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by | **Kathy Bergstrom, CEBS**

When Kristina Guastaferrri, a multiemployer benefits fund administrator, had difficulty finding an in-network psychiatrist to address some mental health struggles within her own family, she realized it was time for a change.

“It just clicked,” recalled Guastaferrri, who is administrator of the Mid-America Carpenters Regional Council (MACRC) Benefit Funds in Chicago, Illinois. “If I can’t find a qualified provider that my family is comfortable with seeing, I can’t imagine what our plan participants—those working and retired carpenters—are experiencing. I do this every day, so that started the wheels in motion.”

Guastaferrri began talking to the health fund’s board of trustees and its benefits committee about expanding access to mental health and substance use care. The MACRC health fund covers 48,000 lives, including members and their families who live in northeastern Illinois as well as retirees throughout the United States. “I knew what we needed to do. It was time to expand our mental health care options for working and retired carpenters and their families.”

Expanding Access: Three Points

MACRC health plan members now have three key points of access to mental health and substance use care:

1. *Near-Site Health Centers*

The MACRC near-site health center in suburban Chicago offers behavioral health services in addition to physical health services. The center has a full-time licensed clinical social worker on staff as well as a wellness coach. “We wanted to have a licensed, experienced professional in our near-site health center to meet the needs identified by our medical director. People were struggling, and our medical team was not equipped to do much more

than listen. Having a mental health professional on site is a key component for introducing mental health support. If our other providers recognize symptoms of mental health or substance use struggles in a patient who is visiting the health center for other services, my expectation is that every effort is taken to initiate direction to our mental health professional,” Guastaferrri explained. “It can be a softer approach, such as a medical provider saying a few words at the end of an appointment: ‘Do you have a few minutes? I’d like to walk you down the hall to meet an associate. Please consider setting aside time to speak with him about some of the concerns you confided to me.’”

MACRC is also working with other construction trades through the Midwest Coalition of Labor to open four additional near-site facilities in the Chicago area. Eligible participants can access care at the multitrade clinics, including mental/behavioral health services. All services provided at the near-site health centers are available at no cost to eligible MACRC health plan participants.

2. *Integrated Member Assistance Program*

In January 2022, the health plan partnered with a new vendor, Lyra Health, to manage its employee assistance program (EAP), referred to as the Member Assistance Program (MAP). The health plan increased the number of free, annual in-person or virtual sessions from six to 12. Participants have access to coaches as well as licensed professionals, depending upon the severity of their issues. “Some people just need an opportunity to talk to someone,” said Guastaferrri. “A mental health coach is appropriate for certain situations. In other cases, when a mental health condition is present, a licensed professional is necessary.”

Another key element of the MAP is its integration with the health plan’s medical benefits, Guastaferrri explained. If a participant exhausts the 12

free sessions while seeing a licensed professional, they can continue that level of therapy under the medical benefits—subject to deductible and coinsurances. Most importantly, this means that an individual can continue treatment sessions with the same provider. While there is value in any EAP/MAP, without medical plan integration, individuals who exhausted their free sessions for the year but still need help generally have to start over and find another therapist, often paying 100% out of pocket for services.

The MAP also offers a medication management option, work-life balance resources, a resource library and a learning library. A key aspect of the new MAP is its virtual capabilities, the need for which was further amplified during the COVID-19 pandemic. “There are people who cannot leave their homes for a variety of reasons who still need care, so the virtual component was essential when seeking a new partner,” Guastaferrri commented. “In addition, many carpenters travel a significant distance for work. A virtual visit can occur during a lunch hour, or a telephonic visit can happen after work on the way home. Flexibility is essential.”

3. Mental Health Included in PPO Benefits

The MACRC health plan previously carved out mental health benefits from its medical preferred provider organization (PPO) plan and had a narrow network of mental and behavioral health providers and facilities for 15 years. “The network was an impediment to finding care,” Guastaferrri stated. “No one should have to wait five months to see a psychiatrist.”

The health plan administrative leaders concluded that the best way to expand access to care was to partner with the PPO network provider, used for medical benefits, and add access to the mental/behavioral health professionals and facilities.

Tearing Down Stigmas

Mental Health Ambassadors

In addition to expanding access to mental health services, MACRC also is working to destigmatize seeking

help for mental health issues and substance use. When Guastaferrri made a presentation describing the expanded mental health benefits at a meeting of elected Carpenters Union delegates, she shared her personal story. “I called for ambassadors to come forward and share their stories, and they did. And, as a result of that, we were able to begin a library of videos and articles,” she said. This is one of the areas in the development of resources in a program called Tools for Life.

The MACRC Benefit Funds’ landing page prominently displays a link to a mental health resources page that includes stories from eight carpenters who talk about their experiences with alcohol, substance use, post-traumatic stress disorder (PTSD), relationships and more. Some are featured in videos, but the stories are also shared through an audio recording and written accounts.

Guastaferrri stressed the importance of members being able to see themselves in the mental health stories. “While I can talk about the benefits—to be able to hear a carpenter say, ‘I’ve struggled and I’ve come out the other side. You can too. Just ask for help.’ I think that’s the beginning of something that can become bigger as we continue to work to reduce stigma around behavioral health issues.”

Although the ambassadors do not represent a formal peer support program, Guastaferrri is confident that a member in need could approach one of the ambassadors for help if the opportunity arose. The website also directs plan members to internal and external mental health resources. The funds are reinforcing the mental health message in emails and benefits presentations and on social media.

Mental Health Training

In August, local union representatives of the MACRC also heard a presentation from Lyra Health about the “Notice and Respond” approach to mental health. The approach seeks to help union business leaders notice when someone may be struggling with a mental health and substance use issue and learn how to begin a dialog.

Every local union leader left the meeting with a stack of wallet cards containing health plan benefit information and emergency phone numbers (including the 988 Suicide and Crisis Lifeline) to carry with them or keep at the local union office. “If they see somebody in need or hear about something, they have that resource in their back pocket,” Guastaferrri said.

Tools for Life

The member mental health stories are part of a larger “Tools for Life” program created by the MACRC Benefit Funds. The program also includes financial education that will become required curriculum in the apprenticeship program as well as a component that looks at the whole self. “For example, construction work is hard on the bodies, so we want to be able to educate people about the importance of taking care of themselves,” Guastaferrri said. The fund is conducting some trial programs with virtual musculoskeletal therapy programs as a part of that effort.

Measuring the Impact

Health plan leadership is collecting data to assess the impact of the new programs. That will include account registrations with Lyra Health, the number of mental health visits through the MAP and PPO network data from the near-site health centers.

One way to measure whether the fund is reaching enough members will be to compare utilization with national statistics, Guastaferrri said. “We all know that probably one in five of us is going to experience some type of mental health need in our lifetime,” she noted, adding that about one in 25 adults lives with a serious mental illness, such as schizophrenia, bipolar disorder or major depression.

“The health plan trustees recognize the importance of creating multiple access points to mental and behavioral health care,” Guastaferrri concluded. “I believe we have accomplished this and made progress in reducing the stigma around seeking help, particularly through our ambassador program—Tools for Life.”

