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Massachusetts Child Psychiatry Access Project (MCPAP) Service Report

FY2021 and FY2022

July 2022

Massachusetts Department of Mental Health

MCPAP Service Report-FY21 and FY22

Line Item 5042-5000 of Chapter 24 of the Acts of 2021, the Fiscal Year (FY) 2022 Budget, requires the Department of Mental Health to report to the Massachusetts House and Senate Committees on Ways and Means the following information:

1) An overview of Massachusetts Child Psychiatry Access Project (MCPAP) care coordination efforts
2) Number of psychiatric consultations, face-to-face consultations, and referrals made to specialists on behalf of children with behavioral health needs in fiscal year 2021 and fiscal year 2022
3) Recommendations to increase the number of specialists receiving referrals through MCPAP and improve care coordination efforts to identify specialists available and accepting new child and adolescent patients with priority to those children and adolescents who exhibit complex conditions and experience long wait lists for specialty psychiatry

1. Overview of MCPAP Care Coordination Efforts

The Massachusetts Child Psychiatry Access Program resource and referral specialists provide services to enrolled pediatric practices when requested by a primary care physician (PCP) or other member of a youth's care team such as a co-located behavioral health clinician or care manager. These services include identifying appropriate behavioral health treatment resources and providing contact information to the practice and/or family. The Resource and Referral Specialists currently use the William James INTERFACE Referral Service database to identify community-based mental health providers who match the location, insurance, and specialty needs of a youth and family. This function is expected to transition to the Behavioral Health Access Line once it is established.

As described in previous Fiscal Year reports, MCPAP redesigned its resource and referral services when it re-procured the MCPAP regional teams in January 2017. As part of the redesign, MCPAP renamed its care coordination services to be resource and referral services and shifted to a model of providing most of these services to practices rather than directly to parents/caregivers.

MCPAP provides two types of resource and referral services:

- ***Resources to Providers****:* Resource and Referral (R&R) Specialists respond to requests made by a primary care provider (PCP) on behalf of their patient for community behavioral health services. The R&R Specialist sends the PCP a list of behavioral health providers that match the patient's location, insurance, and other specialty needs within 3 business days of the request.
- ***Resources to Families****:* On a more limited basis, R&R Specialists work directly with families to identify available community behavioral health providers that match their needs. This primarily takes place for practices without their own resource and referral capacity such as a care manager or coordinator on staff, for youth with complex needs, or for youth who have experienced unsuccessful referrals.

2. MCPAP Service Data and Trends-FY2020 and FY2021

The following two tables present monthly, quarterly, and annual data on the number of overall MCPAP encounters, consultations with MCPAP psychiatrists, face-to-face assessments with a MCPAP psychiatrist or a MCPAP behavioral health clinician, resource and referral service, practice education activities, and behavioral health advocacy activities completed in FY21 and in the first half of FY22.

MCPAP utilization decreased during the fourth quarter of FY20 (e.g., April, May, and June 2020) when the COVID-19 pandemic was at its height during the spring. Compared with the fourth quarter of FY19, MCPAP had 30% fewer overall

encounters in the fourth quarter of FY20 (3,138 encounters in FY19 and 2,187 encounters in 2020). By the fourth quarter of FY21, volume was up 7% over the pre-pandemic FY19 fourth quarter (3,355 vs. 3,138) and up 53% over the pandemic fourth quarter FY20 (3,355 vs. 2,187). MCPAP utilization for FY21 was up 27% over pre-pandemic FY19 (12,651 vs. 9,999). The volume of MCPAP face to face assessments provided increased by 26% from FY20 Q1+Q2 to FY21 Q1+Q2 and increased 71% over FY19 Q1+Q2 fueled in large part by their practice of offering these assessments via telehealth (i.e., videoconferencing). Full year face-to-face assessments were up 32% (FY21 2,713 vs. FY20 2,037). Although post-pandemic, face-to-face assessments will be able to be done in person, for a statewide program having the option of video/tele visits will be essential. Tele/video visits also helped with waiting times by allowing teams to cover for each other without worrying about geography, for example a Boston team seeing someone living in the Berkshires.

Executive Sumary FY 2021
MCPAP Encounters by Category

	All Encounters	Phone	Face to Face	Resource & Referral	Practice Education	BH Advocacy
Jul-20	805	456	179	149	14	7
Aug-20	718	394	149	146	16	13
Sep-20	956	496	187	150	95	28
Q1 FY2021	**2479**	**1346**	**515**	**445**	**125**	**48**
Oct-20	1191	636	229	160	125	41
Nov-20	1016	576	224	118	77	21
Dec-20	1097	617	249	143	55	33
Q2 FY2021	**3304**	**1829**	**702**	**421**	**257**	**95**
Jan-21	1015	611	220	142	24	18
Feb-21	1064	682	227	136	9	10
Mar-21	1434	914	302	185	23	10
Q3 FY2021	**3513**	**2207**	**749**	**463**	**56**	**38**
Apr-21	1149	743	248	132	14	12
May-21	1140	739	235	149	9	8
Jun-21	1066	665	264	124	6	7
Q4 FY2021	**3355**	**2147**	**747**	**405**	**29**	**27**
YTD FY2021	**12651**	**7529**	**2713**	**1734**	**467**	**208**

Executive Sumary FY 2022 (1st Two Quarters)
MCPAP Encounters by Category

	All Encounters	Phone	Face to Face	Resource & Referral	Practice Education	BH Advocacy
Jul-21	834	474	232	117	8	3
Aug-21	829	459	238	105	27	0
Sep-21	972	535	277	138	15	7
Q1 FY2022	**2635**	**1468**	**747**	**360**	**50**	**10**
Oct-21	1003	616	249	123	7	8
Nov-21	1082	681	260	140	1	0
Dec-21	974	623	217	125	6	3
Q2 FY2022	**3059**	**1920**	**726**	**388**	**14**	**11**
YTD FY2022	**5694**	**3388**	**1473**	**748**	**64**	**21**

Findings of a 2019 utilization survey of 104 pediatric primary care practices enrolled with MCPAP[1] demonstrated that the need for specialty psychiatric services and supports for youth is high statewide. Specifically, a high percentage of providers reported needing increased support in the following areas: psychiatric assessments, psychiatric consultation, psychiatric co-management for assistance with complex behavioral health problems, and psychiatric interim management for children acutely needing specialty care but awaiting access to psychiatrist (i.e., bridging).

During FY21 the top three reasons for PCP calls to MCPAP were for diagnostic consultation (~24% of calls), medication questions (~30% of calls), and medication evaluations that result in face-to-face assessments (~22% of calls). Additionally, the 32% increase in number of face-to-face assessments provided by MCPAP from FY20 to FY21 supports these survey findings that the demand for psychiatric assessments for pediatric patients is increasing statewide and MCPAP is providing services to meet this need.

3. Recommendations to increase the number of specialists receiving referrals through MCPAP and improve care coordination efforts to identify specialists available and accepting new child and adolescent patients with priority to those children and adolescents who exhibit complex conditions and experience long wait lists for specialty psychiatry.

As described above, beginning in 2017, MCPAP redesigned its resource and referral services to support PCPs and their practice teams to become knowledgeable about specialist resources in their own communities and information on behavioral specialists is provided to the child's PCP and/or PCP staff who then work with the family to access the specialty services. In the past year, MCPAP data has revealed that PCP's need for resource and referral support from MCPAP teams is low relative to their other needs for MCPAP support. Only 9% of PCP calls are for resource and referral support. This data suggests that pediatric primary care practices are increasingly providing resource and referral support directly to their patients without needing MCPAP support. The 2019 utilization survey found that many have ability to provide resource and referral support to their patients and that 53% have a behavioral health provider on site, which further explains the decrease in resource and referral requests to MCPAP.

These survey findings, combined with MCPAP encounter data trends from the past two years (i.e., decrease in resource and referral encounters and an increase in face-to-face assessments), provide useful information about the overall strengths and gaps in the Commonwealth's children's behavioral health system.

Over the past two years, MCPAP has partnered with the Boston Children's Hospital Adolescent Substance Use and Addiction Program (ASAP) to address the increasing use of substances in teens. Any pediatric primary care clinician calling MCPAP with a substance use question receives a telephonic consultation from a member of the ASAP team (224 consultations delivered). Over the past 12 months, MCPAP has added the ability for teens and young adults anywhere in the state to receive virtual substance use counseling visits (311 visits delivered).

DMH maintains close collaboration with MassHealth and the Department of Public Health (DPH) on two recently developed specialized MCPAP services. For over 18 months MCPAP expanded its array of services with funding from MassHealth to address youth seen by the mobile crisis teams with Autism Spectrum Disorder and/or Intellectual Disability (MCPAP for ASD-ID). The patients receive a consultation from a licensed applied behavior analyst (LABA) and/or a physician specializing in ASD/ID. So far, the MCPAP for ASD-ID team has served 539 youth.

MCPAP is also forming a team of early mental health childhood specialist consultants to improve training to pediatric primary care clinicians in the management of children under 6 with behavioral concerns(MCPAP for Early Childhood)

[1] DMH contracted with DMA Health Strategies to conduct these interviews as part of the MCPAP Utilization Study.

supported by a federal Pediatric Mental Health Care Access (PMHCA) HRSA 5-year grant that began in October 2021 obtained by the Department of Public Health.

Conclusion

MCPAP will continue to monitor utilization by type of service requested and adjust services provided accordingly. While necessitated by the COVID-19 public health emergency, the expanded use of telehealth as a method for delivering mental health services opened new possibilities in terms of the types of services that MCPAP provided either to pediatric practices and/or directly to youth and families. The marked increase in utilization that these services have shown, suggest that they should be continued even after the impacts of the pandemic declines and allows the return of in-person visits.

MCPAP services support the goals of the Roadmap for Behavioral Health Reform of providing access to behavioral health treatment where and when people need it, specifically supporting more behavioral health treatment at primary care offices, expanding access to treatment, and strengthening connections to community-based services. By providing PCPs with prompt access to child psychiatrists and behavioral health clinicians, MCPAP enables screening, assessment and if needed, prevention and/or mental health treatment to start within primary care, supporting care integration. In addition, MCPAP provides resources and referrals to needed behavioral health services located in the community. The resource and referral function within MCPAP will transition to the Behavioral Health Help Line when it goes live in January 2023. Given the shortage of child psychiatrists, it is anticipated that the need for the types of consultation and assessment services offered by MCPAP will continue, even as behavioral health becomes increasingly integrated into primary care and a broader range of behavioral health services become available.