



Behavioral Health Roadmap Update: Exec Summary for May 2024

Executive Office of Health and Human Services

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ED Boarding* of Members Awaiting BH Admission^: Calendar Year 2022 – April 2024

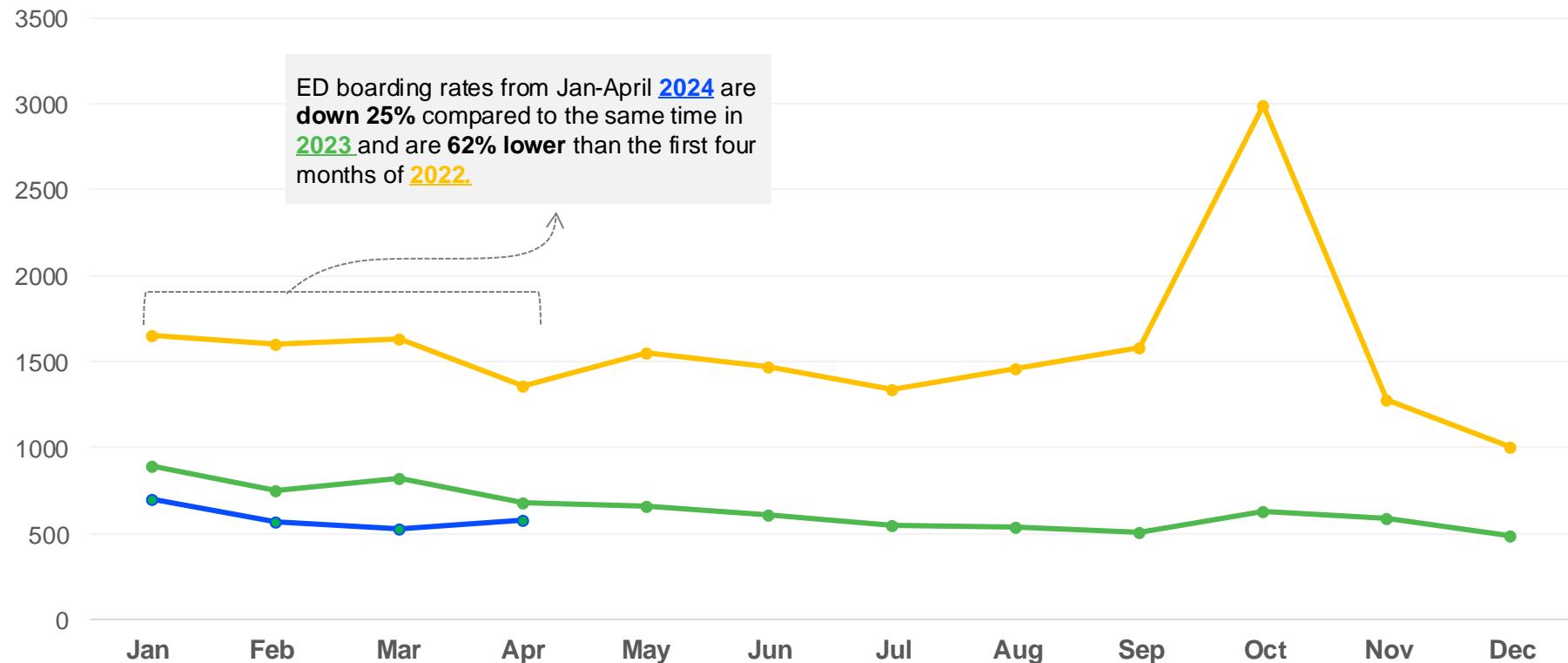


Behavioral Health ED Boarding rates for MassHealth members decreased by **59%** in **2023 compared to 2022**.

Year-Over-Year Trend

CY 2022 to April 2024

— CY22 ● CY23 ● CY24



Note: *Members waiting >24hrs. ^Massachusetts Behavioral Health Access (MABHA), state database which requires all Massachusetts hospitals to submit MassHealth members who have been awaiting disposition to a 24-hour level of behavioral health care

Source: ^=Massachusetts Behavioral Health Access (MABHA)

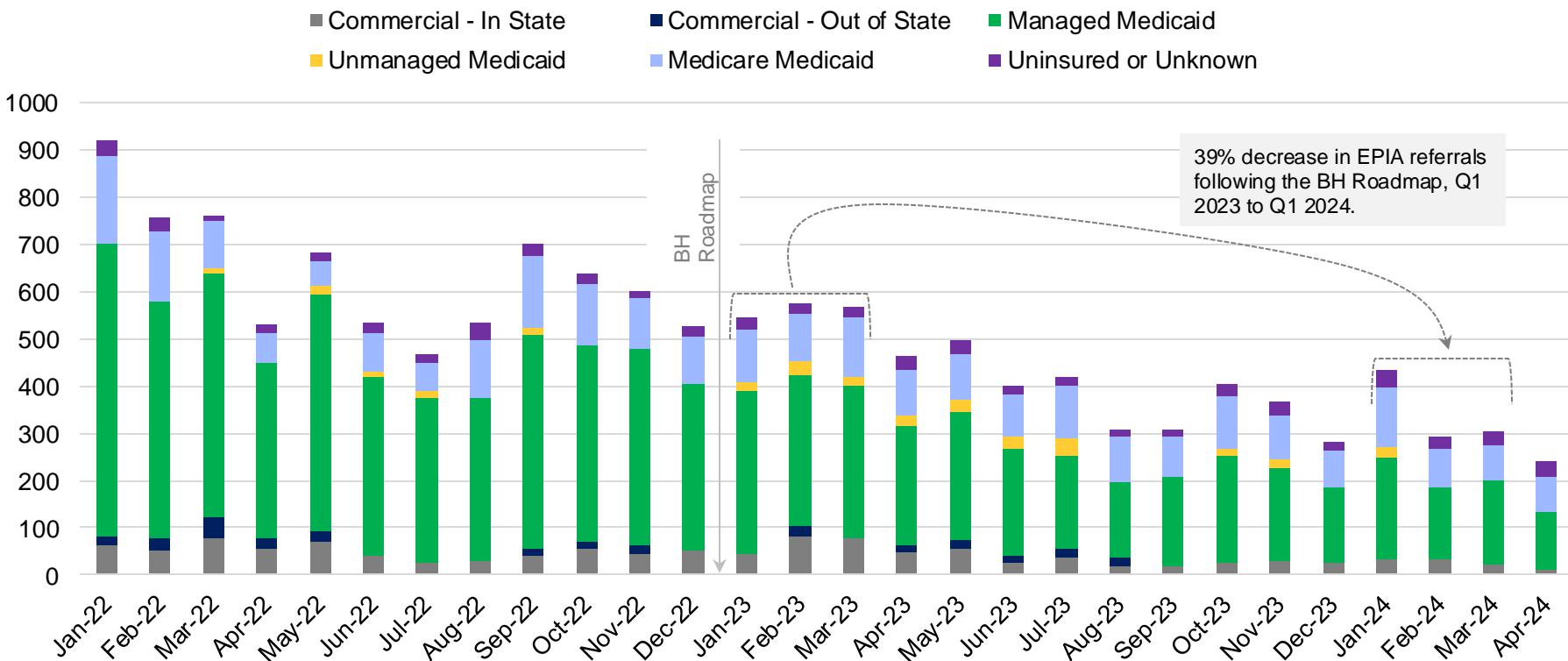
ED Boarding of Members Awaiting Inpatient Psychiatric Admission



Since the formal launch of the BH Roadmap in 2023, the number of patients waiting for an inpatient psychiatric bed continues to decline. There was a **58% decrease in EPIA referrals from Q1 2022 to Q1 2024** (pre- to post-BH Roadmap), and **EPIA referrals for MassHealth members (Managed and Unmanaged Medicaid) have decreased by 46% from Q1 2023 to Q1 2024.**

EPIA Referrals

CY 2022 through April 2024



Note: *The Expedited Psychiatric Inpatient Admission (EPIA) protocol is the process codified into law by which the EOHHS EPIA team is alerted of patients waiting for an inpatient psychiatric bed for longer than 48 hours for youth and 60 hours for adults to assist with advocacy.

Source: EPIA

BH Roadmap Impact on Access to Crisis Services: Update for April



By the end of 2023, the majority of all BH crisis evaluations were completed in the community vs. the emergency room*, achieving a major goal of the BH Roadmap.



- April 2024: 58 occasions of police drop offs to a Community Behavioral Health Center.
- Since Jan 2023: 445 members have been **able to avoid the ED** by being transported directly to a CBHC



- April 2024: 38 direct admissions to inpatient psychiatry from a CBHC
- Since Jan 2023: 184 members have been directly admitted from CBHCs, avoiding the ED for “medical clearance”

Since January 2023, CBHCs have provided **643,993 outpatient clinic visits** to **53,418 members***.

- 73% of visits were completed **on-site** at the CBHC.
- 23% of visits were completed by **telehealth**.
- 4% of visits were completed in a **community** setting, including **schools**.

Adult Community Crisis Stabilization (A-CCS) Programs were significantly restructured and expanded for Adults. Youth Community Crisis Stabilization (Y-CCS) became a new provider type for latency and adolescent-aged youth members in January 2023.

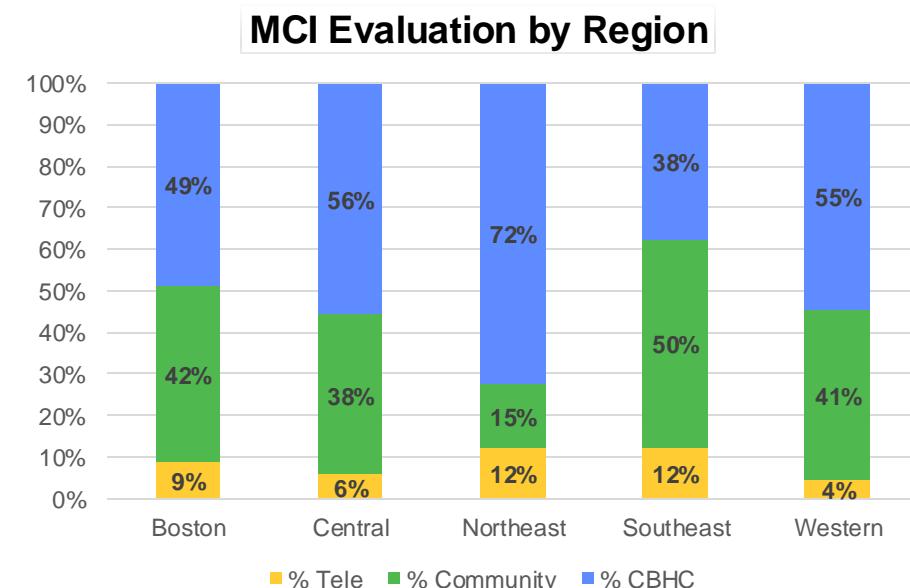
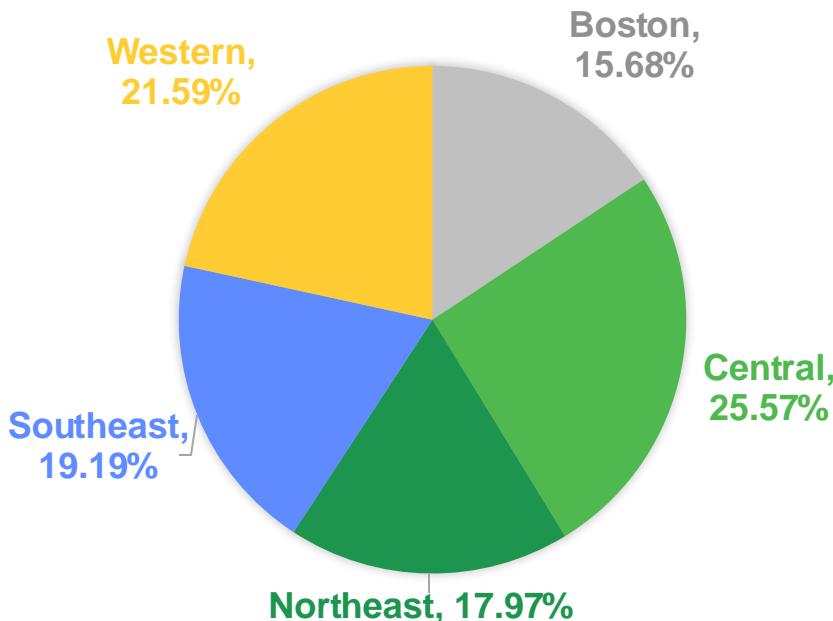
- Since January 2023, there have been **4,961 admissions to community crisis stabilization programs***.
 - **4,442 adult admissions** with an average length of stay of **5.12 days**.
 - **519 youth admissions** with an average length of stay of **7.49 days**.

*Source: EHS Claims Data Jan 2023 - Jan 2024: CBHC Claims lag have been reported up to 10 months-post service. Standard claims lag is 6 months-post service date.



From Jan 2023 - Jan 2024, **CBHC MCI teams provided >41k crisis evaluations***, offering services to members in their community and schools, by telehealth, and on-site at CBHC clinics

Insights from EHS claims data for the reporting period of Jan 23-Jan 24*:



E-Reporting from the sites, between 4/1/24-4/30/24** conveys that:

- 94% of adults and 95% youth MCI evaluations started within 60 minutes of member readiness.
- 90% of sites met the standard of starting at least 90% of all Adult MCI evaluations within 60 minutes
- 93% of sites met the standard of starting at least 90% of all Youth MCI evaluations within 60 minutes
 - All sites who did not meet the standard reported an unexpected increase in volume of requests as the main barrier to timely initiation of services.

*Source: EHS Claims Data: CBHC Claims lag have been reported up to 10 months-post service. Standard claims lag is 6 months-post service date.

**Source: Site-Reported access data

Double Click: Adult-Community Crisis Stabilization (A-CCS): July 2023– April 2024

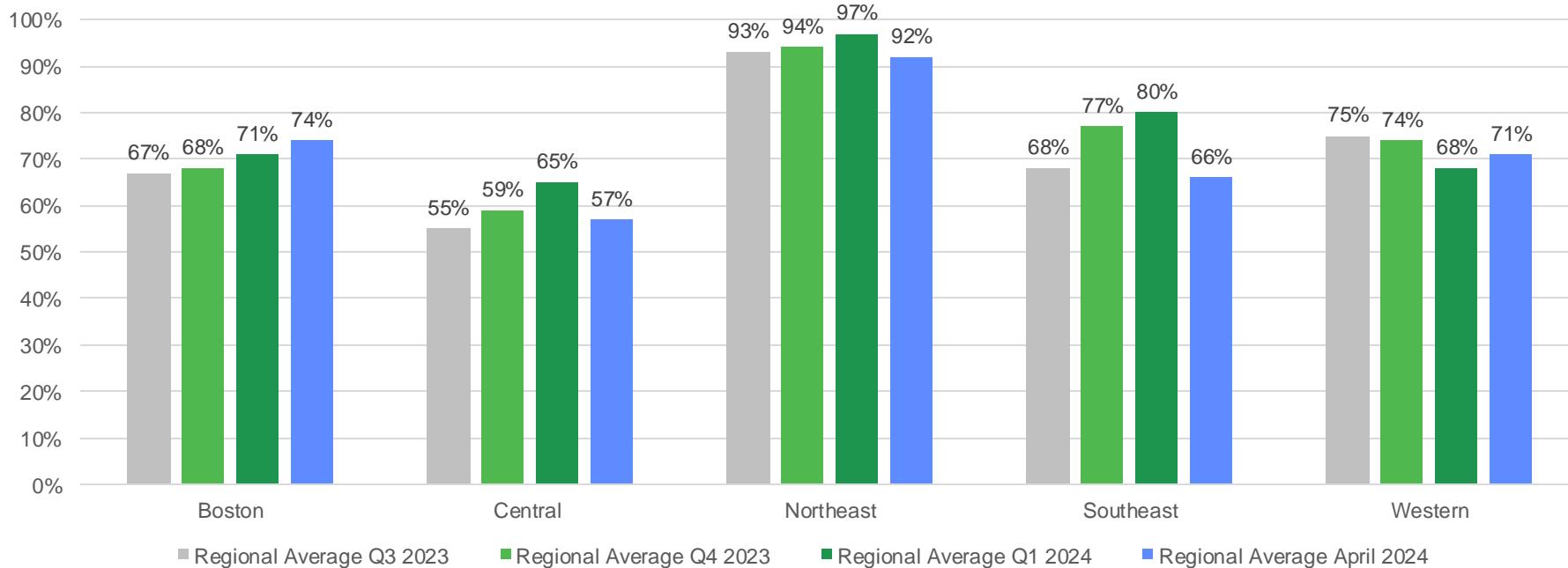


17 Adult A-CCS units are serving adult members across the state

- Vinfen launched their ACCS unit in late April 2024 with capacity to serve 7 adults.
- The **average bed occupancy rate across the network** in April 2024 was **72%** (range of 51% to 97%)
- On average, **adults received 5.12 days of community-based stabilization**** (programs range 3 to 8.5 days).

ACCS Average Utilization

July 2023-April 2024



Note: * A-CCS occupancy rates are calculated by reported occupied beds over the number of beds a CCS unit is licensed for.

Source: MBHP CBHC Weekly CCS Census **Average LOS calculated by EOHHS Claims Data.



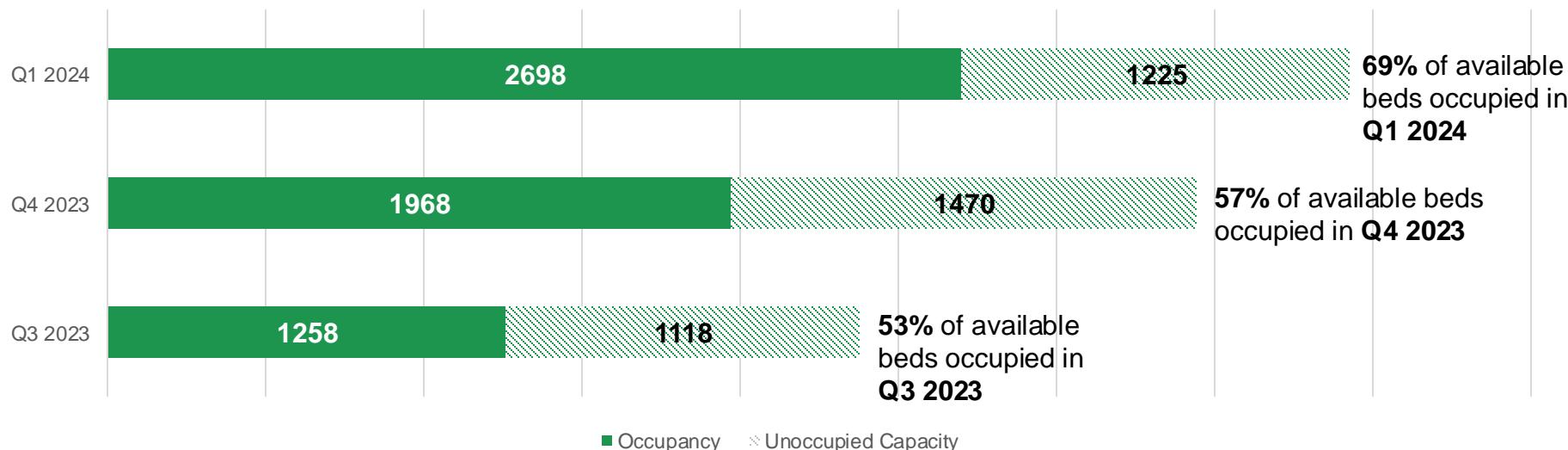
5 Y-CCS units are serving youth members across the state

- Vinfen opened a **6 bed YCCS unit** on **4/29/24**.
- The average bed occupancy rate across the YCCS network in April was **55%** (ranging from 37% to 83%)
- On average, **youth received 7.49 days of community-based stabilization*** (programs range 4 to 10 days)

YCCS Average Utilization

July 23 – April 24

YCCS Occupancy vs Capacity (by bed days)



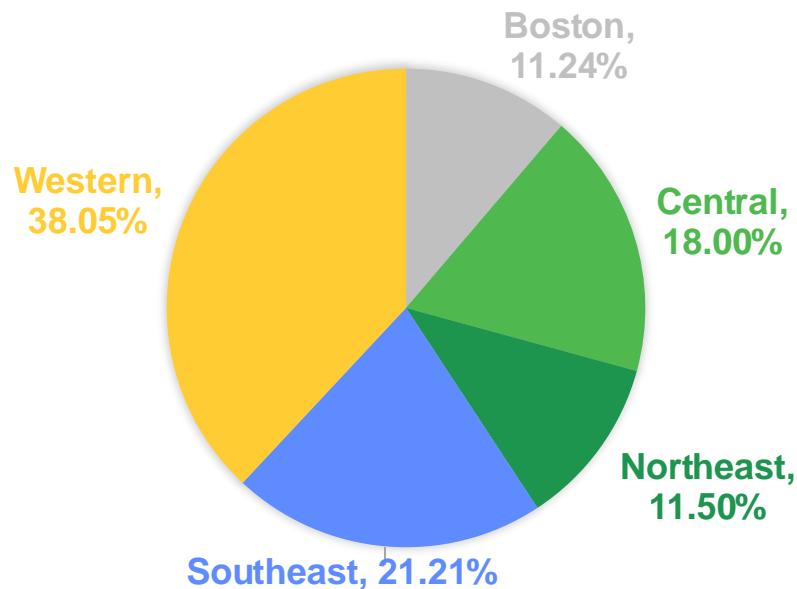
Note: Y-CCS occupancy rates are calculated by reported occupied beds over the number of beds a CCS unit is licensed for.

Source: MBHP CBHC Weekly CCS Census, **Average LOS calculated by EOHHS Claims Data.

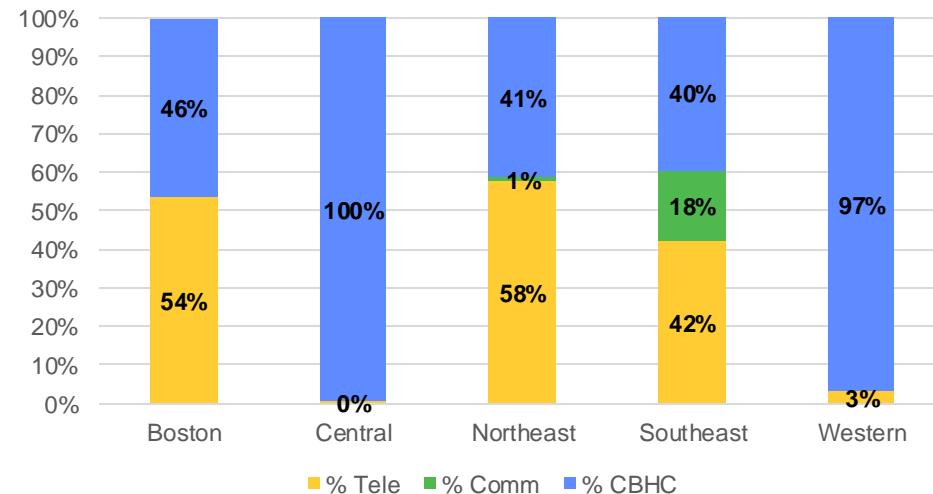


Since operational launch, CBHCs have provided **>643k visits to >16k youth members and >37k adult members**, with an **average of 12 visits** per member served. **25,151** of those visits have been completed in **schools**.

Insights from EHS claims data for the reporting period of Jan 23-Jan 24*:



CBHC Bundle by Region



E-Reporting from the sites, between 4/1/24-4/30/24** conveys that:

- 85% of urgent appointments were completed within 48 hours. 73% of sites met/exceeded the access standard
- 71% of urgent psychopharm appts were completed within 72 hours. 43% of sites were below the access standard - all reported a high volume of cancellations and no-shows as the reason for not meeting access standard.
- 69% of non-urgent appointments were completed within 14 days. 53% of sites were below the access standard.
- Only 10 members requested MOUD initiation appointments across 9 sites.

*Source: EHS Claims Data: CBHC Claims lag have been reported up to 10 months-post service. Standard claims lag is 6 months-post service date.

**Source: Site-Reported access data



BH Roadmap Impact on Access – Youth

The Roadmap has expanded access to community-based crisis evaluation, 24-hour diversionary services and urgent outpatient services for youth.

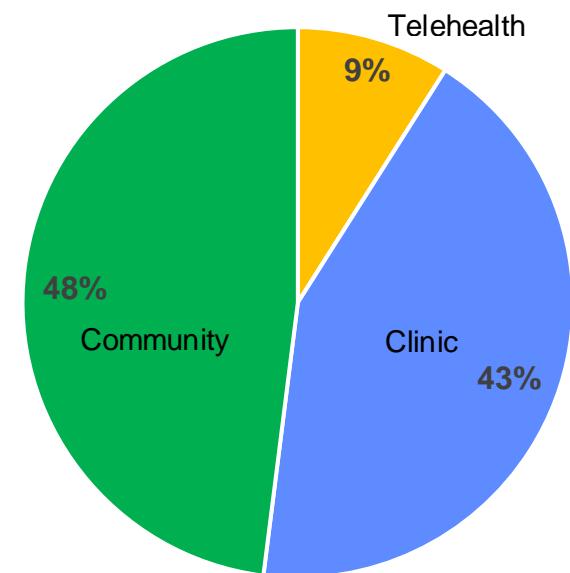
CBHCs have expanded access to timely, in-person community-based crisis assessments for youth:

- From Jan 2023 through Jan 2024, **CBHC MCI teams provided 13,624 crisis evaluations to 9,612 youth***
- 91%** of youth evaluations have been **completed in person**
- Between 4/1-4/30/24, **95%** of youth crisis evaluations **started within 60 minutes**, and youth were offered **in-person, mobile evaluations 100%** of the time**.

CBHCs have expanded access to urgent outpatient services for youth:

- In the first 13 months of operation, **CBHC Outpatient Clinics have provided 203,459 visits to 16,679 unique youth members***.
 - 68%** of visits were completed at a **CBHC clinic**
 - 19%** of visits were completed by **telehealth**
 - 12%** of urgent outpatient behavioral health visits were completed in **school** settings

Crisis Evaluation Location



Case Example: A youth was referred to their local CBHC for services after being evaluated in the emergency department. The youth began to receive outpatient therapy and medication management services at the CBHC and the next time his behaviors escalated the family was able to utilize the MCI team and he was admitted directly to their YCCS program. The youth was able to stabilize in the program, under the care of his established providers and close to his family and avoid another visit to the emergency department.

*Source: EHS Claims Data: CBHC Claims lag have been reported up to 10 months-post service. Standard claims lag is 6 months-post service date.

**Source: Site-Reported access data



BH Roadmap Impact on Access – Adults

The Roadmap has expanded access to community-based crisis services and improved access to 24-hour diversionary services and urgent outpatient care for adults.

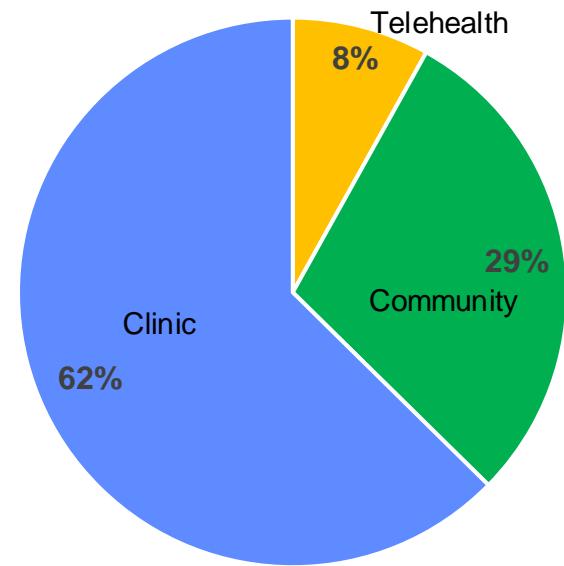
CBHCs have expanded access to timely, in-person community-based crisis assessments for adults:

- From Jan 2023 to Jan 2024, **CBHC MCI teams have provided 27,633 crisis evaluations to 15,213 adults***
- 91% of adult crisis evaluations have been completed in person**
- Between 4/1-4/30/24, **94% of adult crisis evaluations were started within 60 minutes** and adults were **offered in-person, mobile evaluations 100% of the time**.**

CBHCs have expanded access to urgent outpatient services for adults:

- In the first 13 months of operation, **CBHC Outpatient Clinics have provided 440,568 visits to 37,468 unique adult members*.**
 - 75% of urgent outpatient behavioral health visits** were completed on-site at a **CBHC clinic**
 - 25% of visits** were completed by **telehealth**

Crisis Evaluation Location



Case Example: A 92-year-old male drove by his local CBHC and saw signage that they offered walk-in, same day, mental health and substance use services. This member walked into the CBHC and disclosed his interest in seeking support and treatment for his mental health and alcohol use disorder. He received a same-day evaluation and continues to receive weekly substance use and mental health treatment in-person at his local CBHC.

*Source: EHS Claims Data: CBHC Claims lag have been reported up to 10 months-post service. Standard claims lag is 6 months-post service date.

**Source: Site-Reported access data



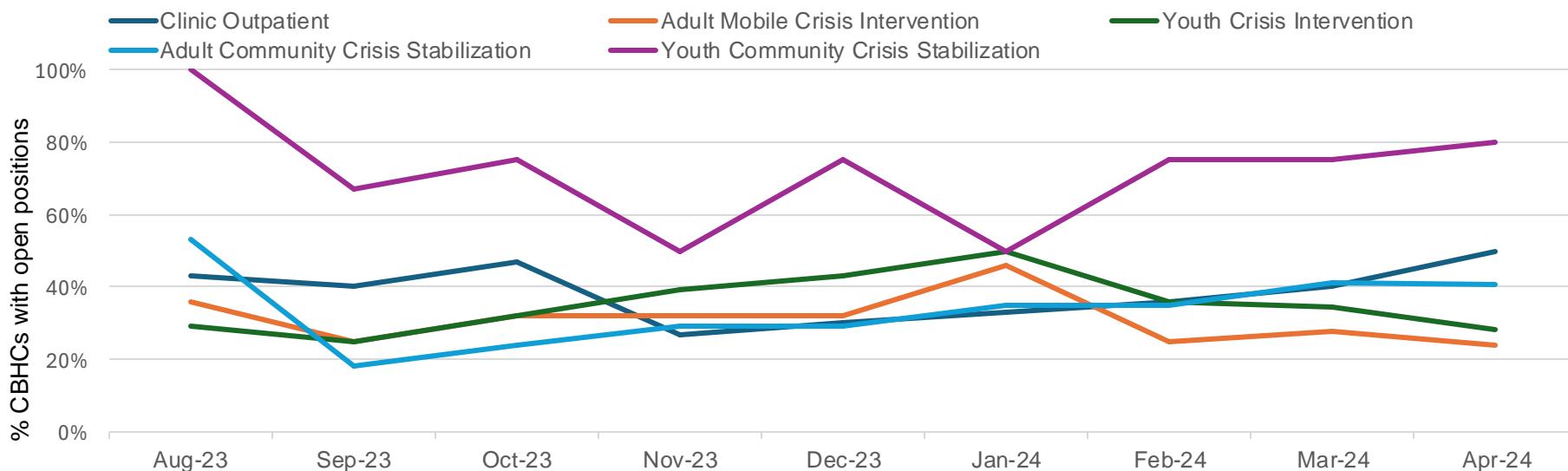
Community Behavioral Health Center Staffing



In Summer 2023, MassHealth began tracking data on staffing for CBHC services. CBHCs were asked to report monthly on those services for which they are actively recruiting to fill open positions.

CBHC Open Positions

Aug 2023 – April 2024



Total CBHCs with Open Positions by Service

CBHC Service	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	March-24	April-24
Outpatient Clinic	13/30 (43%)	12/30 (40%)	14/30 (47%)	8/30 (27%)	9/30 (30%)	10/30 (33%)	11/30 (36%)	12/30 (40%)	12/30 (40%)
Adult Mobile Crisis Intervention	10/28 (36%)	7/28 (25%)	9/28 (32%)	9/28 (32%)	9/28 (32%)	13/28 (46%)	7/28 (25%)	8/29 (28%)	7/29 (24%)
Youth Mobile Crisis Intervention	8/28 (29%)	7/28 (25%)	9/28 (32%)	11/28 (39%)	12/28 (43%)	14/28 (50%)	10/28 (36%)	10/29 (34%)	8/29 (28%)
Adult Community Crisis Stabilization	9/17 (53%)	3/17 (18%)	4/17 (24%)	5/17 (29%)	5/17 (29%)	6/17 (35%)	6/17 (35%)	7/17 (41%)	7/17 (41%)
Youth Community Crisis Stabilization	3/3 (100%)	2/3 (67%)	3/4 (75%)	2/4 (50%)	3/4 (75%)	2/4 (50%)	3/4 (75%)	3/4 (75%)	4/5 (80%)



1. Definitions

Definitions



Adult Community Behavioral Health Center (CBHC) Services – CBHC services provided to clients 21 years of age or older as referenced in [130 CMR 448.412\(A\)\(1\) through \(5\).](#)

Adult Community Crisis Stabilization (Adult CCS) – A community-based program that serves as a medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization when clinically appropriate and provides short-term staff-secure, safe, and structured crisis stabilization and treatment services for individuals 18 years of age or older with mental health and substance use disorders. Stabilization and treatment also includes the capacity to provide induction onto and bridging for medication for the treatment of opioid use disorders (MOUD) and withdrawal management for opioid use disorders (OUD) as clinically indicated.

Adult Mobile Crisis Intervention (AMCI) – A community-based behavioral health service available 24/7/365 providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to individuals 21 years of age or older experiencing a behavioral health crisis. Services may be provided in community-based settings outside the CBHC, at the CBHC, or in emergency department sites of services to support stabilization for transition into the community, when necessary. Services may also be provided via telehealth. The purpose is to identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to the individual or others consistent with the individual's risk management/safety plan, if any.

Community Behavioral Health Center (CBHC or Center) – An entity that serves as a hub of coordinated and integrated behavioral health disorder treatment for individuals of all ages, including routine and urgent behavioral health outpatient services, mobile crisis services for adults and youth, and community crisis stabilization services for adults and youth.

Crisis Intervention – An urgent evaluation including assessment of risk, diagnosis, short-term intervention and rendering of a disposition for a member's presenting crisis, which may include referral to an existing or new behavioral health provider.



Urgent Behavioral Health Needs – Needs characterized by changes in behavior or thinking, role dysfunction, emerging intent of self-injury, or threats to others. Urgent behavioral health needs do not rise to the level of immediate risk of harm to self or others.

Youth CBHC Services – Services provided to children and youth younger than 21 years of age as referenced in [130 CMR 448.412\(A\)\(1\) through \(5\)](#).

Youth Community Crisis Stabilization (YCCS) – Staff-secure, safe, and structured crisis stabilization and treatment services in a community-based program that provides active treatment that includes restoration of functioning; strengthening the resources and capacities of the youth, family, and other natural supports; and ensuring a timely return to previous living environment to individuals up to and including 18 years of age.

Youth Mobile Crisis Intervention (YMCI) – A community-based behavioral health service available 24/7/365 providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to individuals younger than 21 years of age experiencing a behavioral health crisis. Transition-aged youth older than 17 years of age and younger than 21 years of age may be served by adult-trained clinicians with a certified peer specialist instead of a family partner based on an individual's clinical needs. Services may be provided in community-based settings outside the CBHC, at the CBHC, or in emergency department sites of services to support stabilization for transition into the community. Services may be provided via telehealth. The purpose is to identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to self or others consistent with the youth's risk management/safety plan, if any.



Expedited Psychiatric Inpatient Admission (EPIA) protocol – The process by which the EOHHS EPIA team is alerted of patients waiting for an inpatient psychiatric admission for longer than 48 hours for youth and 60 hours for adults to assist with reducing wait times by seeking appropriate disposition.

Massachusetts Behavioral Health Access (MABHA) – State database in which all hospitals in Massachusetts are contractually required to submit MassHealth members who have been awaiting disposition to a 24-hour level of behavioral health care.

MassHealth ED Boarding – The total number of members reported in MABHA to be awaiting disposition to a 24-hour level of behavioral health care for more than 24hrs.

Massachusetts Health and Hospital Association ED Boarding – The total number of behavioral health patients who are waiting for a psychiatric evaluation or who have had an evaluation and are awaiting a bed.

Note: MHA Boarding data collection/reporting defines "ED Boarding" differently than MassHealth.

Here are the main differences:

- MHA data is a snap-shot for one point in time collected via survey while MassHealth data is collected in real-time.
- MHA counts all patients waiting in ED as boarders while MassHealth counts only members waiting >24hrs as boarders.
- MHA is payer-agnostic while MassHealth data includes MassHealth members only.
- MHA data includes boarders on the medical-surgical floor while MassHealth data does not.
- Every week MHA collects reports from a total of 52 hospitals; when there is a week that a hospital does not report, MHA extrapolates the nonreporting hospital's data by using a formula that is based on that hospital's reports during the previous 3-week period.