

Boston Public Health Commission
Response to DPH Informational Survey – 2014
Health Resource Planning for Behavioral Health Services

The Boston Public Health Commission operates two Bureaus, the Child, Adolescent and Family Health (CAFH) Bureau and the Bureau of Addictions Prevention, Treatment and Recovery Support Services (APTRSS) that work to provide a range of behavioral health services to traditionally underserved Boston residents.

We therefore answer the below questions from the perspective of an organization providing both behavioral health services for children and families as well as substance abuse services for all Boston residents.

1. How do you anticipate health resource planning for Behavioral Health to help you in your work? How do you expect to use the information resulting from the effort?

Planning can identify gaps in the system of behavioral health care and can inform strategies to address those gaps. Many of the current gaps in services are currently unfilled, or filled only by grant-funded services (for children, Project LAUNCH and MYCHILD).

There are significant gaps in the continuum of substance abuse treatment services; planning could help to allocate resources appropriately and eliminate barriers to care. Access to care is often limited due to limited treatment capacity, and a gap analysis would contribute to an understanding exactly where fragmentation occurs and where resources need to be allocated so that individuals who seek treatment services do not experience potentially life-threatening delays in accessing the acute care they need or accessing the next level of care after a detoxification stay.

2. Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were not already included in the list of services on page 6? Please describe with as much specificity as possible. Please indicate how they can be addressed through health resource planning.

For children, it is critical that planning address the full continuum of need that exists on two axes. First, attention needs to be paid to children of all ages, from infancy through school age and teen years. For the youngest children, planning must reflect the reality that care of the child is generally dyadic care – not easy under current privacy and payment constraints. Second, attention needs to be paid to children whose needs cover a spectrum, from least to most intense.

CBHI has made a significant difference in meeting the mental health needs of older children with diagnosable conditions. It has not fully addressed those needs, but it has gone far. However, it has not met the needs for services to younger children or the preventive service needs of children of all ages.

Community prevention initiatives are currently funded through grants. These services are currently provided through grant funding; given how effective community prevention efforts can be in both preventing addiction as well as preventing some of the costlier outcomes of addiction (such as

overdose), it would be useful to include these efforts on the list of Substance Abuse services to be studied. The community assessments and lessons learned through the various community prevention initiatives undertaken over the last several years would be even more useful should the promising practices be studied in a formalized way in order to bring these effective prevention strategies to citywide and statewide scales. Planning around these initiatives should be undertaken with the communities themselves, as they are experts in their own needs and strengths

3. Given the importance of prevention and also “post-acute” services for mental health & substance abuse, what critical evidence-based services & programs are available, should be expanded, or need to be developed? Are there specific models you suggest we study?

Both Project LAUNCH (DPH and BPHC) and MYCHILD (EOHHS and BPHC) integrate a number of evidence-based practices within the context of the pediatric medical home. Both programs take advantage of highly skilled, well-trained family partners to extend the capacity of physicians and mental health clinicians to meet family needs at low cost.

The APTRSS Bureau employs (and has designed) many evidence-based practices in its substance abuse treatment services. It is widely acknowledged that many individuals with substance abuse needs have histories of trauma and experience significantly high levels of PTSD; we have found it necessary to incorporate evidence-based practices around trauma-informed care in order to best serve our population. Additionally, BPHC developed the Boston Consortium Model, which SAMHSA has listed as an NREPP-listed evidence-based practice.

This evidence based practice incorporates trauma-informed care into all treatment services and also ensures a seamless continuum of care for participants so that all providers are working together to ensure that all treatment and supports are coordinated and individuals experience no fragmentation in the services they receive.

4. Obtaining capacity, workload/volume, and demand data for outpatient & community mental health & substance abuse services is a challenge. Do you have ideas for data sources or suggestions for collecting data now or in the future? Are there specific “data gaps” that you feel are important for future data collection?

Both the National Survey on Children’s Health and the Boston Child Health Study provide insight into the scope of children’s mental health needs.

When understanding community-level substance abuse needs, an emphasis on surveillance is critical: formalized information-sharing protocols with hospitals and other emergency settings would help to understand, in real time, the nature and epidemiology of local drug abuse trends, which would be crucial in informing emergency community-based responses to clusters of deaths or hospitalizations.

Additionally, although poly drug use is a critical issue in the substance abuse landscape, it remains difficult and complex to measure and describe the epidemiology of poly drug use. Better methods to collect data on poly drug use (most of which involves prescription drugs) would be immensely helpful in curbing the ever-growing epidemic of prescription drug abuse.