

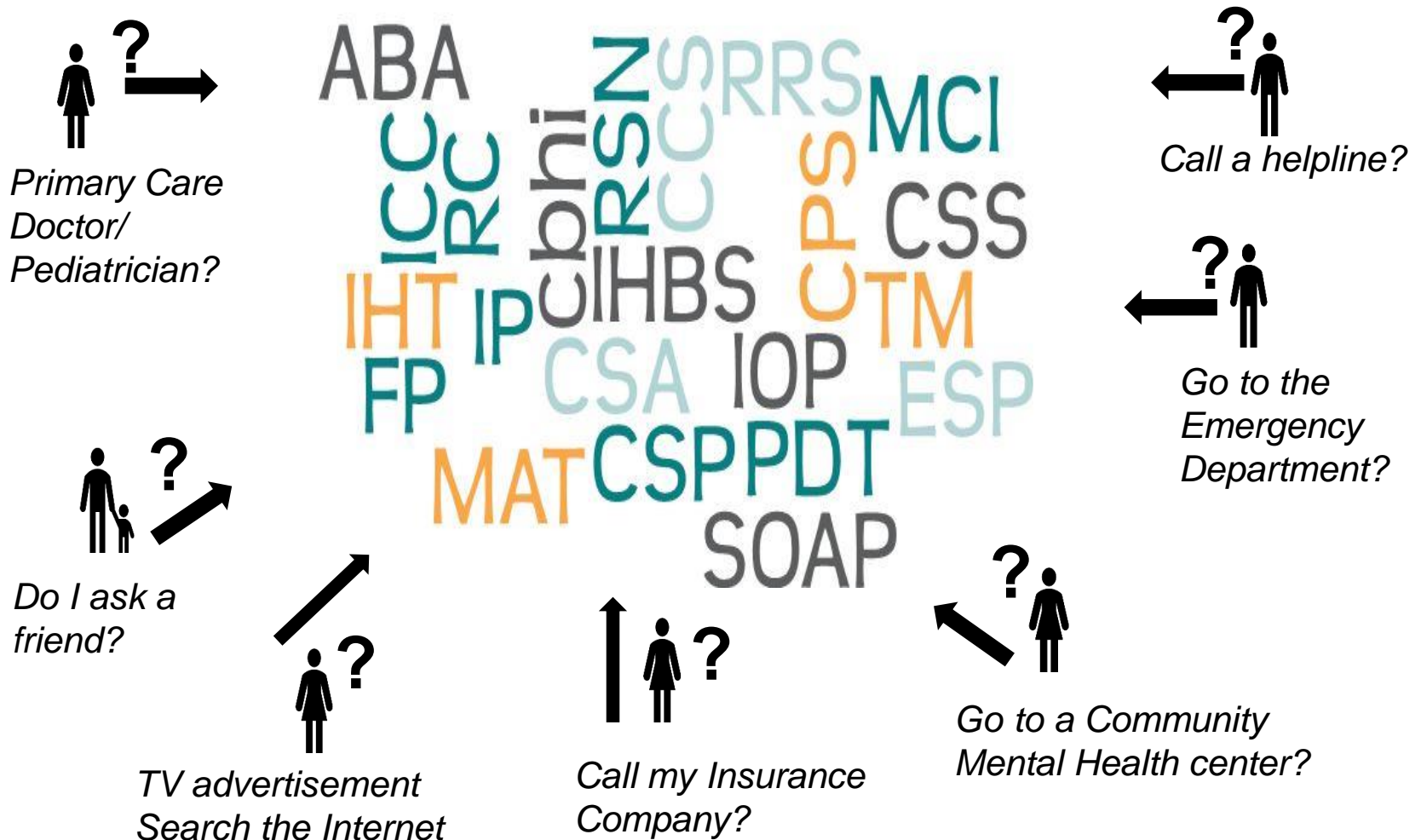
Creating a Behavioral Health Ambulatory Treatment System

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?”



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 communities¹
- **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

1. <https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>

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-occurring 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

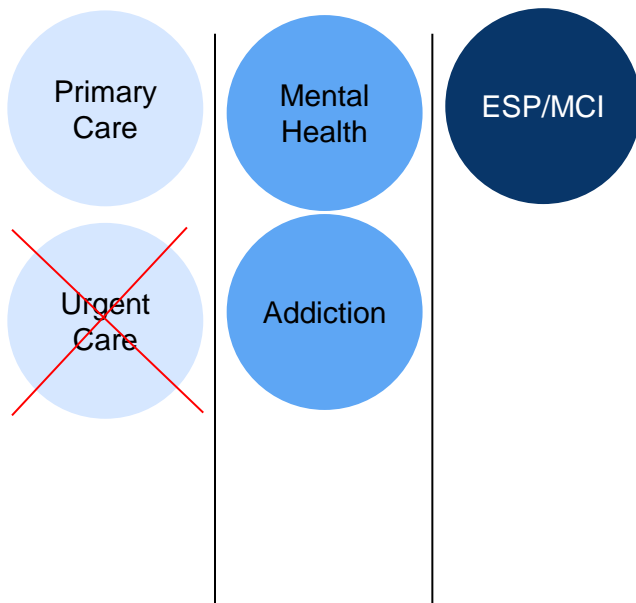
- The hospital emergency department is the default location for behavioral health emergencies
- Lack of community based urgent care options

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

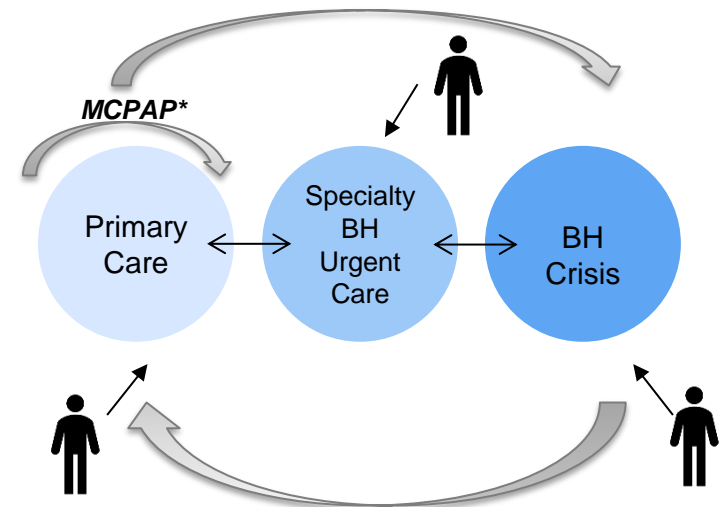
Together, we have an opportunity to envision an ambulatory behavioral health system

Current State



- 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

May 2019	Launch Initiative <ul style="list-style-type: none">▪ Website launched▪ Listening sessions scheduled across the Commonwealth to solicit feedback innovative/new ideas from public, patients and healthcare community on gaps and challenges and discuss policy directions▪ Dates, locations and material found here: https://www.mass.gov/service-details/attend-a-listening-session-on-creating-a-behavioral-health-ambulatory-treatment
June – August 2019	8 Listening Sessions are held across the Commonwealth <ul style="list-style-type: none">▪ Any and all interested parties are invited to engage in conversation
August 2019	Request for Information (RFI) Released <ul style="list-style-type: none">▪ RFI will be an opportunity for stakeholders to provide written feedback on key questions and concepts discussed during listening sessions
Fall 2019	Roadmap Concept <ul style="list-style-type: none">▪ Executive Office of Health and Human Services will develop a roadmap concept for further feedback▪ Additional stakeholder meetings will be scheduled (To be announced here: https://www.mass.gov/service-details/attend-a-listening-session-on-creating-a-behavioral-health-ambulatory-treatment)
Winter 2019/2020	Policy Roadmap released for additional input <ul style="list-style-type: none">▪ Executive Office of Health and Human Services will release a policy roadmap in winter of 2019/2020 and make refinements based on stakeholder feedback

We invite you to comment on one or more of these 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)?
- What is the best experience you have had with the treatment system, and what has been the most disappointing? Do you have innovative or new ideas to improve the patient and family experience?

Patient Barriers to Accessing Treatment

- Do you have barriers accessing behavioral health treatment through Primary Care?
- If yes, what are the barriers?
 - Location/transportation? Insurance? Getting an appointment with a primary care doctor? Stigma? Embarrassment? Lack of knowledge that primary care doctor can offer assistance? Language? Dismissed as a substance use issue only?
- 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
 - Long waits? No referrals? No beds? Waiting on a gurney in hallways? Stigma? Competence regarding co-occurring issues? Not appropriate for higher level of care so discharged?

We invite you to comment on one or more of these questions:

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?
- What is the best experience you have had with the treatment system, and what has been the most disappointing? Do you have innovative or new ideas to improve ambulatory treatment?

Primary Care

- Are there specific barriers and challenges that prevent or discourage primary care providers from integrating behavioral health treatment in their practices
 - Regulatory? Payment? Workforce? Culture? Administrative? Training? Co-occurring issues? Where to refer patients?
- Can you point out any existing examples that are successful in integrating primary care and behavioral health that could be replicated?
- What is the best experience you have had with primary care, and what has been the most disappointing? Do you have innovative or new ideas to improve primary care?

We invite you to comment on one or more of these questions:

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?

For more information...

Sign up for updates here:

<https://www.mass.gov/forms/sign-up-form-behavioral-health-ambulatory-treatment-system>

Please send any written comments, materials or suggestions to:

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: www.mcpap.com, www.mcpapformoms.org/

MCSTAP: 1-833-PAIN-SUD (1-833-724-6783)

Upcoming Listening Sessions

Cape Cod Community College, 2240 Iyannough Rd, West Barnstable, MA 02668

Tuesday, June 18, 2019

4 p.m. - 6 p.m.

Brockton Public Library, 304 Main Street, Brockton, MA 02301

Wednesday, June 19, 2019

4 p.m. - 6 p.m.

UMass Medical School - The Albert Sherman Center, 368 Plantation Street, Worcester, MA 01605

Tuesday, June 25, 2019

4 p.m. - 6 p.m.

Berkshire Medical Center, 725 North St, Pittsfield, MA 01201

Tuesday, July 16, 2019

4 p.m. - 6 p.m.

UMass Center, 1500 Main Street, Springfield, MA 01103

Wednesday, July 17, 2019

4 p.m. - 6 p.m.

University of Massachusetts Lowell Inn & Conference Center, 50 Warren Street, Lowell, MA 01852

Thursday, August 1, 2019

4 p.m. - 6 p.m.

Gloucester City Hall - Kyrouz Auditorium, 9 Dale Ave, Gloucester, MA 01930

Wednesday, August 14, 2019

4 p.m. - 6 p.m.