

Collaborative Meeting Notes

January 13, 2023

Roadmap for Behavioral Health Reform Presentation

Behavioral Health Help Line/ CBHCs

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- Fundamental pieces of Roadmap
 - Behavioral Health Help Line
 - Readily available outpatient evaluation and treatment
 - Better, convenient community-based alternatives to the ED
 - Urgent care for behavioral health at CBHCs
 - Expansions of PACT programs
 - A focus on advancing equity and meeting people where they are at
- Behavioral Health Urgent Care Centers
 - Have the ability to provide urgent care (same/next day appointments)
 - Effective March 2022
 - Link to fact sheet
- CBHCs
 - Effective Jan 2023
 - Integrate crisis and community-based treatment by combining mobile teams, crisis stabilization, and care coordination
 - Have MCI mobile crisis units based at CBHCs
 - Available in CBHCs 24/7
 - Have the capacity to provide same/next day appointments
- Behavioral Health Help Line
 - DMH service/function
 - Available to anyone regardless of insurance coverage, age, etc.
 - Available 24/7
 - Multi-channel entry point utilizes phone, text, and chat functions to receive appropriate expertise by clinicians
 - Includes consistent follow-up withing 48hrs for crisis handoffs; withing 14 days for outpatient referrals
 - Warm hand-offs to appropriate mobile crisis team, CBHC, Behavioral Health Urgent Care
 - Connect with different resources such as crisis dispatch, 988, Substance Use Helpline, Mass Options, and Mass211
- 988 and the Behavioral Health Help Line
 - 988
 - National number; emotional support helpline; in crisis and need to speak to someone
 - Not designed to connect people to care directly
 - DPH oversees 988; working to ensure there can be handoffs between 988 and Behavioral Health Help Line
- Questions
 - Frank Baskin: What kind of training have individuals receiving calls in Help Line/CBHCs received regarding Older Adults (ex. EMHOTS, etc.)?
 - BH Clearing House will be providing on-going trainings

- Each state agency provided initial orientation training
 - Foundational training, but specific training for different populations will be ongoing
 - ** any ideas on ongoing training initiatives/topics can be sent to Rob Walker**
- Scune Carrington: Can there be more clarity on CBHCs and the populations they serve; currently seems segregated between youth and adults
- Libby Arsenault: Re the clinicians that work for CBHCs already clinicians that work for CBHCs or other sources
 - Some staff previous part of CBHCs
 - CBHCs are currently hiring more staff programs, but also limited due to workforce issues
- Jason: Are the staff trained in various language? What do you use translation services?
 - Focus on hiring bi-lingual clinicians, but translators are also used
 - Currently unaware exactly what languages are offered
 - More data will be received and reviewed on regular basis; will make adjustments as data in collected
- Kathy Kuhn: Encourage to make sure training that is offered is really tailored to training. OBHN can be a resource.
 - Ask from Beth → OABHN make recommendations on what CBHC trainings should look like to bring forward to DMH
 - Currently building foundation pieces; training is long term/have a lot ahead of us
- Bob Linscott: Clinicians have long waiting periods. How is the Help Line able to change this problem? When referring Older Adults what can be tell older adults not in crisis about what the timeline may be?
 - Short term strategy was increasing urgent care; providers being innovated to have the ability to increase scheduling to provide appointments
 - Must consider workforce shortage
 - May clinicians provided mainly telehealth that can be a barrier for some
 - Structure is in place, but will take time to have the workforce