



1661 Worcester Road
Suite 206
Framingham, MA 01701

T 508.647.8385
www.ABHmass.org

Lydia Conley PRESIDENT / CEO
Kenneth J. Bates CHAIR

ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

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Deborah Devaux, Chair
Board of Commissioners
Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Dear Chair Devaux and Members of the Board:

On behalf of the Association for Behavioral Healthcare (ABH) and our members, thank you for the opportunity to submit written testimony on the potential modification of the health care cost growth benchmark for 2025.

ABH is a statewide association representing more than eighty community-based mental health and addiction treatment provider organizations. Our members are the primary providers of publicly funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people.

As you consider your recommendations for the coming year, ABH would like to emphasize the importance of strengthening behavioral health services, bolstering the healthcare workforce, and advancing health equity. These priorities will not only improve the quality of health care in the Commonwealth, but also serve to control spiraling medical costs. A discussion focused on bending the cost curve must acknowledge that the health care system does not treat all service areas equally and needs to account for historically underfunded areas that require disproportionate new resourcing.

The Health Policy Commission noted in its 2023 Health Care Cost Trend Recommendations that, "Better management of behavioral health conditions has also been found to lower overall health care spending and improve quality of life." Community-based mental health and substance use disorder treatment services help ensure that people receive care earlier and in the setting most suited to their needs. Access to treatment in the community can help prevent conditions from worsening that then require more complex and costly services. At the same time, robust community programs can provide individuals recovering from more acute or more complicated conditions with the necessary local support so that they can be safely discharged from more expensive, higher levels of care. Strong community programs can alleviate pressures in the system that result in "emergency room boarding" by providing care that reduces the volume of patients presenting in the emergency department in the first place, and by providing support that allows patients to return to their communities sooner, making hospital beds available. In fact, the American Psychiatric Association recognizes the unique value of mental

health clinic services as being central to solving for the psychiatric bed crisis in the United States.¹

However, ABH continues to be concerned about the long-term viability of outpatient mental health and substance use disorder services in Massachusetts. Workforce development, another focus of the HPC's 2023 Health Care Cost Trend Recommendations, remains a pressing issue. ABH members report that hiring has slowed and the pipeline of clinicians entering the field is diminishing. In 2021, for every 10 Master's level clinicians hired, approximately 13 Master's level clinicians left their positions (473 hired: 617.25 left). This exodus of clinicians and prescribers has led to 13,797 individuals on waitlists for outpatient services and an average wait time of 15.3 weeks for ongoing therapy for children.² For services provided through the Children's Behavioral Health Initiative (CBHI) and Behavioral Health for Children and Adolescents (BHCA), continued low reimbursement and staffing challenges have resulted in high vacancy rates, frequent turnover, months-long waitlists, and the permanent closure of at least 38 programs since 2019.³ Ongoing investments to retain and recruit behavioral health providers are desperately needed.

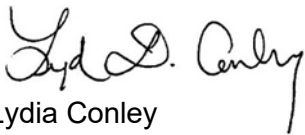
Amid these challenges, efforts to advance overall health equity must remain paramount. In terms of behavioral health, in 2023 the HPC recognized that "Recent studies have documented both rising rates of opioid overdose among Black and Hispanic populations and disparities in access to treatment for opioid use disorders (OUD)." Investing in harm reduction services, building a culturally, ethnically, and linguistically diverse workforce, and increasing low threshold housing models are critical steps to addressing these inequities. Eliminating co-pay and cost-sharing for all substance use disorder interventions should also be considered as part of a strategy to improve health equity.⁴

In recent years, the Commonwealth has shown a determination to strengthen behavioral health services through implementation of the *Roadmap for Behavioral Health Reform*, mental health reform legislation, and one-time investments. These are positive steps and appreciated initiatives, but they do not remedy the historic and systemic underfunding of behavioral healthcare services. An investment in continued adequate reimbursement for community-based behavioral health providers would result in long-term savings overall and ensure more equitable, accessible, quality, behavioral healthcare in Massachusetts now and in the future.

Thank you for your work and for your consideration of these comments.

ABH welcomes the opportunity to provide any additional information that may be helpful.

Sincerely,



Lydia Conley
President & CEO

¹ The Psychiatric Bed Crisis in the US: Understanding the Problem and Moving Toward Solutions, American Psychiatric Society, May 2022. <https://www.psychiatry.org/getmedia/81f685f1-036e-4311-8dfc-e13ac425380f/APA-Psychiatric-Bed-Crisis-Report-Full.pdf>

² [ABH Outpatient Mental Health Access and Workforce Crisis Issue Brief, February 2022](#)

³ [Kids Are Waiting: Children's Behavioral Health Services Crisis and Collapse, December 2023](#)

⁴ [34 Days and Counting: Waits for SUD Treatment Lengthen due to Workforce Crisis, May 2023](#)