Creating a Behavioral Health Ambulatory Treatment System

Executive Office of Health & Human Services

May 2019
There is a **MAZE** of treatment acronyms and clinicians and provider types in behavioral health

“Where do I start if I think I may need behavioral health treatment?”

Primary Care Doctor/Pediatrician?

Do I ask a friend?

TV advertisement
Search the Internet

Call my Insurance Company?

Call a helpline?

Go to the Emergency Department?

Go to a Community Mental Health center?
Individuals and families cannot easily access ambulatory behavioral health treatment

- When in need of behavioral health treatment, individuals and their families may not understand:
  - Where to seek treatment
  - What their treatment options may be
  - Who is the best provider to meet their need
- They may be embarrassed or feel ashamed about seeking treatment
- They may get lost in the maze of treatment acronyms
- Finding a provider that takes their insurance coverage may be a barrier

Key terms:

- **Ambulatory Behavioral Health Treatment**: Behavioral health treatment in an outpatient setting. Treatment may include counseling, specialized individual/group or family psychotherapy, and/or evaluation/assessment for medication and medication monitoring

- **Behavioral Health**: The promotion of mental health, resilience, and wellbeing; the treatment of mental health, substance use, and co-occurring disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities

- **Urgent Care**: Same-day behavioral health intervention, including 24/7 crisis services

- **Crisis Care**: 24/7 access to treatment for individuals who are experiencing symptoms or behaviors related to a mental health condition or addiction that are severe enough to pose a serious threat of harm to themselves or others and/or which require immediate intervention

Despite $1.9 billion in investments from 2016-2022 and significant policy reforms, significant challenges in accessing ambulatory behavioral health treatment remain

- By 2022, the Baker-Polito Administration will have invested $1.9 billion to strengthen behavioral health care, including rate increases for outpatient, inpatient and Children’s Behavioral Health Initiative treatment.

- Since 2015, the Executive Office of Health and Human Services has led significant programmatic and policy updates, including but not limited to:
  - Increased provider rates
  - Provided telehealth coverage for behavioral health services for MassHealth members
  - Established an expedited psychiatric inpatient admission process
  - Approved licensure of additional inpatient specialty psychiatric capacity
  - Implemented clinical competencies and operational standards for Department of Mental Health licensed inpatient facilities
  - Issued, with the Division of Insurance, a bulletin regarding access to services to treat child/adolescent mental health disorders with commercial coverage
  - Quadrupled office-based opioid treatment program sites
  - Added three Opioid Urgent Care Centers
Current challenges include

| **Primary Care** | - Inconsistent behavioral health capacity in primary care practices  
|                 | - Time pressures within primary care |
| **Behavioral Health Specialty Treatment** | - Mental health, substance use, and co-occuring disorder treatment is not integrated  
|                 | - Patients may experience wait times to see specific providers or for certain treatment  
|                 | - Providers may be isolated from primary care and medical specialties  
|                 | - Behavioral health providers may not accept health insurance (MassHealth, commercial, etc.)  
|                 | - Behavioral health insurance coverage is often managed separately (carved out)  
|                 | - Lack of trauma-specific framework for treatment |
| **Urgent Care** | - The hospital emergency department is the default location for behavioral health emergencies  
|                 | - Lack of community based urgent care options |
| **Crisis Care** | - Mobile emergency assistance may be unavailable unless presentation is highly acute  
|                 | - Insufficient care coordination for individuals with significant behavioral health needs who see providers across a region or city  
|                 | - Patients are not seamlessly connected to the next level of care after crisis intervention |
Together, we have an opportunity to envision an ambulatory behavioral health system

### Current State

- **Primary Care**
- **Mental Health**
- **Addiction**
- **ESP/MCI**
- **Urgent Care**

- Siloed care
- More complex to navigate and access than physical health care
- Not integrated for primary care or mental health and addiction
- Limited urgent care for behavioral health
- No continuum

### Future State

- Patients enter through any door and transition to appropriate levels of care
- Primary care practices have the capacity and competence to provide integrated treatment for mental health, substance use and co-occurring disorders
- Specialty behavioral health care provides integrated treatment for mental health, substance use and co-occurring disorders, addiction treatment with urgent and walk-in access
- 24/7 behavioral health crisis response system that supports stabilization and successful transitions to an appropriate level of treatment

*Massachusetts Child Psychiatry Access Program (MCPAP)*
The roadmap to inform the design and implementation of an ambulatory behavioral health treatment system

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>May 2019</td>
<td><strong>Launch Initiative</strong>&lt;br&gt;▪ Website launched&lt;br&gt;▪ Listening sessions scheduled across the Commonwealth to solicit feedback from public, patients and healthcare community on gaps and challenges and discuss policy directions&lt;br&gt;▪ Dates, locations and material found here: <a href="https://www.mass.gov/service-details/attend-a-listening-session-on-creating-a-behavioral-health-ambulatory-treatment">https://www.mass.gov/service-details/attend-a-listening-session-on-creating-a-behavioral-health-ambulatory-treatment</a></td>
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<td>June – August 2019</td>
<td><strong>8 Listening Sessions are held across the Commonwealth</strong>&lt;br&gt;▪ Any and all interested parties are invited to engage in conversation</td>
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<td>August 2019</td>
<td><strong>Request for Information (RFI) Released</strong>&lt;br&gt;▪ RFI will be an opportunity for stakeholders to provide written feedback on key questions and concepts discussed during listening sessions</td>
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<td>Fall 2019</td>
<td><strong>Roadmap Concept</strong>&lt;br&gt;▪ Executive Office of Health and Human Services will develop a roadmap concept for further feedback&lt;br&gt;▪ Additional stakeholder meetings will be scheduled (To be announced here: <a href="https://www.mass.gov/service-details/attend-a-listening-session-on-creating-a-behavioral-health-ambulatory-treatment">https://www.mass.gov/service-details/attend-a-listening-session-on-creating-a-behavioral-health-ambulatory-treatment</a>)</td>
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<td>Winter 2019/2020</td>
<td><strong>Policy Roadmap released for additional input</strong>&lt;br&gt;▪ Executive Office of Health and Human Services will release a policy roadmap in winter of 2019/2020 and make refinements based on stakeholder feedback</td>
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Your input is invited on any or all of these key questions:

Patient and Family Experience

▪ If you were looking for a behavioral treatment health provider, where would you start?
▪ Where would you go for non-emergency treatment for a mental health, substance use or co-occurring disorder?
▪ Where would you go if your need was urgent?
▪ Is there more the health care system could do to address your (or your family member’s) behavioral health treatment needs?
▪ When receiving behavioral health treatment, what works well right now (e.g., types of treatment, specific providers or health plans)?

Patient Barriers to Accessing Treatment

▪ Do you have barriers accessing behavioral health treatment through Primary Care?
▪ If yes, what are the barriers?
▪ Are there barriers to accessing behavioral health treatment in a behavioral health setting?
  – Long wait for appointments? Access? Location/transportation? Insurance? Lack of competence to treat condition (e.g. can’t access medication, lack of adolescent treatment, not trauma informed, language, cultural concerns, etc.)? Must be a Department of Mental Health client?
▪ Are there barriers to accessing behavioral health treatment in the emergency department
Ambulatory Treatment

▪ Are there barriers to accessing ambulatory behavioral health treatment?
▪ Do barriers to accessing ambulatory behavioral health treatment look different for people who have a co-occurring disorder? Does it look different for children, youth and families? Are there cultural and/or linguistic barriers?
▪ What specific changes would you like to see happen that would work better for you?

Primary Care

▪ Are there specific barriers and challenges that prevent or discourage primary care providers from integrating behavioral health treatment in their practices
▪ Can you point out any existing examples that are successful in integrating primary care and behavioral health that could be replicated?
Your input is invited on any or all of these key questions (continued):

**Behavioral Health Outpatient Specialty**

- What are the biggest challenges that you face in trying to access outpatient behavioral health care?
- What are the biggest barriers or challenges that providers face in meeting their patients’ needs (e.g., capacity, payment/insurance, regulatory, lack of education, training, knowledge of BH, co-occurring issues, or where to refer patients, ability to provide both mental health and addiction, lack of staff that are bi-lingual, cultural competence etc.)?
- Where are the biggest bottlenecks in outpatient behavioral health today?
- What types of outpatient behavioral health treatment settings have the longest wait times for treatment access? How are treatment needs met during wait periods?
- Can you point out any promising, successful or innovative interventions that are being tried to expand access and improve outpatient behavioral health care?

**Crisis**

- What would you do if you were experiencing a behavioral health crisis?
- What is the most significant challenge individuals and families encounter when they are in a behavioral health crisis?
- What interventions might be available to people in crisis that are not available today?
Sign up for updates here:
https://www.mass.gov/forms/sign-up-form-behavioral-health-ambulatory-treatment-system
link – would send emails when listening sessions dates/RFI posted, etc.

Send any questions, comments or requests for a listening session with specific stakeholder groups here:
BHengagement@state.ma.us

Thank you, we look forward to hearing from you.
Current resources for professionals, families, and individuals:

*Resources for families and individuals:*
William James College INTERFACE Referral Helpline:
888-244-6843

National Association of Social Workers (NASW), Social Work Therapy Referral Service
(617) 720-2828 or (800) 242-9794
www.TherapyMatcher.org

Massachusetts Substance Use Helpline
800-327-5050
www.helplinema.org

Massachusetts Behavioral Health Access (MABHA)
www.mabhaccess.com/

*Resources for medical professionals:*
MCPAP: mcpap.com
MCSTAP: 1-833-PAIN-SUD (1-833-724-6783)