REPORT FROM THE SPECIAL COMMISSION TO INVESTIGATE THE EXPANSION AND ENHANCEMENT OF THE MASSACHUSETTS BEHAVIORAL HEALTH ACCESS WEBSITE IN ACCORDANCE WITH CHAPTER 258 SECTION 44 OF THE ACTS OF 2014

December 2014

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1. EXECUTIVE SUMMARY

Overview

The Special Commission (Commission) to investigate the expansion and enhancement of the Massachusetts Behavioral Health Partnership's (MBHP) Massachusetts Behavioral Health Access (MABHA) website was established by Chapter 258 Section 44 of the Acts of 2014. The Commission's mandate was to "make recommendations on ways to improve provider, carrier and public search capabilities to locate inpatient beds, services and placement for individuals with mental health and substance abuse needs in real-time for the purpose of referring individuals in need of services." Specifically, the Commission was charged with the following tasks:

- Develop a list of additional services and facilities to include as part of the website;
- Develop requirements for submission of information on service availability and publication of the information on the website in real-time, including requirements for frequency of data submission and reporting;
- Develop requirements for additional information to be posted on the website, including any admission requirements or restrictions;
- Develop recommendations that the Department of Mental Health, the Department of Public Health and other appropriate state agencies may adopt under existing regulatory authority to create and enhance access for said placement services; and
- Develop recommendations as to whether the website should be a state run and operated function.

Pursuant to its authorizing statute, the Commission was comprised of nine (9) members, as follows:

- The Commissioner of Mental Health, or designee (chair)
- The Commissioner of Public Health, or designee
- The Director of the Office of Medicaid, or designee
- One Representative from each of the following six organizations
    - The Massachusetts Behavioral Health Partnership
    - The Massachusetts Association of Health Plans
    - The Massachusetts Hospital Association
    - The Massachusetts Medical Society
    - The Massachusetts Association of Behavioral Health Systems
    - The Massachusetts College of Emergency Physicians

A list of Commission members follows in the report.

Beginning in October, 2014, the Commission held five (5) meetings. During the first and second meetings, the Commission received presentations from the MBHP on the MABHA website, which is the existing "bed-finding" tool, and from the Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) on the substance abuse treatment services offered by the state. In addition, the Commission received and reviewed data supplied by the Department of Mental Health (DMH) on current and planned capacity of inpatient psychiatric facilities licensed by that agency.

The third and fourth meetings were devoted to consideration of the Commission's mandated tasks, including comments and recommendations proposed by each member. A draft of the Commission's report and recommendations were also considered at the fourth meeting and were finalized at the fifth and final meeting on December 17, 2014.

Summary of Commission Recommendations:

1. **With respect to additional services and facilities to include as part of the website, the Commission recommends the following information be added:**

   A. Clinical Stabilization Services (CSS) funded by DPH should be added to the MABHA website with all the profile information contractually required of CSS providers to update bed availability.

   B. A link to the current BSAS service locator and its new Central Navigation System (CNS) (when operational) should be included on the MABHA website so that the user can go directly to the BSAS system to get information about applicable services.

2. **Regarding requirements for submission of information on service availability and publication of the information on the website in real-time, including requirements for frequency of data submission and reporting:**

   A. The Commission chose not to make any recommendations for required submissions of information on service availability and publication of the information on the website beyond what exists, despite robust conversation detailed later in the report.

3. **Regarding requirements for additional information to be posted on the website, including any admission requirements or restrictions:**

   A. The Commission recommends that the MABHA website provide 24x7/365 contact information for all payers. This information would enable plans and providers to work together to enhance communication and to ensure that the necessary bed finding assistance is available when needed.

   B. Enhanced search capability should be available to provide the user with a more robust search function that allows information about waiting members, such as gender, age,

single room requirements, payer, level of care, need for general hospital vs. psychiatric hospital only services, etc., to enable a match with available beds.

C. Complementary to this enhanced search capability, the Commission recommends enhancing the website tool to specifically allow Emergency Departments (EDs) to voluntarily post relevant information, to be determined, about members waiting for a psychiatric or substance use bed.

D. User guide instructions for inpatient providers should include guidance for inpatient facilities to voluntarily enter anticipated discharges for a particular day.

E. Additional information within the facility profile would be helpful on the website. In particular, providing additional facility details regarding available cultural, linguistic or language services would help EDs to better match a patient with the most effective facility to provide the needed services.

F. A description on the website which further explains available levels of care and a glossary of terms which includes a list of acronyms and abbreviations should be added.

4. Concerning whether the Department of Mental Health, the Department of Public Health and other appropriate state agencies may adopt under existing regulatory authority to create and enhance access for said placement services, the Commission recommends:

A. Consideration of the inclusion of reporting requirement to MABHA website as part of related DMH licensing regulations, BSAS regulations and/or BSAS or other state contracting. This inclusion will help to reinforce adherence to requirements and timely, up-to-date reporting. The consideration of reporting incentives over any regulatory approach should also be considered. However, consensus was not reached on the issue of amending regulations.

5. With respect to whether the website should be a state run and operated function, the Commission recommends the following:

A. The MABHA website should remain owned and managed by MBHP at this time. The rationale behind this Commission conclusion is that MBHP already has the experience and technical expertise to continue to maintain the website. Also, the MBHP provider network and other providers are currently able to access this system. In addition, MBHP has managed this process effectively and therefore, is well suited to continue to run and operate this function.

The designated members from each agency are listed below:

Last Name	First Name	Title	Organization	Address	Tel. #	E-Mail Address
CHAIR						
Shea-Delaney	Ellie	Assistant Commissioner, Program Development & Interagency Planning	Dept. of Mental Health ~ Central Office ~ Clinical & Professinal Svcs	25 Staniford St., Boston, MA	617-626-8253	Eleanor.Shea-Delaney@state.ma.us
Commission Participants						
Chiaramida	Sarah Gordon	Vice President, of Legal Affairs	Mass. Association of Health Plans	40 Court St., Suite 550, Boston, Ma. 02108	617-338-2244 ext 103	chiaramida@mahp.com
Counihan	Christopher	Director	MassHealth	100 Hancock St., Quincy, MA 02170	617-847-1257	christopher.counhan@state.ma.us
Granoff	Karen	Senior Director, Managed Care Policy	Mass. Hospital Association	5 New England Executive Park, Burlington, Ma 01803	781-262-6035	kgranoff@mhalink.org
Hauser, M.D.	Mark	Consulting Psychiatrist	Mass. Medical Society	860 Winter St., Waltham Woods Corp. Ctr., Waltham Ma 02451	617-969-6331	hausermd@psychiatry.com
Hopkins, M.D., FACEP	Jeff	Chief of Emergency Medicine	Mass. College of Emergency Physicians	14 Prospect St., Milford, MA 01748	508-422-2250	Jhopkins@milreg.org
Matteodo	David	Executive Director	Mass. Assoc. of Behavioral Health Systems	115 Mill St., MS102, Belmont, Ma 02478	617-855-3520	dmatteodo@aol.com
Mercier, Esq., MPH	Rachelle S.	Manager, Health Care Policy & Analysis	Mass. Hospital Association	5 New England Executive Park, Burlington, Ma 01803	781-262-6064	rmercier@mhalink.org
Muir, LMHC	Moira	Vice President, Network Management	Mass. Behavioral Health Partnership	1000 Washington St., Suite 310, Boston, Ma 02118	978-716-3381	moira.muir@valueoptions.com
Ultimo-Prophil, MSW	Lydie	Director, BSAS	Dept. of Public Health	250 Washington St., Boston Ma. 02108	617-624-5151	lydie.ultimo@state.ma.us
Wallace	Ronna	Legislative Liaison	Mass. College of Emergency Physicians	860 Winter St., Waltham Ma 02451	617-721-5655	ronnawallace5@gmail.com
CONSULTANTS						
Baer, MS	Shelley	Director, Emergency Services	Mass. Behavioral Health Partnership	1000 Washington St., Suite 310, Boston, Ma 02118	978-716-3383	Shelley.baer@valueoptions.com
Cidlevich	Stephen	Legislative Liaison	DMH ~ Central Office ~ CPS	25 Staniford St., Boston, Ma, 02114	617-626-8140	stephen.cidlevich@state.ma.us
Coco	Greg	Project Manager	MassHealth	100 Hancock St., Quincy, MA 02170	617-847-1259	greg.coco@state.ma.us
Gilman	Amanda	Senior Director of Policy and Research	Association for Behavioral Healthcare	251 West Central Street, Suite 21, Natick, MA 01760	508.647.8385 x16	agilman@abhmass.org
Greenberg, Ph.D.	Joshua	Special Assistant to the Deputy Commissioner	DMH ~ Central Office ~ CPS	25 Staniford St., Boston, Ma, 02114	617-626-8111	joshua.greenberg@state.ma.us
Jeng	Warren	Lead Application Developer	Mass. Behavioral Health Partnership	1000 Washington St., Suite 310, Boston, Ma 02118	617-790-5616	warren.jeng@valueoptions.com

2. BACKGROUND

In the Commonwealth of Massachusetts, individuals in acute psychiatric distress or substance use disorders often find themselves in general hospital emergency rooms undergoing evaluations for inpatient psychiatric hospitalization and/or substance abuse services. As in many other states, patients may face long waits for a suitable bed to be located. Wait times, particularly for psychiatric care, can far exceed the wait time generally required for acute medical conditions and may be hours and sometimes days.

One tool that has been developed to help address this problem is the MABHA website. Developed by the MBHP under its contract with MassHealth, the MABHA website contains important information, updated daily, on the availability of acute psychiatric inpatient beds within MBHP's provider network, as well as some providers outside their network.

In August 2014, the Legislature established this Commission to investigate the expansion and enhancement of the MABHA website pursuant to Section 44 of Chapter 258 of the Acts of 2014. The Commission's mandate was to "make recommendations on ways to improve provider, carrier and public search capabilities to locate inpatient beds, services and placement for individuals with mental health and substance abuse needs in real-time for the purpose of referring individuals in need of services." Specifically, the Commission was charged with the following tasks:

- Develop a list of additional services and facilities to include as part of the website;
- Develop requirements for submission of information on service availability and publication of the information on the website in real-time, including requirements for frequency of data submission and reporting;
- Develop requirements for additional information to be posted on the website, including any admission requirements or restrictions;
- Develop recommendations that the Department of Mental Health, the Department of Public Health and other appropriate state agencies may adopt under existing regulatory authority to create and enhance access for said placement services; and
- Develop recommendations as to whether the website should be a state run and operated function.

Convened on October 1, 2014, the Commission had five in-person meetings at the central office of DMH, 25 Staniford St., Boston, MA 0114. The other four meetings were held on October 15th, November 5th, November 19th, and December 17th, 2014.

As part of the Commission process, each member was given an opportunity prior to the third meeting to submit his/her own comments and recommendations on each of the tasks assigned by the Legislature, in order to facilitate consensus on the recommendations. These recommendations were the focus of the third meeting. The fourth meeting involved an in-depth

review of the draft Commission report and recommendations. Additionally, the Commission felt it prudent to add a fifth meeting to permit the Commission another opportunity to review and comment on the final report.

The focus of the Commission, as directed by the Legislature, was on improving the MABHA website, with the underlying goal of improving access to 24/7 acute psychiatric and substance use care. In the course of the discussion, a variety of other ideas and concerns were raised that were not related to the immediate task at hand and therefore, did not lead to a recommendation. However, some of these issues are noted in the report, as they impact bed availability and contribute to larger systemic bed access problems.

Copies of the agendas and relevant material will be available at the following website no later than January 15, 2015: **http://www.mass.gov/eohhs/gov/newsroom/open-meeting-notices/hhs/special-commission-for-chapter-258-of-the-acts-of-2014.html**

3. MEETING SUMMARIES

Presentation and Demonstration by Massachusetts Behavioral Health Partnership (MBHP)

At the first meeting, there was a presentation of the guidelines and instructions for use of the MABHA website. Access to the website was given to each member during the Special Commission meeting period.

The MABHA website tool went live June 30, 2009 to provide a statewide "bed-finder" tool. The website was designed with contributions from a hospital site in Minnesota that developed the tool for similar use. Specifically, the website is designed to help providers find available capacity in mental health and substance use disorder facilities. It is available to emergency services providers, mental health and substance abuse providers, emergency department staff, health plans, and state agencies in search of 24/7 bed availability.

The Emergency Services Programs (ESPs) are the primary MABHA website users. These programs cover the state and provide crisis assessment, intervention, and stabilization services 24 hours per day, seven days per week, 365 days per year, to MassHealth members of all ages who are experiencing a behavioral health crisis. There are twenty-one ESP vendors, seventeen privately operated vendors managed by MBHP and four operated by DMH. ESP services are available to the uninsured and Medicare population through funds from DMH and to members of

some private health plans that choose to contract for this type of service. The purpose of the ESP is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis. This service should be delivered in a manner that allows a member to receive medically necessary services in the community, in an inpatient facility, or 24-hour diversionary level of care, whichever is most appropriate.

MBHP offered an interactive demonstration of the services that can be searched using the MABHA website, including 24-hour levels of care and Children's Behavioral Health Initiative (CBHI) services. MBHP noted the available programs and services with 24-hour levels of care as well as CBHI services.

These services are:

24/7

- Psychiatric inpatient services
- Community-Based Acute Treatment (CBAT)
- Intensive Community-Based Acute Treatment (ICBAT)
- Adult and Adolescent Addiction Treatment Services (ATS)
- Enhanced Acute Treatment Services (EATS)

CBHI

- In-Home Therapy (IHT)
- In-Home Behavioral Services(IHBS)
- Intensive Care Coordination (ICC)
- Therapeutic Monitoring (TM)

Providers on the website include not only those in the MBHP network, but those in the network of other health plans and some out of state providers. Access is granted by request to MBHP. Furthermore, the tool is very flexible. Search results can be filtered and sorted in three ways: zip code/proximity, most recent updates, and current available capacity.

Access to the website is not restricted to MBHP providers and may be used by EDs, all health plans and other appropriate organizations upon request. All relevant MBHP contracted providers are required to list their services on the website and are expected to update capacity at least three times per day for 24-hour levels of care, a minimum of once per 8 hour shift. Facility listings include contact information, accepted payers and insurance, and referral options, program descriptions and specialties. CBHI providers, which do not provide 24 hour access, update available capacity a minimum of once per week. Provider compliance with updating is monitored by MBHP. They will contact any provider not in compliance on the day it occurs.

MBHP noted the practice of many hospitals relying only on ESPs and not hospital staff to check the website. Members believed it would be advantageous for hospital staff to use the MABHA website routinely and that hospitals should be encouraged to do so. It was also noted in the presentation that some hospitals partner with ESPs to perform this function for all ED behavioral health clients they see.

Presentation of BSAS Treatment System and Current Planning Activities

At the second meeting, staff from DPH's BSAS unit provided a presentation on their services. BSAS oversees substance use treatment throughout Massachusetts. It is the single state substance use authority. This agency has responsibility for development of the service system, assuring quality of care, and funding a full continuum of prevention, intervention, treatment and recovery support services. BSAS also licenses treatment facilities and addiction counselors.

Treatment services that BSAS funds include medically managed, medically monitored and clinically monitored inpatient programs, long term residential services for individuals with support for families, a range of outpatient and case management services, and recovery support services. The range of outpatient services currently include medical detoxification with methadone and other medications and office based opioid treatment (OBOT), opioid treatment programs (OTP), day treatment and counseling, and first offender Driver Alcohol Education (DAE) programming. Many of these services are also covered by insurers.

BSAS is developing a Central Navigation System (CNS) which is a statewide service to help facilitate and streamline the process for individuals, family members and/or providers seeking services and resources that address substance use. This includes prevention, treatment, and ongoing recovery support in the Commonwealth. With two components, a call center/helpline and a website, consumers will have access to up-to-date prevention, treatment and recovery support information. Trained Screening and Informational Specialists (SIS) will be available for every caller or online visitor utilizing the instant chat feature. Working in tandem with the state's regional assessment centers and outpatient programs, the CNS will play a pivotal role in screening, connecting, and referring consumers to the appropriate programs. This includes helping them navigate through the substance use prevention, treatment, and recovery support system and providing them with up-to-date information and available resources. The CNS will be a significant enhancement to the currently available service locator service now accessible through the Massachusetts Substance Abuse Information and Education Helpline.

The third, fourth and fifth meetings were devoted to review of information gathered, discussion of Commission recommendations and finalization of the Commission's report.

4. Discussion of the Mandates and Recommendations

4.1 Mandate: Recommendations for additional services and facilities to include as part of the website

4.1.1 Discussion:

The Commission discussed and identified the following ideas related to adding services and facilities to the MABHA website tool. First, CSS should be added to the MABHA website. Second, the Commission discussed how it would be optimal to link the future CNS on the BSAS website to the MABHA website, as well as create a link to the current service locator tool.

Beyond additional services and facilities, there was also significant discussion about a new function to help match clients waiting for available beds. This discussion is noted in later section.

4.1.2 Commission Recommendations:

As a result of the discussion, the Commission recommends the following information to be added to the website.

A. CSS, funded by DPH, should be added to the MABHA website with all the profile information contractually required of CSS providers to update bed availability.

B. A link to the current BSAS service locator should be included on the MABHA website so that the user can be taken directly to the BSAS system for information. Additionally, once the BSAS central navigation system is fully operational, the Commission recommended that a link be added to the MABHA website, with access by guest log-in, to allow searches for available substance abuse treatment services.

4.2 Mandate: Requirements for submission of information on service availability and publication of the information on the website in real-time, including requirements for frequency of data submission & reporting

4.2.1 Discussion:

The Commission discussed potential ways to improve the data quality which is currently updated three times a day. While receiving updates three times a day is an excellent start, it would be ideal and more useful if the data were updated on a more real-time basis to more accurately reflect the current status of available beds at any point in a given day. Currently, MBHP's

performance reporting shows that updates made twice a day occur in the low 90% range; updates made three times a day occur in the mid 80% range.

Additionally, the Commission discussed providing a contractual incentive approach to encourage facility compliance with timely updates of their inpatient bed availability. For instance, MBHP currently offer some minimal incentives for compliance with updating. The Commission raised the possibility that MBHP may consider ways to further encourage higher rates of compliance and more timely updates by providers through the use of additional incentives. Such incentives might also be considered by other payers in the future.

The Commission discussed several additional potential requirements for this mandate, including adding a required field to describe available licensed beds vs. available capacity. Since this information would not help with actual bed availability, it did not result in a recommendation. However, the members thought knowledge of this information would help improve the system as a whole.

It was also noted that a current limitation of the MABHA website is that it is essentially a read-only guide, providing a snapshot of inpatient beds that may be available in a given facility at a moment in time. While it is not possible in the short term, the Commission would like to see the tool evolving to a website that allows real-time interactive access. Because of various issues with updating the website, data integrity issues exist. In future models, the Commission urges that the website allow for interactive, bidirectional information sharing with real time data.

In summary the Commission believes that more frequent data entry and more detailed reporting will result in a tool that is more comprehensive and accurate, and therefore more valuable to all users.

4.2.2 Commission Recommendations:

A. Despite the robust discussion of issues around this task, as noted above, the Commission chose not to make any specific recommendations for required submissions of information on service availability and publication of the information on the website. The main reason is that some of these ideas cannot be easily implemented without significant redesign and investment in the website and would require in-depth discussion by stakeholders and are ultimately beyond the scope of this Commission.

4.3 Mandate: Requirements for additional information to be posted on the website, including any admission requirements or restrictions

4.3.1 Discussion:

The Commission discussed requirements for additional information to be posted on the website, such as any admission requirements or restrictions. First, the Commission discussed the value of listing other programs on the MABHA website, as well as additional disclosure regarding other levels of care available, including admission requirements and total bed availability. Second, the Commission discussed clarifying how many beds are available and how many are offline noting it may be valuable to provide contextual information about the discrepancy between total beds and available beds.

The Commission observed that the user guide should include a readily accessible phone number which EDs or ESPs could contact for assistance with placement of patients who have prolonged boarding times to help facilitate an appropriate outcome for "stuck cases" and expedite admission. These phone numbers would include all payers, as MBHP can only assist with the placement of MBHP members.

There was significant discussion about a new function to help match clients waiting for available beds. This would include both added data and new search capability. MBHP agreed that this information could be added with the current technology and with appropriate planning and implementation with the stakeholders: MBHP, the providers listed on the website, hospital EDs and ESPs.

The Commission discussed and agreed that it would also be very beneficial for hospitals to voluntarily provide and maintain additional profile information, such as gender and single room availability.

In addition, the Commission discussed that the user guide should clarify that the website will be more up-to-date after noontime, as daily discharges emerge. It was also mentioned that hospitals sometimes hire ESPs to handle their private behavioral health clients to ensure continuity of services.

Finally, there was conversation regarding making the website more user friendly with glossaries, and enhancing provider profile data on the website. The details are below in the recommendations

4.3.2 Commission Recommendations:

A. The MABHA website should provide contact information to reach insurers on 24x7/365 days per year basis. This information would enable plans and providers to

work together to enhance communication and to ensure that necessary bed finding assistance is available when needed.

B. Enhanced search capability should be added to provide the user with a more robust search function that includes information about waiting members, such as gender, age, single room requirements, payer, need for general hospital and level of care, to be matched with available beds. This enhanced search feature is intended to facilitate dispositions for those waiting for treatment.

C. Complementary to this enhanced search capability, the Commission recommends allowing EDs to voluntarily post certain information about members waiting for a psychiatric or substance use bed. Patients of all payers would be added in a new section of the website. This new option would allow opportunities for inpatient facilities to identify EDs with multiple boarders and assist with placement of patients waiting for beds. If it is decided that EDs may post information regarding individuals who are "boarding" for a 24 hour level of care, issues like the frequency of updating the information must be addressed in an implementation phase of the website. In addition, MBHP would need to evaluate the operational process for inputting this data and determine whether EDs should report the patients waiting for an open bed directly to MBHP to post, or whether access to hospitals should be increased to permit patient update capabilities. In the short-term, the Commission would like this added information to serve as an automated way for EDs to ask for help. In the longer term, the Commission would recommend a broader tool to provide EDs with an interactive bed registry.

D. User guide instructions to inpatient providers should be added to allow inpatient facilities to voluntarily enter and reflect their anticipated discharges for a particular day. This additional information will allow EDs greater flexibility in determining current available beds, providing clarification about total bed availability, as well as anticipated bed availability on a given day.

E. Additional information within the facility profile would be helpful on the website. In particular, providing additional facility details regarding any cultural, linguistic or language services available would help the ED to better place a patient in the most facility most able to provide the services needed. Also, the facility should further identify within their profile, any limitations on services that they are not able to currently offer.

F. A description on the website which further explains the levels of care available, and a glossary of terms which includes a listing of acronyms and abbreviations should be added.

4.4 Mandate: Recommendations that the Department of Mental Health and other appropriate state agencies may adopt under existing regulation authority to create and enhance access for said placement services

4.4.1 Discussion:

During the course of the Commission's discussions, questions relating to the scope of state laws governing health insurance arose. Commission members requested an explanation regarding which health insurers are subject to state laws and regulations and which ones are not. State laws and regulations governing the business of insurance only apply to fully insured, licensed carriers singularly and would apply only to individuals who purchase coverage on their own or receive it through a small business. Larger companies typically "self-insure," providing employee health benefits by directly paying health care claims to providers. They are governed by the Federal Employee Retirement Income Security Act (ERISA). Included in ERISA is a provision preventing states from deeming employee health benefit plans to be in the business of insurance for the purpose of state oversight, which preempts states from regulating these plans. As a result, these plans are exempt from state level mandated benefits (though they are subject to federal mandates, such as federal mental health parity). Nearly 50 percent of individuals under the age of 65 are covered by a self-insured plan

The Commission considered whether to recommend that DMH and DPH review their respective licensing regulations to require licensed facilities to report data to the MABHA website and whether relevant provider contracts should also require reporting. There was also a brief discussion about whether or not other insurers such as Managed Care Organizations (MCOs) should include a contractual requirement for hospital providers to participate on this website and mandate timely updates.

Beyond a discussion about DMH and other state agencies adopting regulation changes, and contract changes, there was a discussion around the possibility that health plan rate enhancement could help to increase placement for some patients. However, the requirement for participation in the website stems from MBHP provider contracts and MBHP is the sole entity able to monitor compliance. Such a requirement may also be complicated by the fact that the website is owned and operated by MBHP. Individual health plans would be unable to verify compliance from their network providers. Therefore, the commission determined that this recommendation would not be feasible at this time.

The Commission ultimately recognized that some of these topics were beyond the scope of this Special Commission but worthy of inclusion in Other Considerations, Section 3 of this report.

4.4.2 Commission Recommendations:

A. The Commission recommends that the inclusion of reporting requirement to MABHA websites be considered as part of related DMH licensing regulations, BSAS regulations and/or BSAS or other state contracting. This inclusion will help reinforce adherence to requirements and timely updated reporting. Reporting incentives over any regulatory approach should also be considered. However, there was not consensus on the issue of amending regulations.

4.5 Mandate: Recommendations as to whether the website should be a state run and operated function

4.5.1 Discussion:

After some brief discussion, there was clear Commission consensus on a recommendation that MBHP continue to maintain the website, particularly since the current tool is available to ESPs, hospital EDs, and others to use for all people awaiting services, regardless of payers.

There was limited discussion about turning this over to the state. Since there was no clear place for this responsibility, along with other considerations such as time and cost, the Commission concluded it should stay with MBHP.

4.5.2 Commission Recommendations:

A. The Commission members all agreed that the MABHA website should remain owned and managed by MBHP at this time. The rationale behind this Commission conclusion is that MBHP already has the experience and technical expertise to continue to maintain the website. The MBHP provider network and other providers can currently access this system. In addition, MBHP has managed this process effectively and therefore, is well suited to continue to manage and operate this function.

5. OTHER CONSIDERATIONS

As previously mentioned, there were many issues discussed by the Commission in the context of its mandate. Most significantly, the Commission focused on those issues that impact inpatient access to 24/7 care. The Commission believes that if even some of these related issues were addressed, the website would be more effective. They are as follows:

A. The Commission noted that there are related issues covered by other Legislative Committees and Commissions. For example, the Special Commission for Chapter 258 of the Acts of 2014, Section 231 was formed to "implement new reporting mechanisms

for the collection of information related to the provision of mental health or substance abuse services." This related Commission seeks to capture and measure relevant data including, "the length of time between admission and evaluation by the attending emergency department physician." Given this mandate, there are several areas of related investigation and analysis which could impact changes to the MABHA website.

B. Beyond the scope of this Commission's mandate, but useful in analyzing capacity need, would be a clearer definition of "available bed." Facilities licensed by DMH are not required to operate to their licensed capacity. Based on data provided to the Commission, members felt that it would be beneficial for those using the system to know how many of the total authorized beds are off-line at any given point in time, even if that information does not enhance immediate access. Currently there are 2,440 total licensed beds by DMH within the Massachusetts system, of which there are 1,780 licensed adult beds that are staffed and available for inpatient use. Relative to substance use services, as of December 2014, there are 1,168 licensed adult beds for acute treatment and clinical stabilization services and 48 licensed youth beds for acute treatment and clinical stabilization services.

C. The Commission received data to suggest that as many as 200 new psychiatric beds may be licensed across the Commonwealth in 2015. While it cannot be assumed that these additional beds will solve the existing problems in locating needed resources for individuals requiring acute mental health or substance abuse services, they will presumably have some impact on access. This may require further study.

D. Discussion of the use of the website also included concern that daily there are many boarders in the EDs whose length of stay can be more than 24 hours. Consequently, the importance of engaging MCOs and other insurers in the disposition of people on the wait list to secure a bed in a 24/7 setting was discussed. This requires notification by the provider to the MCO or commercial insurer, whereby today there is no required formal communication. Further discussion needs to take place at a macro level to determine how best to create and implement a process for effectively notifying insurers of patient members waiting in the system for available inpatient beds. This key issue was raised at a recent Division of Insurance meeting and a recommendation was made for a process to track all patients waiting in emergency departments and the creation of mechanisms to communicate with commercial insurers regarding their patients and the need for more active involvement by insurers in finding beds.

E. Disparities in the process in which patients access treatment for behavioral health conditions, as opposed to physical health conditions, remain a significant issue. While Massachusetts has enacted strong behavioral health parity laws, problems of access, such as wait times, and broader systemic issues that go beyond the scope of parity laws are a concern of the members.

F. Some members of the Commission noted a perceived preference by admitting hospitals for those with private insurance over others. Further discussion on this topic is warranted.

G. The Commission also discussed various factors that impact access including the reduced number of admissions and discharges on weekends, which may be caused by numerous factors including physician coverage on weekends as well as lack of community resources for timely discharge planning. In due course, the Commission recognized this issue was larger in scope than the Commission mandate and proposed no recommendation concerning this issue.

H. The Commission discussed the development of metrics to measure the utility of the system, specifically measures that would validate successful placement based on data reported (e.g. were patients actually able to be placed in the beds that facilities reported where vacant?). Implementation of outcome measures will guide further improvement in the system, and should help demonstrate the utility of the tool

6. CONCLUSION

The Commission members recognize that improving the MABHA website is not a panacea in addressing the problem of emergency room boarding in cases of psychiatric emergencies. We do believe, however, that enhancement of the capabilities of the MABHA website, to include a wider scope of available services and a more robust search capacity could make an important contribution to the Commonwealth's efforts to provide access to acute inpatient psychiatric services to individuals who need that level of care. We are grateful for the opportunity to present these recommendations.

7. ADDENDUM

A copy of the relevant section of the law is below:

Chapter 258 of the Acts of 2014

SECTION 44. (a) There shall be a special commission to investigate the expansion and enhancement of the Massachusetts Behavioral Health Access (MABHA) website, operated by the office of Medicaid's behavioral health vendor. The commission shall make recommendations on ways to improve provider, carrier and public search capabilities to locate inpatient beds, services and placement for individuals with mental health and substance abuse needs in real-time for the purpose of referring individuals in need of services. The committee shall (1) develop a list of additional services and facilities to include as part of the website, (2) develop requirements for submission of information on service availability and publication of the information on the website in real-time, including requirements for frequency of data submission and reporting, (3) develop requirements for additional information to be posted on the website, including any admission requirements or restrictions, (4) develop recommendations that the department of mental health, the department of public health and other appropriate state agencies may adopt under existing regulatory authority to create and enhance access for said placement services and (5) develop recommendations as to whether the website should be a state run and operated function.

(b) The special committee shall be comprised of the following 9 members: the commissioner of mental health or designee, who shall serve as chair, the commissioner of public health or designee, the director of the office of Medicaid or designee, 1 representative of each of the following 6 organizations: the Massachusetts Behavioral Health Partnership, the Massachusetts Association of Health Plans, the Massachusetts Hospital Association, the Massachusetts Medical Society, the Massachusetts Association of Behavioral Health Systems and the Massachusetts College of Emergency Physicians.

(c) The commission shall hold its first meeting within 90 days after the effective date of this act. The commission shall file a report detailing its work and findings, including any legislative or regulatory recommendations, with the house and senate committees on ways and means, the joint committee on health care financing, the joint committee on mental health and substance abuse and the clerks of the House of Representatives and the Senate, not later than December 31, 2014.