

MassHealth's Role in Behavioral Health Care in Massachusetts



THE ISSUE

Massachusetts is a national leader in driving improvements in coverage and access to health care services—the Commonwealth has had the highest insurance rate in the country for more than a decade.¹ Yet many residents continue to struggle with mental health conditions and/or substance use disorders (SUDs).² In 2017 and 2018, more than one in five Massachusetts adults reported experiencing any mental illness and nearly one in 10 reported experiencing an SUD (the seventh highest rate in the nation). The state has also been particularly hard hit by the opioid crisis. In 2018, Massachusetts saw 2,241 overdose deaths, the eighth highest rate in the nation.³ These issues are experienced across all age groups served by MassHealth, including adolescents and seniors.⁴

MassHealth plays a central role in delivering behavioral health care services to low-income residents, while at the same time advancing needed reforms to the behavioral health delivery system used by all residents of the Commonwealth. MassHealth provides comprehensive behavioral health coverage to nearly one in five Massachusetts residents and pays for a larger portion of behavioral health services than any other insurer in the state.^{5,6} Furthermore, because MassHealth serves as the cornerstone of the state's behavioral health system, its behavioral health workforce investments and delivery system reforms have systemic effects that extend beyond the program's enrollees and benefit the entire Commonwealth. As Massachusetts policymakers respond to the COVID-19 pandemic and begin post-pandemic planning, MassHealth's role as the bedrock of the state's behavioral health delivery system will only continue to grow.

KEY TAKEAWAYS: THE ROLE OF MASSHEALTH

MassHealth Improves Behavioral Health Access and Outcomes for High-Risk Individuals

Covering individuals at higher risk for behavioral health conditions. People with low incomes are at greater risk for mental health and substance use disorders, and MassHealth serves as a vital lifeline for these individuals by providing them with access to a wide range of behavioral health services.

Nationally, individuals with incomes under 100 percent of the federal poverty level (FPL) are twice as likely as individuals with incomes above 200 percent FPL to experience serious mental illness, and low-income individuals may also be at increased risk of SUDs.^{7,8} Research suggests that a range of socioeconomic factors, such as housing stability and food security, contribute to this finding.⁹ Consequently, Medicaid programs tend to provide a disproportionately large share of behavioral health coverage. Nationwide in 2015, approximately 14 percent of the general adult population was covered by Medicaid. However, in the same year, Medicaid covered 21 percent of adults with a mental illness, 26 percent of adults with a serious mental illness (SMI), and 17 percent of adults with an SUD.¹⁰ In Massachusetts, MassHealth covered nearly half of all behavioral health expenditures in 2013.¹¹

Improving access to behavioral health services. Enrollment in MassHealth (and Medicaid broadly) has been shown to substantially improve access to behavioral health care for individuals who are at greater risk for behavioral health conditions. In Massachusetts in 2019, individuals with incomes at or below 138 percent FPL or just under \$29,500 per year for a family of three (i.e., those potentially eligible for MassHealth) were less likely than individuals with incomes between 139 percent and 299 percent FPL (or just under \$64,000 per year for a family of three) to have an unmet need for behavioral health care, suggesting that individuals enrolled in MassHealth have at least equal, if not greater, access to behavioral health care compared with other low- to moderate-income individuals. Additionally, individuals with incomes at or below 138 percent FPL were substantially more likely to have had at least one visit for behavioral health care (26.8 percent compared with less than 15 percent for all other income levels).¹² While this may be driven in part by increased behavioral health need among low-income individuals, it also may suggest that MassHealth plays a key role in connecting these individuals to care. This is consistent with the broader literature, which suggests that expansions of Medicaid eligibility in other states have led to improved access to care and reductions in unmet behavioral health care need.^{13,14}

Despite MassHealth's role in expanding access to behavioral health care for individuals at higher risk for behavioral health conditions, many MassHealth enrollees still experience persistent challenges in finding behavioral health providers who are willing to take their insurance. Like many states, Massachusetts faces shortages of many types of behavioral health providers (e.g., psychiatrists), particularly in rural areas. Some providers choose to fill their capacity with more lucrative self-pay or commercially insured patients, creating longer wait times for appointments among providers that do accept MassHealth.^{15,16} In an attempt to address this issue, Governor Charlie Baker's 2019 health care bill, H.B. 4134, would require as conditions of licensure that urgent care clinics accept MassHealth members and provide some level of behavioral health services.^{17,18}

Providing robust coverage. For both adults and children, MassHealth covers a robust set of services that span a range of behavioral health settings, many of which are typically not covered by commercial insurance.¹⁹ For example, MassHealth covers long-term residential treatment, which has been shown to improve life outcomes for individuals with SUDs and is typically not covered by commercial plans in Massachusetts.²⁰ Additionally, MassHealth covers enhanced care management services for an estimated 35,000 enrollees with complex behavioral health needs, through its Behavioral Health Community Partner (CP) Program, which launched in 2018 as part of the state's broader delivery system transformation efforts. Although the program's effectiveness is still being evaluated, evidence suggests that difficulty navigating the behavioral health delivery system is one of the key barriers to accessing high-quality behavioral health services in Massachusetts,²¹ and that care management programs that target individuals with complex behavioral health needs—like the Behavioral Health CP Program—can improve health outcomes.^{22,23,24} MassHealth members also have access to behavioral health crisis services through the Emergency Services Program (ESP). This 24/7 service provides members experiencing behavioral health crises with crisis assessment, intervention, and stabilization services directly in members' homes or at other locations in the community. ESP services are not typically covered by commercial insurers. Evidence suggests that ESPs and similar behavioral health crisis services are effective at stabilizing individuals in the community, connecting them to needed services, and avoiding unnecessary emergency department utilization and hospitalizations.²⁵ Finally, MassHealth's Children's Behavioral Health Initiative (CBHI) provides children with enhanced community-based behavioral health services and robust behavioral health screening across provider types.²⁶ CBHI has been shown to substantially increase rates of screening for behavioral health conditions among pediatric health providers in Massachusetts.²⁷

Improving behavioral health outcomes. There is a substantial body of evidence suggesting that Medicaid, by increasing access to a robust set of benefits, improves behavioral health and other life outcomes for enrollees. For example, when Oregon expanded Medicaid via a random lottery in 2008, those enrolled in coverage were significantly less likely to screen positively for depression than those not enrolled.²⁸ Medicaid expansion is also associated with lower rates of opioid overdose deaths, suggesting that enhanced access to SUD treatment provided through Medicaid, including medication for addiction treatment (also known as medication-assisted treatment), is driving improved clinical outcomes.²⁹ Evidence also suggests that Medicaid leads to increased labor force participation. Studies from multiple Medicaid expansion states have shown that gaining coverage has helped enrollees remain employed and be more successful at work.^{30,31} A large body of research suggests that gainful employment can improve both behavioral and physical health outcomes, suggesting that Medicaid further improves behavioral health outcomes by helping individuals maintain employment.^{32,33}

MassHealth Is the Linchpin of the Commonwealth's Broader Behavioral Health Delivery System

In addition to providing high-quality coverage to its members, MassHealth also serves as a linchpin of the broader behavioral health delivery system in Massachusetts by supporting safety-net providers while driving improvements in behavioral health policy across all payers.

Supporting Massachusetts' behavioral health workforce. MassHealth plays a critical role in supporting the Commonwealth's network of behavioral health providers.³⁴ A 2017 survey of 85 organizations in Massachusetts that provide mental health services and serve predominantly MassHealth members (such as community mental health centers [CMHCs], community health centers [CHCs], practices owned by a hospital or health system, group practices, and practices in social service settings) found that MassHealth accounted for approximately 60 percent of payments to these outpatient mental health providers (compared with 20 percent by commercial payers).³⁵ While certain for-profit behavioral health organizations may be able to generate significant profits, nonprofit and public behavioral health providers often struggle to break even and are heavily dependent on Medicaid revenue to cover operating expenses.³⁶

MassHealth also brings significant federal financial resources to bear for the benefit of the broader behavioral health delivery system. In 2017, the federal government authorized Massachusetts through its MassHealth Section 1115 demonstration to invest \$115 million in federal and state dollars over five years in

“statewide investments” designed to improve delivery system capacity. A major focus of this initiative is enhancing the capacity of the behavioral health workforce, by means including: student loan repayment for certain behavioral health providers who agree to serve in CHCs or CMHCs; financing for CMHCs to recruit psychiatrists and other behavioral health providers; and grants to CMHCs, ESPs, and Behavioral Health CPs to conduct special projects aimed at increasing provider retention.³⁷ While these initiatives are focused on MassHealth safety-net providers, the improvements to the behavioral health delivery system will benefit all residents of the Commonwealth, particularly individuals in underserved areas.

Developing successful behavioral health reforms that can be expanded beyond MassHealth. Additionally, Massachusetts policymakers have leveraged MassHealth’s position as the largest payer of behavioral health services to drive improvements in care delivery for individuals across the Commonwealth, irrespective of insurance status or coverage type. For example, in 2019 the Massachusetts Division of Insurance began requiring commercial insurers in the state to align benefits with CBHI by providing children and adolescents with serious emotional disturbances (SEDs) with access to an enhanced continuum of home- and community-based behavioral health services.³⁸ On January 1, 2021, Governor Baker also signed into law a requirement that all insurers cover telebehavioral health services and reimburse for them at the same rate as in-person services; these requirements had already been in place in MassHealth since 2019.^{39,40} Governor Baker’s 2019 health care bill (H.B. 4134)—which ultimately did not pass—also attempted to bring commercial insurance coverage into greater alignment with MassHealth. For example, the bill sought to reduce barriers to the integration of behavioral health and physical health by allowing providers to bill for physical and behavioral health services delivered in the same practice on the same day, as is currently permitted in MassHealth. The bill would also have required insurers to reimburse non-licensed behavioral health professionals in training working in clinical settings, which MassHealth already does.^{41,42} The Mental Health ABC Act (S.B. 2519)—which the Massachusetts Senate passed in February 2020—also looked to MassHealth as a model for improvements to commercial insurance coverage of behavioral health services. For example, the bill would have required most commercial health plans to cover ESP services, which are covered by MassHealth but have not typically been covered by commercial plans.⁴³

LOOKING AHEAD

Massachusetts policymakers continue to address lingering challenges in the behavioral health delivery system in a number of ways, with MassHealth playing a central role. In early 2021,

the Massachusetts Executive Office of Health and Human Services announced a “Roadmap for Behavioral Health Reform,” a multi-year blueprint to overhaul the Commonwealth’s outpatient behavioral health delivery system. The Roadmap would create a centralized “front door” to treatment, which would help people connect with a provider before there is a behavioral health emergency for routine or urgent help in their community. The Roadmap also proposes reforms to: expand access to treatment, including nights and weekends for a subset of behavioral health providers; provide more behavioral health treatment at primary care offices; and offer more convenient community-based alternatives to the emergency department for crisis intervention services. Many of the Roadmap’s components would build on MassHealth as a critical payer of behavioral health services in the state.⁴⁴

As the COVID-19 pandemic continues, the role of MassHealth as the foundation of the Massachusetts behavioral health delivery system will only continue to grow in importance. MassHealth has served as an important safety net through the economic and public health crises associated with COVID-19, offering a critical coverage option for families who lost their jobs and employer-sponsored insurance. From March 2020 through January 2021, MassHealth enrollment increased by over 13 percent.⁴⁵ This will increase the reliance of the Massachusetts behavioral health delivery system on MassHealth as a payer.

At the same time, the pandemic is increasing the behavioral health needs of residents of the Commonwealth. Many individuals report facing increased worry or stress related to the virus and its impact on their health and the health of their loved ones. Additionally, many individuals, particularly the elderly and those with chronic conditions, are facing increasingly drawn-out periods of social isolation, which is strongly associated with poor mental health. These impacts are likely to be compounded by the recession, with job loss or fear of job loss further increasing the risk of certain mental illnesses and SUDs.⁴⁶ Indeed, nearly half of Americans report the coronavirus crisis is harming their mental health.⁴⁷ In addition, by forcing providers to invest in transitioning their practice at least in part to a telehealth model and causing some staffing challenges and turnover related to COVID-19 exposure on the job, the pandemic has put financial strain on community-based behavioral health providers that already often operate on thin financial margins.⁴⁸

While the COVID-19 pandemic has created a host of risks to the behavioral health of Massachusetts residents and the stability of the behavioral health delivery system, MassHealth remains poised to serve as a critical buffer supporting low-income residents and as a key stabilizing force for the broader behavioral health delivery system.

ENDNOTES

- 1 Health Insurance Coverage of the Total Population, 2018. Kaiser Family Foundation. Available at www.kff.org/other/state-indicator/total-population/.
- 2 Mental health and substance use disorders are collectively referred to as “behavioral health” conditions.
- 3 Drug Overdose Mortality by State. Centers for Disease Control and Prevention. Available at www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm.
- 4 2017-2018 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Substance Abuse and Mental Health Services Administration. Available at www.samhsa.gov/data/sites/default/files/reports/rpt23235/2k18SAEExcelTabs/NSDUHsaePercents2018.pdf.
- 5 Enrollment in Health Insurance. Center for Health Information and Analysis. Available at www.chiamass.gov/enrollment-in-health-insurance/.
- 6 Boozang, Patricia, Stephanie Anthony, and Dori Glanz. The Future of MassHealth: Five Priority Issues for the New Administration. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/ksphws2101/files/2020-09/Future-of-MassHealth_Webversion_FINAL.pdf.
- 7 Serious Mental Illness Among Adults Below the Poverty Line. Substance Abuse and Mental Health Services Administration. Available at www.samhsa.gov/data/sites/default/files/report_2720/Spotlight-2720.html.
- 8 Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999–2008. Morbidity and Mortality Report Weekly. Centers for Disease Control and Prevention. Available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm.
- 9 The Social Determinants of Mental Health. FOCUS. American Psychiatric Association. Available at <https://focus.psychiatryonline.org/doi/pdf/10.1176/appi.focus.20150017#:~:text=the%20main%20%E2%80%9Ccore%E2%80%9D%20social%20determinants,healthy%20food%3B%20poor%20housing%20quality>.
- 10 Zur, Julia, MaryBeth Musumeci, and Rachel Garfield. Medicaid’s Role in Financing Behavioral Health Services for Low-Income Individuals. Kaiser Family Foundation. Available at www.kff.org/report-section/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals-issue-brief/#endnote_link_223575-4.
- 11 Boozang, Patricia, Stephanie Anthony, and Dori Glanz. The Future of MassHealth: Five Priority Issues for the New Administration. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/ksphws2101/files/2020-09/Future-of-MassHealth_Webversion_FINAL.pdf.
- 12 Findings from the 2019 Massachusetts Health Insurance Survey, April 2020. Center for Health Information and Analysis. Available at www.chiamass.gov/assets/docs/r/survey/mhis-2019/2019-MHIS-Report.pdf.
- 13 Wen, Hefei, Benjamin G. Druss, and Janet R. Cummings. Effect of Medicaid Expansions on Health Insurance Coverage and Access to Care among Low-Income Adults with Behavioral Health Conditions. Health Services Research. Available at <https://pubmed.ncbi.nlm.nih.gov/26551430/>.
- 14 Clemans-Cope, Lisa, Sharon K. Long, Teresa A. Coughlin, Alshadye Yemane, and Dean Resnick. The Expansion of Medicaid Coverage under the ACA: Implications for Health Care Access, Use, and Spending for Vulnerable Low-income Adults. Inquiry. Available at <https://journals.sagepub.com/doi/10.1177/0046958013513675>.
- 15 Sirkin, Jenna T., Kaitlin Sheedy, Meaghan Hunt, Claire Hoffman, Sue Pfefferle, Alyssa Kogan, and Lauren Olsho. Navigating the Outpatient Mental Health System in Massachusetts: Consumer and Stakeholder Perspectives. Blue Cross Blue Shield of Massachusetts Foundation. Available at bluecrossmafoundation.org/sites/default/files/download/publication/Outpatient_MH_Navigating_REPORT_v05_Final.pdf.
- 16 Anthony, Stephanie, Patricia Boozang, Benjamin Chu, and Adam Striar. Ready for Reform: Behavioral Health Care in Massachusetts. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/ksphws2101/files/2020-09/Model_BH_Report_January%202019_Final.pdf.
- 17 H. 4134, 191st Gen. Court (Mass. 2019).
- 18 Boozang, Patricia and Alex Dworkowitz. Summary of the Behavioral Health Provisions of Governor Baker’s 2019 Health Care Bill. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/ksphws2101/files/2020-09/HC_Reform_Proposal_Mar2020_final.pdf.
- 19 The Massachusetts Behavioral Healthcare System: Strengths, Gaps, and Opportunities for Improvement. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/ksphws2101/files/2020-09/MA_Behavioral_Health_System_Chartpack_Jan2019_FINAL.pdf.
- 20 De Andrade, Dominique, Rachel A. Elphinston, Catherine Quinn, Julaine Allan, and Leanne Hides. The effectiveness of residential treatment services for individuals with substance use disorders: A systematic review. Drug and Alcohol Dependence. Available at www.sciencedirect.com/science/article/abs/pii/S0376871619301875?via%3Dihub.

- 21 Anthony, Stephanie, Patricia Boozang, Benjamin Chu, and Adam Striar. Ready for Reform: Behavioral Health Care in Massachusetts. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/Model_BH_Report_January%202019_Final.pdf.
- 22 Solberg, Jeremy J., Mark E. Deyo-Svendsen, Kelsey R. Nylander, Elliot J. Bruhl, Dagoberto Heredia, Jr, and Kurt B. Angstman. Collaborative Care Management Associated With Improved Depression Outcomes in Patients With Personality Disorders, Compared to Usual Primary Care. *Journal of Primary Care and Community Health*. Available at www.ncbi.nlm.nih.gov/pmc/articles/PMC5954311/.
- 23 Care coordination can reduce \$89 billion behavioral health cost impact. Healthcare Financial Management Association. Available at www.hfma.org/topics/operations-management/article/care-coordination-can-reduce-89-billion-behavioral-health-cost-impact.html.
- 24 Powers, Brian W., Farhad Modarai, Sandeep Palakodeti, Manisha Sharma, Nupur Mehta, Sachin H. Jain, and Vivek Garg. Impact of Complex Care Management on Spending and Utilization for High-Need, High-Cost Medicaid Patients. *American Journal of Managed Care*. Available at www.ajmc.com/journals/issue/2020/2020-vol26-n2/impact-of-complex-care-management-on-spending-and-utilization-for-highneed-highcost-medicaid-patients.
- 25 National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. Substance Abuse and Mental Health Services Administration. Available at www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf.
- 26 Learn about CBHI. Commonwealth of Massachusetts. Available at www.mass.gov/service-details/learn-about-cbhi.
- 27 Savageau, Judith, Georgianna Willis, Kathy Muhr, David Keller, Gideon Aweh, and Elizabeth O’Connell. Clinical Topic Review 2013—Behavioral Health Screening Among MassHealth Children and Adolescents. UMass Center for Health Policy and Research. Available at <https://www.mass.gov/doc/ctr-2013-bh-screening-among-masshealth-children-and-adolescents-february-2015-0/download>.
- 28 Katherine Baicker, et al. The Oregon Experiment—Effects of Medicaid on Clinical Outcomes. *New England Journal of Medicine*. Available at www.nejm.org/doi/full/10.1056/nejmsa1212321.
- 29 Kravitz-Wirtz, Nicole, et al. Association of Medicaid Expansion With Opioid Overdose Mortality in the United States. *Journal of the American Medical Association*. Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2758476>.
- 30 2018 Ohio Medicaid Group VIII Assessment: A Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment. The Ohio Department of Medicaid. Available at <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.
- 31 Renuka Tipirneni, et al. Changes in Health and Ability to Work Among Medicaid Expansion Enrollees: A Mixed Methods Study. *Journal of General Internal Medicine*. Available at <https://link.springer.com/article/10.1007/s11606-018-4736-8>.
- 32 Andrea E. Zuelke, et al. The association between unemployment and depression—Results from the population-based LIFE-adult-study. *Journal of Affective Disorders*. Available at <https://pubmed.ncbi.nlm.nih.gov/29677604/>.
- 33 Linn, M. W., R. Sandifer, and S. Stein. Effects of unemployment on mental and physical health. *American Journal of Public Health*. Available at www.ncbi.nlm.nih.gov/pmc/articles/PMC1646287/.
- 34 Including community mental health centers, rural hospitals, federally qualified health centers, and other hospitals and practitioners serving high volumes of Medicaid patients.
- 35 Sirkin, Jenna T., Sean R. McClellan, Meaghan Hunt, Kaitlin Sheedy, Claire Hoffman, and Lauren Olsho. Quantifying Wait Times for Outpatient Mental Health Services in Massachusetts: Provider and Organizational Characteristics Associated with Access. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/Outpatient_MH_Access_SUMMARY_v05_final.pdf.
- 36 Diment, Dmitry. Mental Health & Substance Abuse Clinics in the US. IBISWorld. Available at <https://static1.squarespace.com/static/592c3797e4fcb57df0b3dfbb/t/5b7de99d898583e2d4044ff7/1534978466729/Mental+Health+%26+Substance+Abuse+Clinics+in+the+US+Industry+Report%5B1%5D.pdf>.
- 37 MassHealth DSRIP Statewide Investments. Massachusetts Executive Office of Health and Human Services. Available at www.mass.gov/files/documents/2018/02/28/DSRIP%20Statewide%20Investments%20Overview%20Feb%202018.pdf.
- 38 Anderson, Gary D. and Joan Mikula. Access to Services to Treat Child-Adolescent Mental Health Disorders. Massachusetts Division of Insurance and the Massachusetts Department of Mental Health. Available at www.mass.gov/files/documents/2018/12/14/BULLETIN%202018-07%20%28Child-Adolescent%29.pdf.
- 39 S.2984, 191st Gen. Court (Mass. 2020). “An Act promoting a resilient health care system that puts patients first.”
- 40 Boozang, Patricia and Alex Dworkowitz. Summary of the Behavioral Health Provisions of Governor Baker’s 2019 Health Care Bill. Blue Cross Blue Shield of Massachusetts Foundation. Available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/HC_Reform_Proposal_Mar2020_final.pdf.
- 41 Mass.gov. “Baker-Polito Administration Announces Health Care Legislation Aimed at Addressing Key Challenges”, October 18 2019. Available at: <https://www.mass.gov/news/baker-polito-administration-announces-health-care-legislation-aimed-at-addressing-key>.
- 42 130 CMR 429.

- 43 S. 2519, 191st Gen. Court (Mass. 2019).
- 44 Executive Office of Health and Human Services, “Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it.” Available at: <https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform>.
- 45 “MassHealth and ConnectorCare Enrollment Tracker”. March 2021. Blue Cross Blue Shield of Massachusetts Foundation. Available at bluecrossmafoundation.org/publication/masshealth-and-connectorcare-enrollment-tracker.
- 46 Panchal, Nirmita, Rabah Kamal, Kendal Orgera, Cynthia Cox, Rachel Garfield, Liz Hamel, Cailey Muñana, and Priya Chidambaram. The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Available at www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/.
- 47 Achenbach, Joel. Coronavirus is harming the mental health of tens of millions of people in U.S., new poll finds. The Washington Post. Available at www.washingtonpost.com/health/coronavirus-is-harming-the-mental-health-of-tens-of-millions-of-people-in-us-new-poll-finds/2020/04/02/565e6744-74ee-11ea-85cb-8670579b863d_story.html.
- 48 Pinals, Deborah, Brian Hepburn, Joseph Parks, Arlene H. Stephenson. The Behavioral Health System and Its Response to COVID-19: A Snapshot Perspective. Psychiatry Online. Available at <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000264>.

