

APRIL 27, 2023

THE BEHAVIORAL HEALTH WORKFORCE IN MASSACHUSETTS:

Strategies to Help Grow Diversity, Resilience, and Overall Capacity

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AGENDA

- About the Foundation
- Background – The Problem
- Goals & Project Approach
- Recommendations
- Where do we go from here? What's Next?

ABOUT THE FOUNDATION – HOW WE WORK

Our mission is to ensure equitable access to health care for all those in the Commonwealth who are economically, racially, culturally, or socially marginalized.

Grantmaking Agenda

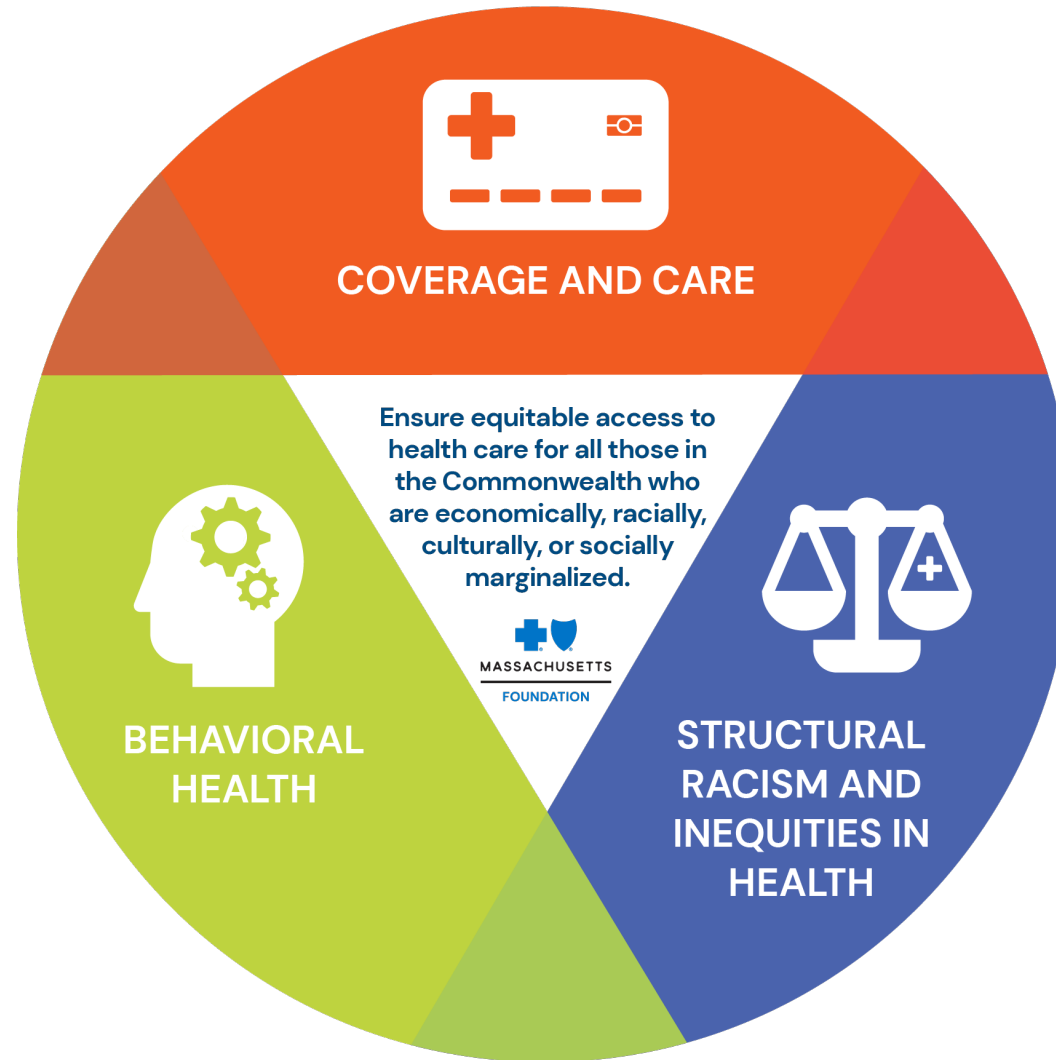


Policy & Research
Agenda

- Fund community programs
- Help launch/expand innovative models
- Build/strengthen community capacity
- Facilitate public-private partnerships

- Conduct policy research and analyses
- Provide independent, objective data
- Elevate and inform public discourse
- Convene stakeholders and build consensus

STRATEGIC FOCUS AREAS




BACKGROUND – THE PROBLEM

Workforce Challenges: Experienced by Providers and Consumers

ACCESS TO OUTPATIENT MENTAL HEALTH SERVICES IN MASSACHUSETTS

Access to Outpatient Mental Health Services in Massachusetts: A SUMMARY OF FINDINGS

OCTOBER 2017



ACCESS TO CARE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS IS A CHALLENGE FOR MANY IN MASSACHUSETTS

DECEMBER 2018

Despite Massachusetts' large behavioral health workforce, many state residents report difficulties obtaining mental health services, and both residents and providers report long wait times for outpatient mental health services.^{1,2} Based on new data from the 2018 Massachusetts Health Reform Survey (MHSRS), more than half (56.9 percent) of adults 19 to 64 who sought care for mental health (MH) and/or substance use disorders (SUDs) over the past 12 months reported difficulties obtaining needed care, including difficulty finding an MH/SUDs provider who would see them at all or difficulty getting an appointment with an MH/SUDs provider as soon as needed (Figure 1). Those difficulties likely contributed to more than one-third (38.7 percent) of those adults going without needed MH/SUDs care in the past year and one in eight (12.7 percent) visiting the emergency department (ED) for MH/SUDs-related issues. Roughly half of those reporting an ED visit for an MH issue reported that their most recent visit was for a non-emergency MH condition.


that is, an MH condition that could have been treated by a regular doctor or MH provider, had one been available. In this brief, we examine the health care experiences of adults 19 to 64 who sought care for MH conditions and/or SUDs in Massachusetts; we first provide gaps in their access to health care overall, with the largest gaps reported for MH/SUDs care.

STUDY DATA AND METHODS

We use data for 2018 from the MHSRS, a periodic random-digit dial (RDD) telephone survey of adults 19 to 64 in Massachusetts that has been conducted since 2006. The 2018 MHSRS included oversamples of low- and moderate-income adults and was conducted in English and Spanish, with calls to cell and landline phones. The response rate was 14 percent, which reflects the significant drop in response rates for RDD surveys in recent years.^{3,4} The response rate for the MHSRS is comparable to rates obtained in other recent state surveys relying on RDD methods.⁴


The MHSRS collects information on health insurance coverage, health care access and use, health care affordability, and demographic and socioeconomic characteristics from a sample of noninstitutionalized civilian adults ages 19 to 64.⁵ The survey sample is weighted to reflect the probability of selection into the survey and includes a post-stratification adjustment to ensure that the characteristics of the overall sample were consistent with the characteristics of the Massachusetts population for age, sex, race/ethnicity, and geographic distribution. There were 2,201 adults in the 2018 sample. The 2018 MHSRS added questions on access to and use of care for MH conditions and/or SUDs, which are the primary

Sharon K. Long
Julius Auerne
Peter Auerne




Opening the Door to Behavioral Health Open Access in Massachusetts: A Look at the Experience and Opportunities to Support Implementation

SEPTEMBER 2021




Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021

FEBRUARY 2022



Help for the Front Line: Approaches to Behavioral Health Consultation for Primary Care Providers

MARCH 2022

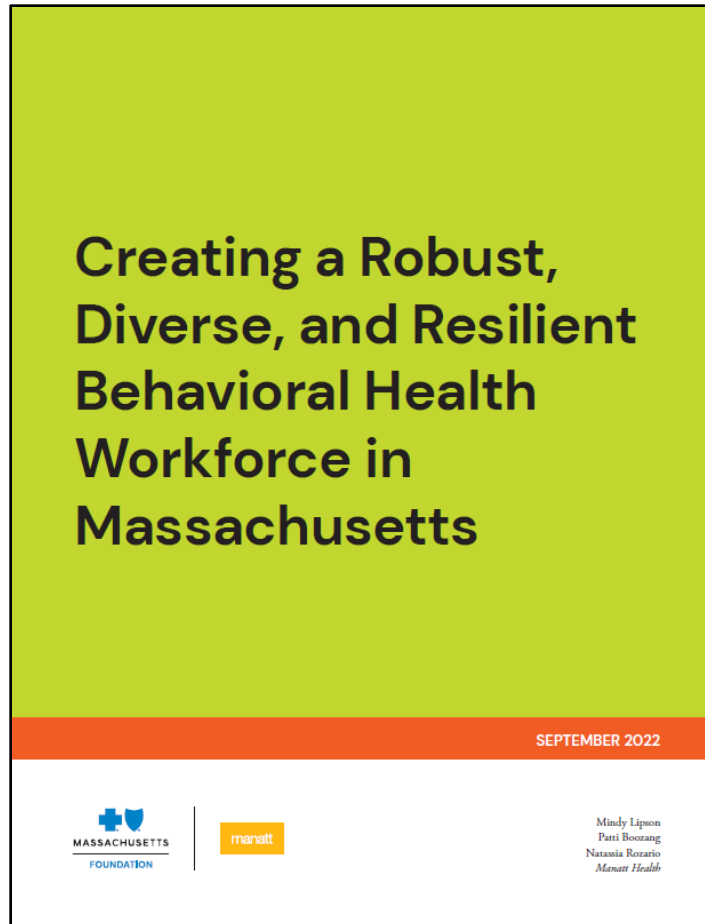


BACKGROUND – THE PROBLEM

Initiatives to Address Workforce Challenges



PROJECT GOALS & APPROACH



A Framework for Behavioral Health Workforce Policies



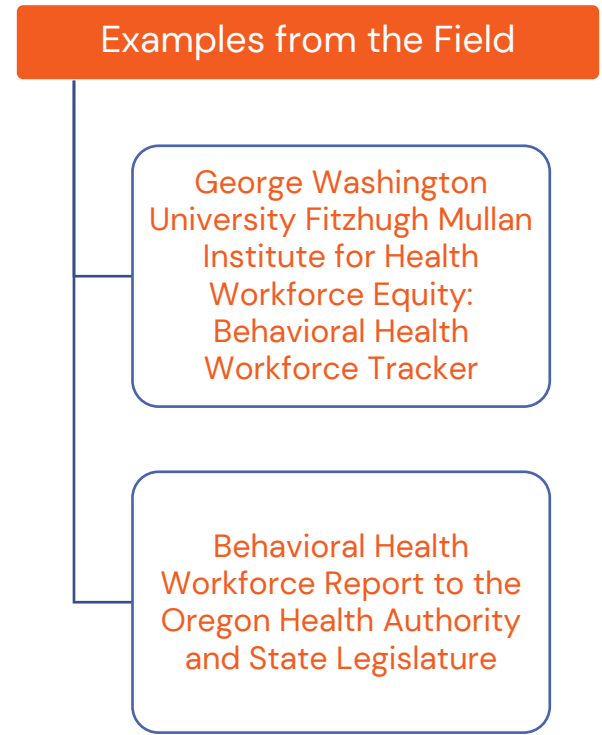
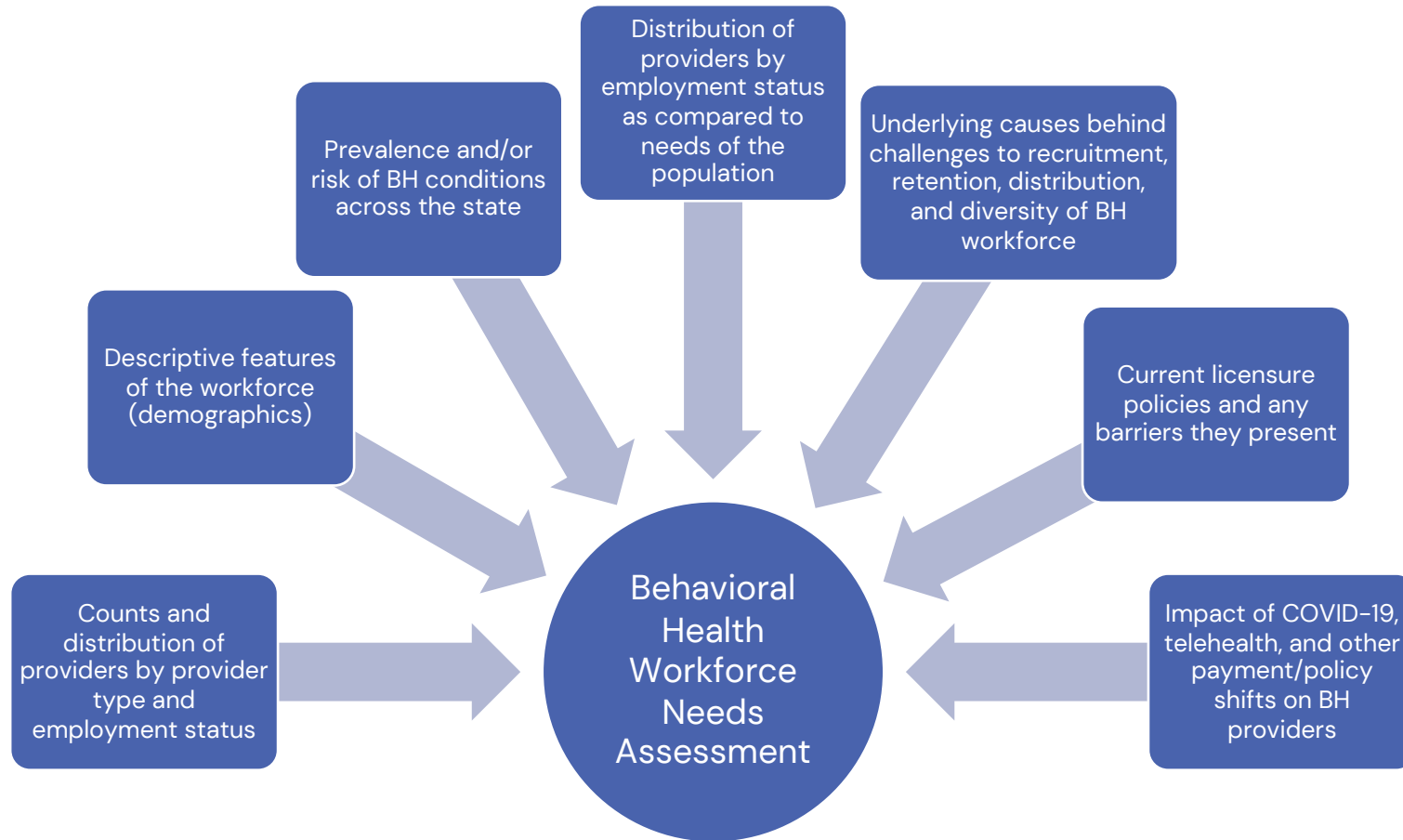
RECOMMENDATIONS

1. Conduct a baseline **Workforce Needs Assessment** to better understand the supply of the behavioral health workforce, including demographics, and specific workforce gaps.
2. Establish a **Behavioral Health Workforce Center** with a charter to improve the supply, distribution, competency, and diversity of the workforce.
3. Ensure that **payment for behavioral health services is equal to payment for similar services across all payers** in Massachusetts given the impact of reimbursement on the workforce.
4. Develop and fund a **10-year behavioral health workforce strategy** to grow the behavioral health professional workforce pipeline and address the shortage and maldistribution of providers.
5. Pursue a multipronged campaign to dramatically **expand the paraprofessional workforce (e.g., peers, community health workers [CHWs], recovery specialists)**, including ensuring that they are paid a living wage, have opportunities for career advancement, and can obtain insurance reimbursement.
6. Create a **system of social supports** for all members of the behavioral health workforce.
7. Fund an **in-depth evaluation of the impact of telehealth on the behavioral health workforce.**

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RECOMMENDATION: CONDUCT BASELINE WORKFORCE NEEDS ASSESSMENT



RECOMMENDATION:

DEVELOP & FUND A 10-YEAR BEHAVIORAL HEALTH WORKFORCE STRATEGY

Components of 10-Year Strategy for Growing Behavioral Health Workforce

Provide financial incentives to build the pipeline, including those that reduce barriers to entry and the financial burden of training

Develop programs to encourage interest in behavioral health professions

Continue to monitor strategies to address maldistribution of providers

Examples from the Field

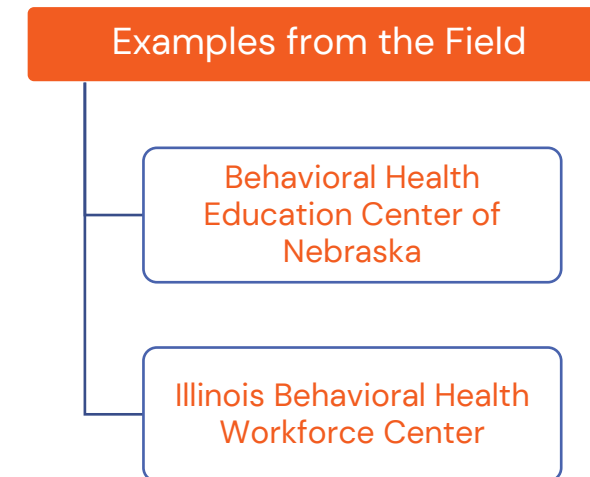
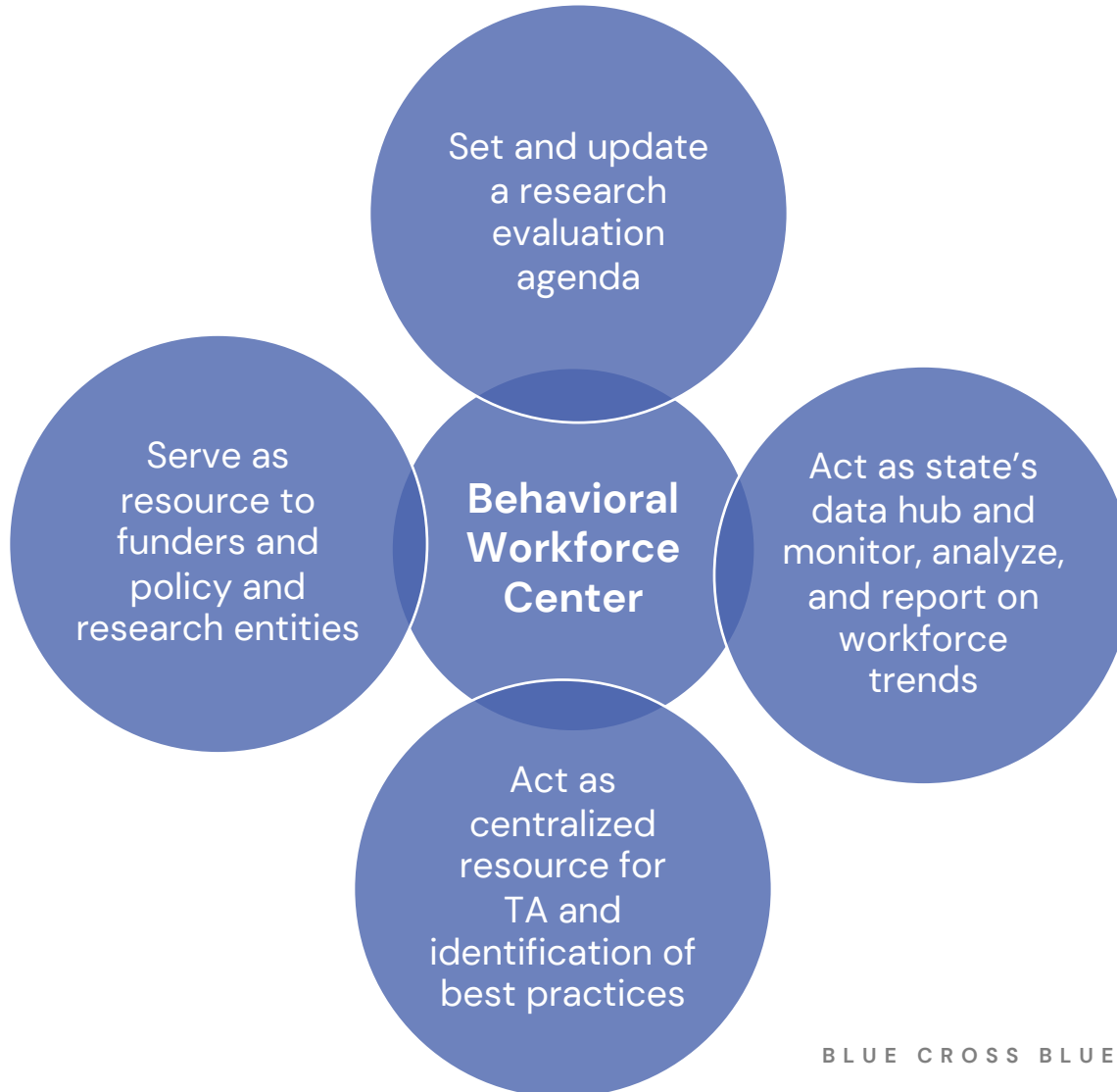
Area Health Education Centers (AHECs)

HRSA's Centers of Excellence Program


SAMHSA's Minority Fellowship Program

RECOMMENDATION:

ESTABLISH A BEHAVIORAL HEALTH WORKFORCE CENTER





WHERE DO WE GO FROM HERE? WHAT'S NEXT?



PROBLEM MANAGEMENT PLUS (PM+)
Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1, 2018
Series on Low-Intensity Psychological Interventions - 2

Advancing Community-Driven Mental Health



BOSTON SENIOR HOME CARE



THE COMMUNITY BUILDERS

STAVROS  — Life's What You Make Of It —





Problem Management Plus:

An Evidence-based Approach to Expanding Access to Community-based Mental Health Supports

Coming Soon...

PM+ Problem Solving Behavioral Techniques

1. Stress management through relaxation
2. Practical problem management
3. Behavioral activation
4. Accessing social support

QUESTIONS

Reports referenced in today's presentation available at: <https://www.bluecrossmafoundation.org/>

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