Massachusetts Roadmap for Behavioral Health Reform: Overview and Implementation Update

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INTRODUCTION

In early 2023, Massachusetts began implementing its Roadmap for Behavioral Health Reform (Roadmap), a sweeping set of changes aimed at simplifying access and entry to the state's outpatient behavioral health care system (inclusive of mental health and substance use disorder services) for all Massachusetts residents, regardless of insurance coverage. The Roadmap grew out of statewide listening sessions held in 2019 with over 700 individuals, families, and other stakeholders in Massachusetts. These stakeholders identified myriad challenges with the current system, including difficulty finding community-based providers who take their insurance and culturally competent care, a lack of integrated mental health and addiction treatment, and the reality that all too often the emergency department (ED) is the only way to get behavioral health treatment. These longstanding challenges were heightened by the pandemic, which widened existing gaps in access to behavioral health treatment for children and adults. These access barriers were experienced most acutely for populations who are economically, racially, culturally, socially, or otherwise marginalized.[1,2,3]

The Roadmap reforms are designed to address these issues and to improve access to culturally relevant behavioral health care services and supports across the Commonwealth. If successful, the Roadmap will not only radically improve access to community-based treatment for Massachusetts residents but may also serve as a model for the rest of the nation, offering a way to better deliver effective and equitable behavioral health care services.

METHODOLOGY

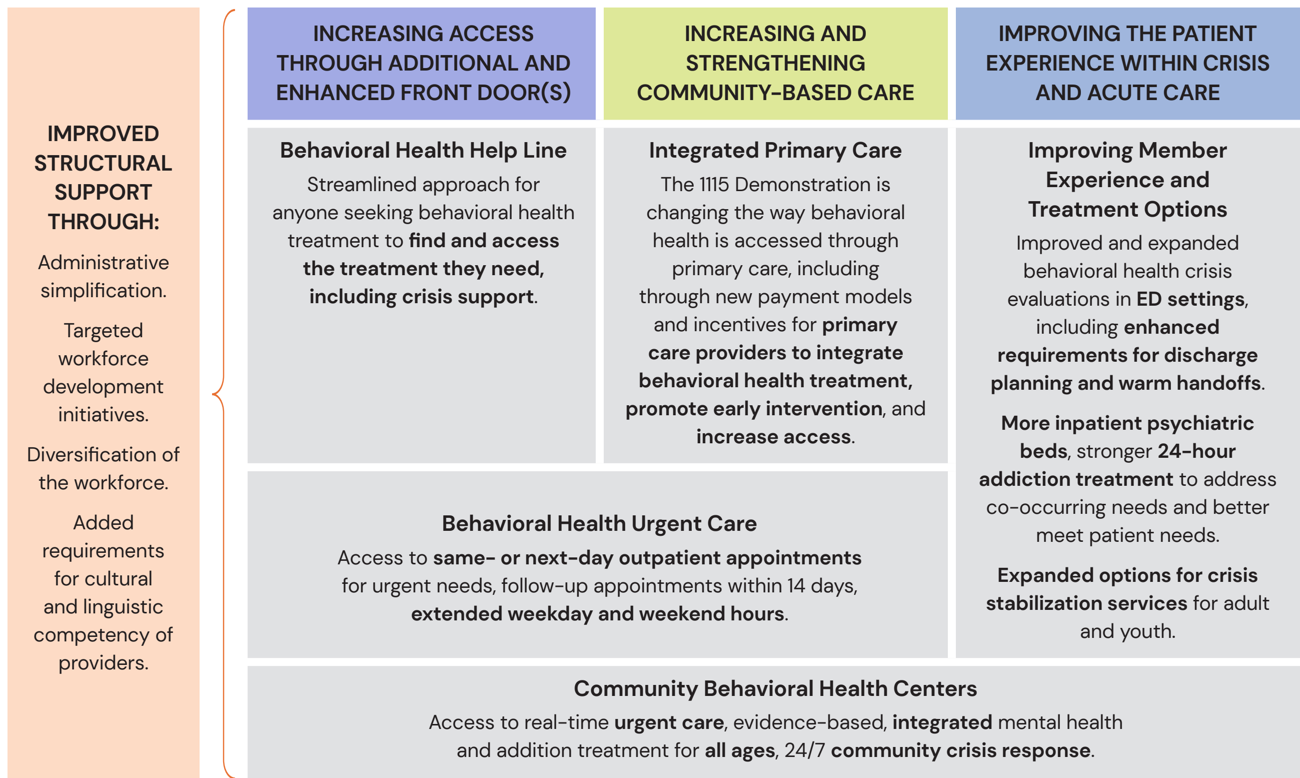
The Blue Cross Blue Shield of Massachusetts Foundation (the Foundation) engaged Manatt Health to develop this brief through a review of literature and data on the Roadmap, as well as interviews with select Massachusetts stakeholders, including state officials, community behavioral health providers, consumer advocacy groups, and other providers and provider associations with experience in behavioral health. A complete list of stakeholder organizations interviewed for this report is included in the Acknowledgements section.

Based on input from select Massachusetts stakeholders and early implementation data, this brief provides an overview of the key components of the Roadmap and briefly describes how they are intended to improve access to behavioral health care services. It then provides an update on implementation of the Roadmap, describes early successes and challenges, and identifies opportunities to strengthen implementation. In general, stakeholders broadly support the vision, goals, and state's ongoing commitment to implementing the Roadmap. Stakeholders suggest that more frequent and ongoing opportunities for stakeholder engagement with the state about Roadmap implementation and progress, as well as enhanced public education and awareness about the Roadmap's reforms, will help ensure its success.

OVERVIEW OF THE ROADMAP FOR BEHAVIORAL HEALTH REFORM

The Roadmap is intended to be a multiyear, payer-agnostic strategy to improve the outpatient behavioral health care system in the Commonwealth through several initiatives (see Figure 1). It builds on over a decade of significant investments that the Commonwealth has made to fill gaps in its behavioral health care system, including increasing funding to the Department of Mental Health (DMH) and Department of Public Health (DPH) to expand community and inpatient mental health and substance use disorder (SUD) treatment options and MassHealth initiatives to expand access to care management services and grow the behavioral health care workforce.[4,5] The Roadmap also complements and is supported by more recent legislative, policy, and funding initiatives to strengthen the state's behavioral health care system (see sidebar on page 6).

FIGURE 1. REFORMS THROUGH THE MASSACHUSETTS BEHAVIORAL HEALTH ROADMAP



Source: "Behavioral Health Roadmap: System Changes Rolling Out in 2023," Executive Office of Health and Human Services. March 2023. Available at https://www.umassmed.edu/globalassets/systems-and-psychosocial-advances-research-center/_2022/dmh-conference/2023-dhm-commish-roadmap-overview-and--update-april-2023.pdf.

The Roadmap components are designed to work together to provide streamlined access to enhanced community-based behavioral health care services, including for individuals in crisis. The state is also strengthening the behavioral health care system infrastructure to help achieve the Roadmap's goals, including developing a monitoring and evaluation plan for the Roadmap, investing further in the behavioral health care workforce, and expanding culturally competent behavioral health care services. Brief descriptions of the Roadmap components follow, with more details on each of the components in the *Implementation Update* section:

- The **Behavioral Health Help Line (BHHL)** provides 24/7, 365 days a year "front door" access to individuals and families seeking behavioral health care services, including crisis services. BHHL staff are trained to screen callers for behavioral health care needs, identify appropriate community-based resources (e.g., crisis support), and provide warm handoffs to those resources.

- **Community Behavioral Health Centers (CBHCs)** serve as a "one stop shop" for a variety of behavioral health care services and treatments. Multiple points of entry to CBHCs are available for easy access to services such as walk-in availability for crisis behavioral health care services (as described in further detail below) and referrals from the BHHL or an ED.

- **Behavioral Health Urgent Care (BHUC) sites** provide limited behavioral health care services for urgent needs that can be handled in an outpatient setting to avoid going to an ED. Individuals can access BHUC services at certain community mental health centers (CMHCs) through walk-ins, scheduling an appointment, or referral from the BHHL, a CBHC, or another provider.

- **Integrated primary care** aims to expand access to services and resources for behavioral health conditions that can be identified and managed in a primary care setting.
- **Improving member experience and treatment options for crisis and acute care** by streamlining access to and expanding behavioral health care services across the care continuum (e.g., community-based, crisis and acute care services) to reduce unnecessary use of EDs.

The state focused the first year-and-a-half of Roadmap implementation on establishing the BHHL, CBHCs, and BHUC sites, and developing workflows across these resources. These components are intended to work in unison to provide seamless access to an expanded set of community behavioral health care services, including crisis services. For example, an individual in crisis who calls the BHHL may be referred to a CBHC or BHUC site; these entities may also refer individuals to one another and, in some cases, may be co-located. The next phase(s) of Roadmap implementation will focus on supporting integrated primary care and improving member experience and treatment options for crisis and acute care. Once fully implemented, the Roadmap is intended to enhance and be an integrated part of a cohesive and robust behavioral health care system in the Commonwealth. The Roadmap's components are designed to work together with other parts of the behavioral health care continuum in Massachusetts to simplify access to information and referral resources, stabilize people in crisis and refer them to additional outpatient or inpatient services if needed, and ensure timely access to behavioral health care services for all residents, including in primary care and outpatient behavioral health care settings.

EXAMPLES OF RECENT INVESTMENTS AND INITIATIVES SUPPORTING THE ROADMAP

An Act Addressing Barriers to Care for Mental Health (ABC Act)

- Initiatives include developing a data portal with a real-time inpatient bed search function to help alleviate ED boarding
- Expanding public and private insurance coverage for certain behavioral health care services
- Strengthening the behavioral health care workforce through payment rate and other reforms
- Enhancing access to school-based behavioral health care services

Source: "Fact Sheet: An Act Addressing Barriers to Care for Mental Health," Massachusetts Association for Mental Health. October 2022. Available at https://www.mamh.org/assets/files/MH-Omnibus-Fact-Sheet-Chp-177-of-the-Acts-of-2022_10.26.22.pdf.

MassHealth 1115 Waiver

- Improves and coordinates access to team-based integrated behavioral health and primary care
- Enhances access to community-based behavioral health and crisis services
- Invests in strengthening and diversifying the behavioral health care workforce
- Improves and expands access to care coordination for certain members with behavioral health care needs

Source: "Special Terms and Conditions," Centers for Medicare & Medicaid Services. April 19, 2024. Available at https://www.mass.gov/doc/masshealth-amendment-stcs-4-19-24-0/download.

Massachusetts Fiscal Year 2024 Budget

- Expands MassHealth-covered behavioral health care services
- Funds workforce capacity and development initiatives

Source: "The FY 2024 Massachusetts State Budget: Implications for Behavioral Health," Massachusetts Association for Mental Health. December 12, 2023. Available at https://www.mamh.org/assets/files/The-FY2024-Massachusetts-State-Budget-Brief_FINAL-12-7-23.pdf.

IMPLEMENTATION UPDATE

Overall, stakeholders have lauded the robust and timely rollout of the Roadmap's implementation, and the state's ongoing commitment to the Roadmap across a gubernatorial administration transition. The Baker administration initially designed the Roadmap in 2021–2022, and the Healey administration began implementing the Roadmap in 2023. The administration engaged in various stakeholder forums since the initial designing of the Roadmap, beginning with robust listening sessions and several cross-agency (e.g., MassHealth, DMH, and DPH) stakeholder and public presentations. Interviewees noted that DMH collaborated extensively with stakeholders to design and implement the BHHL, which contributed to its successful implementation. While certain stakeholders continue to have regular engagement opportunities, in particular, monthly and quarterly meetings between MassHealth and CBHCs, some stakeholders reported that they do not have a sufficient opportunity to provide meaningful feedback on Roadmap implementation and do not receive follow-up on issues raised in prior meetings. Stakeholders also reported that staffing changes and staffing gaps in key health and behavioral health positions at the state, which are typical

during transitions between administrations, have inhibited communication across the various state agencies charged with Roadmap implementation. Going forward, stakeholders suggested that more meaningful stakeholder engagement and consultation opportunities with the state would improve overall implementation and success of the Roadmap, creating opportunities to identify issues and make adjustments in a timely manner.

As noted above, Roadmap implementation to date has focused heavily on the BHHL, CBHCs, and BHUC services. Therefore, these initiatives are the primary focus of the discussion that follows. Each section below describes the Roadmap component in detail, provides early implementation data, where available, and captures stakeholder perspectives on initial successes and opportunities for improvement moving forward.

BHHL DASHBOARD DATA HIGHLIGHTS (2023)

- In 2023, BHHL handled **42,438 calls** with an average wait time of **56 seconds** and the **average call lasting 21 minutes**.
- **91% of calls were routine** (low risk), 7% urgent (medium risk), and 2% emergent (high risk).*
- A total of **13,638 texts and chats** were handled in 2023, with use of the chat and text functions highest among teens and young adults.
- **45% of warm handoffs were to outpatient mental health**, 17% to urgent access, 16% to mobile crisis intervention services, 3% to emergency services, and 18% to other.

*Note: To determine risk level (e.g., low, urgent, or emergent), BHHL staff ask a series of structured questions as part of a clinical assessment.

Sources: "The Massachusetts Behavioral Health Help Line Dashboard," Massachusetts Behavioral Health Helpline. January 2024. "Behavioral Health Help Line Dashboard," Massachusetts Department of Mental Health. 2024. Available at https://www.mass.gov/info-details/behavioral-health-help-line-dashboard#current-bhhl-dashboard-.

BEHAVIORAL HEALTH HELP LINE

The Behavioral Health Help Line (BHHL) went live in January 2023 and is a 24/7, 365 days a year entry point to Massachusetts' behavioral health care system for individuals and families seeking mental health or SUD treatment or resources. The BHHL is free and available to anyone in the Commonwealth, regardless of whether they are insured or the type of health insurance they have. A trained team of master's- and bachelor's-level clinicians and peer specialists answer all contacts to the BHHL, generally within less than two minutes. The BHHL provides interpretation services in 200 languages and offers three types of communication methods—call, chat, and text. Under contract with DMH, the Massachusetts Behavioral Health Partnership (MBHP) is the vendor that operates the BHHL.[6] DMH is responsible for updating the public-facing BHHL dashboard on a quarterly basis to show progress and trends on BHHL utilization.[7] As part of the Behavioral Health Roadmap Toolkit, discussed later in this brief, the Executive Office of Health and Human Services (EOHHS) created various marketing materials, including social media materials, graphics, and other communication tools, that stakeholders can use to advertise the BHHL.[8]

While other helplines, such as the national 988 Suicide and Crisis Lifeline,[9] provide comprehensive emotional support and referrals to services, the BHHL specializes in de-escalation and stabilization support with BHHL staff conducting a clinical assessment and triage, generating appropriate referrals, and providing callers with warm handoffs to providers.[10] Callers from 988 or the Massachusetts Substance Use Helpline may be referred to the BHHL for assistance finding local providers or other resources. BHHL staff follow up with callers within 48 hours for crisis handoffs or within 14 days for outpatient referrals to ensure a connection was made. The BHHL also may refer callers to 988 for emotional support or, for callers with SUD, to the Massachusetts Substance Use Helpline. In situations where there is a medical emergency, an immediate risk to the caller or others, or if the caller asks, the BHHL can transfer calls to 911.

STAKEHOLDER PERSPECTIVES ON THE BEHAVIORAL HEALTH HELP LINE (BHHL):

Implementation Successes:

- Stakeholders noted that the BHHL is well-managed and operates effectively to connect Massachusetts residents to behavioral health care services and resources.
- DMH collaborated extensively with stakeholders to design and implement the BHHL, which contributed to the line's early success.
- BHHL staff are well-trained and have a high retention rate, making it possible for them to deliver a high-quality service.

Implementation Challenges:

- Many consumers remain unclear when to call the BHHL versus other helplines (including the federal 988 Suicide and Crisis Lifeline, 911, 211 or the Substance Use Helpline) or the direct phone numbers of CBHCs.
- Stakeholders have noticed some bumps in referrals between the BHHL and CBHCs (e.g., individuals are sometimes referred from the BHHL to 988, and then referred back to the BHHL before being finally referred to a CBHC).

BHHL staff are also trained to refer callers to Mass211 for nonbehavioral health-related social needs such as housing, emergency shelter, food security, and more.

COMMUNITY BEHAVIORAL HEALTH CENTERS

In January 2023, the Community Behavioral Health Centers (CBHCs) went live, offering "crisis, urgent, and routine SUD and mental health services, care coordination, peer supports, and screening and coordination with primary care," as specified by EOHHS.[11,12] Currently, there are 27 CBHCs operating statewide.[13] CBHC services include same or next day evaluations and assessments and must be open for extended weekday and weekend hours.

All individuals, regardless of insurance status, can receive crisis services from a CBHC either on site or in the community through mobile crisis intervention (MCI). Mobile crisis teams conduct crisis assessments and provide de-escalation services in homes, schools, and other community locations, including the CBHC itself. Individuals receiving crisis services may be referred to community crisis stabilization (CCS), which is covered by MassHealth and some commercial insurers. CCS provides short-term, overnight crisis care coupled with therapy, medication management, and future crisis prevention planning. MCI and CCS are designed to provide an alternative to the ED for people in crisis and to avert the need for inpatient hospitalization.

MassHealth reimburses CBHCs for *noncrisis* behavioral health care services (e.g., individual and group therapy, psychiatric medication consultations, peer support services, medication for addiction treatment)[14] through a bundled rate that was developed with the intention to financially support CBHCs with expanding their hours, providing urgent access to crisis services, and care coordination. For crisis services, MassHealth reimburses CBHCs through a per diem rate.[15] Coverage and rates for CBHC CCS and noncrisis services under commercial insurance vary by plan, and lack of coverage of certain services may inhibit timely access to outpatient treatment for many residents seeking ongoing care at CBHCs. This reflects, in part, the challenges associated with implementing an initiative intended to be payer agnostic, when there are a variety of payers with diverse payment approaches already operating. See Table 1 in the following section for more details on insurance coverage of CBHCs and other Roadmap components.

CBHCs are expected to serve children, youth, and adults; although, crisis services (including CCS) for children and youth operate as a separate program from crisis services for adults. Crisis services are required to be co-located in CBHCs or provided remotely through mobile crisis teams, whereas CCS services can be co-located in CBHCs or CBHCs can contract with CCS providers in their region to deliver these services.[16] Currently, 20 CBHCs offer CCS for adults on site, while five locations serve children. To help ensure people are aware of the available crisis services, CBHCs are expected to actively engage in outreach to their community (e.g., with schools in their service area to support youth with behavioral health care needs).

As one of several Roadmap initiatives to reduce ED boarding[17] and unnecessary ED visits, CBHCs often work closely with local EDs, ambulance companies, and law enforcement to divert individuals with behavioral health care needs that can be adequately served in a community-based setting to CBHCs. For example, one CBHC embeds a community support worker in two local hospitals to identify individuals in EDs that would be better

BEHAVIORAL HEALTH CARE WORKFORCE TRAINING CLEARINGHOUSE

- EOHHS developed the Behavioral Health Workforce Training Clearinghouse to support the BHHL and CBHC workforce through online trainings provided at no cost.
- All staff positions at the BHHL and CBHCs are eligible to take the optional trainings offered through the Clearinghouse.
- Trainings are provided in ten areas:
  - Clinical competencies (e.g., common medical comorbidities in adults and older adults, trauma-informed screening, and assessment)
  - Clinical supervision and coaching
  - Continuing medical education for physicians
  - Crisis intervention
  - Cultural humility
  - Evidence-based treatment (e.g., motivational interviewing, cognitive behavioral therapy)
  - State agency collaboration, including resources from state agencies (e.g., Executive Office of Elder Affairs) that can support BHHL and CBHC staff in their work
  - SUD assessment and treatment
  - Trauma-informed care
  - Youth (e.g., common medical comorbidities in youth)
- Several trainings delivered through the Clearinghouse provide Continuing Education or Continuing Medical Education credits.

Source: "Behavioral Health Workforce Training Clearinghouse," EOHHS and ForHealth Consulting. Available at https://bhclearinghouse.org/.

served at a CBHC. Unlike EDs, CBHCs can provide ongoing outpatient care following treatment of a behavioral health crisis, potentially preventing future crises. According to stakeholders, shifting the norm from drop-offs at EDs to drop-offs at CBHCs for individuals in crisis requires ongoing engagement and partnerships with emergency responders. Additionally, individuals in need of inpatient psychiatric hospitalization can turn to CBHCs to receive the medical screening and clearance required for admission to an inpatient psychiatric hospital rather than going to an ED for the required clearance. Diverting individuals from EDs to CBHCs for these services further reduces unnecessary ED visits and helps to more quickly connect people to needed care.

STAKEHOLDER PERSPECTIVES ON CBHCs:

Implementation Successes:

- The state was able to recruit and establish contracts with a diverse set of CBHCs across the state that agreed to meet the high standards for care provided through CBHCs.
- CBHCs have been able to attract and retain a robust workforce, reflecting the ability to pay more due to the bundled payment that MassHealth provides for most CBHC services, as well as to offer employees the chance to work as part of a multidisciplinary team in a supportive environment.
- Stakeholders note they are starting to see an increase in people coming to CBHCs for care instead of the ED, including when they will need admission to a psychiatric hospital (e.g., community-based admissions).
- CBHCs described innovative models emerging in their partnerships with EDs (e.g., high-utilizer programs that embed CBHC staff in EDs) and law enforcement (e.g., ride-along programs where CBHC staff trained in crisis de-escalation ride with law enforcement to behavioral health calls).

Implementation Challenges:

- Stakeholders—including CBHCs—worry that the attractive working environment of CBHCs is having an unintended effect on the broader behavioral health care system by diverting clinicians away from other critical parts of the system, including programs for children and youth. It is difficult for other organizations to compete with the salaries that CBHCs can pay due to MassHealth's bundled payment.
- Within some CBHCs, it remains difficult to reliably provide mobile crisis and crisis support services, reflecting:
  - Crisis services are not eligible for the relatively generous MassHealth bundled rate available for most CBHC services and, despite required coverage of crisis services by commercial plans, plans do not uniformly reimburse for them. Some commercial plans do not provide any reimbursement for crisis services, while other plans have varying reimbursement methods.
  - Clinicians often prefer to avoid the inconvenience, and, in some instances, risks associated with providing mobile crisis services in someone's home, workplace, school, or other community setting.
  - CBHCs sometimes struggle to meet the unique needs of children and youth, as required by EOHHS which established distinct service requirements for children/youth versus adults.
- Transportation to CBHCs by ambulance and law enforcement continues to be a challenge due to:
  - First responders' legal liability concerns about transporting individuals under their care to a setting that may not be able to treat concurrent emergency physical health needs.
  - Ongoing confusion about whether first responders have regulatory authority to drop individuals with certain behavioral health care needs at a CBHC.
  - Reluctance by local law enforcement to drop-off individuals at CBHCs in other towns due to limited staff and vehicle resources.
  - Challenges parents face in safely transporting a child in crisis to a CBHC without an ambulance or police response.

BEHAVIORAL HEALTH URGENT CARE SITES

Behavioral Health Urgent Care (BHUC) sites operate within the Commonwealth's community mental health centers (CMHCs).[18,19] BHUC sites provide same day or next day outpatient appointments for urgent behavioral health care needs,[20] follow-up appointments within 14 days of an initial evaluation, and psychopharmacology appointments and addiction medication evaluation within 72 hours of an initial evaluation.[21] BHUC sites also offer extended weekday and weekend hours. Due to being co-located within a variety of community mental health settings, BHUC services are currently more widely available than CBHCs, with 61 BHUC sites located across the state[22] compared to 27 CBHCs. Both BHUC sites and CBHCs offer screening, triage, and treatment for urgent behavioral health care needs, but

BHUC sites provide more limited services than CBHCs and do not provide emergency behavioral health crisis intervention services.

While CBHCs accept all individuals regardless of age, some BHUC sites have age restrictions, aligned with the age range of populations served by the CMHC in which the BHUC site is located, such as serving only those 18 years and older, four years and older, 13 years and older, or between the ages of five and 21 years. In terms of insurance coverage for BHUC, MassHealth covers all BHUC services,[23] Medicare covers intensive outpatient services provided at CMHCs,[24] and commercial insurance coverage of BHUC services varies by BHUC site and by health plan. The availability of self-pay options for uninsured individuals varies by BHUC site.

STAKEHOLDER PERSPECTIVES ON BEHAVIORAL HEALTH URGENT CARE (BHUC) SITES:

- Stakeholders shared that increased public awareness is needed on the services BHUC sites provide (particularly in comparison to CBHCs), insurance coverage of BHUC services, and when to use BHUC sites instead of other resources.
- Stakeholders also shared concerns that the CMHCs in which BHUC sites are housed often face financial challenges, posing a risk for the long-term sustainability of BHUC sites.

The state is actively working on ways to better support BHUC implementation, as many CMHCs have struggled to meet the staffing levels needed to implement a BHUC (e.g., to offer extended hours). In 2023, for example, EOHHS developed a $7.5 million grant to help CMHCs implement BHUC sites.[25]

INTEGRATED PRIMARY CARE

Beginning in April 2023, MassHealth implemented a new payment model that incentivizes primary care providers (PCPs) participating in MassHealth Accountable Care Organizations (ACOs) to deliver discrete behavioral health care services that are within their capabilities, among other primary care improvements. The three-tiered sub-capitation program ties increased PCP payments to care delivery requirements in each tier but does not require PCP practices to adopt a specific integrated care model. To qualify for higher tiers, PCPs must meet certain standards for behavioral health integration, be able to manage mild to moderate behavioral health care needs, and provide on-site access to behavioral health treatment (e.g., medications for opioid use disorder).[26] PCPs must also meet requirements in the following categories in order to advance to higher payment tiers: care delivery (e.g., medication management and screening for health-related social needs), staffing (e.g., capacity for same-day urgent care appointments), and serving individuals 21 years of age and younger (e.g., coordinate care with the Children's Behavioral Health Initiative).[27] Stakeholders shared that while MassHealth has taken strides to integrate behavioral health and primary care for MassHealth members, additional investment is needed to support primary care practices in assuming these integration responsibilities (e.g., best practice guidelines). Stakeholders also noted that the Roadmap's integrated primary care initiative is specific to MassHealth. While some commercial plans use payment incentives to encourage the adoption of integrated care practice models in primary care settings, stakeholders noted there are not clear or consistent payer incentives between MassHealth and commercial payers or among commercial payers, or consistent practice models across all payers.

STAKEHOLDER PERSPECTIVES ON PRIMARY CARE INTEGRATION:

- The Roadmap's primary care integration initiatives remains in the early stages of implementation. Stakeholders primarily shared that additional investment is needed to support primary care practices participating in MassHealth ACOs with meeting the integration standards, including through policy and practice guidelines.
- Stakeholders commented that commercial payer incentives for PCPs to provide integrated primary care vary by payer, creating confusion and gaps in access to timely behavioral health screening, interventions, and referrals for many commercially insured individuals.

IMPROVING MEMBER EXPERIENCE AND TREATMENT OPTIONS FOR CRISIS AND ACUTE CARE

A key goal of the Roadmap is to simplify and improve people's experience in accessing and addressing their behavioral health care needs, particularly crisis services. The Roadmap seeks to do this by increasing access to information, referral

sources, and community-based treatment alternatives through the BHHL, CBHCs, and BHUC sites, thereby reducing the volume of individuals visiting EDs for behavioral health care services.

According to stakeholders, EDs have historically been overutilized for behavioral health care needs due in part to a system that has relied on 911 and law enforcement to respond to behavioral health emergencies. However, the delivery of behavioral health care services in EDs has shifted from crisis intervention services in the ED to a greater focus on evaluating individuals' behavioral health care needs, discharge planning, and soliciting warm handoffs to the appropriate level of outpatient care, or inpatient care where appropriate.

Despite these efforts, ED boarding remains a significant challenge in Massachusetts, particularly for children and youth. This suggests that a more ambitious expansion of community-based crisis services for children, youth, and adult, inpatient psychiatric beds, and 24-hour addiction treatment for adults is needed. While the Roadmap includes efforts to further alleviate pressure on EDs by expanding the capacity of and access to these alternative services (e.g., EOHHS has increased access to inpatient psychiatric beds by working to facilitate direct admission to those beds from CBHCs),[28] stakeholders stressed that more needs to be done to expand alternatives to the ED for individuals in need of crisis and acute behavioral health care services.

MASSHEALTH SUPPORTING ED DIVERSION FOR BEHAVIORAL HEALTH CARE NEEDS

In January 2023, MassHealth directed EDs to conduct behavioral health crisis evaluations to support connecting individuals to appropriate care.

Effective October 1, 2023, MassHealth expanded on this policy by implementing coverage requirements for the following services by managed care entities:

- Behavioral health crisis evaluations for individuals after they are admitted to a medical setting
- Behavioral health crisis management services provided in EDs and inpatient medical settings
- Initiation of medications for opioid use disorder and recovery support navigation in the ED and inpatient medical settings

Sources: "MassHealth Managed Care Entity Bulletin 93," MassHealth. November 2022. Available at https://www.mass.gov/doc/managed-care-entity-bulletin-93-behavioral-health-crisis-evaluations-in-emergency-departments-and-inpatient-mental-health-services-rate-updates-0/download; "MassHealth Managed Care Entity Bulletin 107," MassHealth. November 2023. Available at https://www.mass.gov/doc/managed-care-entity-bulletin-107-updates-to-policies-pertaining-to-members-behavioral-health-needs-in-acute-medical-settings-and-inpatient-psychiatry-settings-corrected-0/download.

STAKEHOLDER PERSPECTIVES ON MEMBER EXPERIENCE AND TREATMENT OPTIONS FOR CRISIS AND ACUTE CARE:

- Consumers still frequently default to seeking care in EDs rather than CBHCs for several reasons, including lack of education and awareness about community-based alternatives, workforce shortages in CCS and MCI, and lack of transportation options for moving a person from the ED to diversionary care.
- ED boarding for children and youth remains a particular issue. According to stakeholders:
  - Children and youth who are part of the child welfare system often continue to be seen in EDs because there are no placement or treatment options (e.g., foster home or residential care bed) available when they are in crisis.
  - Some families may feel it is unsafe to bring a child home even when the ED staff believe they are ready for discharge.
  - Finding longer-term treatment options for children's mental health conditions coupled with SUDs, complex physical health conditions, and/or intellectual and developmental disabilities remains a significant challenge.

LOOKING FORWARD: OPPORTUNITIES TO FULLY REALIZE THE POTENTIAL OF THE ROADMAP

Full implementation of the Roadmap will take several years, but early stakeholder feedback is supportive of its goals. More specifically, stakeholders voice support for its focus on providing people with a clear understanding of where to call for behavioral health care needs, creating resources and new entry points to improve individuals' access to services based on their needs, and for increasing community-based alternatives for treatment. At the same time, stakeholders elevated several lessons learned from early implementation where they believe there are opportunities for the state to clarify and better communicate about Roadmap policies, regulations, and service offerings so that its full promise may be realized. Stakeholders also identified opportunities for broader behavioral health care system improvements that are essential to the Roadmap's success. Both Roadmap-specific and broader opportunities for reform are described in detail

below. While many of these opportunities are focused on what the administration can do, there are implications and opportunities for a broad array of actors who are vested in transforming the Commonwealth's behavioral health care system.

IMPROVEMENTS RELATED TO ROADMAP IMPLEMENTATION

I. Enhance cross-agency collaboration, communication, and oversight

Behavioral health care and crisis services are currently and have historically been provided by, paid for, or overseen by several overlapping systems—including various state agencies, such as MassHealth, DMH, DPH, the Division of Insurance (DOI), and the Executive Office of Public Safety and Security (EOPSS). While MassHealth, DMH, and DPH provide and pay for behavioral health care services, DOI issues policy guidance on insurance provision and coverage of behavioral health care and crisis services. EOPSS operates the state's 911 program, which has historically been used to respond to behavioral health care crises due to the lack of other options prior to the Roadmap. Commercial plans look to DOI, in particular, for guidance on adhering to new or updated state policies governing insurance, including those introduced in the Roadmap. It is an inherently complex environment, and absent strong coordination across these entities, there is a risk that consumers and providers will face inconsistent or confusing policy guidance, feel mistrust, face barriers providing or accessing services and, overall, find that resources are not being used effectively.

State officials are working to coordinate regulatory, financing, and programmatic guidance across and within agencies, but some stakeholders still felt they were "on their own" to navigate the many overlapping programs and evolving requirements established by the various agencies and departments charged with implementing or overseeing the Roadmap's components. Stakeholders pointed to the lack of cohesive policy around licensure for CBHC services, particularly crisis services, as one area where cross-agency coordination could be improved. For example, DPH initially created a temporary, expedited licensing process for CBHCs to accelerate their implementation. When the expedited process ended, CBHCs had to revert to the typical, more cumbersome licensing processes, including pursuing MCI and CCS licensure from two different EOHHS agencies (DPH and DMH, respectively). Below are potential opportunities to help bolster the administrative structure and oversight of the Roadmap.

a. Establish or leverage an existing interagency governmental structure to promote state agency collaboration and cohesive oversight of the Roadmap

In Massachusetts, the ABC Act established an Office of Behavioral Health Promotion within EOHHS. The office is charged with developing interagency initiatives, advancing health equity, strengthening programming and infrastructure, promoting evidence-based behavioral health practices, collecting and analyzing behavioral health data, and coordinating behavioral health wellness campaigns.[29] This office is ideally situated and could be leveraged to support the interagency collaboration and the cohesive programmatic guidance and oversight that is needed to support the Roadmap's success across payers and providers. For example, this office could work across state agencies to articulate (in a clear and standardized way) and broadly communicate to the public and providers, the roles and responsibilities of the various behavioral-health-related helplines (e.g., BHHL, CBHC phone numbers, substance use helpline, 211, 988, and 911). The office could also develop best practice guidelines that BHHL and CBHC staff can use to better coordinate referrals and warm hand-offs to ensure individuals, particularly those in crisis, get the appropriate care they need as soon as possible.

The ABC Act also charged the Office of Behavioral Health Promotion and the Office of Health Equity within DPH to work together to integrate health equity principles into all of the former office's duties and obligations. The state could leverage this partnership to ensure that Roadmap efforts are grounded in principles of health equity. Specifically, these offices could work together to, for example:

- Examine the Roadmap's impact on different populations by disaggregating behavioral health data by race and ethnicity, sexual orientation and gender identities, and language.
- Examine the different referral pathways for people who present to first responders in crisis by race, ethnicity, language, and other factors (e.g., explore any differences as to whether individuals get referred to treatment or referred into the justice system by race, ethnicity, language, and other factors).

The recommendation to establish a central accountable entity aligns with the recommendation put forth in a 2023 report by the Community Policy and Behavioral Health Advisory Council (CPBHAC),[30] a body established by the legislature, which called for "a governance entity that enhances cross-sector collaboration at the state and regional levels."[31] The entity would be responsible for overall statewide behavioral health crisis response implementation and planning.

b. Develop an interdepartmental centralized data dashboard that reports on the status of various aspects of the Roadmap

National best practices highlight the critical need for a cohesive data collection framework that tracks structure, process, and outcomes of the behavioral health care system to inform quality improvement and ensure accountability.[32] In Massachusetts, there is a constellation of metrics related to the Roadmap that are tracked by different federal, state, and local entities on various initiatives. For example, federal grants require monitoring 988 utilization,[33] the MBHP tracks BHHL utilization,[34] the Massachusetts Health and Hospital Association reports on ED boarding,[35] and, according to one report, MassHealth is developing metrics to measure the overall behavioral health crisis system including law enforcement, medical care, and social support systems.[36]

A centralized dashboard to monitor utilization of Roadmap-related programs is essential to understand systemic trends and service delivery gaps across the entire behavioral health care continuum (not just the Roadmap-specific components), inequities and disparities in access to behavioral health care, and areas of redundancy. The dashboard could also be used to provide alerts to inform real time interventions in areas where there may be an increase in need. The Roadmap contemplates development of a monitoring and evaluation plan and a "monthly operational and performance dashboard" to track and identify areas of improvement on the Roadmap's initiatives.[37] Release of the dashboard is pending but would address the need stakeholders highlighted for improved, coordinated data collection and reporting systems in Massachusetts.

The Commonwealth could benefit from developing a single data platform that combines data from different state agencies and local entities to measure utilization of the Roadmap's services, the demographics of people served, response time, and co-response with law enforcement. The Office of Behavioral Health Promotion could be charged with oversight of the dashboard, which could mirror what is recommended in the CPBHAC report or be modeled on similar platforms being pursued in Oklahoma, Utah, and Missouri.[38]

II. Enhance stakeholder engagement and public education on the Roadmap

The Roadmap is a large-scale, multi-year initiative that impacts a wide array of stakeholders, including and especially the public. The state always envisioned that the Roadmap would be a "living document" that would be updated and improved over time based on implementation learnings and new design. Stakeholders urge the state to proactively seek feedback from those charged with implementing the Roadmap—and the individuals and families using the Roadmap services—to inform implementation improvements and future design. Stakeholders also urged the state to clarify, continuously improve, and cohesively communicate to the public, in particular, about how, when, and where to access Roadmap services and programs. Below are potential opportunities to improve stakeholder engagement and consultation opportunities and increase public awareness about the Roadmap.

a. Create an ongoing stakeholder engagement and consultation mechanism for state agencies and community partners to share information and continuously improve the Roadmap

The administration has engaged in various stakeholder forums since the initial designing of the Roadmap, with its robust listening sessions during the summer of 2019 and several cross-agency (e.g., MassHealth and DPH) stakeholder and public presentations. According to stakeholders, current opportunities for stakeholder engagement include monthly meetings between MassHealth and CBHCs, facilitated by the Association for Behavioral Healthcare (ABH), and quarterly meetings with CBHCs and a broader group of representatives from MassHealth. While stakeholders who participate in these monthly and quarterly meetings are appreciative of the opportunity to hear updates about the Roadmap and provide feedback, stakeholders noted the meetings are not focused specifically on the Roadmap and that there is no "feedback loop" or follow-up on issues and concerns stakeholders raise at these meetings.

Stakeholders expressed the need for ongoing, Roadmap-specific engagement and consultation opportunities with both Roadmap implementers and individuals/families using Roadmap services and programs that include bidirectional communication, issue-spotting, and problem-solving. Such a forum(s) would create a continuous, real-time feedback loop between stakeholders and the state to iteratively improve implementation and operation of the Roadmap. One model for such a forum could be the One Care Implementation Council (or a variation of it), in which impacted stakeholders, including consumers, provide input to EOHHS, monitor access, and track utilization and quality of services.[39] Such a model also increases transparency and accountability.

b. Develop a public awareness campaign to promote and clarify key aspects of the Roadmap

To increase public awareness about the Roadmap, EOHHS developed a Behavioral Health Roadmap Toolkit with comprehensive messaging, marketing materials, and other materials about the BHHL and CBHCs, in particular.[40] After over a year of implementation, however, there is still confusion or lack of awareness in the community about these and other components of the Roadmap (e.g., BHUC sites). Informed by stakeholder feedback about the challenges first responders and law enforcement face with drop offs at CBHCs (see prior sections), the Roadmap could benefit from a more proactive and strategic public education and awareness campaign that is led by the Office of Behavioral Health Promotion in coordination with EOPSS and supported by stakeholders from behavioral health delivery systems, as well as providers, insurers, law enforcement, community leaders, and consumer advocates.

Such a campaign could include both broad and stakeholder-specific marketing materials, outreach strategies, and stakeholder meetings to reach as wide an audience as possible. Stakeholders felt that such a comprehensive campaign is critical to the Roadmap's success, given the culture change that is needed to shift behavior patterns that historically have defaulted to sending individuals in behavioral health crisis either to the ED or justice system. To help promote this shift, it will take efforts beyond the administration alone, and require the collective efforts of myriad stakeholders to help raise awareness of and promote use on the different increased community-based alternatives to treatment (e.g., CBHCs and BHUC sites) that are made available and supported via the Roadmap.

III. Address transportation challenges related to ambulance and law enforcement drop-offs at CBHCs

Supporting findings from the literature review, stakeholders highlighted several challenges associated with transporting individuals via ambulance or by law enforcement to CBHCs, which may prevent people who would benefit from using these critical services instead of EDs.

First, there is confusion in the field as to whether an ambulance can drop off an individual in behavioral health crisis at a nonhospital location, such as a CBHC. DPH, which licenses and oversees ambulance services, has issued regulations that authorize ambulances, upon the direction of an ED physician, to drop individuals off at CBHCs that have a DPH-

approved point of entry (POE) plan.[41] POE plans include triage criteria to identify the types of individuals who can be dropped off for appropriate care at a CBHC instead of an ED. DPH also issued guidance that ambulance drop-offs cannot occur at a CBHC until they have a DPH-approved POE plan. As of June 2024, there are no CBHCs with a DPH-approved POE plan; however, DPH is having ongoing discussions with CBHCs to support their ability to apply for a POE plan. Once CBHCs receive a DPH-approved POE plan, clarifying and better communicating to first responders which CBHCs have a DPH-approved POE plan would further promote ambulance and law enforcement transportation to CBHCs instead of EDs for individuals with behavioral health care needs, when appropriate. DPH regulations are silent as to other types of health care transport that could be used for transporting individuals between EDs and CBHCs and vice versa (e.g., medical Ubers).[42]

Second, stakeholders cited two challenges related to transportation to CBHCs by law enforcement, including liability concerns related to ensuring individuals in their custody receive appropriate care at a CBHC, as opposed to an ED; and reluctance by local law enforcement to drop off individuals at CBHCs in towns outside of their jurisdictions since it would divert officers from patrolling their local communities.[43]

Stakeholders are developing innovative solutions to these challenges, including at least one CBHC working with law enforcement to develop a "ride-along" program, where a behavioral health provider accompanies law enforcement to a behavioral-health-related call, which has helped increase the drop offs at the CBHC versus the ED. Stakeholders suggest that the state (e.g., the Office of Behavioral Health Promotion, coordinating with other state agencies or stakeholders as necessary) work directly and collectively with CBHCs, emergency response providers, and law enforcement to clarify regulations or policies (if needed) and address these workflow challenges. Stakeholders would welcome, for example, a memorandum from EOHHS and EOPSS to law enforcement providing guidance and clarity on when to drop off individuals at CBHCs and outlining best practices to do so.

ENHANCE COMMERCIAL COVERAGE OF BEHAVIORAL HEALTH CARE SERVICES

Reinforcing requirements laid out in the ABC Act, on June 22, 2023, the Department of Insurance issued a memo stating that "carriers offering fully insured health plans in Massachusetts are mandated to include coverage for medically necessary emergency services." Specifically regarding CBHCs, "carriers are expected to reimburse providers for all MCI and CCS care provided by CBHCs." Self-funded plans are encouraged, but not required, to cover these services. Carriers are expected to provide the necessary information about billing for these services to CBHCs and have staff in place to coordinate with CBHCs on these required services.

Source: "Bulletin 2023-11," Division of Insurance. June 22, 2023. Available at https://www.mass.gov/doc/bulletin-2023-11-community-based-emergency-behavioral-health-care-issued-june-22-2023/download.

IV. Continue to expand coverage of behavioral health care services to ensure access to all Roadmap services for all Massachusetts residents

Over the years, Massachusetts has implemented several reforms to expand health insurance coverage for comprehensive behavioral health care services. Most recently, the ABC Act—among its many provisions—seeks to further expand behavioral health coverage by payers. Provisions in the ABC Act that regulate insurance coverage of behavioral health care services apply to MassHealth, Group Insurance Commission plans, and all commercial plans sold in Massachusetts as insurance and regulated by DOI. Self-funded health plans are exempt from these state regulations due to the Employee Retirement Income Security Act of 1974 (ERISA).[44] Despite these efforts, stakeholders felt there is more to be done. According to stakeholders, MassHealth provides the broadest coverage for CBHC services, as it does for many types of care, while some commercial insurers have been slow to enter contracts with CBHCs. Table 1 delineates how coverage applies to different components of the Roadmap and highlights that commercial coverage for key components of the Roadmap currently is limited.

One provision of the ABC Act requires coverage of crisis services at CBHCs, and this provision was reinforced by a DOI bulletin in 2023 (see callout box on page 15). While all Massachusetts residents can receive crisis services on site

at a CBHC or in the community through MCI regardless of insurance, some residents with commercial insurance or Medicare may not be able to access CCS, as well as ongoing outpatient treatment and other CBHC services, depending on their plans' coverage of CBHC services. These insurers' payment arrangements (e.g., unbundled rates) with CBHCs also may impact access to CBHC services. As noted above, MassHealth's bundled payment for the majority of CBHC services enables CBHCs to deploy team-based care to more efficiently coordinate and quickly connect individuals to the appropriate service and provider. Commercially insured individuals may also be limited to receiving services from in-network providers of these services, potentially increasing their wait times for available, covered care. More piecemeal coverage or payment structures for CBHC services could delay or prevent access to critical behavioral health care services (such as ongoing treatment after crisis intervention and evaluation). These factors reflect the pre-existing variability in network and payment arrangements across Medicare and commercial plans and may challenge the Roadmap's payer agnostic vision of providing broad access to community-based outpatient and crisis behavioral health care services to all Massachusetts residents.

In the state's fiscal year (FY) 2023 budget, the Baker administration championed a commercial payer surcharge (through the Behavioral Health Access and Crisis Intervention Trust Fund) to cover the cost of providing MCI at CBHCs for individuals enrolled in commercial plans or Medicare, or who are uninsured.[45] While the Healey administration is seeking to restructure the approach for this and other surcharges beginning in FY 2025, it does plan to continue to fund these services through a commercial payer surcharge. There is also pending state legislation that would mandate that all payers cover behavioral health care bundled outpatient services at CBHCs (e.g., behavioral health care evaluation and care coordination) and peer supports.[46] Stakeholders would also like to see commercial insurers take steps on their own to build relationships with CBHCs and BHUC sites and broaden coverage and payment arrangements.

TABLE 1. INSURANCE COVERAGE OF ROADMAP COMPONENTS

ROADMAP COMPONENT	MEDICAID COVERAGE	MEDICARE COVERAGE	COMMERCIAL COVERAGE	UNINSURED
BEHAVIORAL HEALTH HELP LINE (BHHL)[47]	• The BHHL is available to all Massachusetts residents free of charge and regardless of insurance.			
COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC)[48]	• MassHealth covers all CBHC services for members, including MCI.	• Medicare is accepted by all CBHCs, although Medicare pays CBHCs through fee-for-service rather than a bundled payment. • Behavioral Health Access and Crisis Intervention Trust Fund covers MCI services for Medicare members.	• Commercial coverage of CBHC outpatient services varies by plan. • Plans are required to cover MCI services, however if ERISA plans do not cover these services, then the Behavioral Health Access and Crisis Intervention Trust Fund will. • Plans are required to reimburse providers for CCS services provided by a CBHC, but commercial coverage of CCS services varies by plan due in part to ERISA (as mentioned above).	• Behavioral Health Access and Crisis Intervention Trust Fund covers MCI and CCS services for uninsured individuals. Availability of a sliding fee discount program for uninsured individuals varies by CBHC.
BEHAVIORAL HEALTH URGENT CARE (BHUC)[49]	• MassHealth covers BHUC services.	• Medicare coverage of services provided at BHUC sites varies depending on whether the BHUC site accepts Medicare (many BHUC sites do).	• Commercial coverage of BHUC services varies by plan.	• Sliding fee discount program for uninsured individuals varies by BHUC site.

BROADER SYSTEM REFORMS TO ENHANCE SUCCESS OF THE ROADMAP

Beyond specific recommendations for improving implementation of the Roadmap's components, stakeholders also identified several opportunities for broader behavioral health care system improvements that are essential to maximizing the Roadmap's success. These include continuing to strengthen the behavioral health care workforce through workforce development and payment reforms, improving data-sharing and interoperability capabilities for behavioral health providers, and promoting community-driven solutions to advance health equity in access to behavioral health care services. Stakeholders encouraged the administration to continue to focus on these areas to improve the overall behavioral health care system as they are supportive of, if not foundational to, the Roadmap's success.

I. Continue to strengthen the behavioral health care workforce through workforce development and payment reforms

Nearly every stakeholder observed that workforce shortages are a major obstacle to the Roadmap's progress. Massachusetts has undertaken several reforms to build, train, and diversify its workforce (see sidebar below).

Many of the recommendations put forth in the 2022 Foundation report, *Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts,*[50] are still applicable to addressing current Massachusetts behavioral health care workforce challenges that are impacting the success of the Roadmap. These include: conducting a baseline Workforce Needs Assessment; establishing and maintaining a Behavioral Health Workforce Center (the Massachusetts Health Policy Commission is actively working to develop this center);[51] ensuring sufficient reimbursement for behavioral health care services; developing a workforce strategy and campaign for behavioral health professionals and paraprofessionals; creating a system of social supports for all members of the behavioral health care workforce; and evaluating the impact of telehealth on the workforce.[52] Indeed, through the Roadmap, the MassHealth 1115 waiver, the ABC Act, and the Behavioral Health Outreach, Access and Support Trust Fund, several of these recommendations are already being implemented to some degree.

Stakeholder interviews highlighted two additional concrete measures that could help further enhance the behavioral health care workforce and strengthen Roadmap initiatives:

- **Utilize funds from the Behavioral Health Outreach, Access and Support Trust Fund.** The Roadmap could utilize state and federal funds from this trust fund[53] to support expanding and training the workforce. Investing in a pipeline to encourage young adults to pursue careers in behavioral health, tuition reimbursement, upskilling the current workforce, and paying for supervision hours needed to obtain licensure are all areas where support is needed to ensure the workforce can meet demand.
- **Expand the Roadmap's payment reforms to other parts of the behavioral health care system.** The bundled rate

BEHAVIORAL HEALTH CARE WORKFORCE REFORMS

- The MassHealth 1115 waiver's Delivery System Reform Incentive Payment Program invested in loan repayment programs to recruit and train behavioral health professionals, as well as training programs for the paraprofessional workforce (e.g., peers, community health workers (CHWs), CHW supervisors, recovery coach supervisors).
- The Healey administration has made strides in addressing behavioral health care workforce challenges.
  - In 2022, the Massachusetts Behavioral Health Advisory Commission was formed to assess the behavioral health care system in the Commonwealth and develop recommendations on how to use $192 million in federal COVID-19 relief funds to support the mental health system, in particular. The commission completed its work in 2023 with several workforce-related recommendations to the legislature including loan forgiveness, scholarships, paid practicums, and studying commercial payment rates.
  - The Healey administration recently announced $16.3 million in grant awards to "nine organizations to upskill 1,860 individuals" employed in healthcare and behavioral health sectors across the Commonwealth.

Sources: Sen. Julian Cyr. "State Commission Releases Recommendations to Bolster Behavioral Health." May 8, 2023. Available at https://www.senatorcyr.com/state_commission_releases_recommendations_to_bolster_behavioral_health_192_million_to_benefit_behavioral_health_workforce_and_youth_services. "Healey-Driscoll Administration Awards $16.3 Million in Workforce Competitiveness Trust Fund Grants to Address the Demand for Health Care and Behavioral Health Workers," Executive Office of Labor and Workforce Development. February 23, 2024. Available at https://www.mass.gov/news/healey-driscoll-administration-awards-163-million-in-workforce-competitiveness-trust-fund-grants-to-address-the-demand-for-health-care-and-behavioral-health-workers.

structure and fee schedule for CBHC services have helped CBHCs recruit and retain more staff, but stakeholders noted that these reforms have diverted workforce from other critical services (e.g., community mental health clinics, Children's Behavioral Health Initiative services), which are facing severe workforce vacancies. A 2023 ABH report found that pediatric behavioral health service providers, in particular face increased challenges recruiting and retaining staff, primarily due to insufficient compensation and benefits, leading to increased numbers of children on waiting lists for critical services.[54] Stakeholders across the board—including CBHCs—advocated for the CBHC payment strategies and reforms to be applied across the behavioral health care system. Stakeholders flagged bundled payments as the preferred mechanism to promote financial stability at community-based behavioral health organizations and provide livable wages to attract and retain staff. Stakeholders noted that MassHealth is considering increasing rates for BHUC services at mental health centers via bundled rates, and others commented that including MCI services in the bundled rate would promote financial stability of those services. While encouraging to see rate reform in one area of behavioral health, more work is needed to support the entire behavioral health care system.

II. Improve interoperability and data sharing

Across the country, behavioral health providers have been slow to adopt electronic health records (EHRs) and other data-sharing platforms, primarily because they were left out of the 2009 HITECH Act, which provided funding to promote the meaningful use of EHRs among health care providers. Massachusetts' 1115 demonstration's Special Terms and Conditions, include the Commonwealth's plans to support information technology infrastructure for SUD providers, but they do not call out funding EHRs specifically.[55] Massachusetts could benefit from implementing initiatives—such as those launched in New Jersey[56,57]—that expand EHRs to community-based mental health providers. CBHCs and other behavioral health providers may also want to consider advocating for increased federal funding to expand EHRs to behavioral health providers and for federal guidance on leveraging different Medicaid authorities or other federal resources to support the adoption and interoperability of health information technology.[58]

III. Support and promote community-driven solutions that advance equitable access to behavioral health care services

Massachusetts—like other states—struggles with stark disparities and inequities in access to care and outcomes for marginalized populations and communities, trends only exacerbated by the COVID-19 pandemic.[59] The Roadmap seeks to help address these inequities, including by requiring the BHHL to provide interpreter services in multiple languages (including American Sign Language) and requiring CBHCs to deliver services in a client's preferred language. The Roadmap's infrastructure reforms seek to diversify the behavioral health care workforce through student loan repayment for "clinicians with diverse cultural, racial, ethnic, and linguistic competence."[60] However, as issues of inequity and disparity are complex and deeply rooted, there are no quick and easy solutions to resolve them. While the state's Office of Behavioral Health Promotion is explicitly tasked with advancing equity in access to behavioral health care services, the office could work in partnership with, or otherwise support and promote, local innovations that foster partnerships between stakeholders. Such partnerships are essential to the Roadmap's success and to breaking down barriers to accessing behavioral health care services, particularly in marginalized communities.

One persistent issue affecting equitable access to behavioral health care services is how law enforcement responds to behavioral health care crises in some communities. Individuals of color are more likely than their White counterparts to end up in the criminal justice system rather than in behavioral health care treatment programs.[61] One project underway that may begin to address this inequity is the Middlesex County Restoration Center, which aims to divert individuals experiencing a behavioral health crisis from arrest or unnecessary hospitalization.[62,63]

Local innovations, such as the Middlesex County Restoration Center, are key to advancing equitable access to behavioral health treatment, as they draw upon the collective wisdom of the impacted communities to design solutions

that are tailored to meet their needs and preferences. The state could support the creation of an inventory of similar local innovations that aim to address inequities in access to behavioral health care services. This inventory could then be socialized more broadly to other stakeholders, communities, and regions of the state, as well as to national stakeholders. There is a promising opportunity for not only the administration but philanthropy and the private sector to support and scale these community-driven behavioral health solutions that help address equity issues and better serve Massachusetts residents.

CONCLUSION

The Roadmap for Behavioral Health Reform was developed to close critical gaps in the Commonwealth's behavioral health care system, with a particular focus on enhancing and expanding access to community-based outpatient behavioral health treatment, including for individuals in crisis. The Roadmap is an essential part of a broader state vision to create a robust continuum of behavioral health care services for all Massachusetts residents, regardless of insurance coverage.

As a multiyear strategy, Roadmap implementation is still in its early stages of implementation, as evidenced by the findings included in this report. Core initiatives, such as the BHHL, CBHCs and BHUC sites, were implemented in early 2023, but, as this report suggests, there are gaps in these initiatives where the above-mentioned opportunities can assist in ensuring that they are achieving their intended goals. Other components, such as integrated primary care, simplifying and improving member experience and treatment options for crisis and acute care, and improved infrastructure support are just getting underway. Stakeholders emphasized that as Roadmap implementation progresses, continuous improvements and new program design must be introduced and monitored in partnership with the stakeholders most impacted by these reforms, namely the individuals and families using Roadmap services and the organizations charged with providing those services.

All Roadmap components are essential for ensuring appropriate and timely access to culturally relevant behavioral health care services and diverting individuals from unnecessary ED utilization to comprehensive and high-quality community-based treatment. The recommendations made in this report can help the Healey administration and Roadmap implementers in the behavioral health care system address early implementation challenges, advance ongoing implementation of the Roadmap's components, and achieve the Commonwealth's goals for behavioral health care system reform that will enable all residents to access behavioral health care services when and where they need them.

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- Vinfen
- Riverside Community Care
- Behavioral Health Network
- Eliot Community Human Services
- Community Counseling of Bristol County
- Massachusetts Association of Behavioral Health Systems
- Massachusetts Association for Mental Health
- Health Care For All
- Parent/Professional Advocacy League
- Massachusetts Behavioral Health Help Line

ENDNOTES

1 During the pandemic, there was also a surge in ED boarding in the Commonwealth: ED boarding increased by 200–400 percent in June 2020 compared to the previous year. See Jolicoeur, L., Mullins, L. "Mass. Physicians Call on State to Address ER 'Boarding' of Patients Awaiting Admission," WBUR. February 3, 2021. Available at https://www.wbur.org/news/2021/02/02/emergency-department-er-inpatient-beds-boarding.

2 Doyle, B., Bailey, E. "Behavioral Health Roadmap 2023 Update," October 2023.

3 Likely related to the COVID 19 pandemic and its related impacts, in 2023, nearly 31 percent of adults in Massachusetts reported experiencing symptoms of anxiety or depressive disorder (see "Mental Health in Massachusetts," Kaiser Family Foundation. Available at https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/massachusetts/), as compared to approximately 21 percent reporting any mental illness in 2018–2019. See Lipson, M., Boozang, P., Rozario, N. "Creating a Robust Diverse, and Resilient Behavioral Health Workforce in Massachusetts," Blue Cross Blue Shield of Massachusetts Foundation. September 29, 2022. Available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-09/BH_Workforce_Final.pdf.

4 Lipson, Boozang, Rozario. "Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts."

5 Anthony, S., Boozang, P., Chu, B., Striar, A. "Ready for Reform: Behavioral Health Care in Massachusetts," Blue Cross Blue Shield of Massachusetts Foundation. January 31, 2019. Available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/Model_BH_Report_January%202019_Final.pdf.

6 Massachusetts Behavioral Health Help Line. Available at https://www.masshelpline.com/.

7 Massachusetts Department of Mental Health. "Behavioral Health Help Line Dashboard." Available at https://www.mass.gov/info-details/behavioral-health-help-line-dashboard#current-bhhl-dashboard-.

8 "Behavioral Health Roadmap Toolkit," Executive Office of Health and Human Services. February 13, 2023. Available at https://www.mass.gov/tool-kit/behavioral-health-roadmap-toolkit.

9 The 988 Suicide and Crisis Lifeline was previously known as the National Suicide Prevention Hotline. See "988 Suicide & Crisis Lifeline," Substance Abuse and Mental Health Services Administration. Available at https://988lifeline.org/.

10 Doyle, B., Bailey, E. "Behavioral Health Roadmap 2023 Update," October 2023.

11 "Procurement for Community Behavioral Health Center Programs," Massachusetts Behavioral Health Partnership. February 1, 2022. Available at https://providers.masspartnership.com/pdf/CBHC-RFP-2-1-22FIN.pdf.

12 CBHCs in Massachusetts differ slightly from Certified Community Behavioral Health Clinics (CCBHCs), which are authorized in participating states through the federal Section 223 CCBHC Medicaid Demonstration program. CCBHCs must meet certain federal requirements to receive enhanced federal funding under the demonstration, which is administered through a partnership across several federal agencies in the U.S. Department of Health and Human Services. CBHCs and CCBHCs both offer comprehensive mental health and SUD services, including crisis services and extended weekday and weekend access to services, but CBHCs are not required to cover certain services, such as supported employment or day treatment, that CCBHCs must provide. Additionally, CBHCs in Massachusetts are required to provide distinct crisis services to children and youth, which is not a requirement for CCBHCs. See "Certified Community Behavioral Health Clinics (CCBHCs)," Substance Abuse and Mental Health Services Administration. Available at https://www.samhsa.gov/certified-community-behavioral-health-clinics. See "Roadmap for Behavioral Health Reform: FAQs." Massachusetts Executive Office of Health and Human Services. Available at https://www.mass.gov/info-details/roadmap-for-behavioral-health-reform-faqs.

13 "List of CBHCs," Executive Office of Health and Human Services. May 2, 2024. Available at https://www.mass.gov/doc/list-of-cbhcs/download.

14 "Community Behavioral Health Centers," MassHealth. Available at https://www.mass.gov/community-behavioral-health-centers.

15 "Procurement for Community Behavioral Health Center Programs," Massachusetts Behavioral Health Partnership. February 1, 2022. Available at https://providers.masspartnership.com/pdf/CBHC-RFP-2-1-22FIN.pdf.

16 Ibid.

17 ED boarding occurs when individuals are held in the ED after they have been admitted to the hospital because no inpatient beds are available. See "Definition of Boarded Patient," American College of Emergency Physicians. September 2018. Available at https://www.acep.org/patient-care/policy-statements/definition-of-boarded-patient.

18 CMHCs are clinics "that deliver a comprehensive group of diagnostic and psychotherapeutic treatment services to individuals seeking treatment for mental health disorders, which may include co-occurring SUD, and their families by an interdisciplinary team under the medical direction of a psychiatrist." See "Mental Health Center Services," Division of Medical Assistance. December 23, 2022. Available at https://www.mass.gov/doc/130-cmr-429-mental-health-center-services/download.

19 The Massachusetts' Governor's FY25 budget funds CMHCs primarily through federal block grants and through a trust fund for the Cape Cod and Islands CMHC. See "Department of Mental Health," Governor's Budget FY2025. Available at https://budget.digital.mass.gov/govbudget/fy25/appropriations/health-and-human-services/mental-health/?tab=budget-summary.

20 According to EOHHS, "urgent behavioral health needs are characterized by changes in behavior or thinking, role dysfunction, emerging intent of self-injury, or threats to others, but do not include immediate risk of harm to self or others" and do not include emergencies. See "Roadmap for Behavioral Health Reform: FAQs." Massachusetts Executive Office of Health and Human Services. Available at https://www.mass.gov/info-details/roadmap-for-behavioral-health-reform-faqs.

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