

**DEPARTMENT OF PUBLIC HEALTH
INFORMATIONAL SURVEY - 2014
HEALTH RESOURCE PLANNING FOR
BEHAVIORAL HEALTH SERVICES**

ISSUED: JANUARY 23, 2014

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SECTION 1: OVERVIEW

A. Background

In 2012, Governor Patrick signed into law Chapter 224 of the Acts of 2012, "An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation." Chapter 224 focuses on improving the quality and efficiency of health care delivery and payment systems.

Chapter 224 establishes a Health Planning Council (Council) within the Executive Office of Health and Human Services (EOHHS). The Council is required to develop a state health resource plan (or "state health plan"). "The state health plan shall identify needs of the commonwealth in health care services, providers, programs and facilities; the resources available to meet those needs; and the priorities for addressing those needs.

The state health plan developed by the council shall include the location, distribution and nature of all health care resources in the commonwealth and shall establish and maintain on a current basis an inventory of all such resources together with all other reasonably pertinent information concerning such resources. For purposes of this section, a health care resource shall include any resource, whether personal or institutional in nature and whether owned or operated by any person, the commonwealth or political subdivision thereof, the principal purpose of which is to provide, or facilitate the provision of, services for the prevention, detection, diagnosis or treatment of those physical and mental conditions experienced by humans which usually are the result of, or result in, disease, injury, deformity or pain...

The plan shall also make recommendations for the appropriate supply and distribution of resources, programs, capacities, technologies and services identified in the second paragraph of this subsection on a state-wide or regional basis based on an assessment of need for the next 5 years and options for implementing such recommendations.

The recommendations shall reflect at least the following goals: to maintain and improve the quality of health care services; to support the state's efforts to meet the health care cost growth benchmark established under section 9 of chapter 6D; to support innovative health care delivery and alternative payment models as identified by the commission; to reduce unnecessary duplication; to support universal access to community-based preventative and patient-centered primary health care; to reduce health disparities; to support efforts to integrate mental health, behavioral and substance use disorder services with overall medical care; to reflect the latest trends in utilization and support the best standards of care; and to rationally distribute health care resources across geographic regions of state based on the needs of the population on a statewide basis, as well as, the needs of particular geographic areas of the state."

Meeting this mandate requires “health resource planning,” a broad term describing efforts to align the supply, location, and capacity of healthcare services with the demand for those services, in a cost effective manner. Federal health systems, private health systems, and states undertake health resource planning with a goal of optimizing access to care and the innovation that comes with competition, while avoiding expensive duplication of capital investments and also mitigating operational inefficiency. States that undertake health resource planning activities often use the results to determine if policy changes are required to limit and/or encourage investment in specific geographies or services.

Questions relevant to health resource planning include:

- **Inventory/Supply:** how many units of a service are currently operating in the Commonwealth?
- **Capacity:** What volume of service is each supply unit able to provide?
- **Demand:** How many units would have to exist to meet the needs of all residents of the Commonwealth?
- **Forecasting:** How are supply and/or demand expected to change in the future?
- **Gap Analysis:** Is current supply sufficient to meet current and future demand?

In the spring of 2013, EOHHS engaged consultants to work with the Council to develop an analytic workplan and framework for health resource planning in support of state health plan development. The workplan recognized the ambitious goals and broad scope of planning as required by the statute, and proposed a multi-level approach as follows:

- Level 1 analysis locates a data source for an inventory of providers of the service
- Level 2 analysis contains a precise definition of the service and a detailed inventory of providers of the service. If a detailed inventory is not available, the Level 2 analysis recommends a method for creating a complete inventory. Level 2 analysis also includes an estimate of the capacity of each service
- Level 3 analysis is the most comprehensive. In addition to level 1 & 2 analyses, Level 3 includes a narrative that outlines important questions relating to the delivery, changing service needs, and ongoing reform. It also includes an assessment of the quality and relevance of the available data, notes any gaps in the data, and recommends ways to improve data capture in the future

Six high priority areas were determined to be candidates for Level 3 analysis. EOHHS, the Department of Public Health (DPH), and the Council proposed focusing on a single priority area in 2014 because:

- It allows staff to identify methodological and process challenges and correct them in future plan iterations; and

- It pursues a rigorous, comprehensive approach to one issue area, rather than a superficial analysis of many issue areas.

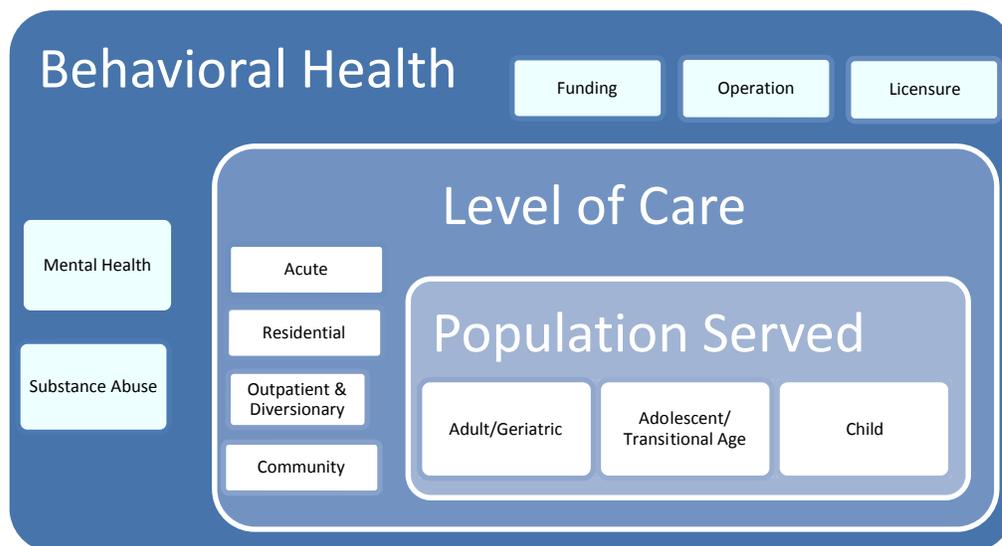
EOHHS, DPH, and the Council proposed Behavioral Health as the Year 1 focus since:

- It has direct relevancy to all agencies represented on the Council; and
- There is significant policy interest in understanding and addressing weaknesses of the current behavioral health system; as well as in initiatives to integrate care, address parity, improve access.

The Council has started its work by developing an initial set of maps of behavioral health resources in the Commonwealth, which can be viewed at <http://www.mass.gov/eohhs/gov/newsroom/open-meeting-notice/hhs/health-planning-council.html>. DPH is issuing this Informational Survey to receive input for the State Health Plan from consumers, providers, clinicians, advocates, and other interested parties regarding the specific Behavioral Health resource planning areas of inquiry to be addressed in the Council’s on-going work.

B. Massachusetts’ Behavioral Health Services

Behavioral Health in itself is a very broad topic which is inclusive of the Mental Health & Substance Abuse services that are provided in a variety of settings, to a broad spectrum of the population. It is important to note that some services are funded and managed exclusively by the Commonwealth with Federal support, while others are provided primarily in the private sector and are reimbursable through contracts with commercially and publically available health insurance carriers.



Three departments in the Commonwealth of Massachusetts play a key role in managing Behavioral Health Services: the Department of Mental Health (DMH), the Bureau of Substance Abuse Services (BSAS) within the Department of Public Health and

MassHealth (MH). Many other programs and services within the Commonwealth in both the public and private sector also serve those with mental health or substance abuse disorders.

The Department of Mental Health, as the State Mental Health Authority, provides access to services to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Mental Health services are provided to those with disorders that cause severe disturbances in thinking, feeling and relating that result in a substantially diminished capacity for coping with the ordinary demands of life. DMH establishes standards to ensure effective and culturally competent care to promote recovery. The Department also sets policy, promotes self-determination, protects human rights and supports mental health training and research.

The Bureau of Substance Abuse Services, operating under the auspices of the of the Department of Public Health, oversees addiction services, including gambling services in the Commonwealth. The responsibilities of BSAS include: licensing programs and counselors; funding and monitoring prevention, intervention, treatment and recovery support services; providing access to treatment for the indigent, uninsured and underinsured; developing and implementing policies and programs; advising on the implementation of effective evidence based programs and policies; and tracking substance abuse trends in the state. Mass Health, DMH and BSAS collaborate on matters related to the planning of services for people with co-occurring substance use and mental health conditions.

MassHealth, the State Medicaid agency, provides access to behavioral health services to evaluate and treat members for mental health and/or substance use disorders. MassHealth covers mental health services such as crisis intervention, diagnostic assessments and a treatment for a wide range of mental and emotional disorders. MassHealth covered substance abuse services include inpatient substance abuse treatment programs, outpatient counseling services, special services for pregnant women and methadone treatment programs. MassHealth also administers the Children's Behavioral Health Initiative (CBHI), an interagency initiative to improve behavioral health care for children that provides care coordination and home and community based services for members under 21.

For health resource planning purposes, the levels of care within Mental Health and Substance Abuse Services can be grouped within four major broad categories: Acute Care, Residential Care, Outpatient Care and Community Based Supports. Within each level of care, there can be different populations served, such as: Geriatric, Adult, Adolescent/Transitional Age Youth, Families and Children.

Acute Care is inpatient care that occurs in state facilities, private free-standing facilities, or within units of a general hospital. Patients are admitted for mental health or substance abuse care into hospital psychiatric units, crisis stabilization units, and acute inpatient substance abuse units or facilities. Acute hospitalization services can also be provided in general and psychiatric hospitals.

Residential Care Services are provided in group care, apartment, or residential recovery settings. When clinically most appropriate, mental health rehabilitation services may be delivered to patients in their home.

Outpatient & Diversionary Services include services such as crisis stabilization, Emergency Service Providers, partial hospitalization, and day treatment. It also includes outpatient counseling and medication assisted recovery programs and services.

Community Based Supports include services such as case management, respite services, club houses, home care, learning centers, adult day programs (for elders), school & home based mental health assessments, addiction Recovery Support Centers and home based substance abuse counseling for families.

To help focus health resource planning activities, staff obtained input from within state government, the Health Planning Council and the Advisory Committee. Based on this input, staff identified the following preliminary list of services with the goal of understanding their inventory, supply, and demand.

Mental Health	Substance Abuse
<ul style="list-style-type: none"> • Acute Inpatient Psychiatric Units/Facilities (child/adult/geriatric) • Licensed Outpatient Mental Health Clinics • Outpatient Mental Health Services • Diversionary Services: <ul style="list-style-type: none"> ○ Partial Hospitalization Programs ○ Day Treatment Programs ○ Emergency Service Programs ○ Crisis Stabilization Services • Long Term Services & Supports • DMH Continuing Care Units/Facilities • Community Support Agencies • DMH Site Offices • School-based Services • Preventative Services 	<ul style="list-style-type: none"> • Acute Inpatient Substance Abuse Beds (adult/youth) • Short and Long Term Residential Substance Abuse Beds (adult/family/youth) • Opiate Treatment Service Providers • Substance Abuse Day Treatment • Outpatient Substance Abuse Counseling • Community Support Programs and Services

SECTION II: QUESTIONS FOR RESPONSE

DPH is seeking input on the following questions to help guide its health resource planning efforts through 2014. Please use the response format as directed in Section III. You are not required to respond to every question.

1. How do you anticipate health resource planning for Behavioral Health to help you in your work? I would expect that capacity and access would improve. How do you expect to use the information resulting from the effort? It could be used to advocate for improvement in capacity and access.
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.
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? Community-based alternatives to inpatient are needed as diversion and step down, both for MI and SA, in order to assist the continuation of implementation of treatment and support to recovery. The limited times available for treatment in acute settings does not necessarily provide sufficient treatment time to all conditions. Returning home early, without options for continued treatment, will result in relapses. Also, rate improvements in outpatient services, particularly the medical services (psychiatry, medication assisted treatments for SA) are needed so that providers can open up more access. These services are needed to help maintain recovery efforts for MI and SA clients. Are there specific models you suggest we study? Community Crisis Stabilization, CSS for post ATS; additional transitional support services.
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? Areas and regions vary. I think you need to work with community specific, primary providers of the services to understand the volume, case load, demand, cost and gaps in services. Are there specific “data gaps” that you feel are important for future data collection? Regional and area based stats are needed as apposed to state-wide data.

SECTION III: RESPONSE INSTRUCTIONS

A. Response Format

Please prepare a typewritten response, answering the questions in order (e.g., 1, 2, 3), and restating the questions to which you choose to respond. We appreciate brevity in your response, with a focus on your key points and a focus on issues relating to health resource planning. Please label any attachments to coincide with your response.

B. Submission Deadline

Please respond to DPH on or before **January 31, 2014 by 4:00 p.m.** in order for your response to be considered. Responses can be faxed or submitted as an attachment to e-mail. E-mailed submissions are preferred. Please include in the subject line:

“BEHAVIORAL HEALTH PLANNING”

and send to:

Kathy Svizzero for Madeleine Biondolillo, MD, Associate Commissioner at:

kathy.svizzero@state.ma.us

Fax number (617) 624-5206

The DPH thanks you in advance for responding. We appreciate the time and consideration you will need to invest to respond.