Working Group 2 – Challenges and Recommendations Master Document

Access, Entry & Navigation - Challenges and Recommendations

- 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

Policy Recommendation:

Reduce unnecessary burdens and service delivery delay by ensuring access, entry, and navigation system design is family centered and family driven.

Key Elements:

1. Utilize existing behavioral health groups, such as the Children's Behavioral Health Advisory Council, the various Family Advisory Councils, and family-serving community agencies to elicit significant input from families on potential improvements to the child-serving systems.
2. Gather information from stakeholders (i.e., providers, schools, pediatricians, behavioral health professionals, MassHealth, community health centers, family advisory councils, first responders, etc.) regarding potential improvements to the child-serving systems.
3. Utilize the Children's Behavioral Health Advisory Council or an extension of this Special Commission to develop and make recommendations gathered from stakeholder input for a framework to access, enter, and navigate children's services that will reduce the burden on caregivers and ensure timely services.
    a. The recommendations should include proposed funding mechanisms for the framework.
    b. Provide sufficient time for the Council or Commission to gather the data and develop the framework in a meaningful and thorough manner.

Policy Recommendation:

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.

Key Elements:

1. Engage users of the services (families and children), service providers, professionals, and community agencies at the outset to help design materials and programs to educate stakeholders and the public about state agency, CBHC, BHUC, and CBHI roles and services.

a. Ensure that such materials and programs are widely disseminated using service providers, professionals, and community agencies on an ongoing basis.
b. Keep the materials updated.

Policy Recommendation:

Create a clear starting place for obtaining children's services. Too many helpline numbers and siloed agencies confuse not only families, but also providers, professionals, and the community when making referrals.

Key Elements:

1. **Create a single point of entry ("single entry door") with cross-agency trained staff who can help families navigate across child-serving systems**.
2. Create a single pool of funds for this purpose regardless of utilization of the service by a particular agency (DMH, DDS, DYS, DCF, DPH, DESE).
3. After input from single-entry staff, create an interagency centralized data dashboard of information helpful to them so that they can efficiently and successfully perform their job.
4. Utilize all agency, providers, professionals, community partners, first responders, and the OBHPP to market this single-entry door in a family centered manner.

Policy Recommendation:

Standardize application processes and eligibility criteria across agencies, child-serving system, and/or programs to eliminate undue burden and confusion for families and those making referrals. **(Overlap with Coverage & Affordability, Equity, and System Design)**

Key Elements:

1. Create a standardized, streamlined, digitized ***referral*** **process** across all referring partners (agencies, providers, professionals, families, first responders, community.) **(Overlap with System Design)**
2. Create a standardized, streamlined, digitized ***application*** **process** across all agencies with succinct addendums for needed agency specific information. **(Overlap with System Design)**
3. Align eligibility criteria across all agencies as much as possible. **(Overlap with Coverage & Affordability, Equity, and System Design)**
4. Ensure single-entry staff are well trained and receive ongoing *effective* training and updates across all agencies.

Policy Recommendation:

Ensure access for those children whose multi-complex needs do not fit squarely within a single agency through agency collaboration and clarifying service accessibility.

Key Elements:

1. **Improve meaningful cross-agency and cross-sector communication** among child-serving agencies with targeted goals and collaborative problem-solving. **(Overlap with Equity and System Design)**
2. Utilize the single-entry point system to bring agencies together to best serve the needs of the children and families.
3. Utilize the pooling of funds concept to reduce the concern of individual agency budget expenditures.

Policy Recommendation:

Clarify what services are covered by MassHealth, by commercial insurers, and which providers take which insurances to reduce confusion, misinformation, and inaccessibility of covered services. **(Overlap with Coverage & Affordability and Service Design)**

Key Elements:

1. Work with MassHealth and commercial insurers to align language around services as much as possible. **(Overlap with Service Design)**
2. Encourage community providers, particularly CBHCs, to align commercial insurance payors they accept. **(Overlap with Coverage & Affordability)**
3. Utilize all avenues available to educate families, providers, professionals, and the community about the availability of insurance reimbursable services in a family-driven, understandable manner.

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)

Policy Recommendation:

Address workforce shortages across settings to ensure availability and continuity of care, as well as reducing waitlists, limited capacity, and service gaps.

Key Elements:

1. Address the root cause of workforce declines
    a. Make salaries and benefits competitive and comparable to market rate, including by ensuring sufficient reimbursement
    b. Offer flexible scheduling to meet both staff and family needs (e.g., matching families with staff employed on weeknights and weekends).
    c. Ensure manageable caseloads with awareness of needs and intensity
        i. Establish foundational behavioral health staffing benchmarks/ratios for BHI services as well as school- and community-based children's services.
2. Create a Mental Health Talent/Workforce pipeline **(Overlap with Equity)**
    a. Provide a clear path to careers in behavioral health from entry-level positions to individuals seeking bachelor's- and master's-level degrees, paying for part of MA's degree in return for a 2- or 3-year commitment to work in children's behavioral health community services.
    b. Provide incentives to higher education institutions to grow school and community behavioral health programs.
3. Develop a program/cohort of providers and students that meet regularly (e.g., throughout a semester) to better understand school and community behavioral health programs.
4. Incentivize providers to finance MA-level program for staff

Policy Recommendation:

Reduce high turnover and instability that disrupt relationships, responsiveness, and care continuity.

Key Elements:

1. Identify, improve, and develop new investment in retention initiatives through the Health Policy Commission Behavioral Health Workforce Center or other appropriate agency/entity. **(Overlap with Equity)**
    a. Reinvestment in MA Repay program
    b. Develop a scholarship program that prioritizes diverse applicants and placements in areas of highest need, including recruiting efforts in underrepresented

communities (e.g., Franciscan Children's Community Health Initiative, William James College, etc.) **(Overlap with Equity)**

2. Simplify licensing processes and reciprocity from other states/US territories/etc.

Policy Recommendation:

Enable the children's behavioral health delivery system to serve children and families by eliminating training and specialization gaps.

Key Elements:

1. Provide adequate and ongoing training for staff delivering child behavioral health services **(Overlap with Equity recommendations)**
2. Expand the trainings offered through the Behavioral Health Workforce Training Clearinghouse to all state agencies, schools, etc.
3. Maximize existing workforce
    a. Remove the Hub requirement from CBHI services so that families can appropriately access just a Family Partner or Therapeutic Mentor
    b. Build workforce using paraprofessionals and other support roles with incentives and creative approaches to credentialing **(Overlap with Equity recommendations)**
    c. Provide compensation for clinical supervision and reflective supervision
4. Improve access to linguistically and culturally competent care (including ASL) through a rate differential for services offered in a language other than English **(Overlap with Equity recommendations)**
5. Expand fellowship slots and residency training grants for child psychiatrists/psychologists focusing on co-occurring ASD and behavioral health
6. ASD Expansion
    a. Expand training to focus on ASD, complex medical, and aggressive behaviors.
    b. Legislative changes to allow a broader array of licensed professionals to diagnose ASD, reducing diagnostic bottlenecks.

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

Policy Recommendation:

Reduce and/or eliminate insurance coverage gaps and denials so that children promptly receive appropriate and timely services

Key Elements:

1. Solicit BHCA utilization and reimbursement feedback from stakeholders through on-going DOI information sessions and other various channels
    a. Gather data, analyze it to ensure a clear understanding among stakeholders of commercial insurance challenges encountered by families and CBHI providers (e.g., limited services, incomplete reimbursement, etc.)
    b. In conjunction with various stakeholders, including families, develop a comprehensive market conduct survey to better understand BHCA utilization, including what works and what doesn't
        i. Survey children/families to determine whether they have had timely and effective access to mandated benefits.
    c. Compile, analyze, and publish stakeholder feedback information and data accompanied by specific proposals to address gaps and denials
2. Eliminate cost-sharing, including co-pays, for home-based behavioral health services for children
3. Expand Medicaid coverage for early screening and promotion services.
4. Add information to insurance cards indicating whether the plan is subject to MA insurance laws.

Policy Recommendation:

Reduce administrative complexity (e.g., eligibility, authorizations, billing, etc.) within child-serving systems for families, providers, agencies, and payors.

Key Elements:

1. Identify administrative burdens across the child-serving systems that limit or delay access to services (e.g., eligibility criteria, prior authorization, billing complexity, credentialing delays). **(Overlap with Access recommendations)**
    a. Gather data, input, and recommendations from all stakeholders including families, providers, agencies, and payors.
2. Streamline and reduce administrative hurdles to improve timely access to services **(Overlap with Access recommendations)**

Policy Recommendation:

Maximize the impact and sustainability of funding across child-serving agencies and programs

Key Elements:

1. Incentivize primary care providers (PCPs) to deliver behavioral health services.
2. Use data from various sources, including BHHL, to guide investment or reinvestment of funds across state agencies, ensuring that adequate and representative data is gathered as to both adult BH services and children's BH services.
3. Use a fiscal cost analysis to guide sustainability of current services and the potential scale-up of children's behavioral health services.
    a. Fiscal analysis considerations should include short-term vs. long-term cost implications, budget neutrality requirements, prevention cost offsets, and workforce availability and sustainability.
4. Align and coordinate federal and state funding streams.
    a. Coordinate Medicaid, CBHI, and other funding streams for prevention and family support.
    b. Standardize rates for similar services across state agencies.
    c. Coordinate funding to strengthen workforce capacity and culturally responsive community care.
    d. Ensure alignment and coordination activities consider legal and regulatory impacts (i.e., state insurance mandates vs Medicaid rules, federal waivers, parity compliance, and coverage that exceeds federal requirements services)
5. Sustain IECMH funding beyond short-term grants by identifying revenue sources and workforce investment.

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)

Policy Recommendation:

Create and empower a leadership hub to facilitate consistency and alignment across children's behavioral health systems **(Overlap with Equity)**

Key Elements:

1. Develop, incentivize, and coordinate/streamline both interagency and cross-sector collaborations among health care providers (physical and behavioral), child welfare, schools, juvenile justice, and payors (Medicaid, private insurers), families, etc. **(Overlap with Access and Equity)**
2. Align definitions and language across systems (e.g., "crisis")
3. Align referral, intake and eligibility requirements (need to account for insurance approval/payor challenges/differences) **(Overlap with Access and Service Capacity)**
4. Ensure care coordination across systems by integrating health records across care settings **(Overlap with Access)**
5. Align service areas, to the extent possible **(Overlap with Access and Service Capacity)**
6. Add MCO contract deliverables to coordinate and standardize children's mental health services and operational processes. (CBAT, ICBAT, CBHI)

Policy Recommendation:

Create a "front door" system through which children access the care they need, regardless of the point of entry. **(Overlap with Access)**

Key Elements:

1. Identify appropriate entity and/or individuals to provide "front door" services **(Overlap with Access)**
    a. Family Partners
    b. Systems Navigator
    c. Family Resource Centers?
    d. New Jersey has developed a model
2. Improve transparency/accountability for BH managers (apply DOI provider directory requirements; identify key contact).
3. Participate in MassHealth ACO / integrated care payment model

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)

Policy Recommendation:

Require an Equity Impact Framework across all publicly funded children's behavioral health services.

Key Elements:

1. Implement a unified equity accountability framework across MassHealth, DMH, DCF, DPH, DYS, DDS, and EEC-funded behavioral health services.
    a. Framework could consist of data collection through required quarterly reporting of access, utilization, wait times, level-of-care decisions, length of stay, discharge outcomes, and readmissions, disaggregated by race, ethnicity, primary language, disability (including ASD/DD), ZIP code, insurance type, DCF involvement, and housing instability.
    b. Establish measurable disparity thresholds and require corrective action plans for providers or managed care entities exceeding them.
    c. Incorporate equity metrics into MassHealth managed care contracts and state agency procurement standards.
    d. Produce an annual public equity report and/or dashboard.
2. Embed equity in contracting and rate-setting to ensure accountability across agencies
    a. Mandate routine **equity impact reviews** internally:
        i. Service access
        ii. Referral pathways
        iii. Waitlists
        iv. Placement decisions (including inpatient and residential)
    b. Disaggregate all utilization and outcome data by:
        i. Race, ethnicity
        ii. Primary language
        iii. Geography (urban/rural, region)
        iv. Disability status
        v. Child welfare involvement
        vi. Housing instability/homelessness

Policy Recommendation:

Establish enforceable language access standards across the behavioral health continuum.

Key Elements:

1. Direct the Office for Refugees and Immigrants (ORI) and relevant agencies to establish enforceable language access standards applicable to MassHealth providers, DMH and

DCF-contracted services, EEC-funded early childhood mental health programs, and inpatient and residential settings.

a. Timely access to **trained medical/behavioral health interpreters**
b. Translate materials at **all points of entry** (referrals, intake, consent, discharge)
c. Prohibit reliance on children, family members or untrained staff as interpreters
d. Fund and credential **bilingual/bicultural clinicians** and community-based language brokers
e. Monitor compliance through licensing and contract oversight.

Policy Recommendation:

Prioritize culturally responsive care as a reimbursable, measurable standard of quality.

Key Elements:

1. Require providers to demonstrate culturally responsive practices and documented partnerships with community-based organizations serving historically marginalized populations (e.g., faith groups, cultural organizations, mutual aid networks, etc.) **(Expansion of Access recommendations)**
2. Fund community-based, identity-affirming models (i.e., BIPOC-led, immigrant-serving, LGBTQIA+ affirming) and community-rooted providers.
3. Embed **family and youth voice**, particularly from historically marginalized communities, in program design, evaluation and oversight. **(Expansion of Access recommendations)**
4. Ensure ongoing training in culturally responsive and anti-racist practices. **(Expansion of Work Capacity recommendations)**

Policy Recommendation:

Create specialized pathways for children and youth whose needs do not fit traditional service models. **(Expansion of Access Recommendations)**

Key Elements:

1. Establish a formal interagency pathway for children with complex behavioral health profiles, including those with ASD/DD, medical complexity, aggressive behavior, DCF involvement, or homelessness. (**Expansion of Access Recommendations)**
2. Require inpatient and residential providers licensed by DPH and/or contracted by DMH, DCF, DYS, DDS, or MassHealth to demonstrate competency serving youth with developmental disabilities, aggressive behavior, and complex medical needs.
3. Prohibit denial of admission or exclusion of care to multi-complex children or children with cross-system involvement
4. Create regional multidisciplinary care coordination teams with representation from DMH, DCF, DYS, DDS, MassHealth, DESE, and housing agencies to expedite placement and align funding.
5. Establish enhanced reimbursement tiers for high-acuity youth to incentivize appropriate placement.

6. Require inpatient and residential programs to demonstrate disability competence, trauma-responsive practices, and medical-behavioral integration
7. Expand step-down and continuing care options to prevent unnecessary re-hospitalization

Policy Recommendation:

Establish a unified, child- and family-centered access system for behavioral health services. (Expansion of Access Recommendations)

Key Elements:

1. Develop a centralized, real-time bed and service availability tracking system for inpatient, CBAT, residential, and step-down programs. **(Overlap with Access and Service Capacity Recommendations)**
    a. Create a single point of entry for behavioral health referrals across agencies **(Expansion of Access Recommendations)**
2. Standardize level-of-care criteria across MassHealth managed care plans and state agencies (e.g., Outpatient, Inpatient, Residential and continuing care) **(Expansion of Access Recommendations)**
3. Require warm handoffs and documented transition planning between levels of care.
    a. Prohibit discharge to "no services available."
4. Fund regional family navigation services through MassHealth or braided EOHHS resources.
5. Develop and monitor maximum wait-time standards with escalation protocols for urgent referrals.

Policy Recommendation:

Modernize child and adolescent inpatient and residential systems to emphasize continuity, equity, and recovery for the child or adolescent and family**.**

Key Elements:

1. Encourage individualized transition planning early in an inpatient admission that is patient and family centered and confirm step-down appointments prior to discharge to ensure next steps in the continuum of care.
    a. Family engagement should be culturally and linguistically inclusive and consider geography.
    b. Transition planning should occur regardless of custody status.
2. Expand intensive outpatient, partial hospitalization, in-home therapy, and community-based step-down services.
3. Monitor disparities in admissions, length of stay, restraints, and readmissions.
4. Align payment models to incentivize successful community reintegration rather than prolonged institutional stays.
    a. Support step-down care
    b. Incentivize successful transitions, not just occupancy

Policy Recommendation:

Implement a coordinated workforce strategy to address provider shortages and improve culturally responsive care. **(Overlap with Workforce Capacity)**

Key Elements:

1. Invest in and expand loan repayment and scholarship programs for bilingual and culturally responsive workforce and clinicians. **(Overlap with Workforce Capacity)**
2. Create workforce pipeline partnerships with public higher education institutions. **(Overlap with Workforce Capacity)**
3. Expand adequate reimbursement for peer specialists and family partners through MassHealth. **(Overlap with Workforce Capacity)**
4. Require annual training in trauma-informed care, disability inclusion, and culturally responsive practices for state-contracted providers. **(Expansion of Work Capacity Recommendations)**

Policy Recommendation:

Mandate cross-agency coordination with shared outcomes and data systems.

Key Elements:

1. Formalize an interagency Children's Behavioral Health Council within EOHHS with representation from state agencies (i.e., MassHealth, DMH, DCF, DPH, DYS, EEC, DESE, housing and homelessness agencies, and family representatives
    a. Require shared accountability for wait times, placement stability, and family experience
2. Issue annual public reports on system performance and equity outcomes
3. Oversee data-sharing agreements across agencies
4. Coordinate braided funding strategies for high-need youth
5. Include youth and family representatives in governance structures

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)

Policy Recommendation:

Enhance/expand the existing Behavioral Health Treatment and Referral Platform (BH TRP)

Key Elements:

1. Publicly report boarding data, including data on those who tend to board the longest
2. Data elements should include age, diagnosis, demographics, geography, and payer

Policy Recommendation:

Strengthen transition services and communication channels for children/families

Key Elements:

1. Smooth transition back to school by expanding bridge program for kids who have not been in school (i.e., BRYT & BIRCh or BRYT- and BIRCh-like services) to other state agencies serving kids with similar profiles. Bridge programs should be available for all schools and ages
2. Use upcoming BH TRP expansion to CBHCs to allow communication and feedback loop between EDs and community services
3. Enhance interagency communication and collaboration by setting shared treatment goals and reducing conflicting regulations, requirements, funding, and eligibility requirements with the goal of getting a child appropriate services, with an emphasis on inclusion of the youth and family voice in the shared agency planning **(Overlap with Access, Equity, and System Design)**

Policy Recommendation:

Divert children from EDs to community-based services when appropriate

Key Elements:

1. Develop/enhance intensive home- and community-based services (crisis/stabilization supports, intensive in-home, intensive care coordination).
    a. Ensure access to CBHI Family-based Intensive Treatment (FIT) services
2. Refer children who have engaged with MCI to other appropriate settings (e.g., CBHI, YCCS, etc.)

Policy Recommendation:

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)

Key Elements:

1. Conduct a study, developed with stakeholders including families and youth, to determine system needs, including alternative models for children with complex and/or chronic medical and psychiatric needs (e.g., ASD, aggressive behavior, etc.), particularly for children involved with state agencies **(Expansion of Access Recommendations)**
2. Increase capacity by expanding eligibility for current programs across agencies and developing new service types to achieve a full continuum of care.
3. Reimburse congregate care programs to hold a bed while a child from said program receives treatment in another setting (e.g., hospital, PHP, YCCS, CBAT, etc.)
4. Eliminate/reduce regulatory, reimbursement, and inter-agency barriers to support community-based settings for children with co-occurring behavioral health and medical needs (e.g., co-occurring medical diagnosis with or without complexity including barriers on insulin and g-tube or ng-tube administration in group homes through the Medication Administration Program) **(Overlap with Access, Equity, and Service Design)**
5. Fund and/or develop care models and settings for children that are not adequately addressed through inpatient psychiatric hospitalizations, Community Based Acute Treatment (CBAT) services, or existing residential or community treatment models (e.g., enhanced payments for residential settings that have enhanced BH capabilities)