Behavioral Health
State Health Resource Plan

Public Presentation

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www.mass.gov/dph/ohpp
• What are we doing?
  – Mapping health care resources in the Commonwealth

• Why are we doing it?
  – Required by law, in order to help the State understand what resources exist and where there are gaps

• How can you help?
  – Share your experiences to help us understand where there are gaps in the system and where things are working well
  – Provide feedback to let us know if we are on the right track
Main question: What is the ability of Massachusetts’ behavioral health care system to serve those in need?
"Need" for Services

Mental Health Conditions

Youth 4-17
Any Emotional and Behavioral Difficulty 19.7%

Serious 5.3%

Adults 18+
Any Mental Illness: 17.1%

Serious 3.9%

Substance Dependence and Abuse (MA)

Alcohol Dependence or Abuse 8.1%

Illicit Drug Dependence or Abuse 2.9%

Mental Health: National Survey of Drug-Use and Health (2008-11) and National Health Information Survey (2012)

Substance Abuse: NSDUH (2008-11, 2012)
Co-occurring Conditions

Co-occurring Substance Use Disorder & Mental Illness Conditions (US – 2012)

- SUD: 8.5%
- Any Mental Illness: 18.2%
- Both SUD and AMI: 3.6%
Many People With Mental Illness Do Not Feel They Have Need

People with any mental illness

Received treatment?

Yes 41%

No 59%

Treatment helped?

Yes 29%

No 12%

Was there a concern about need?

Yes 9%

Unmet Need

No 50%

Opportunity for outreach

Slide 6
Many People With Substance Abuse Do Not Feel They Have Need

People with substance abuse disorder

Received treatment?

Yes 11%

No 89%

Felt a need for treatment?

Yes 6%

No 94%

Reason for not receiving treatment

- 2% tried to get treatment but could not
- Unmet need

- 4% did not try to get treatment
- Opportunity for outreach
## Inventory: Service Definitions

<table>
<thead>
<tr>
<th>MENTAL HEALTH SERVICES</th>
<th>SUBSTANCE ABUSE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Group</strong></td>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td>Inpatient and</td>
<td>Acute or extended inpatient psychiatric hospitalization services</td>
</tr>
<tr>
<td>Continuing Care</td>
<td></td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>Services provided as a step-down or alternative to inpatient care</td>
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<tr>
<td>Residential Care</td>
<td>Care provided in a 24-hour residential program</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>Care in an ambulatory setting such as a mental health center, hospital outpatient clinic or a professional's office</td>
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<tr>
<td>Care Management</td>
<td>Services to manage mental health care or to coordinate with other health or social services</td>
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<tr>
<td>Bundled Services</td>
<td>A coordinated array of mental health and supportive services for people with mental illness living in the community</td>
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<tr>
<td>Recovery and Family</td>
<td>Programs to help people support each other in their recovery from mental illness and to support families of children with mental illness</td>
</tr>
<tr>
<td>Support Services</td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Care provided in hospital emergency departments and in specialized programs of emergency mental health services</td>
</tr>
</tbody>
</table>
Location:
Inpatient Mental Health Beds

Sources: DPH and DMH Licensing data, April 2014
Inventory: Inpatient Mental Health Beds

- 67 acute hospitals/psychiatric units
- Bed types: 10% children/adolescents, 73% adults, 17% geriatric

**Bed capacity:**
5% ↑ free-standing hospitals
2% ↑ among all hospitals
All acute hospital locations (whether or not they include MH beds)

Population ages 13+

Location:
Inpatient Substance Abuse Beds

Sources: DPH and DMH Licensing data, April 2014
Inventory: Inpatient Substance Abuse

Acute Substance Abuse Beds

- **Medically managed**: 165 beds
- **Medically monitored**: 752 beds
- **Section 35 ATS**: 56 beds
- **CSS**: 284 beds
- **Section 35 CSS**: 142 beds

- **Highest level of medical oversight**
- **Court-ordered treatment** (ATS = Acute Treatment Services)
- **Step-down beds** (including discharges from court-ordered treatment; CSS = Clinical Stabilization Services)

- 1,399 total beds
Use of Care by Payor

- MassHealth, 1,355,672
- Medicare, 806,825
- Commercial, 3,690,298

2012 BH Use Rates

- Medicare: MH 22%, SA 3%
- MassHealth: MH 23%, SA 5%
- Commercial: MH 13%, SA 1%

Use rates for substance abuse services are much lower than mental health services

Slide 13
• Health Planning Council’s work is first-of-its-kind review of inventory, need, and utilization
  – Establishes a framework
  – Serves as a baseline for future analyses

• Data covers 90% of the MA population

• 17% of licensed clinics integrate mental health and medical services
  – DPH’s Behavioral Health Integration Initiative Committee (IIC)

• Behavioral health system data are particularly weak for the community outpatient system of clinics, independent professionals, group practices and other specialty organizations not under contract with the state
Recommendations: Data Collection and Analysis

• Expand data collection and reporting on hospital and community capacity
  – Improve data collection about occupancy rates

• Continue to analyze outpatient and All Payer Claims Database

• Behavioral Health Data Planning group
  – DPH, DMH, MassHealth, CHIA, and HPC
• Continue the Massachusetts Department of Public Health's Behavioral Health Integration Initiative Committee (IIC)

• Support a robust community system with the resources and capabilities to:
  1. keep people healthier, preventing the need for more acute levels of care;
  2. divert patients from emergency departments and inpatient services, when clinically appropriate; and
  3. provide patients with strong post-discharge supports, thus enabling timely discharges and continuity of care.
Access and Availability

• What challenges are patients/family members/providers encountering as they are trying to help people access behavioral health care (including in inpatient, outpatient and community settings)?

• The data presented show that many people have a mental health or substance use disorder but don’t seek treatment. What are some of the things that might prevent people from seeking and obtaining treatment? What can we do to address those barriers?
Quality and Best Practices

• What are the best practices to ensure high quality, timely behavioral health care?

• How can the Plan’s analysis and recommendations best be used to promote these best practices in behavioral health services?

• Is screening for mental health and substance abuse problems happening? If so, where? If not, why not?

Information and Data

• As a patient moves through the behavioral health care system, what happens during transitions of care? Are there smooth hand-offs?

• What additional information do consumers, providers, and policymakers need to make the best decisions around behavioral health care delivery and planning?