slide 5:

Successes, challenges, and lessons learned for members with behavioral health needs

Table:

* Successes
  + Trusting relationship
  + Family engagement
  + Shorter inpatient BH stay followed by a successful step down program post discharge
  + Member medication compliance improved due to limited side effects
* Challenges
  + Locating and contacting the member
  + Communication
  + Compliance: ability to secure and keep health appointments
  + Social, environmental and family factors
* Lessons
  + Continuity of care
  + Understanding the member’s support system and effective coping strategies
  + Presence of willing and capable family

Slide 6:

Successes, challenges, and lessons learned for members with medical and behavioral health needs

* Successes
  + Trusting relationship
  + Member re-integrated into the community (with the assistance of DME) through family, providers, community support systems
  + Medication regimen effective in stabilizing condition
  + Positive working relationship with Department of Mental Health (DMH)
* Challenges
  + Vendor response for DME
  + Navigating the landlord concerns while advocating for the member.
  + Housing (interim and permanent)
* Lessons
  + Continuity of care
  + The importance of a strong partnership with state agencies such as DMH.

Slide 7:

Successes, challenges, and lessons learned for members with substance use disorders

Member engagement is critical to the care planning process

* Successes
  + Trusting relationship
  + Healthy support systems available
  + Stable residence
  + Decreased in-patient hospital stays for Medical, Behavioral Health, and Substance Use.
* Challenges
  + Sobriety and personal safety
  + Locating the member due to frequent moves.
  + Communication: lost and stolen cell phones, including THP-issued Loaner Phone.
  + Member struggle with substance use and abuse resulting in serious head trauma and bodily injuries
* Lessons
  + Continuity of care
  + Care manager who offers support, especially during re-lapse
  + Contracting with transportation vendors who can meet the needs of this population

Slide 8:

Member engagement is critical to the care planning process

Graphic: Circle with text: Member engagement, surrounded by the following text linked by arrows: Assess/Reassess, Plan, Implement, Evaluate.

* “Nothing about me without me”
* Iterative process that engages member.
  + Behavioral Interviewing
  + Incorporate self care and management strategies
  + Active member participation
  + Access to care plan through Member Portal
  + Member agreement
  + Revisions driven by reassessments and member needs
  + Member rights explained as part of the initial interview process and reaffirmed as part of ongoing care management

Slide 9:

Promoting Successful Integration

* Member Empowerment
  + Promote and optimize self care management
  + Build Trust
  + Share information
* Staff Training
  + Align skills and competencies to the complex needs of the population
  + Objectivity and let member take the lead!
* Community Resources and Supports
  + Available, accessible and responsive when needed

Slide 10:

Questions?