

# Behavioral Health Integrated Care

Executive Office of Health and Human Services

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# Behavioral Health Overview

## Behavioral health prevalence and impact to total cost of care

- In a 2020-2021 survey, **27% of Massachusetts adults reported needing behavioral health care** over the past 12 months<sup>1</sup>
  - Among **young adults (ages 19-39)**, the rate was **50%**
  - **64% of adults who reported needing care** said that their need was **due to or exacerbated by the pandemic**
- **Behavioral health spending** across all payers in the US **grew 62%** between 2006-2015, **from \$131 billion to \$212 billion**<sup>2</sup>
- Behavioral health conditions **increase costs across the health system**
  - Patients with **both a behavioral health diagnosis and chronic physical diagnosis have 2-2.5 times higher health care expenditures** than those with only a chronic physical disease<sup>3</sup>
  - Nationally, Medicaid spends about **four times as much per member for individuals with behavioral health conditions** than for those without<sup>4</sup>
- MassHealth currently offers health care coverage to approximately **2.2 million members**
  - In CY 2019 data showed **36% of members had Behavioral Health Diagnosis** but accounted for 76% of total medical and behavioral health care spending

1. Blue Cross Blue Shield, [Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021](#)
2. US Senate Finance Committee, [Mental Health Care in the United States](#)
3. Health Policy Commission, [Key Findings – Behavioral Health Compendium](#)
4. Institute for Medicaid Innovation, [Behavioral Health Coverage in Medicaid Managed Care](#)

# Importance of Behavioral Health Integration

Integrated care allows for behavioral health care to take place in a setting where individuals are comfortable

- Locus of Care:
  - More than **one in four adults** in the United States experience a behavioral health concern each year<sup>1</sup> and **primary care is often the first place individuals look for help**
  - Two-thirds of primary care physicians report **not being able to access** outpatient behavioral health for their patients<sup>2</sup>
  - 80% of people with a behavioral health disorder will visit a **primary care provider at least once a year**<sup>2</sup>
  - **50% of all behavioral health disorders are treated in primary care**<sup>2</sup>
- Integrated models are **becoming more prevalent**:
  - Systems are **evolving along a spectrum**: Coordinated Care, Co-located Care, Integrated Care
  - Rise in use of integrated care models: **Collaborative Care Model, Primary Care Behavioral Health Model**
- As part of the Commonwealth's Roadmap to Behavioral Health Reform and the Accountable Care Model Reform, the Commonwealth is focused on **increasing integration of behavioral health care into primary care, enabling and incentivizing primary care providers to screen, assess, treat, and triage**

1. Prevalence, Severity, and Comorbidity of Twelve-month DSM-IV Disorders in the National Comorbidity Survey Replication (NCS-R);

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847357/>

2. Primary Care Collaborative; <https://www.pcpcc.org/content/benefits-integration-behavioral-health>

# MassHealth Behavioral Health Initiatives

MassHealth is moving towards new behavioral health service models including alternative payment methodologies to support these services

MassHealth is interested in **supporting new types of services as part of the Roadmap to Behavioral Health Reform**, including the following:

- **A Behavioral Health Help Line**, available 24/7 to all residents of the Commonwealth, to provide live support, clinical assessment, and connection to the right mental health and addiction treatment in real time
  - This Help Line will connect people with a provider prior to a mental health emergency, for an assessment and appointment
  - The Help Line will deploy 24/7 mobile crisis intervention when needed, through trained community behavioral health providers located across the state
- **Readily available outpatient evaluation and treatment**
  - Same-day evaluation and referral to treatment, evening/weekend hours, timely follow-up appointments, and evidence-based treatment in person and via telehealth at Community Behavioral Health Centers across the Commonwealth
  - Increased availability of mental health and addiction services available through primary care, supported by new reimbursement incentives, including MassHealth rate increases
- **Better, convenient community-based alternatives to the emergency department** for urgent and crisis intervention services
  - Urgent care for behavioral health at community provider locations
  - A stronger system of 24/7 community and mobile crisis intervention
- **A focus on advancing health equity by meeting the diverse cultural and linguistic needs** of individuals and families in all communities throughout the Commonwealth

# MassHealth Behavioral Health Initiatives to Date

Advancing behavioral health access and integration is fundamental to MassHealth's Roadmap for Behavioral Health Reform and 1115 Waiver Renewal

**Among many initiatives at MassHealth to support Behavioral Health, here are few key highlights:**

- **Preventive BH Services in Primary Care:** Coverage of preventive BH services, including in primary care settings, without requiring a BH diagnosis enables upstream, earlier intervention
- **Mental Health Screenings** in EPSDT Benefit: Paying for BH and developmental screenings with separate codes:
  - Adding payment for Autism screening
  - Including a post-partum depression screening paid for through child's benefit for <6mo
- **Coverage for BH Integration:** Reimbursement for BH integration codes at PCP and other medical practice settings
- **Launched crisis consultation** service for youth with autism spectrum disorder
- **Created incentives** for new inpatient psychiatric capacity
- **Select rate increases** to support behavioral health programs workforce challenges

# MassHealth Behavioral Health Integration Initiatives

Integrated behavioral health in primary care is fundamental to MassHealth's Accountable Care Model and 1115 Waiver initiatives







- **The Accountable Care Organization** health plans are groups of doctors, hospitals and other health care providers who come together to give coordinated, high-quality care to MassHealth members. The ACO program is innovative in that it:
  - Moves health systems away from a focus on the volume of billable services to a **focus on population health**
  - Rewards ACOs that provide better care for their population
  - Shifts the reimbursement strategy to allow for new, innovative, and historically non-reimbursable services to be appropriately compensated, including a **core focus on behavioral health services**
- MassHealth is rolling out a **Primary Care Sub-capitation Program as core part of the ACO Program in 2023:**
  - Through a “tiered” sub-capitation, increased payment will be tied to enhanced care delivery requirements to catalyze ongoing improvements in primary care
  - **Behavioral health integration will be required at all three tiers**, with increasing levels of behavioral health integration
  - A sub-capitation model allows for the clinical, financial, and administrative flexibility needed for primary care practices to develop their own **unique behavioral health integrated care program**
  - Objective is to **treat mild-to-moderate behavioral health needs** in primary care settings

# Integrated Primary Care

Increasing the number of primary practices able to manage mild to moderate BH conditions, and to coordinate with specialty BH, will increase BH access

## Vision

**Mild to moderate BH conditions are identified and treated as a routine part of primary care through an integrated, team-based approach.** Primary care practices refer to and coordinate with the specialty BH system to treat individuals with acute or complex chronic BH conditions, just as they do for acute or complex chronic medical conditions.

Principles	Capabilities	Integrated Care Team
<p><b>Patient-centered</b> (same-day, tele-capable)</p>	<ul style="list-style-type: none"> <li>▪ <b>Screen universally for mental health conditions and SUD</b></li> <li>▪ <b>Provide assessment of and treatment for mild to moderate BH conditions</b> (e.g., depression, anxiety, ADHD, SUD), including prescribing appropriate medications</li> <li>▪ <b>BH clinicians and support staff act as part of primary care team</b> with unified treatment plan to coordinate patient care</li> <li>▪ <b>Refer to and coordinate with</b> specialty BH providers when condition requires more specialized treatment</li> <li>▪ <b>Maintain continuous relationship and monitor progress over time</b> using Patient-Centered Outcomes Measures</li> </ul>	 Psychiatric prescriber consultation
<p><b>Team-based</b> (including peers, support staff)</p>		 PCP
<p><b>Coordinated</b> (communicate across team and with specialty BH)</p>		 Behavioral Health Clinician (e.g., LICSW, LCSW, LMFT, LMHC, LADAC, psychologist)
<p><b>Data-driven</b> (monitoring patient outcomes)</p>		 Individual/Family
		 Paraprofessional support staff (e.g. CHW, case manager)
		 Peer (e.g. Recovery Coach, Family Partner)
		<i>Illustrative Practice Model</i>