



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Mental Health

25 Staniford Street

Boston, Massachusetts 02114-2575

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

BROOKE DOYLE
Commissioner

(617) 626-8000
www.mass.gov/dmh

June 5, 2025

The Honorable Michael J. Rodrigues, Chair
Senate Committee on Ways and Means
State House, Room 212
Boston, Massachusetts 02133

Dear Chair Rodrigues:

Pursuant to requirements contained in item 5042-0000 of the Department of Mental Health's FY2024 budget, I am enclosing the Massachusetts Child Psychiatry Access Project (MCPAP) Service Report FY23 and FY24.

I appreciate the assistance our agency has received from you and your staff. Please do not hesitate to contact me if you need additional information.

Sincerely,

A handwritten signature in cursive script that reads "Brooke Doyle".

Brooke Doyle, M.Ed., LMHC
Commissioner

Attachment



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The Honorable Aaron Michlewitz, Chair
House Committee on Ways and Means
State House, Room 243
Boston, Massachusetts 02133

Dear Chair Michlewitz:

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THE OFFICE OF
GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

Kathleen E. Walsh

SECRETARY OF THE EXECUTIVE OFFICE
OF HEALTH AND HUMAN SERVICES

Brooke Doyle
Commissioner

**Massachusetts Child
Psychiatry Access Project
(MCPAP) Service Report**

FY23, FY24

June 5, 2024

**MASSACHUSETTS DEPARTMENT
OF MENTAL HEALTH**

MCPAP Service Report- FY23 and FY 24

Line Item 5042-5000 of Chapter 28 of the Acts of 2023, the Fiscal Year (FY) 2024 Budget, requires the Department of Mental Health to report to the Massachusetts House and Senate Committees on Ways and Means the following information:

- 1) An overview of Massachusetts Child Psychiatry Access Project (MCPAP) care coordination efforts
- 2) Number of psychiatric consultations, face-to-face consultations, and referrals made to specialists on behalf of children with behavioral health needs in fiscal year 2023 and fiscal year 2024
- 3) Recommendations to increase the number of specialists receiving referrals through MCPAP and improve care coordination efforts to identify specialists available and accepting new child and adolescent patients with priority to those children and adolescents who exhibit complex conditions and experience long wait lists for specialty psychiatry

1. Overview of MCPAP Care Coordination Efforts

The Massachusetts Child Psychiatry Access Program has provided resource and referral services to enrolled pediatric practices when requested by a primary care physician (PCP) or other member of a youth's care team such as a co-located behavioral health clinician or care manager. These services include identifying appropriate behavioral health treatment resources and providing contact information to the practice and/or on a limited basis to families. With the launch of the Behavioral Health Help Line (BHHL) in January 2023 as the statewide front door to access behavioral health services in Massachusetts, MCPAP's resource and referral functions are now coordinated through the BHHL starting in FY24. During the second half of FY23 MCPAP's care coordination staff and the BHHL team participated in training and coordination activities to establish a protocol for communication and collaboration between their services.

2. MCPAP Service Data and Trends-FY2023, FY2024

The following two tables present monthly, quarterly, and annual data on the number of overall MCPAP encounters, consultations with MCPAP psychiatrists, face-to-face assessments with a MCPAP psychiatrist or a MCPAP behavioral health clinician, resource and referral service, practice education activities, and behavioral health advocacy activities completed in FY23 and in the first half of FY24.

MCPAP utilization in FY24 decreased by 14% (FY23 10,456 vs. FY 22 12,214). Of note, utilization increased significantly during the pandemic compared to pre-pandemic utilization (FY 21 12,651 vs. FY19 9,999) but has declined since the pandemic ended. Anecdotally, MCPAP consultants report that pediatricians are feeling problems returning to more like before the pandemic. Looking at volume for after pandemic (FY23) vs before (FY19) volume is up 5%.

The volume of MCPAP face-to-face assessments provided in FY23 increased by 8% (FY 23 3,225 vs. FY22 2,981), continuing a trend that began during the pandemic fueled in large part by their practice of offering these assessments via telehealth (i.e., videoconferencing). Although face-to-face assessments can again be done in person, for a statewide program having the option of video/tele visits facilitates access for children who live at large distances from MCPAP's locations or who have limited access to transportation. Tele/video visits also helped with waiting times by allowing teams to cover for each other without worrying about geography, for example a Boston team seeing someone living in the Berkshires. Additionally, as clinicians have become more comfortable managing the more common behavioral issues, the questions for MCPAP have become more complicated and more often require a consultation with the family in addition to the consultation with the clinician. Again, this becomes a critical function that MCPAP can provide because MCPAP can provide this usually within two weeks while the alternative would be a many months wait for a community psychiatrist.

During FY23 the top three reasons for PCP calls to MCPAP were for diagnostic consultation (~27% of calls), medication questions (~35% of calls), and medication evaluations that result in face-to-face assessments (~17% of calls).

Executive Summary FY 2023						
MCPAP Encounters by Category						
	All Encounters	Phone	Face to Face	Resource & Referral	Practice Education	BH Advocacy
22-Jul	692	368	239	85	0	0
22-Aug	844	438	290	113	3	0
22-Sep	876	521	243	111	1	0
Q1 FY2023	2412	1327	772	309	4	0
22-Oct	902	567	232	90	12	1
22-Nov	961	553	297	108	3	0
22-Dec	886	514	275	97	0	0
Q2 FY2023	2749	1634	804	295	15	1
23-Jan	989	551	314	116	8	0
23-Feb	836	469	276	91	0	0
23-Mar	973	545	311	117	0	0
Q3 FY2023	2798	1565	901	324	8	0
23-Apr	804	464	227	95	18	0
23-May	928	529	281	118	0	0
23-Jun	765	421	240	94	10	0
Q4 FY2023	2497	1414	748	307	28	0
TD FY2023	10456	5940	3225	1235	55	1

Executive Summary FY 2024 (1st Two Quarters)						
MCPAP Encounters by Category						
	All Encounters	Phone	Face to Face	Resource & Referral	Practice Education	BH Advocacy
0-Jan						
Jul-23	662	311	244	104	3	0
Aug-23	731	399	243	89	0	0
Sep-23	698	363	243	82	10	0
Q1 FY2024	2091	1073	730	275	13	0
Oct-23	720	376	255	88	1	0
Nov-23	691	406	228	52	5	0
Dec-23	679	405	187	79	8	0
Q2 FY2024	2090	1187	670	219	14	0
TD FY2024	4181	2260	1400	494	27	0

3. Recommendations to increase the number of specialists receiving referrals through MCPAP and improve care coordination efforts to identify specialists available and accepting new child and adolescent patients with priority to those children and adolescents who exhibit complex conditions and experience long wait lists for specialty psychiatry.

Beginning in 2017, MCPAP redesigned its resource and referral services to support PCPs and their practice teams in becoming knowledgeable about specialist resources in their own communities. MCPAP provides the child's PCP and/or the PCP's staff information on behavioral specialists, and then PCP and/or PCP staff work with the family to access the specialty services. In the past year, MCPAP data has revealed that PCPs' need for resource and referral support from MCPAP teams is low relative to their other needs for MCPAP support. Only 6% of PCP calls are for resource and referral support. This data suggests that pediatric primary care practices are increasingly providing resource and referral support directly to their patients without needing MCPAP support. A 2019 utilization survey¹ found that many could provide resource and referral support to their patients and that 53% have a behavioral health provider on site, which further explains the decrease in resource and referral requests to MCPAP. Another factor that may be contributing to the reduction in requests for resource and referral services from MCPAP may be that pediatric practices as well as caregivers may be requesting access to behavioral health services by utilizing the Behavioral Health Helpline.

These survey findings, combined with MCPAP encounter data trends from the past two years (i.e., decrease in resource and referral encounters and an increase in face-to-face assessments), provide useful information about the overall strengths and gaps in the Commonwealth's children's behavioral health system.

Over the past three years, MCPAP has partnered with the Boston Children's Hospital Adolescent Substance Use and Addiction Program (ASAP) to address the increasing use of substances in teens. Any pediatric primary care clinician calling MCPAP with a substance use question receives a telephonic consultation from a member of the ASAP team. Over the past 2 years, by billing the individual's health insurance, ASAP has added the ability for teens and young adults anywhere in the state to receive virtual substance use counseling visits both individual and group. In FY23, ASAP-MCPAP delivered 1031 counseling sessions and provided 104 PCC consults for 161 youth. In the first 6 months of FY24 ASAP-MCPAP delivered 391 counseling sessions and provided 31 PCC consults for 77 youth.

DMH maintains close collaboration with MassHealth and the Department of Public Health (DPH) on two specialized MCPAP services that they fund. For over two years MCPAP expanded its array of services with funding from MassHealth to address youth with Autism Spectrum Disorder and/or Intellectual Disability (MCPAP for ASD-ID) seen by the mobile crisis teams. The patients receive a consultation from a licensed applied behavior analyst (LABA) and/or a physician specializing in ASD/ID.

Supported by a federal Pediatric Mental Health Care Access (PMHCA) HRSA 5-year grant obtained by the Department of Public Health that began in October 2021, MCPAP formed a team of early mental health childhood specialist consultants to improve training to pediatric primary care clinicians in the management of children under 6 with behavioral concerns (MCPAP for Early Childhood). Over the past year all MCPAP social workers have been trained by the grant funded early childhood specialists to provide consultation, both to the provider and to the family, so this service is now available throughout the state. A goal for FY24 is to increase MCPAP's ability to assist primary care clinicians with the diagnosis and management of youth with autism spectrum disorders. This expansion is supported by an increase in funding from the HRSA grant.

¹DMH contracted with DMA Health Strategies to conduct these interviews as part of the MCPAP Utilization Study.

Conclusion

MCPAP continues to address an important need within the continuum of behavioral health services in the Commonwealth. By providing primary care physicians with prompt access to child psychiatrists and behavioral health clinicians, MCPAP enables screening, assessment and if needed, prevention and/or mental health treatment to start within primary care, supporting care integration.

A slight reduction in numbers of requests for MCPAP consultations seems to respond to the waning of the pandemic crisis, while remaining higher than pre-pandemic numbers. As a result of DPH's HRSA grant focusing on addressing infant and early childhood mental health within primary care settings, the MCPAP teams have become better equipped to respond to the particular behavioral health needs of very young children and their caregivers. During FY 24 and FY 25 this area of emphasis will expand the capacity of pediatric practices to assess and diagnose autism spectrum disorders in young children, a service for which there are currently long waiting lists in the State.

MCPAP services continue to support the goals of the [Roadmap for Behavioral Health Reform](#) of providing access to behavioral health treatment where and when people need it, by increasing the capacity of primary care practices to offer more behavioral health assessment and treatment.