



**Danna E. Mauch, PhD**  
President and CEO

**Ambassador (ret.) Barry B. White**  
Chairperson of MAMH Board of Directors

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March 30, 2021

The Honorable Aaron Michlewitz  
Chair, House Committee on Ways and Means  
24 Beacon Street, Room 243  
Boston, MA 02133

The Honorable Ann-Margaret Ferrante  
Vice Chair, House Committee on Ways and Means  
24 Beacon Street, Room 42  
Boston, MA 02133

The Honorable Todd Smola  
Ranking Minority, House Committee on Ways and Means  
24 Beacon Street, Room 124  
Boston, MA 02133

Dear Chair Michlewitz, Vice Chair Ferrante, and Representative Smola:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for leadership in the Commonwealth throughout the COVID-19 pandemic and for crafting a state budget for FY21 that prioritized behavioral health and related social services. It is crucial to continue to support behavioral health services and the needs of individuals with behavioral health conditions in the FY22 budget and beyond, as the surge in demand for behavioral health services continues to increase in the coming months and years due to the pandemic. Accompanying the surge in behavioral health services demand is our growing recognition of the dangers posed by holding people with behavioral health conditions in suboptimal congregate settings including jails, homeless shelters, and hospitals when alternative housing and diversion services would better and safely meet their needs.

MAMH respectfully requests that the House Committee on Ways and Means provide adequate funding for the following important behavioral health, safe housing, and related social services programs and services for FY22 (outlined in additional detail below this short overview). As always, we are grateful for your steadfast leadership during these challenging times:

- DHCD Line Item 7004-9033 (Department of Mental Health Rental Subsidy Program): \$12.548M
- DMH Line Item 5046-2000 (Statewide Homelessness Support Services): \$1.996M for Homeless Program Staffing Supports and Safe Havens to end chronic homelessness for people with mental health conditions
- DHCD Line Item 7004-0104 (Home and Healthy for Good Program): \$3.89M
- EOHHS 4000-0300 (EOHHS and Medicaid Administration): Include \$1.85M for Middlesex Co. Restoration Center
- DMH Line Item 5046-0000 (Adult Mental Health Services and Supports): Include \$2.590M for jail diversion services
- DPH Line Item 4512-2020 (Public Safety Reform Matching Grants): \$2.5M
- DPH Line Item 4513-1026 (Suicide Prevention and Intervention Programs): \$7M
- Trial Court 0330-0613 (CSG Justice Reinvestment Reserve): \$7.563M
- Trial Court 0339-1011 (Community-based Re-entry Programs): \$11.1M
- EOEALine Item 9110-1640 (Geriatric Mental Health Services Program): \$1M
- DMH Line Item 5042-5000 (Child and Adolescent Mental Health Services): Include \$3.875M for MCPAP
- EOHHS Line Item 4000-0052 (Inpatient Behavioral Health Beds): \$50M Innovation Fund
- DCF Line Item 4800-0200 (DCF Family Resource Centers): Include a \$950K for MHAP for Kids
- DPH Line Item 4592-0250 (School-Based Health Program): Include a \$500K for return to school "Bridge" programs

- DPH Line Item 4512-0200 (Bureau of Substance Addiction Services): Include funding at \$2M for training and technical assistance to BSAS-contracted treatment providers
- Support the H1 funding of the EOHHS Ambulatory Care Behavioral Health Roadmap at \$84M

## HOUSING

### **DHCD Line Item 7004-9033 (Department of Mental Health Rental Subsidy Program)**

***Request: Fund the Department of Mental Health’s Rental Subsidy Program at \$12.548M, \$2M over the Administration’s H.1 budget recommendation.***

The Department of Mental Health’s (DMH’s) Rental Subsidy Program is a rental voucher program for individuals with severe and disabling mental health conditions who are experiencing homelessness and DMH clients who are awaiting hospital discharge. Individuals pay 30% of their adjusted income toward rent and the rental vouchers cover the balance. Federal vouchers can be difficult to use in certain rental markets. The DMH Rental Subsidy Program is particularly competitive because acceptable contract rents for new units and for rent increases can be up to 110% of HUD’s Fair Market Rents. State subsidies are critical to helping our Commonwealth’s residents with severe and disabling mental health conditions secure stable, affordable housing and to preventing chronic homelessness, unnecessary hospitalization, and justice involvement.

Individuals who participate in the Rental Subsidy Program receive clinical and social services through DMH-contracted community providers that support their recovery, health, and wellness. These providers also support positive tenancy and assist clients in maintaining their units and meeting inspection requirements. Property owners and managers likewise have 24/7 access to DMH-contracted community providers should tenancy issues arise. MAMH requests that the House Ways and Means FY22 budget include an additional \$2 million for this program over H1 to provide housing vouchers to an additional 142 individuals. Stable, affordable housing is critical to helping these individuals engage in treatment and achieve recovery.

Funding DHCD 7004-9033 (DMH Rental Subsidy Program) at \$12.548M in FY22 is also a fiscally prudent investment. Based upon the most recent Worcester Recovery Center and Hospital (WRCH) cost report submitted to the Center for Health Information and Analysis (CHIA), the WRCH cost per patient per day for psychiatric inpatient hospitalization is \$1,127.70. Without subsidies, there were 77 patients last fall ready for discharge and confined at WRCH and other state hospitals at a high cost to the Commonwealth and to their recovery.<sup>i</sup> Likewise, the National Alliance to End Homelessness estimates that “a chronically homeless person costs the taxpayer an average of \$35,578 per year.”<sup>ii</sup> Without subsidies, 3,340 homeless adults with serious mental illness in Massachusetts remain in shelters or on the streets during a pandemic.<sup>iii</sup> Help us protect their health and advance their recovery. We know that housing plus the supportive services DMH provides prevent hospitalization and other destabilizing events in people’s lives.

### **DMH Line Item 5046-2000 (Statewide Homelessness Support Services)**

***Request: Fund the Department of Mental Health’s Statewide Homelessness Support Services at \$24.734M, \$1.996M over the Administration’s H.1 budget recommendation.***

In FY22, DMH aims to further address long-term homelessness through the creation of new, permanent supportive housing options. In particular, the Department will expand Safe Haven programs in Western Massachusetts, Southeast Massachusetts, and Northeast Massachusetts DMH Areas for a total of \$1.621M. DMH will also fund \$375K in Program Staffing Supports at Pine Street Inn’s New Chardon Street Boston safe housing for women who are homeless and have mental health conditions. Thus, there is a total request for a \$1.996M increase in FY22. Safe Havens are a form of supportive housing that services hard-to-reach homeless individuals with severe and disabling mental health conditions “who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.”<sup>iv</sup> Safe Havens are designed to help people leave the condition of homelessness as quickly as possible by offering no/low barrier enriched housing to people who are not yet willing to enter programs that require participation in services.<sup>v</sup> While there are no treatment participation demands placed on individuals living in Safe Havens, there are expectations that residents will transition from unsafe and unstable street life to a permanent housing situation and that engagement or re-engagement in services will eventually occur. “Because these expectations are introduced non-intrusively and as the resident is ready, the phrase “low demand” is often used to characterize Safe Haven housing.”<sup>vi</sup>

**DHCD Line Item 7004-0104 (Home and Healthy for Good Program)**

***Request: Fund the Home and Healthy for Good line item at \$3.89M, \$1M over the Administration's H1 budget recommendation.***

The Massachusetts Housing and Shelter Alliance (MHSA) introduced the Home and Healthy for Good Program in 2006 as the Commonwealth's first statewide Housing First initiative. The program offers housing and supportive services to individuals experiencing chronic homelessness through a low-threshold approach, providing individuals with a place to live as quickly as possible. Importantly, "Housing First is less costly and more effective than managing their homelessness and health problems on the street or in shelter. This program has generated an estimated annual savings of \$6,000 per participant, including tremendous savings in health care costs. With access to supportive services through Home and Healthy for Good, individuals no longer need to rely on public emergency services as their primary sources of care. Instead, tenants can access preventative and primary health care, and can better coordinate with behavioral health providers and maintain their housing, rather than using more costly services such as emergency shelters and detox facilities."<sup>vii</sup>

**CRIMINAL LEGAL SYSTEM DIVERSION**

**EOHHS 4000-0300 (EOHHS and Medicaid Administration)**

***Request: Fund the Middlesex County Restoration Center at \$1.85M in FY22***

The Middlesex County Restoration Center Commission, co-chaired by MAMH president Danna Mauch and Sheriff Peter Koutoujian, is entering its fourth year of work to design and implement a center that would provide behavioral health crisis services and wraparound social supports to prevent arrest, hospitalization, and emergency department boarding of individuals in behavioral health crisis. The critical fourth year involves launching a pilot program for Restoration Center services, which requires additional funding in comparison to prior years. These services are viewed by both the behavioral health community and the public safety community, both of which are well-represented on the Commission, as vital elements of a system that promotes public safety and reduces unnecessary harm from the criminal legal system through investments in the social safety net.<sup>viii</sup> As noted earlier in this letter, the pandemic has thrown into high relief the risks of holding people with behavioral health conditions in either emergency departments or jails when an alternative in the form of a restoration center could facilitate their integration into safe and therapeutic behavioral health services and supports.

**DMH Line Item 5046-0000 (Adult Mental Health Services and Supports)**

***Request: Include the \$2.590M in the FY21 GAA for jail diversion services in this account in the FY22 House Ways and Means budget***

In the FY21 GAA, there is \$2.589M for jail diversion dollars in the DMH Adult Mental Health Services and Supports account that is not included in H1. Without these dollars, the state will not be able to award as many grants to local municipalities for criminal justice diversion initiatives. We know there is a strong need and interest among local municipalities; DMH reports a queue of requests received during FY21 for support for local criminal justice diversion initiatives. There is also strong evidence of the effectiveness of the programs that these grant dollars support. For instance, co-responder models have demonstrated a decrease in expensive and traumatizing arrests and jail admissions for individuals in behavioral health crisis, a reduction in psychiatric hospitalizations, more accurate on-scene needs assessments, and the ability to follow-up with family and caregivers to reduce the likelihood of further crisis situations.<sup>ix</sup> For context, funding just one behavioral health co-responder in every police department in the Commonwealth would cost \$20M; the requested amount helps move Massachusetts toward the day when every resident whose behavioral health crisis results in a 911 call can receive co-response instead of law enforcement. These dollars are critical to increasing the number of Massachusetts communities that are engaging in jail diversion initiatives, and ultimately diverting people in behavioral health crisis to appropriate and therapeutic behavioral health treatment and supports.

**DPH Line Item 4512-2020 (Public Safety Reform Matching Grants)**

***Request: Fund at \$2.5M for grant funding for criminal justice diversion programs for individuals with substance use disorders, which was not funded in H1***

In the FY21 GAA, this new account was created for a matching grant program, administered by the Department of Public Health, to support jail diversion program (including restoration centers), hiring de-escalation specialists or implementing de-escalation training, hiring behavioral health specialists or utilizing other behavioral health supports, and training in evidence-based or evidence-informed mental health and substance use crisis response services. There has never been a more urgent

need to divert individuals with mental health conditions from jails due to the extremely high risk of COVID-19 infection in such settings coupled with the pronounced vulnerability to infection among these individuals. These services are vital for assuring that individuals with behavioral health conditions are diverted from the criminal legal system and connected to much-needed treatment services.

**DPH Line Item 4513-1026 (Suicide Prevention and Intervention Programs)**

***Request: Fund at \$7M, a \$250K increase over the FY21 GAA***

These dollars would help maintain and expand Massachusetts suicide prevention efforts in FY22. The Centers for Disease Control and Prevention assessed adverse adult mental health conditions associated with COVID during the June 24-30, 2020 period. They found “younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.”<sup>x</sup> Although data is not yet available on suicidal thoughts or attempts by LGBTQ+ youth, we also know that they are at higher risk. Recent polling data among youth ages 13–24 indicates that 35% of LGBTQ youth report feeling much lonelier since the start of the pandemic compared to 22% of cisgender/straight youth. Further, 28% of LGBTQ youth report feeling much more anxious since the start of the pandemic compared to 18% of straight/cisgender youth.<sup>xi</sup> Resources are needed to address the mental health pandemic that has stemmed from the COVID-19 viral pandemic.

**Trial Court Line Item 0330-0613 (CSG Justice Reinvestment Reserve)**

***Request: Fund the CSG Justice Reinvestment line item at \$7.563M, which is the recommended level in the Administration’s H1 budget recommendation, to support the statewide rollout of the new community support program for individuals with behavioral health conditions who are justice-involved***

Transition from jail and prison to the community can be a major challenge, especially for those with behavioral health conditions. Such individuals have typically lost their health insurance coverage during their incarceration, and it is challenging to reestablish treatment upon release. Treatment is further complicated by the challenge of finding housing, finding employment, and generally rebuilding the essential elements of stability after a period of imprisonment. \$5M of the \$7.5M budget recommendation in H1 would fully fund the statewide rollout of the community support program for individuals with behavioral health conditions who are justice-involved (BH-JI) in partnership with MassHealth. BH-JI provides case management services for 30 days before an individual is released and for six months after release to help people put all of these critical elements into place and prevent recidivism in the future.

**Trial Court Line Item 0339-1011 (Community-based Re-entry Programs, Transitional Housing)**

***Request: Fund the reentry housing line item at \$11.1M, \$1.5M above the FY21 GAA, to not only maintain existing transitional housing and case management capacity but also create more flexibility to house people in under-served parts of the state***

As described above, housing is a critical social determinant of health. Without safe, stable housing, people cannot successfully manage their mental health or substance use conditions. This line item funds housing for individuals leaving incarceration for six months post-release to support their successful and stable reentry to the community and prevent recidivism. Funding supports four housing locations (the Western MA Transitional Housing in West Springfield, McGrath and Brook House in Boston, and There is a Solution in Bedford), which provided transitional housing and case management to 320 people in calendar year 2020. The \$1.5M increase over the FY21 funding level would enable a new scattered-site component to the program that would allow individuals to be housed in rented apartments in unserved areas like Worcester, Essex, Norfolk, and Plymouth counties.

**OLDER ADULT MENTAL HEALTH SERVICES**

**EOEA Line Item 9110-1640 (Geriatric Mental Health Services Program)**

***Request: Fund the Geriatric Mental Health Services Program line item at \$1M, \$200K over the Administration’s H1 budget recommendation, funding two additional Elder Mental Health Outreach Teams (EMHOTs)***

Line Item 9110-1640 funds Geriatric Mental Health Services, which includes the Elder Mental Health Outreach Teams (EMHOTs) initiative. EMHOTs are mobile, multi-disciplinary teams that provide outreach, counseling, and connections to more intensive behavioral health services when needed. EMHOTs bring services directly to older adults in their communities, helping to address the significant barriers older adults encounter to behavioral health treatment, such as transportation, lack

of mobility, isolation, high rates of stigma, and in some cases, co-occurring cognitive disorders. EMHOTs work in close collaboration with community partners including primary care providers, therapists, police and fire personnel, EMTs, Aging Services Access Points, housing authority staff, councils on aging staff, home health agency nurses, and more.<sup>xii</sup> As you know, older adults were disproportionately affected by the pandemic and EMHOT services are more needed than ever.

The FY21 budget funded this line item at \$1M, a \$200,000 increase over the previous year's funding, which was used to provide supplemental support to the state's existing seven EMHOTs. For FY22, we are requesting that you restore this line item to level funding at \$1M, with the instruction that two additional EMHOTs be established in new communities within the Commonwealth. These EMHOTs would help to address the growing need for EMHOT services and reduce reliance on expensive congregate care settings such as nursing homes.

## **CHILDREN'S MENTAL HEALTH SERVICES**

### **DMH Line Item 5042-5000 (Child and Adolescent Mental Health Services)**

***Request: Include funding for the Massachusetts Child Psychiatry Access Project (MCPAP) at \$3.875M (level funded with FY21 GAA) in the House Ways and Means FY22 Budget***

Line Item 5042-5000 funds the Child & Adolescent Mental Health Services account for the Department of Mental Health. The services that DMH offers to children and families are not available through MassHealth or commercial health insurance, and they are critical building blocks of a system of services and supports to maintain a child at home and in the community. If the DMH Child and Adolescent Account is underfunded, the Department will need to restrict supports for some children, youth, and families who have already been fully authorized for services. Now more than ever, families need consistent access to the care and supports they have been receiving in past years, and the costs of making such programs virtual will only add expenses for service providers. During a time when the need for such services is skyrocketing, preserving all services already in place is crucial.

Similar to the FY21 GAA, MAMH requests the FY22 budget include a \$3.875M earmark to support funding for the Massachusetts Child Psychiatry Access Project (MCPAP). MCPAP connects pediatricians to child psychiatrists, allowing pediatricians to manage child psychiatric prescribing within the pediatric office. Since its inception in 2004, MCPAP has expanded significantly to include MCPAP for Moms (psychiatric consultation for new mothers) and MCPAP for Autism, which is connecting Mobile Crisis Intervention teams to Autism specialists to better respond to crises of children with Autism in the community. MCPAP also just launched another new service in collaboration with the Adolescent Substance Use and Addiction Program (ASAP) at Boston Children's Hospital to provide pediatric primary care providers with quick access to substance use condition consultation.<sup>xiii</sup> With specialty child psychiatric services in short supply, the MCPAP model allows for community-based access to expert behavioral health resources in a timelier way than accessing care without consultation.

### **EOHHS Line Item 4000-0052 (Inpatient Behavioral Health Beds)**

***Request: Support for an Innovation Fund within EOHHS at \$50M to address emergency department boarding and create better systems of supporting children in crisis***

The boarding crisis has dramatically worsened in recent years, leaving children boarding longer than ever before. Reducing the wait time for psychiatric placements is critical to removing some of the burden faced by children in the Commonwealth. State and hospital leaders repeatedly cite limited bed availability data as a central issue preventing timely psychiatric placements. Existing efforts have not adequately addressed the boarding problem, therefore more action is needed.

The FY21 budget included \$10M for a new grant program within the Executive Office of Health and Human Services dedicated to the rapid creation of inpatient mental health acute care beds with priority given to the creation of beds specifically for children and adolescents. MAMH, as an Executive Committee member of the Children's Mental Health Campaign, proposes an expansion of this fund to \$50M to address emergency department boarding and create better systems for supporting children in crisis.

These funds would support activities including:

- Support renovations to existing beds to facilitate safe and private accommodations
- Increase the capacity of community-based acute treatment (CBAT) residential units for inpatient diversion or step down
- Ensure child safety through room modification, specialized training for nurses and others working with children on

- de-escalation and injury prevention
- Ensure collateral contacts (family or otherwise with knowledge of the situation and can offer relevant information) extend beyond patient discharge and handoff to other services
- Investigate best practices, data collection, and evaluation
- Create a set of services and supports to provide behavioral health services in the environment the child is boarding in (children often board in the emergency department but may be sent to “board at home.”)
  - Better delivery of behavioral health services
  - Support for collateral contacts
  - Developmental pediatrician and Applied Behavioral Analysis (ABA) supports for kids with co-occurring Autism spectrum disorder or intellectual/developmental delays (ASD/IDD)
  - Services for addressing co-occurring substance use disorders

**DCF Line Item 4800-0200 (DCF Family Resource Centers)**

***Request: Include a \$950K earmark to support continued statewide availability of the Mental Health Advocacy Program (MHAP) for Kids***

The Mental Health Advocacy Program (MHAP) for Kids is a highly sought-after program forging pathways for at-risk children to difficult-to-access mental health treatment. The MHAP for Kids attorneys are highly qualified advocates who eliminate obstacles to mental health services. The attorneys take a multipronged approach to meeting the needs of children and families; diverting children from possible or further court involvement, helping children thrive in school, and reducing family conflict. All of this is accomplished while minimizing costly emergency department visits and inpatient mental health treatment. A MHAP for Kids attorney works directly with different state agencies, schools, treatment providers, and health plans to ensure that a child receives appropriate and needed services. An independent evaluation of the program confirms its positive impact on at-risk youth and their families.<sup>xiv</sup>

**DPH Line Item 4592-0250 (School-Based Health Program)**

***Request: Include a \$500K earmark to support ongoing training, technical assistance, and expansion for return to school “Bridge” programs***

The focus of Bridge programs is to ensure that youth who have been out of school for psychiatric or other hospitalizations can successfully transition back to school. 50% of US high school students with serious mental illness drop out of school. Bridge programs are changing that script for Massachusetts youth with a short-term intervention that reduces drop-out rates to 8%. This funding will enable the continuation of direct support for students struggling with serious mental health challenges, made possible by supporting Bridge program staff in schools (clinicians and academic coordinators) in adjusting to their roles and developing skills needed to work effectively during the COVID-19 pandemic. Funding will also support Bridge programs as all students transition back to school full-time.<sup>xv</sup>

**SUBSTANCE USE**

**DPH Line Item 4512-0200 (Bureau of Substance Addiction Services)**

***Request: Include funding at \$2M for training and technical assistance to BSAS-contracted treatment providers in the FY22 House Ways and Means budget***

The FY21 GAA includes a \$2M earmark in DPH Line Item 4512-0200 for training and technical assistance to BSAS-contracted treatment providers. MAMH requests that this funding be included in the FY22 budget to support staff in the field in staying abreast of current clinical research and best practices, including medication-assisted treatment, medication management, and serving people with co-occurring mental health conditions.

**EOHHS AMBULATORY CARE BEHAVIORAL HEALTH ROADMAP**

***Request: Support the H1 funding of the EOHHS Ambulatory Care Behavioral Health Roadmap at \$84M***

On February 24, 2021, the Administration released its Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it.<sup>xvi</sup> Despite the Commonwealth’s robust health care system, many individuals and families struggle to access behavioral health care. Consequently, many individuals end up not receiving treatment until they experience an emergency, putting them at risk of criminal justice involvement. COVID-19 has exacerbated these access

issues, and the number of individuals seeking care and boarding in Emergency Departments has increased significantly over the past year. The Roadmap is a blueprint for a more connected and responsive behavioral health system, which will be implemented over the next several years. H1 allocates \$84M to this initiative, and MAMH strongly supports the Legislature maintaining this level of funding.

Thank you very much for your consideration of these budgetary issues which affect the lives of individuals with behavioral health conditions and their families across the Commonwealth. Please do not hesitate to be in touch should you have any questions or would like additional information at [dannamauch@mamh.org](mailto:dannamauch@mamh.org) and [jessicalarochelle@mamh.org](mailto:jessicalarochelle@mamh.org).

Sincerely,



Danna Mauch, PhD  
President and CEO



Jessica Larochelle, MPH  
Director for Public Policy & Government Relations

CC: The Honorable Ronald Mariano, Speaker

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<sup>i</sup> As of September 28, 2020, DMH reported 77 clients approved for transfer from public psychiatric inpatient beds but lack appropriate, community-based housing.

<sup>ii</sup> National Alliance to End Homelessness. *Ending Chronic Homelessness Saves Taxpayers Money*. 6 November 2015. Retrieved on September 29, 2020 at: <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/>.

<sup>iii</sup> U.S. Department of Housing and Urban Development. *HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*. Retrieved on October 1, 2020 at: [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_State\\_MA\\_2019.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_State_MA_2019.pdf)

<sup>iv</sup> U.S. Department of Housing and Urban Development. *Safe Haven Fact Sheet*. October 2012.

<sup>v</sup> Urban Institute. *History, Principles, Context, and Approach: The Special Homeless Initiative of the Massachusetts Department of Mental Health*, April 2007.

<sup>vi</sup> U.S. Department of Housing and Urban Development. *In from the Cold: Safe Havens for Homeless People*, October 1999.

<sup>vii</sup> Massachusetts Housing and Shelter Alliance. *Home and Healthy for Good*. Retrieved 25 March 2021 at: <https://mhsa.net/partnerships/home-healthy-for-good/>.

<sup>viii</sup> Middlesex County Restoration Center Commission. *Middlesex County Restoration Center Commission Year Two Findings and Recommendations*, April 2020. Retrieve 25 March 2021 at: <https://www.mamh.org/assets/files/Restoration-Center-Commission-Year-Two-Report.pdf>.

<sup>ix</sup> Policy Research, Inc. and National League of Cities. *Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers*, January 2020.

<sup>x</sup> Czeisler MĒ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external> icon

<sup>xi</sup> The Trevor Project (2020a). *How Covid-19 is Impacting LGBTQ Youth*. Available at: [https://www.thetrevorproject.org/wp-content/uploads/2020/10/Trevor-Poll\\_COVID19.pdf](https://www.thetrevorproject.org/wp-content/uploads/2020/10/Trevor-Poll_COVID19.pdf) Accessed on December 7, 2020.

<sup>xii</sup> Massachusetts Councils on Aging. *Elder Mental Health Outreach Team (EMHOT) Fact Sheet*, May 2018.

<sup>xiii</sup> Massachusetts Child Psychiatry Access Program. *ASAP-MCPAP*. Retrieved on 25 March 2021 at: <https://www.mcpap.com/RegionalTeam/asapmcpap.aspx#>.

<sup>xiv</sup> Feinberg, E. & Elliot, P. (2017). *Juvenile court mental health advocacy project: Update to final report*. Boston University Department of Community Health Science. Retrieved from <https://www.healthlawadvocates.org/get-legal-help/resources/document/BUSPH-J-MHAP-Evaluation-Final-Report-11.3.17.pdf>.

<sup>xv</sup> Children's Mental Health Campaign. *Budget Advocacy*. Retrieved 25 March 2021 at: <https://childrensmentalhealthcampaign.org/advocacy/budget-advocacy>.

<sup>xvi</sup> MA Executive Office of Health and Human Services. *Roadmap for Behavioral Health Reform: Ensuring the Right Treatment When and Where People Need It*. Retrieved 25 March 2021 at: <https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform>.