



February 5, 2014

Via Electronic Mail

Madeleine Biondolillo, M.D.  
Associate Commissioner  
Massachusetts Department of Public Health  
One Ashburton Place, 11th Floor  
Boston, MA 02108  
Attn: Kathy Svizzero

Re: **Department of Public Health Informational Survey – 2014  
Health Resource Planning for Behavioral Health Services  
Boston Medical Center Health Plan, Inc. (BMCHP) Response**

Dear Associate Commissioner Biondolillo:

As a managed care organization offering Medicaid, Commonwealth Care, and Qualified health plans, Boston Medical Center HealthNet Plan is focused on the whole health needs of our members and the resources available in the state to address them. We recognize the importance of integrated primary care and behavioral health care, in general and in Medicaid and Medicaid expansion populations. In partnership with MassHealth, the Health Connector and our providers, we closely evaluate the access to care, programs, capacities, technologies and services that impact the delivery of effective and integrated behavioral health services to the members under our plans.

We welcome the work of the Department through the Health Planning Council to independently evaluate these issues and appreciate the opportunity to provide the following information on the four questions raised by the Department in its Informational Survey:

**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?**

BMCHP actively assesses the most effective ways to improve the well being and health, including behavioral health, of our members. The Department's health resource planning efforts may provide helpful additional information that enable us to further improve their health outcomes.

For example, BMHCP is currently engaged in efforts involving integrated care and community care for behavioral health. State resource planning could help us to identify even further opportunities to develop innovative behavioral health care programs in these

types of areas based on a consideration of questions like the inventory and supply, demand, and capacity for behavioral health services in the state.

Through an even better understanding of the current strengths and weaknesses from a resource perspective in the current care delivery system, plans like BMCHP will be in a better position to address market dynamics in a way that maximizes our members' health. This may include, for example, an increase emphasis on certain care settings or supports.

The additional information may also help us to accomplish a more holistic approach to behavioral health. The Department's efforts may reveal new opportunities for further integration of physical and behavioral needs that take more fully into account the total member experience.

Finally, the additional resource planning information may help us to identify areas where managed care programs might specifically advance the behavioral health needs of our members in state funded programs in an even more targeted way.

**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.**

BMCHP recommends that the Department consider the following services in connection with its resource planning.

- Use of specialized psychiatric emergency room services where patients with clear psychiatric emergencies are treated with dedicated staff to complete full psychiatric assessments and provide treatment in the proper space with adequate safety and equipment.
- Use of peer support services from non-clinical individuals who use their first-hand experiences to provide motivation, encouragement and support and guide patients to recovery.
- Use of behavioral health patient navigators to guide and assist patients through the complex medical system and help them overcome barriers to care, to ensure patients successfully complete their treatment.

These services can be addressed in the Department's resource planning by reviewing other states' experiences with them, identifying existing providers, organizations and individuals in the Commonwealth who might be available to offer these services, and seeking feedback from such individuals or entities on opportunities and obstacles to implementation.

**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?**

BMCHP supports the Department’s focus on prevention and post-acute services for mental health and substance abuse services. We encourage the Department to study more closely the following models:

Preventive services:

- **Mental Health First Aid Training for First Responders.** This will enable First Responders to identify, understand and respond to signs of mental illness and support the person in crisis until appropriate professional help arrives. With proper training, the Responders should be able to determine which health care facility might be better suited to provide the care the patients may need.
- **Suicide Prevention Programs.** These evidence-based programs have effectively proven to teach youth how to recognize symptoms of depression and provide them with tools and information to assess, prevent and respond to signs of suicide.
- **School Based Prevention Programs for Substance Abuse.** These programs are often interactive and emphasize comprehensive life skills and social influences (such as peer and social pressures) that help students to develop resistance skills.

Post-acute services:

- **Peer Support Services.** These services provide direct support from non-clinical individuals who share similar experiences and are available to support and guide patients through the recovery, in a unique and valuable way.
- **Recovery Models for Mental Health.** The models include those where patients are given more control and choice in their treatment plan and are encouraged from the beginning to be involved in the decision-making process for their recovery.
- **Integrated Mental Health Programs.** These include programs emphasizing effective collaborative care where a patient-centered care team works closely with patients’ PCPs to help engage and support patients in treatment, track clinical improvements over time, and support medication management by PCPs.

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- 4) Obtaining capacity, workload/volume, and demand data for outpatient & community mental health and 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?**

BMCHP would be interested in examining emergency room volume data by diagnosis from all payers, including commercial payers and the PCC Medicaid program. A comprehensive and transparent review of the data would allow for a more effective evaluation of the behavioral health ER issues.

We recommend the review of data from public health data sources such as the Substance Abuse and Mental Health Services Administration (SAMHSA), which collects data on behavioral health prevalence, emergency room, facilities and treatment episodes.

Thank you again for the opportunity to respond to these questions. If we can provide any additional information in connection with the Department’s health resource planning efforts, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Karen M. Boudreau, M.D." with a stylized flourish at the end.

Karen M. Boudreau, M.D.  
Chief Medical Officer