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**Massachusetts Child
Psychiatry Access Project
(MCPAP) Service Report
FY22 and FY23**

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**MASSACHUSETTS DEPARTMENT
OF MENTAL HEALTH**

MCPAP Service Report-FY22 and FY23

Line Item 5042-5000 of Chapter 126 of the Acts of 2022, the Fiscal Year (FY) 2023 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 2022 and fiscal year 2023
- 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 has provided resource and referral 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 on a limited basis to families. With the launch of the Behavioral Health Line (BHHL) in January 2023 as the statewide front door to access behavioral health services in Massachusetts, MCPAP's resource and referral functions will be coordinated through the BHHL starting in FY24. During the second half of FY23 MCPAP's care coordination staff and the BHHL team will participate in training and coordination activities to establish a protocol for communication and collaboration between their services.

2. MCPAP Service Data and Trends-FY2022 and FY2023

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 FY22 and in the first half of FY23.

MCPAP utilization in FY22 decreased by 3% (FY 22 12,214 vs. FY21 12,651) after an increase of 27% over pre-pandemic utilization (FY 21 12,651 vs. FY19 9,999). The volume of MCPAP face to face assessments provided in FY22 increased by 10% (FY22 2,981 vs. FY 21 2,713), which represents a 49% increase over pre-pandemic numbers (FY 19 2,004) was fueled in large part by their practice of offering these assessments via telehealth (i.e., videoconferencing). 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 facilitates access for children who live at large distances from MCPAP's locations or who have limited access to transportation. 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.

During FY22 the top three reasons for PCP calls to MCPAP were for diagnostic consultation (~24% of calls), medication questions (~31% of calls), and medication evaluations that result in face-to-face assessments (~18% of calls).

Executive Summary FY 2022 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	975	535	280	138	15	7
Q1 FY2022	2638	1468	750	360	50	10
Oct-21	1006	616	252	123	7	8
Nov-21	1087	681	265	140	1	0
Dec-21	993	622	237	125	6	3
Q2 FY2022	3086	1919	754	388	14	11
Jan-22	942	614	207	116	0	5
Feb-22	984	628	219	122	7	8
Mar-22	1235	860	232	131	9	3
Q3 FY2022	3161	2102	658	369	16	16
Apr-22	1174	758	264	145	7	0
May-22	1046	661	258	117	9	1
Jun-22	1109	645	297	162	4	1
Q4 FY2022	3329	2064	819	424	20	2
TD FY2022	12214	7553	2981	1541	100	39

Executive Summary FY 2023 (1st Two Quarters) MCPAP Encounters by Category						
	All Encounters	Phone	Face to Face	Resource & Referral	Practice Education	BH Advocacy
Jul-22	690	368	237	85	0	0
Aug-22	844	438	290	113	3	0
Sep-22	875	521	242	111	1	0
Q1 FY2023	2409	1327	769	309	4	0
Oct-22	904	568	233	90	12	1
Nov-22	956	553	295	105	3	0
Dec-22	847	513	240	94	0	0
Q2 FY2023	2707	1634	768	289	15	1
TD FY2023	5116	2961	1537	598	19	1

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.

Beginning in 2017, MCPAP redesigned its resource and referral services to support PCPs and their practice teams in becoming knowledgeable about specialist resources in their own communities. MCPAP provides the child's PCP and/or the PCP's staff information on behavioral specialists, and then PCP and/or PCP staff work with the family to access the specialty services. In the past year, MCPAP data has revealed that PCPs' need for resource and referral support from MCPAP teams is low relative to their other needs for MCPAP support. Only 7% 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. A 2019 utilization survey¹ found that many have the 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 three 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. Over the past 2 years, MCPAP has added the ability for teens and young adults anywhere in the state to receive virtual substance use counseling visits.

DMH maintains close collaboration with MassHealth and the Department of Public Health (DPH) on two specialized MCPAP services. For over 2 years 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.

MCPAP also formed 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) 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.

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

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 linkages to needed behavioral health services located in the community, which will be augmented by, and coordinated with those of the Behavioral Health Help Line. 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.