Special Commission on Access to Behavioral Health Services for Children and Families

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Executive Office of Health and Human Services

April 29, 2026
9:30 - 11:00 am

Virtual / Zoom

Agenda

1. Welcome
2. Approval of 3/18/2026 Meeting Minutes
3. Updates from Single Agency Workgroup
4. Discussion of Commission's Recommendations
5. Next Steps

Updates from Single Agency Workgroup

Single Children's Behavioral Health Agency

Working Group 3: Determining the scope and goals of a single children's behavioral health agency

PROGRESS STATUS: ● *In progress*

April 2026 | Status as of April 27

Key Findings to Date

1. Review of three states (Colorado, Connecticut, New Jersey) revealed a spectrum of services offered and approaches to how consolidation could be achieved.

2. In all cases, integration of services into a unified, children's behavioral health agency was the result of multi-year initiatives, requiring significant resources and frequently undertaken in a staged roll-out.

Commission Questions & Gaps

Next Steps

1. Continued discussions with three states (CO, CT, NH) underway, with the goal of presenting final recommendations to the Commission at the 5/20 meeting.

Members: *Jesenia Collado, Paul Hyry-Dermith, Lisa Morrow, Lee Robinson*

Discussion of Commission's Recommendations

Narrowing Our Focus

- During the Commission's February meeting, the Challenges and Recommendations workgroup outlined a comprehensive list of recommendations to address the challenges to accessing behavioral health services identified during the Commission's review of prior reports.
- The recommendations addressed challenges in six key areas:
    1. Access, Entry, & Navigation
    2. Coverage, Affordability, Administrative Barriers & Financing/Sustainability
    3. Workforce Capacity, Stability & Training
    4. System Design, Fragmentation & Coordination
    5. Equity & Population-Specific Gaps
    6. Service Capacity, Wait Times & Crisis Dependence

- The full list of recommendations appear in the Meeting Materials.

Challenges

Workgroup #2 identified six areas of challenges facing youth and families in accessing behavioral health care and supports

Access, Entry & Navigation

- No clear starting place; inconsistent entry, referral, and intake pathways
- Families lack clear information on services, roles, and eligibility
- Caregiver burden + barriers from requirements, hours, transportation, transitions

Workforce Capacity, Stability & Training

- Shortages and closures reduce availability and continuity
- Turnover (wages, burnout, competition) undermines stability and responsiveness
- Training gaps + lack of diverse/bilingual workforce limits appropriate care (ASD/IECMH)

Coverage, Affordability, Administrative Barriers & Financing/Sustainability

- Coverage gaps/denials, cost-sharing, reimbursement issues block access
- Administrative complexity (eligibility, authorizations, billing) delays care
- Financing/payment rules (rates, grants) affect sustainability and provider participation

System Design, Fragmentation & Coordination

- Multiple agencies/payors with limited coordination and accountability
- Inconsistent care coordination processes create gaps and duplication
- Limited cross-system integration; unclear roles/leadership (incl. ASD coordination)

Equity & Population-Specific Gaps

- Persistent inequities by race, language, geography, income, disability, identity
- Insufficient language access and culturally responsive care
- Systems don't fit high-need groups (ASD/DD, medical complexity, DCF/homelessness; ACEs)

Service Capacity, Wait Times & Crisis Dependence

- Demand exceeds capacity across community and inpatient settings
- Long waits and evaluation backlogs delay diagnosis and treatment
- Limited community options drive ED use and boarding (beds/workforce/step-down limits; acuity)

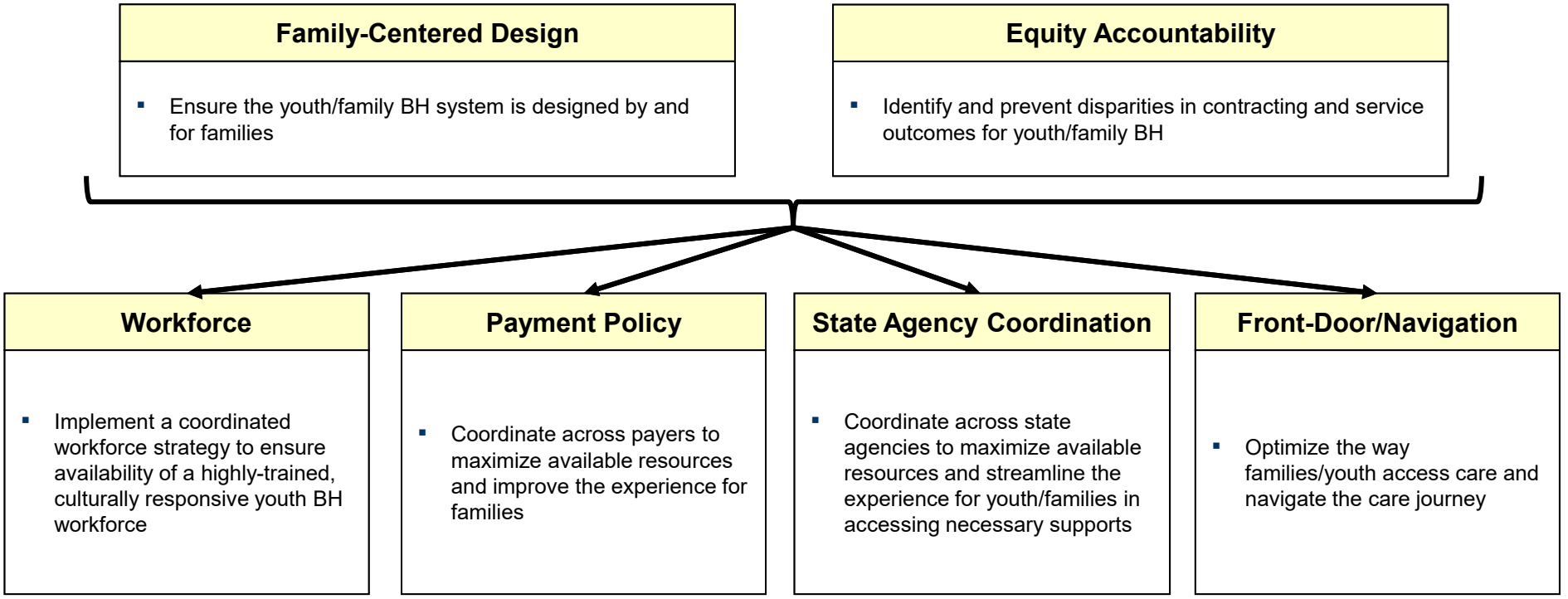
Challenges → Policy Areas

The six identified areas of challenges produced a list of recommended solutions that can be organized into six policy areas

Challenges	***Recommended Solutions***	***Policy Areas***
Access, Entry & Navigation	• Reduce unnecessary burdens and service delivery delay by ensuring access, entry, and navigation system design is family centered and family driven. • Provide clear information to families, providers, professionals, and the community about state agency (or community-based program/service, such as CBHC or CBHI) roles and services. • Create a clear starting place for obtaining children's services. • Standardize application and referral processes and eligibility criteria across system • Ensure access for children with complex needs that spans agencies through collaboration and clear service pathways. • Clarify MassHealth and commercial coverage—and which providers accept each—to reduce confusion and improve access. • Require an Equity Impact Framework across all publicly funded children's behavioral health services. • Establish enforceable language access standards across the behavioral health continuum. • Prioritize culturally responsive care as a reimbursable, measurable standard of quality. • Create specialized pathways for children and youth whose needs do not fit traditional service models. • Establish a unified, child- and family-centered access system for behavioral health services. • Modernize adolescent inpatient and residential systems to emphasize continuity, equity, and recovery. • Implement a coordinated workforce strategy to address provider shortages and improve culturally responsive care. • Mandate cross-agency coordination with shared outcomes and data systems. • Address workforce shortages across settings to ensure availability and continuity of care, as well as reducing waitlists, limited capacity, and service gaps. • Reduce high turnover and instability that disrupt relationships, responsiveness, and care continuity. • Enable the children's behavioral health delivery system to serve children and families by eliminating training and specialization gaps. • Reduce and/or eliminate insurance coverage gaps and denials so that children promptly receive appropriate and timely services • Reduce administrative complexity (e.g., eligibility, authorizations, billing, etc.) within child-serving systems for families, providers, agencies, and payors. • Maximize the impact and sustainability of funding across child-serving agencies and programs • Create and empower a leadership hub to facilitate consistency and alignment across children's behavioral health systems • Create a "front door" system through which children access the care they need, regardless of the point of entry. • Enhance/expand the existing Behavioral Health Treatment and Referral Platform (BH TRP) • Strengthen transition services and communication channels for children/families • Divert children from EDs to community-based services when appropriate • Expand residential and inpatient care capacity (including psychiatric residential treatment facilities) and increase psychiatric services/supports/competencies in other state agency residential treatment settings (DCF, DMH, DDS, DYS)	**Family-Centered Design**
Equity & Population-Specific Gaps		**Equity Accountability**
Workforce Capacity, Stability & Training		**Workforce**
Coverage, Affordability, Administrative Barriers & Financing/Sustainability		**Payment Policy**
System Design, Fragmentation & Coordination		**State Agency Coordination**
Service Capacity, Wait Times & Crisis Dependence		**Front-Door/Navigation**

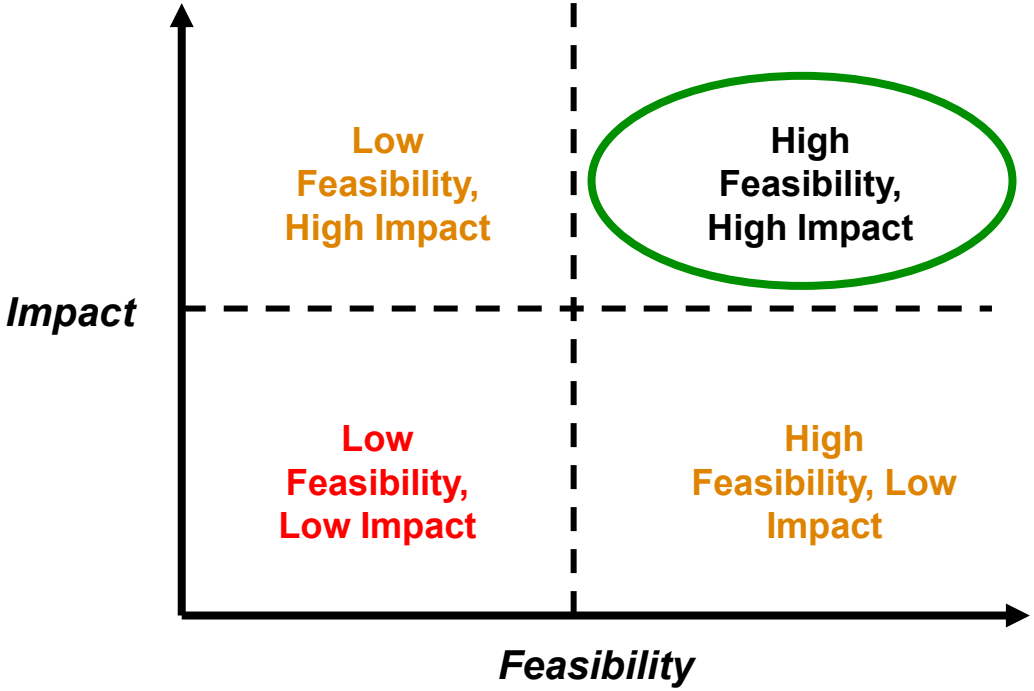
Policy Areas

Recommended solutions from Workgroup #2 can be organized into six policy areas: two overarching policy goals (family-centered design and equity accountability) that permeate four targeted policy areas (workforce, payment policy, state agency coordination, and front-door access/navigation of care)



Prioritizing Policy Recommendations

As the Commission works to finalize a list of policy recommendations to address the identified challenges, initiatives that are highly feasible and highly impactful need to be prioritized



A Note on ***Feasibility***

In the current budgetary climate, which is anticipated to get worse in the coming years as the state gets significantly less federal revenue from the One Big Beautiful Bill Act, *feasible* initiatives will need to be at least budget neutral, though ideally cost saving

DRAFT Policy Recommendations

Below is a DRAFT set of policy recommendations for review and discussion that targets all of the identified areas of challenge, while prioritizing feasibility and impact in the current political climate.

Family-Centered and Family-Driven

- Utilize existing forums to engage families and gather feedback on:
  - system challenges
  - proposed solutions
  - external-facing information

Equity Accountability

- Implement a cross-agency equity accountability framework across youth/family BH programs to:
  - identify and prevent disparities in contracting and service outcomes
  - establish a core set of training, competence, and service capacities for all youth-BH programs

Workforce

- Implement a coordinated workforce strategy for youth BH staff across state agencies to optimize:
  - training resources
  - salary planning
  - loan repayment opportunities
  - pipeline programming
  - recruitment and retention strategy

Payment Policy

- Coordinate across payers to minimize/eliminate:
  - payment-related gaps in youth BH service coverage
  - unnecessary administrative barriers to accessing care
  - avoidable cost-shifting to the state (both from federal and commercial payers)

State Agency Coordination

- Coordinate across state agencies to:
  - streamline referral/intake/entry processes
  - optimize available support/service resources, including bedded programming
  - ensuring a full continuum of supports for all youth, regardless of specific diagnosis/issue

Front-Door/Navigation

- Build on current resources to optimize the way families/youth access care and navigate the care journey, including through:
  - optimization of “front-door” access (e.g. BH Help Line)
  - family education/information sharing

Upcoming Meetings

	Date	Time	Location
✓	Wednesday, November 19	9:30 – 11:00 am	Virtual / Zoom
✓	Wednesday, December 17	9:30 – 11:00 am	Virtual / Zoom
✓	Wednesday, January 21	9:30 – 11:00 am	Virtual / Zoom
✓	Wednesday, February 25	9:30 – 11:00 am	Virtual / Zoom
✓	Wednesday, March 18	9:30 – 11:00 am	Virtual / Zoom
✓	Wednesday, April 29	9:30 – 11:00 am	Virtual / Zoom
	Wednesday, May 20	9:30 – 11:00 am	Virtual / Zoom
	Wednesday, June 3	9:30 – 11:00 am	Virtual / Zoom
Tuesday, June 30, 2026 – *Submission of Report to the Legislature*			

Proposed Meeting Agendas

Date	Proposed Tasks for Discussion
April 29	• Additional updates from Single Agency Workgroup • Discussion of Commission's recommendations
May 20	• Final presentation from Single Agency Workgroup • Continued discussion of Commission's recommendations • Review of draft report
June 3	• Review of draft report
Tuesday, June 30, 2026 – *Submission of Report to the Legislature*	

Appendix

Commission's Charge

Legal Authority: FY2026 Budget 4000-0300 (link)

Summary: The Commission shall study and report on recommendations for improving access to behavioral health services for children and families, including:

(aa) a list of the behavioral health services, including services and treatment for substance use disorder and for autism spectrum disorder, available to children and adolescents under 22 years of age;

(bb) a list of common challenges that children, adolescents and families face in seeking behavioral health services including, but not limited to, challenges associated with program eligibility criteria, affordability and cost-sharing, insurance or state program denials, application processes and service authorization processes, staffing, wait times and geography;

(cc) recommended policies to address challenges identified under clause (bb) and for streamlining access to behavioral health services for children, adolescents and families including, but not limited to, adolescent continuing care inpatient and residential treatment services;

(dd) a review of state funding dedicated to behavioral health services for children across state agencies and MassHealth and an examination of the impact of how such funding is used to maximize the delivery of services and available federal resources;

Commission's Charge (cont.)

(ee) analysis of the feasibility and effects of creating a single integrated children's behavioral health agency;

(ff) a 3-year strategic plan for the delivery of behavioral health services for children and families that considers all providers and payers; and

(gg) any matters deemed relevant by the commission

Report

Not later than June 30, 2026, the Commission shall submit its report to the Joint Committee on Mental Health, Substance Use and Recovery, the Joint Committee on Children, Families and Persons with Disabilities, the Joint Committee on Health Care Financing, and the Senate and House Committees on Ways and Means.

Review of Key Challenges (bb)

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Commission Webpage

Webpage

Meeting notifications and copies of meeting materials, such as approved minutes for each of the Commission's meetings, will be posted on the Commission's Mass.gov webpage:

https://www.mass.gov/special-commission-on-access-to-behavioral-health-services-for-children-and-families