



Roadmap for Behavioral Health Reform: Ensuring the right treatment *when* and *where* people need it

Executive Office of Health and Human Services

A Multi-Year Plan: Summary

February 2021

Historical, Structural Challenges in Behavioral Health

Structural challenges in access to mental health and addiction treatment remain, even after recent improvements made through legislation, policy reforms, and substantial public investment

- This **Roadmap is based upon statewide listening sessions and feedback** in 2019. Nearly 700 individuals, families, and others identified challenges and gaps in the system:
 - **Individuals and families often don't know what services are available** or how to connect to them.
 - **Not enough behavioral health providers accept insurance** (public or private); those that do may have long waiting lists.
 - **People often turn to the emergency department during a behavioral health crisis** because there is no effective system for immediate urgent care in the community.
 - **Individuals often can't get mental health and addiction treatment at the same location**, even though mental health conditions and substance use disorder (SUD) often co-occur.
 - **Culturally competent behavioral health care** for racially, ethnically and linguistically diverse communities can be difficult to find.

Historical, Structural Challenges in Behavioral Health (cont.)

Structural challenges in access to mental health and addiction treatment remain, even after recent improvements made through legislation, policy reforms, and substantial public investment

- The **impact of the COVID-19 pandemic on mental health and addiction needs has heightened the urgency** of creating and implementing sustainable solutions.
- At the onset of the pandemic, behavioral health utilization dropped by about half. However, **as providers pivoted to adopt telehealth, utilization quickly rebounded.**
 - MassHealth had begun covering telehealth for behavioral health services in February 2019, and during the pandemic expanded this coverage to include audio-only telehealth and reduce barriers for providers to adopt telehealth.
 - Among MassHealth members, 75% of behavioral health visits were happening via telehealth, with some providers experiencing 90% of their visits via telehealth.
- Thanks to the **Legislature’s work codifying insurance coverage for telehealth services including behavioral health care** through comprehensive health care legislation.

Summary: Roadmap for Behavioral Health Reform

The Baker-Polito Administration proposes a Roadmap for Behavioral Health Reform that helps people find the right treatment when and where they need it.

Critical behavioral health system reforms through the Roadmap will include:

- A **“front door”** for people to get connected to the right treatment in real time
 - A **new, centralized service for people or their loved ones to call or text to get connected to mental health and addiction treatment**
 - This front door will help people connect with a provider before there’s a mental health emergency, for routine or urgent help in their community, or even right at home
- **Readily available outpatient evaluation and treatment (including in primary care)**
 - More **mental health and addiction services available through primary care**, supported by new reimbursement incentives
 - **Same-day evaluation and referral to treatment**, evening/weekend hours, timely follow-up appointments, and evidence-based treatment in person and via telehealth at designated **Community Behavioral Health Centers (CBHCs)** throughout the Commonwealth
- Better, more convenient **community-based alternatives to the emergency department** for urgent and crisis intervention services
 - **Urgent care for behavioral health** at CBHCs and other community provider locations
 - A stronger system of **24/7 community and mobile crisis intervention**
- **Expanded inpatient psychiatric bed capacity** to meet needs exacerbated by COVID-19

Summary: Roadmap for Behavioral Health Reform (cont.)

The Roadmap proposes a multi-year blueprint for the Commonwealth. Its success depends on the support and commitment of private health plans and providers.

The Roadmap also proposes to:

- **Advance health equity to meet the diverse needs** of individuals and families, particularly from historically marginalized communities
- **Encourage more providers to accept insurance** by reducing administrative and payment barriers
- **Broaden insurance coverage** for behavioral health
- Implement **targeted interventions to strengthen workforce diversity and competency**

These reforms do not replace or disrupt existing services or provider relationships—rather they aim to **help individuals and families more quickly and easily get connected to the treatment they need.**

The **Baker-Polito Administration is investing \$40 million in FY21** to expand inpatient bed capacity, and the Governor's proposed **FY22 budget includes \$84 million**, plus \$70 million from the SUD Trust, to support the public sector components of the Roadmap. **Over the next 3 years, estimated new public expenditures will increase to over \$200 million.**

Beyond these public sector expenditures, the **success of this critical statewide effort depends on commercial insurers** also committing to and investing in the proposed reforms

Principles of a Behavioral Health Treatment System

A system should provide treatment to individuals, families, and communities from birth throughout the lifespan and across the continuum from prevention and early intervention through recovery support

System Principles

- Ensure **parity** between physical and behavioral healthcare
- Expand **provider networks** through MassHealth and private insurance
- Expand **timely outpatient and urgent care access** to promote early intervention and to reduce crises
- **Integrate** the delivery of mental health and addiction treatment, and integrate behavioral and physical healthcare
- Ensure treatment is based on **goal-oriented, trauma-informed evidence-based practices** for individuals across the age spectrum, with specialized services for complex and high-risk populations
- Support **health equity** by ensuring capacity to meet the diverse needs of all individuals in Commonwealth, including those that are systematically disadvantaged
- Require **“no-reject”** of individuals who need treatment, including returning patients

Proposed Reforms through the Behavioral Health Roadmap

Structural Support for Access

Centralized Front Door to Treatment	An easy way for anyone seeking behavioral health treatment to find and access the treatment they need, through a central phone line
Access to Provider Networks & Services through Insurance	Strengthened behavioral health provider networks and expanded behavioral health service coverage in both MassHealth and private insurance
Administrative Simplification	Dramatically simplified and standardized administrative processes to reduce provider burden and make provider participation in MassHealth/ insurance easier
Workforce Competency	Targeted support to increase competency and diversification of clinical + non clinical workforce; increase provider participation in insurance , including MassHealth

Treatment Services

Integrated Primary Care	New payment models and incentives for PCPs that integrate behavioral health treatment to promote early intervention, increase access, and reduce siloes
Outpatient Treatment	Community Behavioral Health Centers with access to real-time urgent care and evidence-based, integrated mental health and addiction treatment for all ages
Urgent/ Crisis Treatment	24/7 community crisis response to avoid ED visits and hospitalization through 24/7 on-site and mobile crisis intervention; 24/7 Crisis Stabilization for youth and adults
Acute/24-hour Treatment	More inpatient psychiatric beds; strengthens 24-hour substance use disorder treatment to address co-occurring needs and better meet patient needs

Centralized Front Door to Treatment

Individuals and families should have an easy way to get the behavioral health services they need

- **Creating a new behavioral health treatment system will only succeed if people are able to access it easily**
- Through the Roadmap, EOHHS will create an easily accessible “front door” to behavioral health treatment
- **A new centralized phone/ chat line will enable people to easily find available providers and services that meet their needs**
 - The phone line will offer more than just a list of phone numbers, **providing real-time live clinical triage and service navigation in multiple languages**
 - The front door will help individuals and families to fully access the range of comprehensive treatment services for mental health and addiction offered in the Commonwealth, including **outpatient, urgent and immediate crisis intervention**
 - While the new front door is developed, the statewide 211 information line will direct people to existing available resources (e.g., DPH Substance Use Helpline, Mass Support crisis counseling line, Network of Care directory) and raise awareness about the statewide toll-free behavioral health crisis line

Readily available outpatient evaluation and treatment in the community and primary care

Newly designated **Community Behavioral Health Centers** and **increased behavioral health services in primary care** will expand the availability of outpatient evaluation and treatment in communities across the Commonwealth

- **Community Behavioral Health Centers (CBHCs)** will act as an **entry point for timely assessment and connection to behavioral health treatment**. CBHCs will:
 - Offer **behavioral health urgent care** and same-day assessment and referral to treatment, timely follow-up appointments, and a broad range of ongoing treatment services for **mental health and addiction**
 - Be required to meet a **high bar for timely access; evidence-based, integrated treatment; and cultural competency**, serving **all ages from children to older adults**
 - **CBHCs are likely to be existing behavioral health providers** that build their capacity to meet the new standards and develop referral partnerships with other community providers
- **Increasing the integration of behavioral health in primary care** will promote early intervention and ease demand on specialty behavioral health providers
 - In many cases, **mild to moderate behavioral health conditions can be managed by primary care providers**, in consultation and coordination with specialty providers as needed, similar to how many chronic medical conditions are managed
 - The Roadmap proposes **increased and value-based payments** for providers that deliver integrated mental health and addiction services in primary care

Community-based alternatives to the emergency department

Create a stronger 24/7 community-based crisis response system that reduces reliance on the Emergency Department (ED) for behavioral health crises

A stronger system of community-based behavioral health crisis care will offer an alternative to the ED by:

- Creating more widely available **behavioral health urgent care** with evening and weekend hours, through CBHCs and other providers
- **Developing a new regional crisis system embedded within Community Behavioral Health Centers (CBHCs) that will deliver 24/7 community and mobile crisis intervention to prevent unnecessary hospitalization and ED visits**
- Establishing **Community Crisis Stabilization (CCS) for youth** to provide short-term, intensive 24-hour treatment, expanding a service currently only available for adults
- Making **real-time expert consultation available to support crisis teams** responding to individuals with **Autism Spectrum Disorder and Intellectual/ Developmental Disabilities**
- **Shifting responsibility to hospitals for behavioral health crisis evaluations in their own emergency departments**, just as they are responsible for physical health evaluations

Advancing health equity

The Roadmap is designed to reduce health disparities in race, language, and physical ability

- **Diversifying the workforce** to be more reflective of the Commonwealth:
 - Provide loan repayment incentives for clinicians with diverse cultural, racial, ethnic, and linguistic backgrounds and competence
 - Expand coverage of peers for mental health and addiction
- **A multi-lingual “front door,” including ASL interpreters**
- **Providing treatment when and where people need it** to reduce disparities in access to behavioral health services related to transportation, time off from work and childcare
 - Maintain broad coverage of telehealth
 - Expand the availability of integrated behavioral health services within primary care
 - Extended hours, including weekends, at CBHCs and behavioral health urgent care
- **Providing culturally competent care**
 - Require CBHCs to provide services in clients’ preferred language (including ASL)
 - Require CBHCs to provide tailored services for populations such as individuals who are justice involved, individuals with ASD/IDD, and youth in the care and custody of the Commonwealth
 - Offer training for behavioral health providers in evidence-based practices (e.g., trauma-informed therapies) that better meet the needs of Massachusetts’ diverse populations

Encouraging more providers to accept insurance & broaden insurance coverage

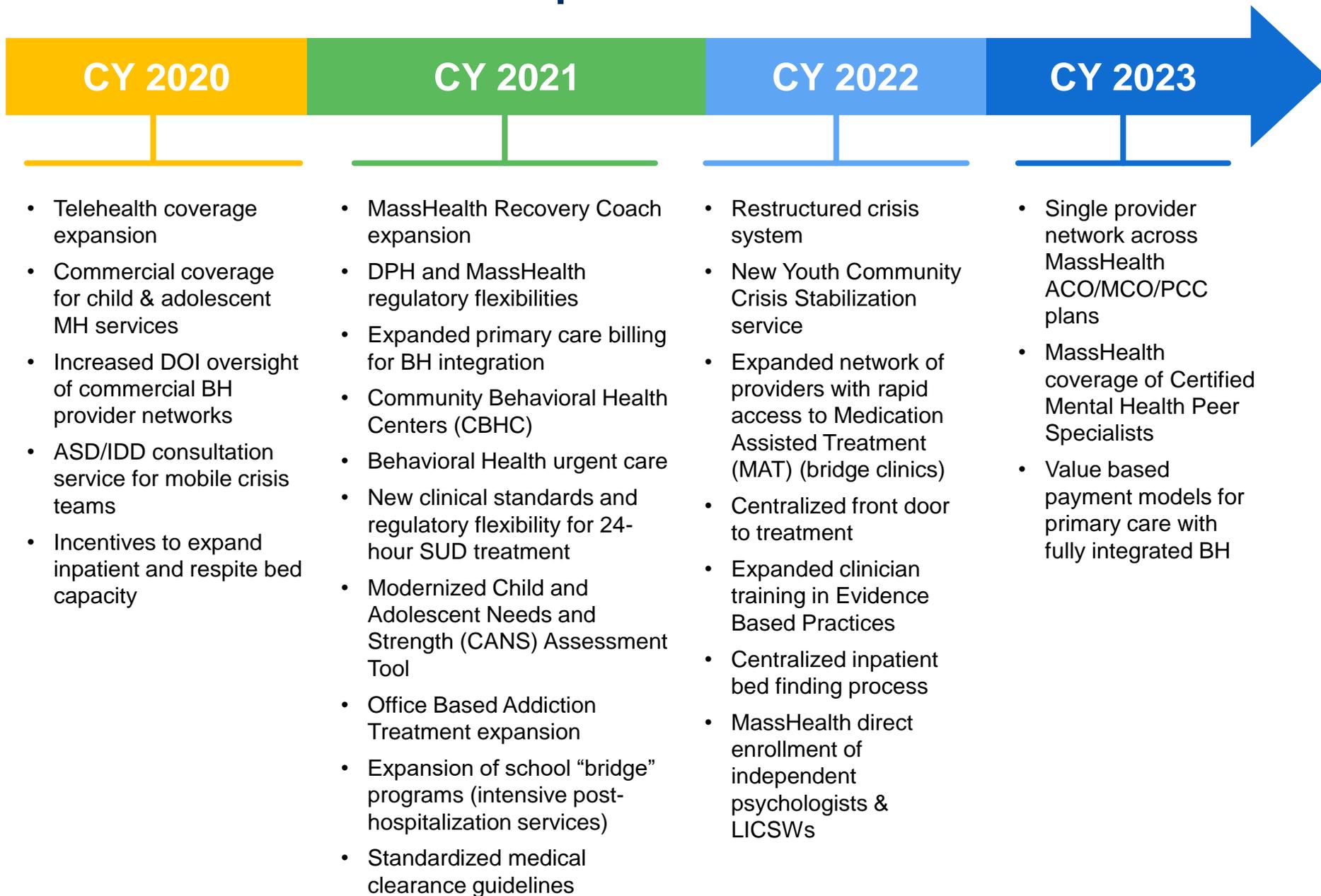
Strengthen behavioral health provider networks and expand behavioral health service coverage in both MassHealth and private insurance

- Simplify administrative processes for behavioral health providers to make it easier for providers to participate in MassHealth and private insurance
 - Require **standardized behavioral health provider credentialing** processes*
- Create a **single, broad behavioral health provider network for MassHealth members** to dramatically simplify the MassHealth system for both providers and members**
- Make it easier to find a provider that accepts your insurance by increasing oversight of commercial behavioral health provider networks including **accurate and timely provider directories**
- **Continue broad commercial and MassHealth coverage of tele-behavioral health***
- **Targeted initiatives to increase provider participation in MassHealth and strengthen workforce diversity and competency**
 - Including loan repayment incentives, targeted rate increases, and training
- **Expand MassHealth coverage**, including recovery coaches, peer specialists, and independent psychologists and social workers, and work with commercial insurers to also expand coverage

* As required in recent legislation

**Single BH network for ACO, MCO, PCC Plan; excludes SCO, OneCare and Fee-for-Service

Behavioral Health Roadmap and Related Initiatives Timeline



Public Sector Investments to Support the Roadmap

The **Baker-Polito Administration is investing \$40 million in FY21** to expand inpatient bed capacity, and the Governor's proposed **FY22 budget includes \$84 million**, plus \$70 million from the SUD Trust, to support the public sector components of the Roadmap.

Over the next 3 years, estimated new public expenditures will increase to over \$200 million, including:

- **More than \$100 million annually to create open, timely access to outpatient evaluation and treatment** in the community and primary care
- **More than \$15 million annually to strengthen urgent and 24/7 community and mobile crisis response**
- **More than \$15 million annually to create a new “front door” to treatment and expand MassHealth coverage** (e.g., peers, direct contracting with psychologist and independently licensed social workers)
- **\$70 million annually from the existing Substance Use Disorder Trust** to strengthen and expand the availability of addiction treatment services, including Office Based Addiction Treatment, ‘bridge clinics,’ and 24-hour treatment services

Beyond these public sector expenditures, the **success of this critical statewide effort depends on commercial insurers also committing to and investing in the proposed reforms**

Key Takeaways & Next Steps

- Starting now and over the next three years, EOHHS will implement a number of reforms to:
 - Create a **centralized, convenient “front door”** to help people find the right treatment when and where they need it
 - **Make outpatient services more readily available**, including community-based alternatives to the emergency department
 - **Expand inpatient psychiatric beds** to meet needs exacerbated by COVID-19
 - **Broaden insurance coverage and encourage more providers to accept insurance**, including MassHealth

- As EOHHS implements components of the Roadmap, **we will work closely with a range of stakeholders to solicit feedback on specific policies**

- In the coming weeks, EOHHS will host **two virtual Q&A sessions to respond to feedback and engage with our partners:**
 - Monday, March 8, 2-3PM
 - Monday, March 15, 2-3PM

- **To register for the Q&A sessions, and to access these slides, visit www.mass.gov/BHRoadmap**