



# **Continuous Engagement in Care and Treatment for HARP Members**

2024 – 2025 Performance Improvement Project

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The New York State Department of Health (NYSDOH) Office of Health Services Quality and Analytics (OHSQA) is proposing a 2-year common-themed performance improvement project (PIP) for 2024–2025.

The purpose (or “goal”) is to improve continuous mental health and substance use disorder (SUD) care and treatment.

- Access to services and treatment are of particular concern for individuals with mental health issues and SUD as **length of time in treatment are strong predictors of post-treatment outcomes**

## Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (EIC)

- Percentage of discharges for members who were
  1. Hospitalized for the treatment of selected mental illness or intentional self-harm diagnoses, and
  2. **Who did not** have at least five follow-up community-based mental health care visits in the 90-days after discharge

## Continued Engagement in SUD Treatment (CET)

- This measures the percentage of individuals with a new episode of SUD treatment within the intake period and at least one subsequent SUD treatment every 30 days through 180 days from the date of the initial SUD treatment

Health Disparity improvement opportunity for Black/African American HARP members in this measure

## Thinking About Engagement

Member engagement in mental health and substance use treatment is important, and retention in treatment is needed to achieve beneficial outcomes.

Engagement is shaped by many internal and external factors, dynamics that are constantly changing, as well as the person's knowledge, attitudes and beliefs about their mental health or substance use condition(s).





# Barriers

Barriers to accessing and consistently engaging in MH and SUD treatment.



## Health literacy

There is a relationship between health literacy and engagement. Members may not have enough information about their conditions, mental health services, and the supports available to them through their health benefits to make informed decisions.

## Care planning

Inadequate discharge planning that does not consider member preference and/or potential barriers to access to care can result in poorer health outcomes for these members. Members may not have been included in determining next steps for treatment which is key to buy-in for behavior change. Additionally, members may not fully understand all the information that is being shared with them or their treatment options.

## Change of conditions

Conditions may have changed since a care plan was developed—a change to their living situation, challenges getting prescriptions filled, getting to scheduled appointments, or dissatisfaction with providers identified on the care plan. During this transition period, inpatient and outpatient providers have a diffusion of responsibility for member support, and failure to rapidly address these challenges can result in poor engagement and/or withdrawal from treatment.

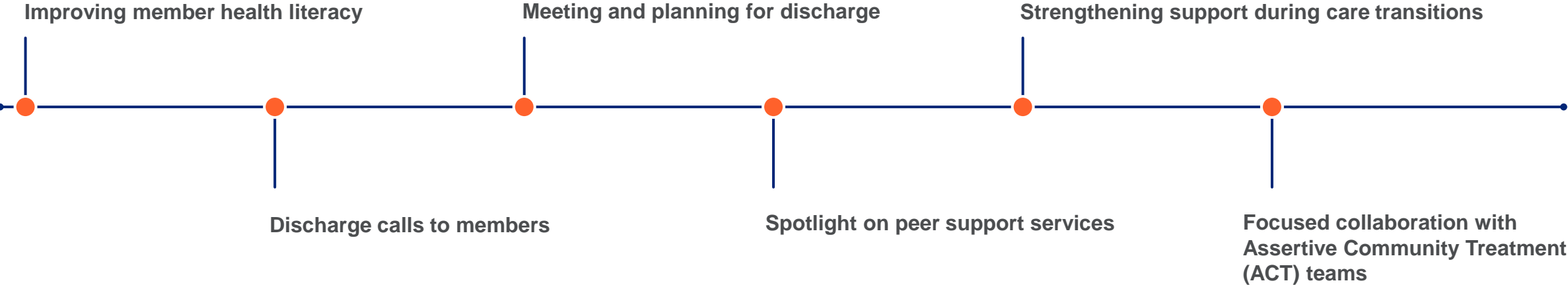
## High-risk members

Members enrolled in Assertive Community Treatment (ACT) are some of the most acute people served within the mental health continuum of care. Resources that are not aligned to support ACT enrolled members, upon their return to the community places an added risk to community tenure and ability to connect continuously with ACT services and routine outpatient treatment.

## Health disparities

Treatment engagement is disproportionately low for individuals who are Black/African American due to inequities in treatment.

# Opportunities to Address Barriers to Access and Continuous Engagement



# Partnering for Improved Outcomes

We value everything you do to deliver quality care to our members to ensure a positive healthcare experience. We want to partner with behavioral health providers to improve member outcomes and address gaps in care.

## Partnership

- Member engagement in mental health and addiction treatment is important, and **higher levels of engagement are correlated with higher levels of intervention effectiveness.**
- Continuity of care is a critical determinant of short and long-term health care outcomes.
- Lack of consistent engagement in, and premature drop out from mental health and/or addiction treatment, is linked to increased risk of relapse, readmission, homelessness, suicide and criminal justice involvement.

## Opportunities

- Strengthen and refocus resources to prioritize improved engagement in community-based services during critical transition periods and to empower members for better shared decision making.
- Offer members focused care coordination that addresses their unique barriers to accessing care.

## Provider perspective



What are you seeing as the barriers and opportunities to improving **continuous engagement** in treatment?



What can UHCCP be thinking about to help us better understand the issues impacting providers and members?