

Behavioral Health State Health Resource Plan

Public Presentation

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www.mass.gov/dph/ohpp

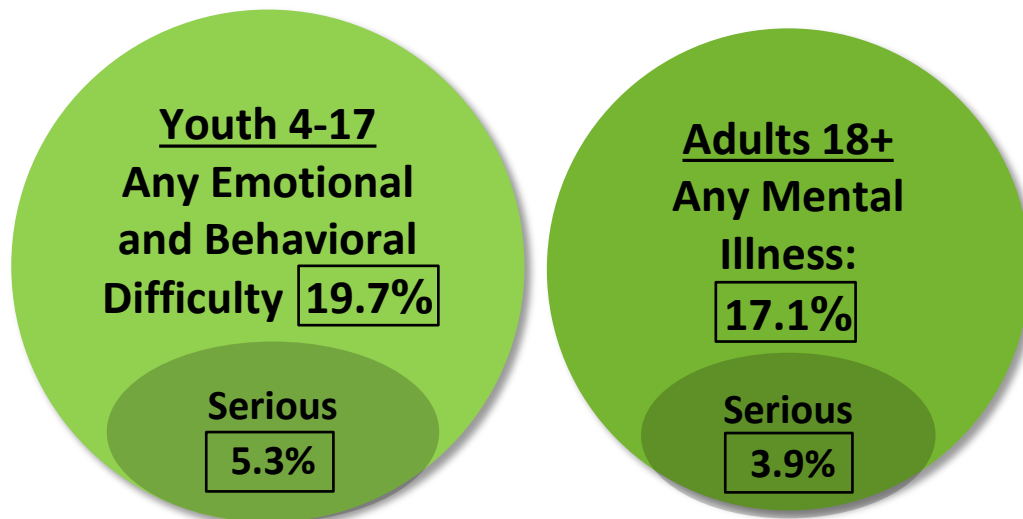
- **What are we doing?**
 - Mapping health care resources in the Commonwealth
- **Why are we doing it?**
 - Required by law, in order to help the State understand what resources exist and where there are gaps
- **How can you help?**
 - Share your experiences to help us understand where there are gaps in the system and where things are working well
 - Provide feedback to let us know if we are on the right track



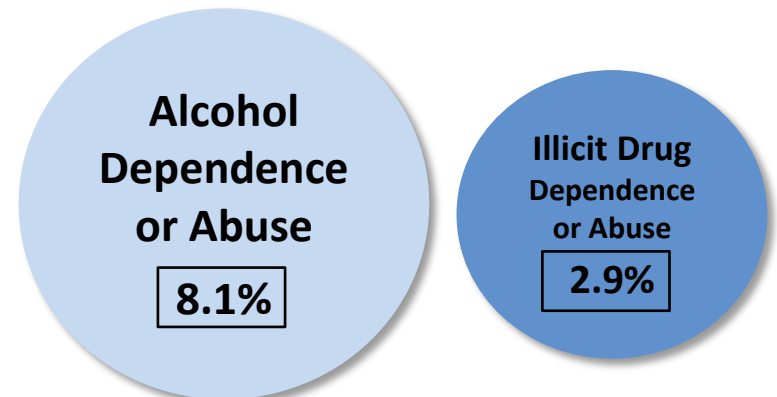
Main question: What is the ability of Massachusetts' behavioral health care system to serve those in need?

“Need” for Services

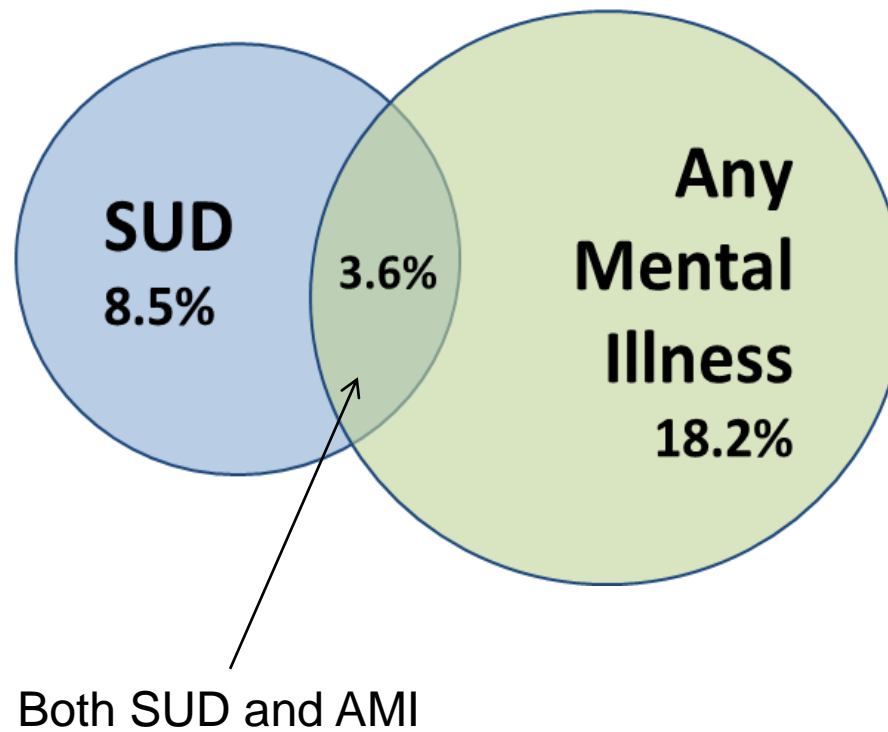
Mental Health Conditions



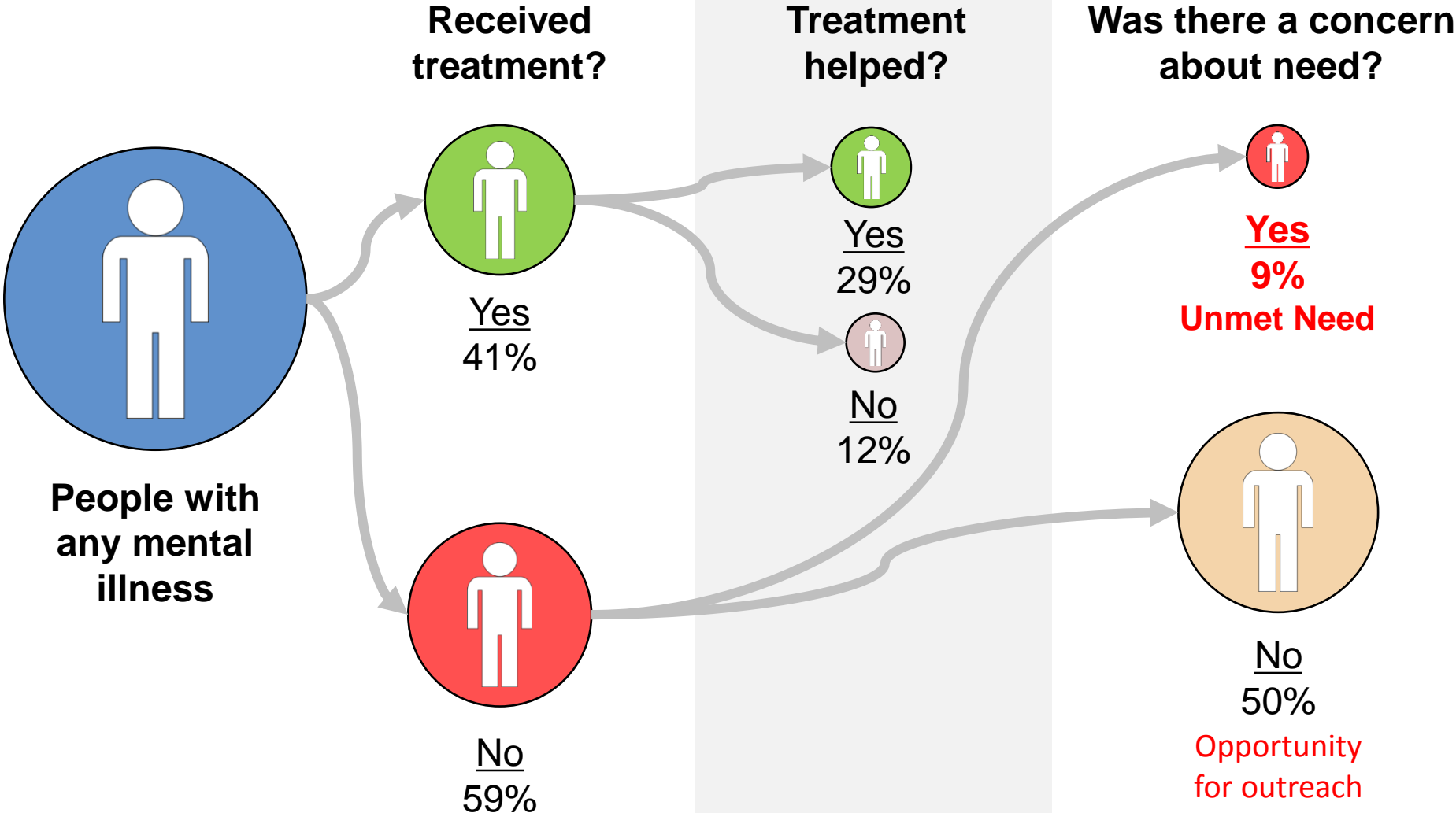
Substance Dependence and Abuse (MA)



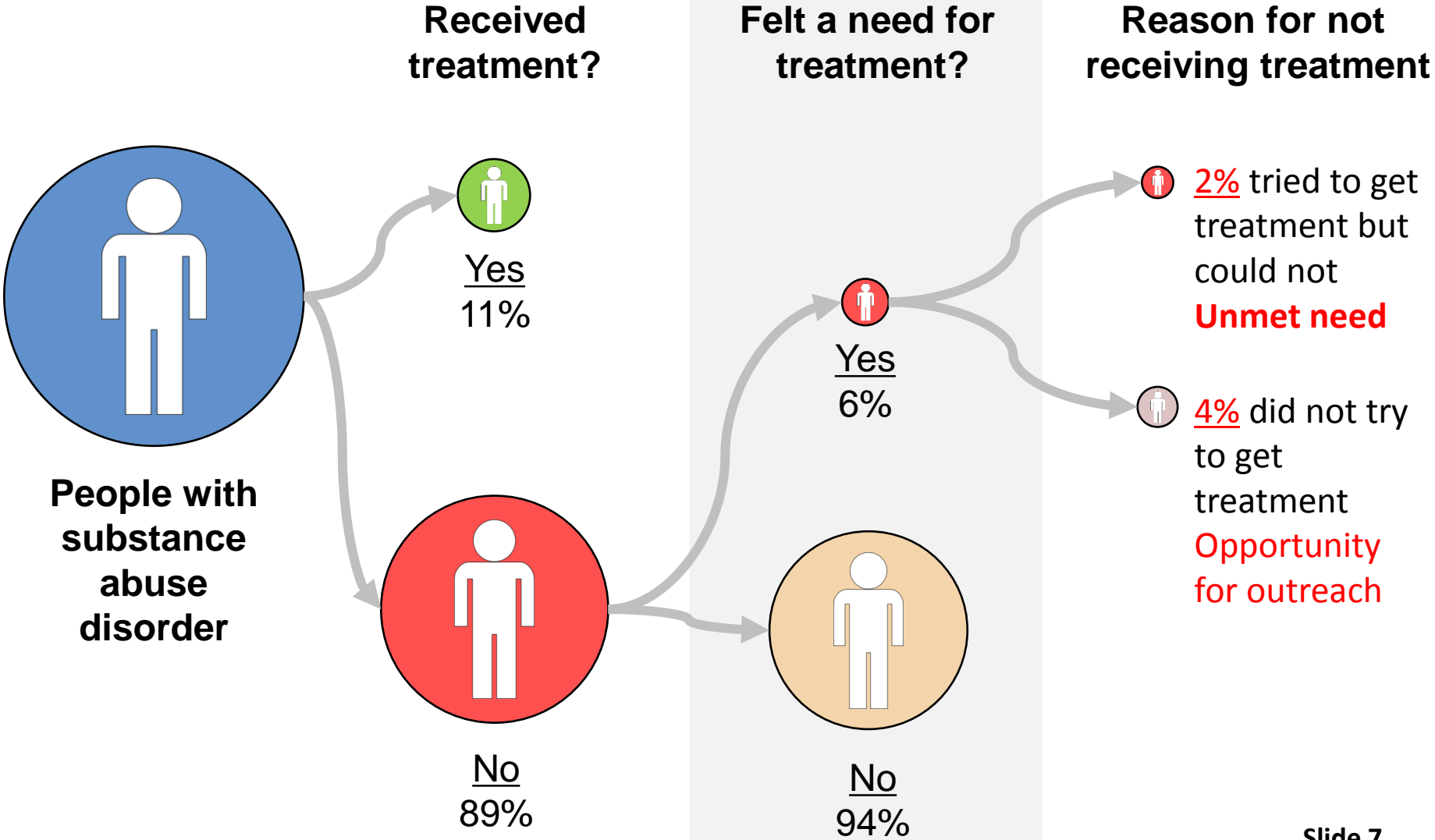
Co-occurring Substance Use Disorder & Mental Illness Conditions (US – 2012)



Many People With Mental Illness Do Not Feel They Have Need



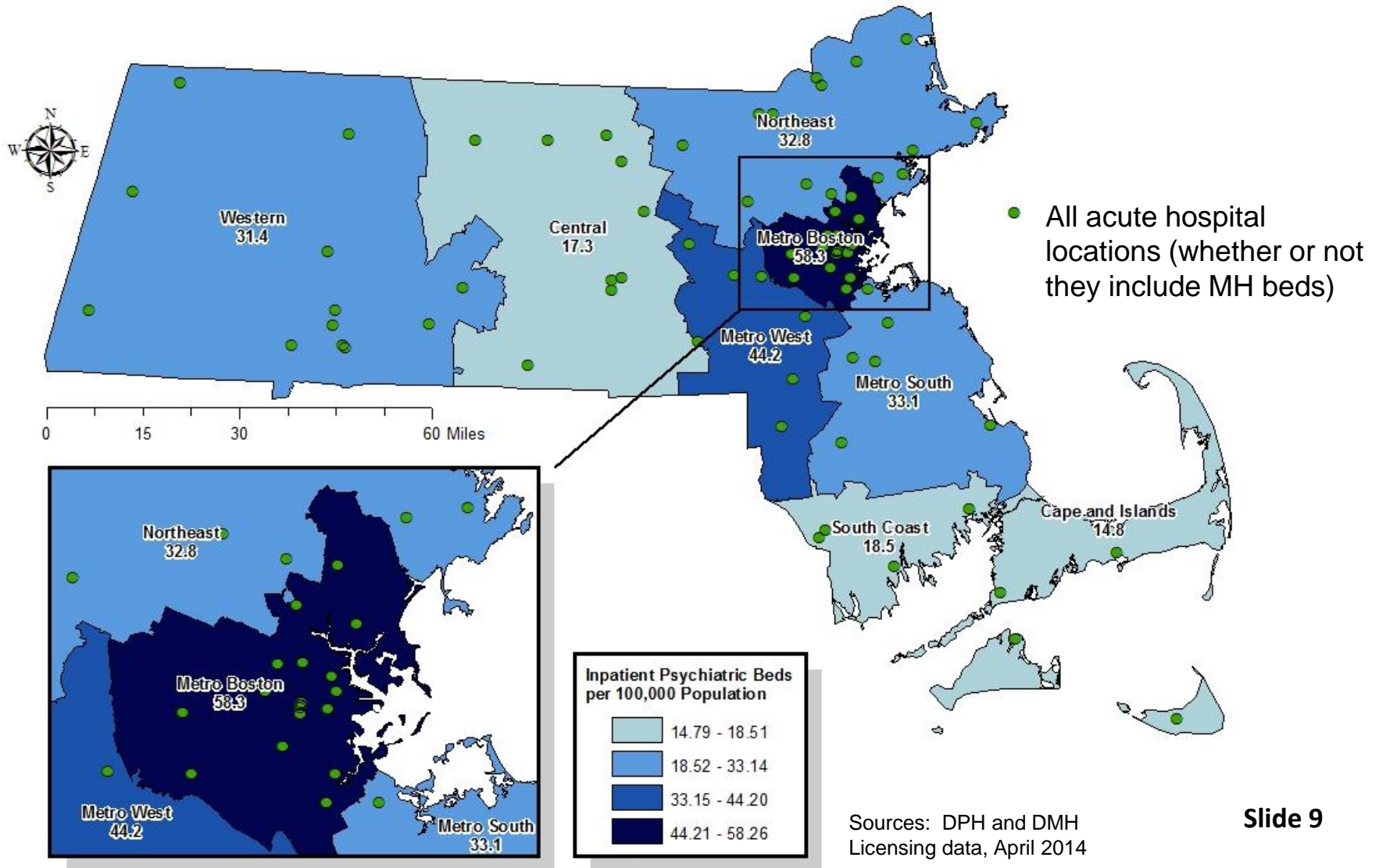
Many People With Substance Abuse Do Not Feel They Have Need



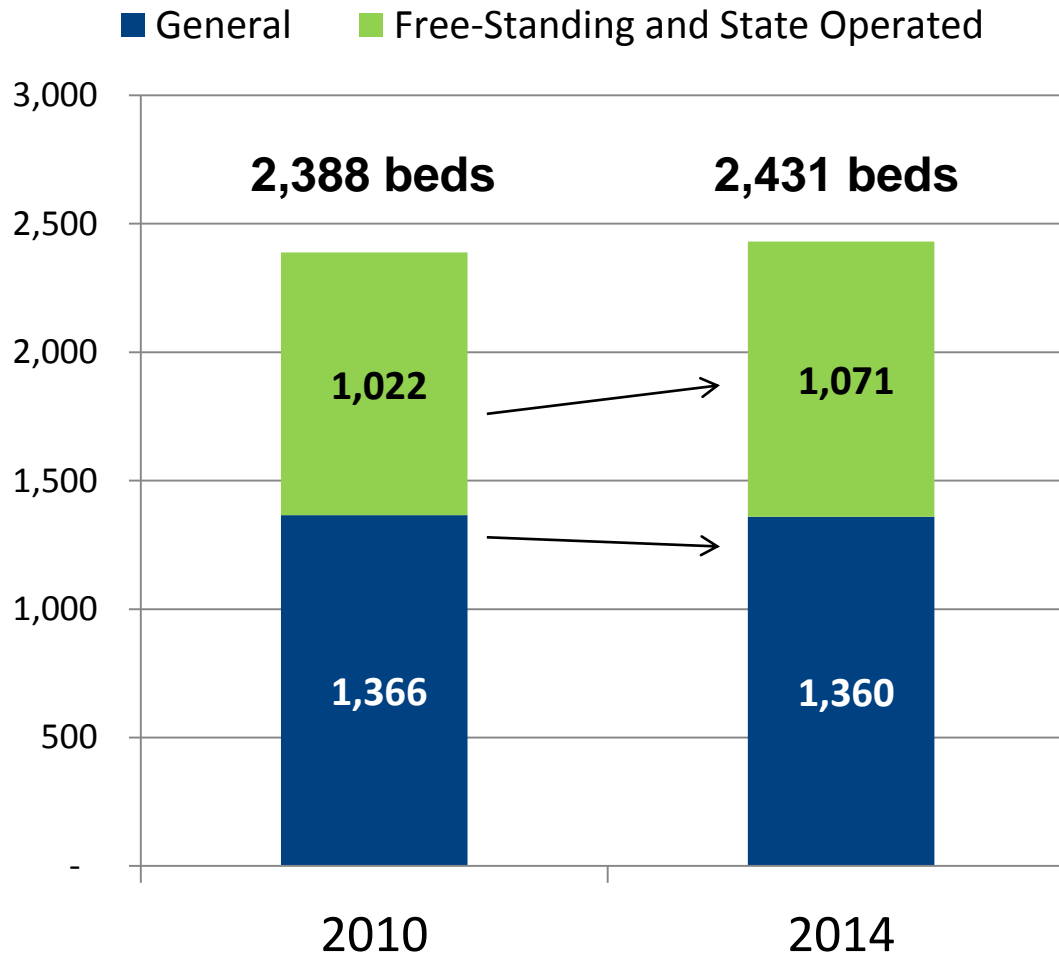
Inventory: Service Definitions

MENTAL HEALTH SERVICES		SUBSTANCE ABUSE SERVICES	
Service Group	Definition	Service group	Definition
Inpatient and Continuing Care	Acute or extended inpatient psychiatric hospitalization services	Inpatient and Other Acute Care	Care in hospitals and non-hospital settings for acute detoxification, stabilization and other substance abuse treatment
Intermediate Care	Services provided as a step-down or alternative to inpatient care	Intermediate Care	Care provided as a step-down or alternative acute care
Residential Care	Care provided in a 24-hour residential program	Residential Care	Rehabilitation services with a planned care program in a 24-hour residential setting
Outpatient Care	Care in an ambulatory setting such as a mental health center, hospital outpatient clinic or a professional's office	Outpatient Care	Care in an ambulatory setting such as a community health center, substance abuse treatment program, hospital outpatient department, a professional's office, or a patient's home
Care Management	Services to manage mental health care or to coordinate with other health or social services	Case Management	Discrete services to manage substance abuse care or to coordinate with other health or social services
Bundled Services	A coordinated array of mental health and supportive services for people with mental illness living in the community		
Recovery and Family Support Services	Programs to help people support each other in their recovery from mental illness and to support families of children with mental illness	Recovery Support Services	Programs to help people maintain their recovery and support each other in recovery
Emergency Services	Care provided in hospital emergency departments and in specialized programs of emergency mental health services	Emergency Response	Care and other services provided for substance abuse-related emergencies

Location: Inpatient Mental Health Beds



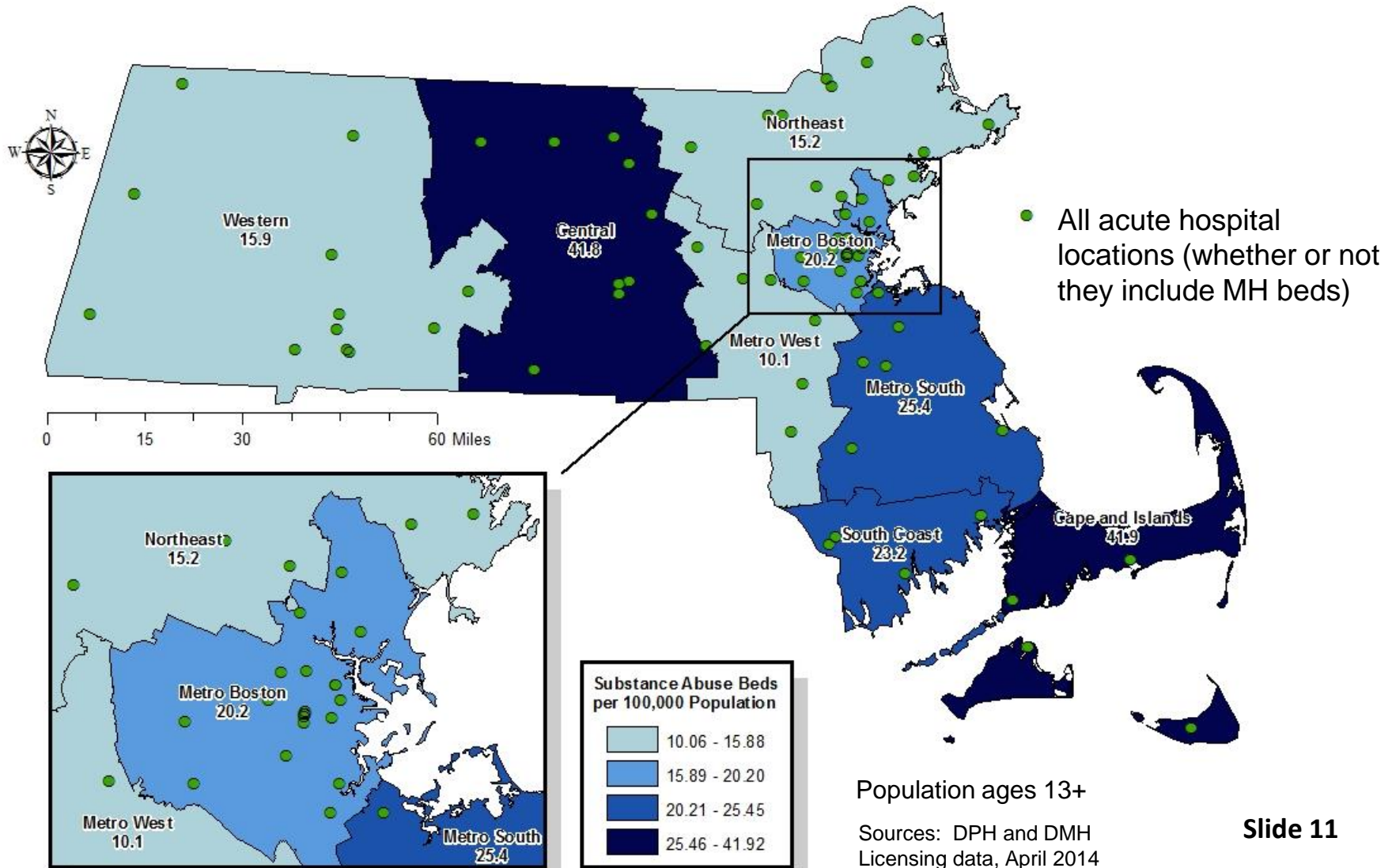
Inventory: Inpatient Mental Health Beds



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

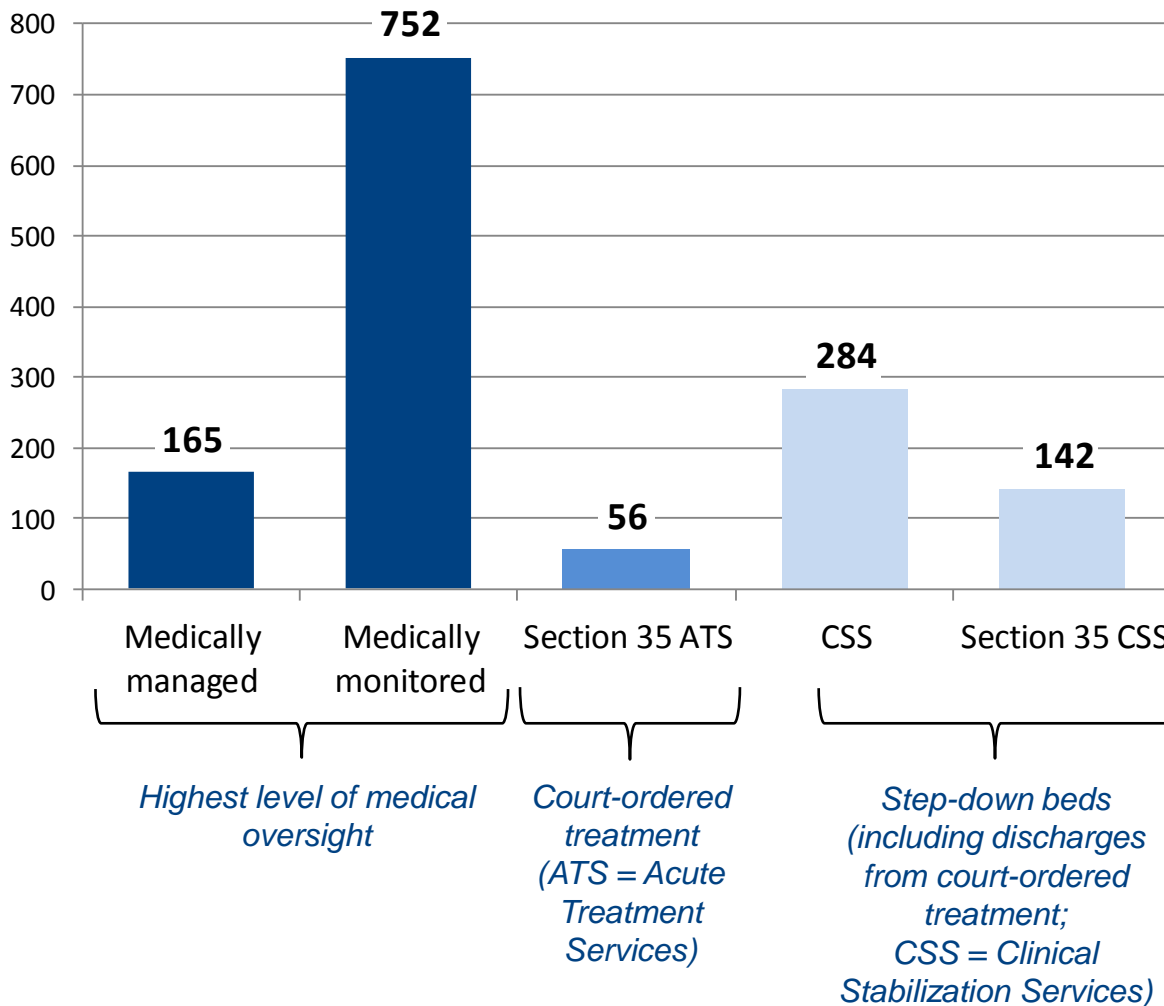
Bed capacity:
5% ↑ free-standing hospitals
2% ↑ among all hospitals

Location: Inpatient Substance Abuse Beds



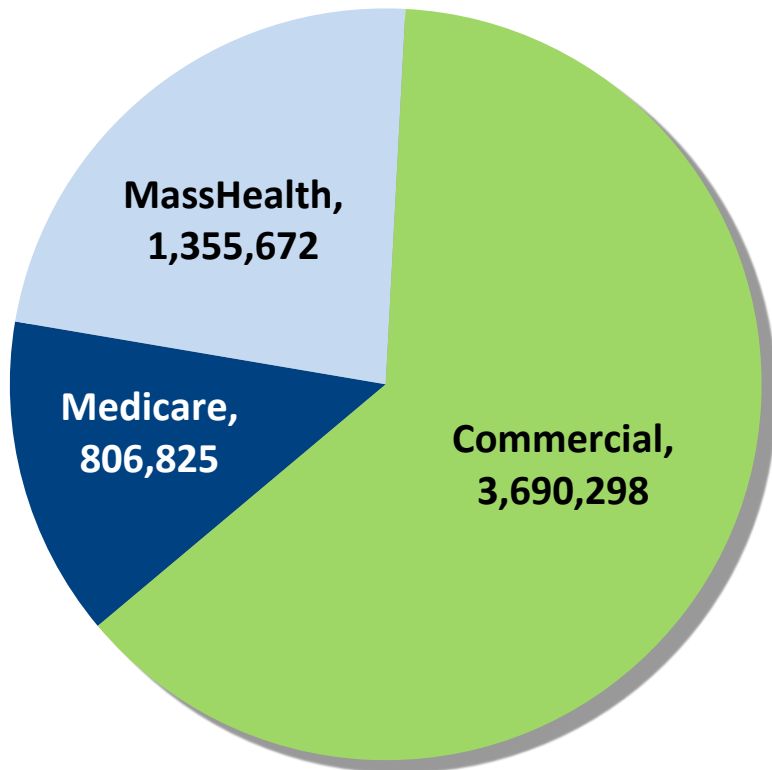
Inventory: Inpatient Substance Abuse

Acute Substance Abuse Beds

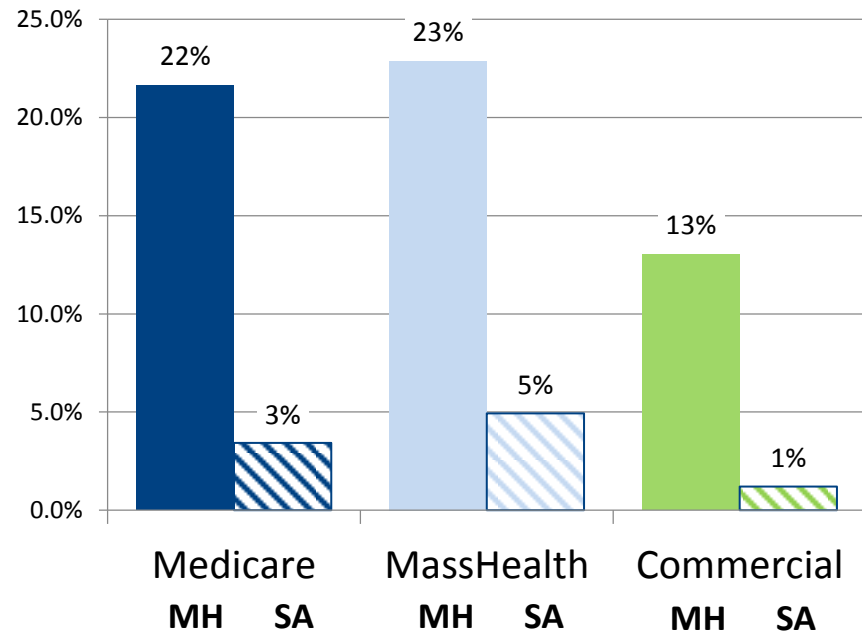


■ 1,399 total beds

Use of Care by Payor



2012 BH Use Rates



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

- 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?