The Commonwealth of Massachusetts
Executive Office of Health and Human Services

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Executive Office of Health
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Dear Colleagues:

This past summer, under the leadership of Nancy Lane, Ph.D., EOHHS traveled around the state holding listening sessions to learn from the public, providers, and stakeholders about challenges in accessing behavioral health treatment. We are deeply grateful for all that was shared. We continue to seek your guidance in establishing a true system of ambulatory behavioral health treatment, one that presents a no-wrong-door point of entry with real-time access. As we begin our next steps, I seek your input on specific questions that were gleaned from these listening sessions. Please visit this link and submit comments on or before December 20, 2019.

The Baker-Polito Administration is taking immediate action as we embark on developing an ambulatory behavioral health system road map. These actions include filing legislation prioritizing behavioral health and primary care, amending Department of Public Health (DPH) regulations, expanding access to treatment, improving emergency services for individuals in psychiatric crisis, and providing loan forgiveness for specific health care professionals working in public or non-profit sectors.

Legislative action
On October 18th, the Baker-Polito Administration filed *An Act to improve health care by investing in VALUE*. This legislation prioritizes behavioral health and primary care within the cost growth benchmark and eliminates known barriers in availability and accessibility of behavioral health treatment. Currently available data suggests that less than 15% of total medical expenses in Massachusetts is spent on primary care and outpatient behavioral health services combined. To truly reach parity, we must do more to treat behavioral health equitably with physical health.

This legislation:

- Increases spending on primary care and behavioral health by 30% over three years – within the construct of the overall health care growth benchmark
- Mandates a standardized credentialing process for behavioral health practitioners across all payers
- Promotes behavioral health reimbursement parity through the establishment of a rate floor for certain treatment service categories
- Discourages utilization of out-of-network behavioral health services through increased payer reporting and Division of Insurance (DOI) oversight
- Reimburses non-licensed behavioral health professionals in training who are working in clinical settings

- Establishes a Board of Registration of Recovery Coaches, per the recommendation of the Recovery Coach Commission, to credential and standardize the recovery coach position and to promote payer reimbursement
- Requires that accurate and updated provider directories are maintained to eliminate "ghost networks"
- Prohibits payers from denying coverage or imposing additional costs for same-day behavioral health services and certain medical visits
- Requires acute care hospitals to maintain clinical capacity to provide or arrange for the evaluation, stabilization, and referral of patients with behavioral health conditions in emergency departments

We look forward to working with our colleagues in the Legislature to advance health care reform this session. To learn more about the bill, visit our website.

Regulatory Action
The Department of Public Health (DPH), in collaboration with the Department of Mental Health (DMH) and MassHealth, is updating its clinic licensure regulation (105 CMR 140) and its licensure of substance abuse treatment programs regulation (105 CMR 164). Proposed revisions to the clinic regulation for mental health services include allowing for longitudinal patient assessments and treatment planning so that treatment can begin prior to completion of a full evaluation, emphasizing the potential for a co-occurring mental health and substance use disorder by requiring screenings for all patients for co-occurring disorders treated in a mental health clinic, and reducing regulatory barriers to treatment and service integration. Proposed revisions to the substance use disorder treatment regulation will align with updates to the clinic regulation, reduce barriers to accessing treatment, improve access to medication assisted treatment, require direct referrals to the full continuum of treatment and health services, streamline licensure across service delivery settings, and update staffing, supervision and training requirements to encourage better workforce development.

A key reform to both regulations is reducing the administrative burden associated with licensure when a provider wants to provide substance use treatment and mental health treatment within the same clinic. The proposed changes to these regulations will be presented at the Public Health Council meeting in January 2020. DPH and DMH will hold a joint public hearing for both regulations.

Expanding Access to Medication Assisted Treatment and Harm Reduction Services
Earlier this month, DPH awarded more than $1 million for six opioid treatment programs in Western Massachusetts, where there is limited access to methadone. The funding will expand opioid treatment programs in Springfield, Orange, and Greenfield through the Behavioral Health Network and in Athol, Great Barrington, and Agawam through Spectrum Health Systems.

Next month, DPH will be issuing a request for response (RFR) to implement medical monitoring services in harm reduction settings in communities that are most impacted by overdose and the adverse consequences of drug use. The expectation is that within these supportive places for treatment and related observation, trained staff will provide clients with low-barrier health care and access to medications for addiction, distribute harm reduction supplies, and have the capacity to monitor at least 10 community members in a setting where immediate medical care is available should it be required.

Additionally, at the end of this month DPH will issue a RFR to establish on-demand mobile health services for individuals with addictions and co-occurring illnesses in underserved areas.

Services will include syringe exchange, overdose education and naloxone distribution, MAT induction, counseling, wound care, and other preventive care such as screenings for sexually transmitted infections. The goal is to increase on-demand access to care for at-risk individuals where these individuals are located, connecting them to health services they may not otherwise receive.

Investments in Crisis Care
The existing psychiatric emergency services program will be revamped to more adequately address the crisis needs of individuals in the community, to streamline the psychiatric admissions process for individuals in hospital emergency departments and divert emergency room utilization, as appropriate. Starting January 1, 2020, MassHealth will invest an additional $11 million annually for the Emergency Services Program (ESP) to expand access to mobile and community-based treatment, and $3 million in Intensive/Community-Based Acute Treatment (I/CBAT) Programs, to ensure acute care treatment beds are available for children and adolescents in crisis.

Loan Forgiveness
EOHHS, through its agencies, will announce up to three rounds of loan repayment/forgiveness awards this fiscal year. In October, EOHHS announced that eighty-four clinicians, including psychiatrists would receive $1.3 million in student loan repayment awards in return for their commitment to serve in a community setting for four years. Additionally, this spring, DPH will award $1 million to primary care and behavioral health clinicians working in underserved areas of the state. These initial steps will help bolster community-based providers and help develop and retain a skilled behavioral health and primary care workforce in the Commonwealth.

Additional Initiatives
In October, EOHHS awarded $700,000 to community based health or behavioral health care providers to develop special projects addressing primary care or behavioral health needs of their patients. The funding allows a clinician and their team to devote time during their working hours to these initiatives. Each project is unique to the provider's specific patient profile. Additionally, the Massachusetts Rehabilitation Commission is investing $3 million for skills and counselor training to strengthen opportunities for individuals living with a disability to participate in the behavioral health workforce.

On November 13th, DMH, DPH, and DOI issued an updated protocol for the Expedited Psychiatric Inpatient Admissions (EPIA) initiative, which is designed to prevent Emergency Department (ED) boarding of patients with acute behavioral health emergencies. The updated admissions protocol provides that: the escalation process must start for individuals who are awaiting hospitalization within 24 hours of their arrival to the ED; all parties must use the standard bed search protocol, carriers and providers must ensure that patients are re-hospitalized at the same inpatient treatment facility to the maximum extent possible; and cases may be escalated to DMH prior to the 96-hour mark. The updated protocol is in effect on January 1, 2020.

Finally, this spring, a public awareness campaign will launch addressing the stigma associated with behavioral health illnesses and encouraging people to discuss their mental health concerns and seek treatment.

For far too long, behavioral health has not been prioritized in our health care system. While we know that reaching parity will take time, we will continue to make progress with the goal of long-term and sustainable change. For ongoing updates, please check our website. Thank you for your collaboration and support.

Sincerely,

Marylou Sudders
Secretary
Executive Office of Health
and Human Services