Danna E. Mauch, PhD
President and CEO

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

NOTE: ARPA REQUEST LETTER ANNOTATED WITH CITATIONS FOR EACH REQUEST RE: DESIGNATED FUNDING AGENCY AND FUND DISBURSEMENT METHOD

September 22, 2021

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

The Honorable Michael Rodrigues
Chair
Senate Committee on Ways and Means
24 Beacon Street, Room 212
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 Cindy Friedman
Vice Chair
Senate Committee on Ways and Means
24 Beacon Street, Room 208
Boston, MA 02133

The Honorable Daniel J. Hunt
Chair
House Committee on Federal Stimulus and Census Oversight
24 Beacon Street, Room 166
Boston, MA 02133

VIA email: Erin.Walsh@Mahouse.gov & SenateCommittee.Ways&Means@masenate.gov

Dear Chairs Michlewitz & Rodrigues, Vice Chairs Ferrante & Friedman, and Chair Hunt:

Re: American Rescue Plan Act (ARPA) Funding

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for the opportunity to submit testimony to the Joint Committee on Ways and Means regarding American Rescue Plan Act (ARPA) funding.

As you know, the surge in demand for outpatient behavioral health services and crisis care continues at unprecedented levels in the Commonwealth, with no sign of abating. COVID-19 also illuminated the grave dangers posed by holding people with behavioral health conditions in suboptimal congregate settings including nursing homes, jails, homeless shelters, and hospitals when alternative housing and diversion services would better and safely meet their needs.

MAMH has long tracked the disparate treatment and outcomes for people with behavioral health conditions, ranging from poor access to early intervention and prevention, to a lack of options for behavioral health care and social services in the community, to the criminalization of people with behavioral health conditions. Below, we share investment opportunities for ARPA relief dollars that we believe will best promote a strategic vision for the Commonwealth for behavioral health.

Before turning to our own recommendations, we take this opportunity to offer our full support for the

recommendations regarding ARPA fund investment of the Children's Mental Health Campaign. As a member of the Campaign's Executive Team, MAMH shares the view of other members of the campaign that the pandemic is straining an already overburdened children's behavioral health system. To redress this crisis, we support the Campaign's proposal that the Legislature establish a **Children's Behavioral Health Innovation Fund**, funded at $100M annually for three years. For details regarding why this fund is needed, the purposes to which the funds could be put, and ideas for how such money could be administered, please see the Campaign's letter to the Committee. We are pleased that the Campaign's suggestions are aligned with and, in many cases, overlap with our own.

MAMH notes that our recommendations for ARPA funding investments are comprehensive, though by no means exhaustive. The range of recommendations reflects several considerations:

- *The complexity of human need for not only behavioral health but also for all health and social support services that reflect the social determinants of the mental health of our stakeholders;*
- *The robust composition of the MAMH policy and program portfolio; and*
- *The range of partnerships through which MAMH pursues policy, program, regulatory, and fiscal reforms.*

<u>We organize our recommendations based on the following critical elements of a functional behavioral health system of care:</u>

- **The front door**
  - 988 planning and implementation: $1.25 million in one-time funding from the Community Mental Health Services block grant COVID supplemental funding and revenue from the American Rescue Plan's enhanced FMAP for bundled payments for community-based mobile crisis intervention services.
  - Interoperable data warehouse: $1 million in one-time funding from the American Rescue Plan's enhanced FMAP for home- and community-based services to overcome challenges in collecting comprehensive data and help to provide accurate, real-time information to people who need care.

- **Outpatient assessment and treatment**
  - Pediatric behavioral health urgent care: $1,500,000 for implementation assistance grants to support community behavioral health provider organizations in practice transformation to advance effective adoption of pediatric behavioral health urgent care, which will be sustained as a MassHealth funded service per the EOHHS Roadmap.

- **Access to more options for care and treatment, and culturally relevant care**
  - Geriatric mental health services: $500,000 to expand the Elder Mental Health Outreach Team (EMHOT) program to new geographies in the Commonwealth.
  - Program of Assertive Community Treatment (PACT) for Youth: $2.5M to support a three-month phase-in period for PACT for Youth.
  - Intensive & Sustained Engagement & Treatment (INSET): $500,000 for a planning grant to develop a peer-led, person-centered care coordination approach to reaching individuals with serious mental health conditions to help them engage in treatment voluntarily.

- **Better, more convenient community-based alternatives to the emergency department (ED) for behavioral health urgent and crisis intervention services**
  - Middlesex County Restoration Center: $850,000 for Year 1 project operations funding.
  - Peer respite: $500,000 for a peer respite training center in Western MA to promote statewide development of peer respite services.
  - Sober support: $1.8 million for two pilot projects.
  - Emergency Services Program (ESP) standing capacity: Grants to ESPs to have standing capacity to improve responsiveness.

- Urgent transportation: Create an urgent transportation service modeled on Human Services Transportation.
- 911 restructuring: $1 million for grants to municipalities to improve 911's ability to divert calls for behavioral health needs to appropriate responders.
- Department of Mental health (DMH) jail diversion program strategic planning: $500,000 to procure professional services to perform an environmental scan, gaps analysis, and assessment of current program goals and objectives, to inform a strategic framework and plan for future investment and system reform.
- $600,000 to the Massachusetts Rehabilitation Commission (MRC) budget for nursing home diversion.

- **Advance health equity and address housing for persons experiencing chronic homelessness**
  - Safe Havens: $3 million for investments in infrastructure to expand the program, including purchasing motels and funding for re-zoning efforts.
  - Supportive Housing: $3 million for investments in infrastructure to expand the program, including purchasing motels and funding for re-zoning efforts.
  - Functional Zero study: $500,000 to study what resources would be needed for Massachusetts to reach zero homeless individuals living on the street.

- **Invest in staff training, practice transformation, and learning communities to support sustainable program development and service model fidelity**
  - Investigate PACT Fidelity: $500,000 for an outside consultant to review the PACT program using the SAMHSA toolkit for fidelity to the evidence-based ACT model and make recommendations for improvements.
  - School Mental Health Technical Assistance Center: $2.5 million to support state-wide professional development in trauma-responsive practices, suicide prevention initiatives targeted for specific populations, and a resource center providing curricular resources for K-12 mental health education to align with DESE curricular guidelines.

- **Encourage more providers to accept insurance and broaden insurance coverage for behavioral health**
  - One-time parity investigation and consumer education: $1 million for an independent audit of insurance companies' parity practices, website upgrades at the Division of Insurance (DOI), and consumer education to improve parity violation reporting and investigation.

- **Implement targeted interventions to strengthen workforce diversity and competency**
  - Investments in language access: $1 million for grants to providers to invest in language access.
  - Investments in culturally responsive staffing: $5 million for loan forgiveness for behavioral health workers who are from diverse communities and commit to 5 years serving Medicaid recipients and working in publicly funded behavioral health care delivery practices.
  - Academies to promote practice transformation: $1 million for academies to improve provider skills in treatment of co-occurring substance use and mental health conditions, integration of behavioral health into physical health care, and trauma-informed care.

THE FRONT DOOR

As described in the MAMH issue brief *Estimated COVID-19 Behavioral Health Outcomes: Research in Perspective to Inform Action to Mitigate Morbidity and Mortality*, COVID-19 and the related recession have increased the experience of behavioral health symptoms among Massachusetts residents.[1] However, finding care for the

[1] Mauch D and Sharp C, Massachusetts Association for Mental Health. (June 2020). Estimated COVID-19 Behavioral Health Outcomes: Research in Perspective to Inform Action to Mitigate Morbidity and Mortality. Available at: https://www.mamh.org/library/estimated-covid-19-behavioral-health-outcomes-research-in-perspective-to-inform-action- to-mitigate-morbidity-and-mortality

first time has long been a challenge that EOHHS documented in its listening sessions for the Roadmap. The recommendations below help people experiencing behavioral health symptoms find care, while also doubling as investments in the future of our system that can serve as the "Velcro" needed to help people stick with care.

988 Planning and Implementation

Request: Fund a 988 Commission to design and plan implementation of 988 in Massachusetts by the July 2022 go-live date and make critical investments in technology and infrastructure for 988. Use Community Mental Health Services block grant dollars or the revenue from enhanced FMAP for bundled payments for community-based mobile crisis intervention services. $250,000 in one-time funding for the Commission; $1 million in one-time funding for technological and infrastructure investments.

The *National Suicide Hotline Designation Act* became federal law in October 2020, requiring the Federal Communications Commission (FCC) to create and set aside the three-digit phone number 988 to replace the existing National Suicide Prevention Lifeline 1-800-273-TALK by July 16, 2022. The existing number routes callers to a regional or local call center where call takers work with individuals to de-escalate suicidal thoughts and connect people to services. The Act allows states to levy fees on wireless telephone bills to finance 988 in much the same way states currently fund 911.

According to national guidelines for behavioral health crisis care developed by a coalition of experts (Crisis Now),[2] call and text functionality should be integrated with mobile behavioral health crisis dispatch and 911 call centers to form seamless crisis and emergency care coordination. If this coordination were in place, callers to 911 expressing suicidal ideation can be diverted to suicide prevention hotlines. Once de-escalated, 988 could then provide the telephonic care navigation services included in the front door of the Roadmap to access services and reduce the likelihood of future crises. 988 could also directly dispatch mobile crisis teams if an in-person response is needed to de-escalate the situation. States that have adopted integrated models of behavioral health crisis response report handling 80% of calls telephonically and police are required for backup rarely.[3] Massachusetts should strive to match these metrics.

MAMH recommends creating a 988 Commission composed of key stakeholders in Massachusetts, including individuals with lived experience, to craft an appropriate Massachusetts implementation plan for 988 before the number goes live in 2022. Such a Commission should be funded adequately to perform this time-sensitive task. Funding should also be provided to make the one-time investments needed to stand up the 988 crisis system and front door components, including technological investments similar to E-911; investments in call center infrastructure to handle expanded call volumes and integration with 911; technology and infrastructure needed to establish mobile crisis intervention dispatch from 988 call centers,[4] potentially involving integration with the current MBHP ESP statewide line; and technological interfaces and data sharing agreements needed to schedule behavioral health follow-up appointments in real-time. For additional information, please see "Criminal Legal System Diversion: Creating a Behavioral Health Emergency Response System," released in May 2021 by MAMH.

DESIGNATED FUNDING AGENCY: EOHHS
FUND DISBURSEMENT METHOD: SUBAPPOPRIATION AND CONTRACT PROCUREMENTS

Interoperable Data Warehouse

Request: $2.5 million to develop an interoperable data warehouse between Health and Human Service agencies to collect data and provide accurate, real-time information to people who need care.

[2] https://crisisnow.com/,
[3] Arizona Complete Health. Arizona Crisis System. Presentation to Restoration Center Commission, March 27, 2020.
[4] For example: https://behavioralhealthlink.com/saas/

One of the biggest barriers to accessing care currently is the difficulty of navigating payer and provider systems. This is especially true when it comes to behavioral health services and related social determinants of health supports, where it is nearly impossible to find providers that take a specific insurance and are also accepting new clients. For this reason, with the support of three foundations, MAMH launched and now manages Network of Care Massachusetts, a website dedicated to helping people navigate the system of care and find providers of services they need with information that helps them navigate language competency, geography, and a range of other access barriers. Network of Care, and anyone's ability to navigate services and payers effectively, relies on full, accurate, and timely availability of data. The state is the best- positioned entity to obtain that data in a meaningful way. ARPA dollars should be used to develop an interoperable data warehouse between Health and Human Service agencies that can overcome challenges in collecting comprehensive data and help to provide accurate, real-time information to people who need care. This data warehouse will be needed to create the front door envisioned in the Roadmap.

DESIGNATED FUNDING AGENCY: EOHHS
FUND DISBURSEMENT METHOD: SUBAPPOPRIATION AND CONTRACT PROCUREMENTS

OUTPATIENT ASSESSMENT AND TREATMENT

Increased numbers of people needing treatment indicates a need for expanded services and options. We highlight one service that prevents ED boarding.

Pediatric Behavioral Health Urgent Care

Request: $1,500,000 for implementation assistance grants to community behavioral health provider organizations to undertake practice transformation activities to advance effective adoption of pediatric behavioral health urgent care program, using FMAP for home- and community-based services or Community Mental Health Services block grant.

MAMH and the Children's Mental Health Campaign (CMHC) published a report[5] in 2019 on the need for pediatric behavioral health urgent care to prevent ED boarding with related recommendations for implementation. We propose that the state ARPA fund a provider entity to develop and execute an implementation plan for a pediatric behavioral health urgent care program that aligns with the EOHHS Roadmap and the consensus model for pediatric behavioral health urgent care outlined in the CMHC report.

DESIGNATED FUNDING AGENCY: EOHHS
FUND DISBURSEMENT METHOD: MASSHEALTH CONTRACT PROCUREMENTS

ACCESS TO MORE OPTIONS FOR CARE AND TREATMENT, ESPECIALLY CULTURALLY RELEVANT CARE

Not only is the COVID-19 pandemic having disproportionate impacts on communities of color, but it is also having a disproportionate impact on the experience of behavioral health symptoms among our communities of color: specifically, Black and Asian American communities are experiencing even greater increases in need than White Commonwealth residents (see our Deaths of Despair Update).[6] Specific groups like children, older adults, and individuals who are resistant to behavioral health treatment also struggle to find adequate services. Care that is responsive to a diversity of needs is critical to addressing these disparities.

[5] https://www.mamh.org/library/report-on-pediatric-behavioral-health-urgent-care
[6] Mauch D and Sharp C, Massachusetts Association for Mental Health. (June 2020). Estimated COVID-19 Behavioral Health Outcomes: Research in Perspective to Inform Action to Mitigate Morbidity and Mortality. Available at: https://www.mamh.org/library/estimated-covid-19-behavioral-health-outcomes-research-in-perspective-to-inform-action- to-mitigate-morbidity-and-mortality

Geriatric Mental Health

Request: $500,000 to expand the Elder Mental Health Outreach Team (EMHOT) program to new geographies in the Commonwealth.

Elder Mental Health Outreach Teams (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 collaborate closely with community partners including primary care providers, therapists, police and fire personnel, EMTs, Aging Services Access Points, housing authority staff, councils on aging staff, and home health agency nurses.

Older adults were disproportionately affected by the pandemic and EMHOT services are more needed than ever. Expansion of the EMHOT model would help to address the growing need for services and reduce reliance on expensive congregate care settings such as nursing homes.

DESIGNATED FUNDING AGENCY: EOEA
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS

PACT for Youth

Request: $2.5M to support a three-month phase-in period for PACT for Youth.

The problem of children and adolescents boarding in EDs and medical units, waiting for placement in appropriate and therapeutic behavioral health treatment settings, has reached crisis proportions with the COVID-19 pandemic. Last April, there were 150 youth boarding across the Commonwealth, waiting days, weeks, and even months for the care and support that they needed. In addition to creating more inpatient beds and recruiting and retaining qualified staff, we need a strong system of comprehensive community-based care to help prevent crises and visits to the ED, as well as to support youth and families who are transitioning back to community from inpatient settings.

Program for Assertive Community Treatment (PACT) for Youth would be an effective part of the solution. PACT (also known as Assertive Community Treatment or ACT) is an evidence-based program of psychiatric case management, which focuses on developing a strong therapeutic alliance between the child/adolescent, their family, and professionals. The program is characterized by nine core elements: home-based treatment; small caseload; patients that have been traditionally difficult to reach or engage; case management; early intervention; psychiatric assessment in community; family support; reintegration/vocational and educational therapy; and pharmacology. Multi-disciplinary teams work to engage children and adolescents and strengthen their motivation for treatment and care.

A 2017 literature review of thirteen studies of PACT for Youth concluded that the program is "effective in reducing severity of psychiatric symptoms, improving general functioning, and reducing duration and frequency of psychiatric hospital admissions." The effect of PACT for Youth is comparable with the effect for PACT/ACT for adults.[7]

To launch PACT for Youth, community-based providers will need to hire multi-disciplinary teams. At the outset, paying staff salaries and benefits is extremely challenging while the program works to reach capacity. As such, we propose funding for a three-month phase-in period for PACT for Youth. Dollars would be used to support standing capacity for staff teams as more youth are recruited to the program.

[7] Vijverberg, R., Ferdinand, R., Beekman, A. et al. The effect of youth assertive community treatment: a systematic PRISMA review. BMC Psychiatry 17, 284 (2017). https://doi.org/10.1186/s12888-017-1446-4.

DESIGNATED FUNDING AGENCY: EOHHS
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS THROUGH MBHP

Intensive and Sustained Engagement and Treatment (INSET)
Request: $500,000 for a planning grant for INSET. Use enhanced FMAP for home- and community-based services.

Through the Roadmap, EOHHS seeks to tackle the interrelated challenges of ED boarding and individuals with complex needs being underserved. As EOHHS found at their listening sessions, many individuals in the Commonwealth have had significant negative experiences with systems of care, which has created some hesitance to participate in treatment. The Commonwealth has long been a leader in the use of peer-led service models like the Living Room, peer respite, and Recovery Learning Communities to provide more acceptable and accommodating settings for people who have been hesitant to engage in treatment.

Intensive and Sustained Engagement and Treatment (INSET) is a peer-led, person-centered care coordination approach to reaching individuals with serious mental health conditions or serious emotional disturbance receive services voluntarily. Recently implemented in New York state, the model provides rapid, intensive, flexible, and sustained interventions to help individuals who have experienced frequent periods of acute states of distress, frequent emergency room visits and hospitalizations, and for whom prior programs of care and support have been ineffective. The model includes significant family support, combines mental health and substance use services, and is offered 7 days a week in community- based settings. The program is designed to serve individuals who have not remained engaged in meaningful treatment, including the use of prescribed medications and successful management of symptoms of mental health and co-occurring conditions, on a voluntary basis.

DESIGNATED FUNDING AGENCY: DMH
FUND DISBURSEMENT METHOD: DMH CONTRACT PROCUREMENTS

BETTER, MORE CONVENIENT COMMUNITY-BASED ALTERNATIVES TO THE EMERGENCY DEPARTMENT FOR URGENT AND CRISIS INTERVENTION SERVICES
Crisis services have long been a priority for MAMH to divert individuals with behavioral health conditions away from arrest and unnecessary hospitalization. The ongoing COVID-19 pandemic and racial justice movement have reinforced our long-standing need for a better continuum of crisis behavioral health and social determinant of health services instead of allowing the criminal legal system to become the default treatment location.

Restoration Center
Request: $850,000 to fund a pilot Restoration Center in Middlesex County using Community Mental Health Services block grant dollars.

MAMH President and CEO Danna Mauch co-chairs the Middlesex County Restoration Center Commission with Sheriff Peter Koutoujian. The Commission has extensively researched, over the last three years, how we might divert people in behavioral health crisis from arrest or hospitalization and towards a restoration center. The Commission's service model design, available for review online,[8] is ready to be piloted. The model achieves the goal of integration in several ways: 1) it integrates mental health and substance use care by offering crisis services in a single site that caters to both types of conditions; 2) it integrates physical health care into a behavioral health setting by bringing in nursing staff to ensure that people in a behavioral health crisis do not have to go to an ED due to a physical health need that is secondary to a behavioral health need that could be served by a Restoration Center; and 3) it addresses social determinants of health in a behavioral health setting to prevent future crises. It also addresses the gap in acceptability and accommodation by emphasizing peer support and a living room-style environment. The plan is to pilot the Center, measure its impact on the goals of reducing arrest and hospitalization, and use the resulting analysis to inform the need for Restoration Centers statewide.

[8] https://www.mamh.org/library/middlesex-county-restoration-center-commission-year-three-findings-and-recommendations

The Restoration Center will leverage many funding streams, billing MassHealth and DMH respectively where applicable, and bringing in federal grants, philanthropic funding, and state appropriations. MAMH recommends that EOHHS support this innovative model using federal COVID dollars to help test this new model. Having a crisis center like the Restoration Center is an integral component to a robust and comprehensive behavioral health crisis system. The inclusion of respite services helps avoid unnecessary hospitalizations and use of Section 12.

DESIGNATED FUNDING AGENCY: DMH IN CONSULTATION WITH EOPPS and CRIMINAL JUSTICE AND COMMUNITY SUPPORT TRUST FUND ACCOUNT CREATED BY SECTION 2QQQQQ IN FY22 STATE BUDGET
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS

Peer Respite

Request: $500,000 to create a peer respite training center in Western MA with the long-term goal of expanding peer respite to one per county. Use Community Mental Health Services block grant dollars.

A peer respite is a non-clinical environment set up specifically to help people going through difficult times. The goal is to avoid hospitalization, work through distress, and moves toward a better place. It is developed, led, and run by people who themselves have been diagnosed, hospitalized, and/or experienced trauma. Massachusetts helped to pioneer the use of peer respites, opening in 2012 a three-bed site, Afiya, in Northampton. Afiya was one of fewer than fifteen peer respites across the country at the time. [10] Operated by the Wildflower Alliance (Western MA Recovery Learning Community) under contract with DMH, Afiya has nearly always been at capacity and is especially effective in supporting individuals who may be reluctant to receive traditional mental health services.

A second peer respite opened in Worcester during the pandemic and there is a clear need to expand this model across the Commonwealth. However, establishing a peer respite, hiring and training staff, and sustaining a program require specific knowledge and skills. MAMH recommends ARPA funding to create a statewide peer respite training center in Western MA, with the long-term goal of expanding peer respite services stateside.

DESIGNATED FUNDING AGENCY: DMH
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS

Sober Support

Request: $1.8 million to pilot two additional Sober Support Units, in addition to the substance use services that will be included in the Restoration Center, in Massachusetts. Use Substance Use Services block grant dollars.

Through development of the Restoration Center model, MAMH has learned that a model of urgent/crisis sober support would help integrate mental health and substance use treatment and close a significant gap in the crisis care system. MAMH traveled to several example sites that had sub-acute sober support, which entails triage and assessment, withdrawal management, and peer support co-located with respite and other supports that can help transition a person from sober support to detoxification services directly. These may be individuals for whom crisis stabilization beds are not appropriate; for instance, people who are intoxicated and therefore cannot yet enter certain programs and people who are safer in a therapeutic environment than on the street or in police protective custody. This service type is included in the Restoration Center model. MAMH also believes sober support would be a helpful addition to many ESP locations. Sober Support should be piloted using COVID relief dollars.

DESIGNATED FUNDING AGENCY: DMH IN CONSULTATION WITH EOPPS and CRIMINAL JUSTICE AND COMMUNITY SUPPORT TRUST FUND ACCOUNT CREATED BY SECTION 2QQQQQ IN FY22 STATE BUDGET
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS

Emergency Service Program (ESP) Standing Capacity

Request: Fund standing capacity in ESP mobile crisis intervention services using enhanced FMAP for bundled payments for community-based mobile crisis intervention services or grants using the Mental Health Community Services block grant.

Through our work with the Restoration Center Commission, MAMH has heard about several gaps in ESPs that could be remedied using enhanced FMAP for mobile crisis intervention services. First, response times cannot match police or ambulance response times, and therefore many people who would be better served by mobile crisis intervention do not get the opportunity. The ESP system needs to adopt an emergency services mentality, which would mean paying for standing capacity in the system to respond quickly to emergency calls. This might be referred to as a "firehouse model" for services. We recommend that enhanced FMAP for community-based mobile crisis intervention be used to pilot standing capacity for ESP mobile crisis intervention, with a study to measure reductions in arrest and hospitalization and improvements in health outcomes. Another way of accomplishing this goal would be to use the Mental Health Services Community block grant dollars to fund grants to ESP providers to pay for extra "standing capacity" that Medicaid does not support through reimbursements for services.

DESIGNATED FUNDING AGENCY: DMH IN CONSULTATION WITH EOHHS
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS WITH EOHHS DESIGNATED COMMUNITY BEHAVIORAL HEALTH ORGANIZAATIONS

Urgent Transportation

Request: Fund the expansion of Human Services Transportation to include urgent transportation. Use enhanced FMAP for home- and community-based services or the Community Mental Health block grant.

A major barrier to crisis services can be transportation. We recommend that EOHHS expand Human Services Transportation (HST) to include an urgent transportation element that can transport individuals to crisis services such as ESP crisis stabilization units, Restoration Centers, Sober Support Units, The Living Room, and respite programs. An alternative option would be to create an urgent transportation service pilot funded by the Community Mental Health Services block grant using the HST administrative framework.

DESIGNATED FUNDING AGENCY: EOHHS MASSHEALTH IN HST PROGRAM FUND
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS

Waive the Application Fee for Mobile Integrated Health Programs Addressing Behavioral Health

Request: Provide funding to allow waiver of fees to induce providers to participate in a novel program, offered by Mobile Integrated Health, that would offer behavioral health field-based assessments and transportation to behavioral crisis services. Use enhanced FMAP for home- and community-based services.

The Mobile Integrated Health (MIH) program run by the Department of Public Health provides a critical opportunity to promote mobile crisis intervention and transportation to physical crisis services when needed. ESP providers cannot transport an individual to a crisis facility if care in a physical space is needed. Urgent transportation, as described above, is not available either. There is an opportunity through MIH for an ambulance service provider to develop a program of behavioral health field-based assessment and transportation to crisis services that could complement our existing continuum of crisis care. Such a program could rely on emergency behavioral health technicians in SUVs or other vehicles capable of transporting individuals to crisis care but more cheaply than using a full ambulance. Ambulance providers may be able to respond more quickly to 911 calls involving behavioral health crises than ESPs currently respond, and therefore might provide a timely and critical service that could prevent law enforcement involvement in behavioral health emergencies and reduce the number of transports to EDs, which contribute to EDboarding.

While MAMH is aware of interest among ambulance providers in this concept, there have yet to be any applications to the DPH for such a program. MAMH recommends encouraging applications for licenses to DPH by waiving the application fee until the end of the federal fiscal year or such time as supplemental COVID funding is no longer available.

DESIGNATED FUNDING AGENCY: DPH
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS

Improving 911 Referrals to Crisis and Diversionary Services

Request: $1 million for grants to municipalities to upgrade 911 call scripts and computer-aided dispatch codes, and to make 911 capable of handing off calls to 988 seamlessly and directly. Use revenue from enhanced FMAP for bundled payments for community- based mobile crisis intervention services.

Too many individuals in behavioral health crisis end up arrested or injured by law enforcement or transported to an ED where they often board for hours or even days awaiting hospitalization. This process often starts with a 911 call. ESPs and co-responder programs are two visionary EOHHS programs designed to help divert such calls toward more appropriate behavioral health crisis care. These programs could help to divert even more people away from the criminal legal system and from EDs if 911 call centers, which are run by municipal governments, had more effective triage tools. These tools include: updated call codes for behavioral health that can be added to computer-aided dispatch (CAD) systems and dispatcher d call scripts; call scripts that identify calls that can be diverted more frequently; and data systems and call centers that are interoperable/co-located with 988 call centers for live triage and hand-off of calls. 988 will go live in July 2022, so this investment is critical now in order to prepare for more effective transfer of behavioral health 911 calls to this more appropriate setting. DMH could issue grants to municipal governments for technology upgrades to make these improvements to their 911 infrastructure Grants should allow for one-time investments in technology upgrades to help make this a reality.

DESIGNATED FUNDING AGENCY: EOPSS 911 DEPARTMENT
FUND DISBURSEMENT METHOD: GRANTS TO CITIES AND TOWNS

Jail Diversion Program Strategic Planning

Request: $500,000 to hire an outside consultant to produce a strategic plan for the Jail Diversion Program to target and coordinate grant making. Use revenue from enhanced FMAP for community-based mobile crisis intervention services.

The Jail Diversion Program, which incorporates such models as 911 dispatch, Crisis Intervention Team programs, and co-responder models, is desperately needed to prevent arrest of people with behavioral health conditions. The Legislature has shown great interest in this program, dramatically increasing funding levels in FY21 and FY22 budgets. DMH should now undertake a strategic planning process to assess the goals of the program, measure effectiveness, and coordinate use of funding. Part of this planning should involve identifying community characteristics that would be prioritized for funding. A consultant could review which communities are applying for funding and their demographics to determine whether dollars are flowing to communities with relatively high need. If there are gaps in which communities are applying for funds, findings could recommend outreach and engagement strategies to under-served communities.

DESIGNATED FUNDING AGENCY: DMH
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS

MRC Nursing Home Diversion Pilot

Request: $600,000 to the Massachusetts Rehabilitation Commission (MRC) budget to fund a pilot

MAMH joins cross disability and aging advocates with the MA Dignity Alliance to support nursing home diversion initiatives. Funding would assist younger people under 60 who are in nursing homes who fall through the cracks

due to ineligibility for DMH or other state-funded services. Services would help people under 60 who are in nursing homes transition to the community or help people at risk of nursing home admission to stay safely at home. The Legislature recognized the vital need and approved budget language authorizing the pilot (Amendment 533); however, no new funding was provided. Nursing home diversion services that could be provided under the pilot include case management, housing support, information and referrals, short-term counseling and behavioral health referrals, vocational rehabilitation, medication management, recovery-oriented activities, and peer support.

DESIGNATED FUNDING AGENCY: MRC
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENT

ADVANCE HEALTH EQUITY AND ADDRESS HOUSING FOR PERSONS EXPERIENCING CHRONIC HOMELESSNESS

As described above, health equity is a major concern in both physical and behavioral health care during COVID-19 due to the disproportionate burden of negative outcomes on communities of color. In particular, investments in social determinants of health, especially in housing, are desperately needed to help better support these communities' health and well-being.

Safe Havens

Request: $ 2 million to expand Safe Havens to additional DMH areas. Use enhanced FMAP for home- and community-based services or Community Mental Health block grant dollars.

Safe Havens is a program offered by DMH to transition individuals who are chronically homeless and who have behavioral health conditions off the street and into permanent housing plus supportive services. MAMH has sought additional funding in the state budget to expand the Safe Haven program to additional DMH Areas. Safe Havens have proven especially critical during the COVID pandemic, when congregate shelter capacity has been necessarily reduced. Individualized units plus wrap-around supportive services help to better maintain the health and wellbeing of individuals in need of shelter and housing placements. The Commonwealth should commit funding to transition more of our shelter system away from congregate settings and toward models like Safe Havens. MAMH recommends using one-time supplemental COVID funding to investigate how many additional Safe Haven beds might be needed statewide, and to make one-time investments in physical and technological infrastructure needed by Safe Haven providers to improve service delivery. For example, grants could be awarded to Safe Haven providers to purchase motels to convert into Safe Havens and/or to work with local governments on re-zoning of purchased assets for conversion to Safe Havens.

DESIGNATED FUNDING AGENCY: DMH
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS WITH HOMELESS SERVICES AND CBHC PROVIDERS

Permanent Supportive Housing

Request: $3 million to fund investment in physical and technological infrastructure needed by permanent supportive housing providers. Use enhanced FMAP for home- and community-based services or Community Mental Health block grant dollars.

Permanent supportive housing (PSH) is an evidence-based program proven effective at better serving individuals with behavioral health needs who struggle with activities of daily living and helping them to maintain housing stability. Housing is a critical social determinant of health. MAMH recommends investment of one-time COVID supplemental funding in physical and technological infrastructure needed by permanent supportive housing providers to improve the delivery of these critical services. For example, grants could be awarded to Permanent Support Housing providers to purchase motels or other buildings to convert into permanent supportive housing, and/or to support the lengthy process of working with municipal governments on re-zoning of purchased assets for conversion to permanent supportive housing.

DESIGNATED FUNDING AGENCY: DMH AND DPH BSAS
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS WITH HOMELESS SERVICES AND CBHC PROVIDERS

Fund a Study of "Functional Zero" Homelessness

Request: $500,000 for a study of how to reach the goal of "Functional Zero" homelessness. Use enhanced FMAP for home- and community-based services or from Community Mental Health block grant dollars.

The goal of the "Functional Zero" movement is to end chronic homelessness. This is not untenable; fourteen U.S. communities have achieved functional zero.[9] This goal requires investments in all types of housing from permanent supportive housing to shelter to eviction prevention that could accommodate needs of individuals at every stage of homelessness or housing insecurity. A study is needed to identify what investments are needed to accomplish this goal. For example, what is an appropriate steady-state amount of permanent supportive housing, Safe Havens, and other housing types that support individuals with behavioral health needs who are housing insecure?

DESIGNATED FUNDING AGENCY: EOHHS
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS WITH MHSA OR EXPERIENCED HOMELESSNESS POLICY STUDY GROUP

INVEST IN STAFF TRAINING, PRACTICE TRANSFORMATION, AND LEARNING COMMUNITIES TO SUPPORT SUSTAINABLE PROGRAM DEVELOPMENT AND SERVICE MODEL FIDELITY

Investigate PACT Fidelity

Request: $500,000 for a fidelity review of the adult PACT model. Use enhanced FMAP for home- and community-based services or Community Mental Health block grant dollars.

The experience some people have with the adult PACT program in Massachusetts is one of coercion and one which does not fulfill the range of needs people have for social determinants of health or behavioral health supports. DMH should contract with an independent consultant to perform a fidelity review of the adult PACT model using established guidelines by SAMHSA[10] and the Center for Evidence-Based Practice.[11] One-time COVID supplemental funding could support both a study by an independent consultant and the implementation of that consultant's recommendations.

DESIGNATED FUNDING AGENCY: DMH
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS WITH INDEPENDENT CLINICAL SERVICES RESEARCH ORGANIZATION

School Mental Health Technical Assistance Center

Request: $2.5 million over 24 months to support state-wide professional development in trauma-responsive practices, and to support Mental Health First Aid, (Question, Persuade and Refer) QPR, and other suicide prevention initiatives for school personnel.

This past year, social isolation has been just one factor affecting students' mental health. Increased financial insecurity for many families, the trauma of racial violence, parents and siblings struggling with mental health and substance use, and a growing sense of grief and loss have all presented challenges. Not surprisingly, survey research suggests that anxiety and depression among children and adolescents has significantly increased over

[9] https://community.solutions/functional-zero/
[10] https://store.samhsa.gov/sites/default/files/d7/priv/evaluatingyourprogram-act_1.pdf
[11] https://www.centerforebp.case.edu/resources/tools/act-dacts

the last year. A University of Michigan study first reported that 46% of parents say their teenagers' mental health has worsened during the pandemic. A CDC report reveals that the proportion of 12 to 17 year-old adolescents visiting EDs rose 31% in 2020 above 2019 levels. As many have noted, these figures are on top of the mental health crisis existing among youth prior to the pandemic.

MAMH and the BIRCh Center at UMass, in partnership with the Children's Mental Health Campaign, received funding in FY21 and FY22 from DMH to collaborate on planning for a School Mental Health Technical Assistance Center (TA Center). This state-wide technical assistance center will collaborate with schools throughout the Commonwealth and support them in implementing the Multi-Tiered System of Supports (MTSS) model to address the behavioral health needs of students. Precedent for such a technical assistance center exists in other states including IL, KS, MI, NY, and PA (PA has three regional centers).

The TA Center will support school and district administrators, school-based providers, and school behavioral health/emotional health personnel. It will provide evidence-based or evidence-informed best practices and resources, professional development and training opportunities, as well as technical assistance and coaching around implementation support.

Funding is needed for start-up costs for a central, statewide office for the TA Center. Start-up costs include expenses like space; equipment; website development; initial marketing costs; costs to acquire assets or resources to support school personnel; and staff time associated with start-up and establishment. Start-up costs would allow the TA Center to become operational as soon as possible to begin addressing the mental and emotional health needs of students and families.

Early activities of the TA Center may include state-wide professional development in trauma-responsive practices and other strategies to help ensure that all school personnel are properly trained and able to respond appropriately when students present with mental health challenges or evidence of trauma, including: Mental Health First Aid; training in de-escalation techniques; and suicide prevention. A separate but critical component would focus on providing students with information and resources to better understand, maintain, and protect their own mental health. This would include providing age-appropriate K-12 curricular resources that align with mental health standards in DESE's curricular framework, as well as resources targeted directly for students.

DESIGNATED FUNDING AGENCY: DMH
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS WITH QUALIFED ENTITIES IN PARTNERSHIP WITH THE CHILDREN'S MENTAL HEATLH CAMPAIGN

ENCOURAGE MORE PROVIDERS TO ACCEPT INSURANCE; BROADEN INSURANCE COVERAGE FOR BEHAVIORAL HEALTH

A major barrier to treating people with behavioral health conditions is a lack of adequate insurance coverage and a lack of parity between behavioral and physical health.

One-Time Parity Investigation

Request: $500,000 for a consultant audit of behavioral health insurance parity and one-time technological investments at the Division of Insurance (DOI); $500,000 for website upgrades at DOI and a consumer-oriented "know your parity rights" educational campaign. Use Community Mental Health block grant dollars.

The EOHHS listening sessions revealed some concerning parity challenges with insurers in Massachusetts, including many examples of administrative barriers to access to care for patients. Parity violations prevent people with behavioral health conditions from getting the care they deserve and need. However, the DOI does very few behavioral health parity investigations of Massachusetts insurance providers. The Federal 2021 Consolidated Appropriations Act, passed in December 2020, requires health insurers to demonstrate compliance with behavioral health parity regulations and laws instead of relying strictly on parity violation complaints. EOHHS should utilize community block grant dollars to fund a one-time DOI investigation into behavioral health parity among Massachusetts health insurers, including reviewing the parity reports of all insurers in the Commonwealth. EOHHS

should contract with an independent outside consultant to audit all health insurance companies in the Commonwealth and publish a report available to the public and filed with the legislature. Such a report should make recommendations for enforcement actions to relevant state agencies including the DOI and Attorney General.

MAMH believes that the low number of parity investigations conducted by DOI may be related to a challenging complaint filing process and lack of consumer education. First, the DOI parity complaint filing web portal is incredibly challenging for consumers to use. We recommend using one-time federal COVID funding to upgrades detailed in a letter from Mental Health Legal Advisors Committee and NAMI Mass. We also recommend an education initiative to teach consumers about their rights when it comes to behavioral health parity so that more complaints might be filed with DOI and more parity violations might be identified and resolved.

DESIGNATED FUNDING AGENCY: EOHHS IN CONSULTATION WITH DOI
FUND DISBURSEMENT METHOD: CONTRACT PROCUREMENTS WITH INDEPENDENT AUDIT ORGANIZATION

IMPLEMENT TARGETED INTERVENTIONS TO STRENGTHEN WORKFORCE DIVERSITY AND COMPETENCY

Improving workforce diversity and competency in critical areas is a direct response to the above-described need, especially given the disproportionate effects of COVID on communities of color and high-need populations, for more culturally responsive and diverse treatment options.

Investments in Language Access

Request: $1 million to support provider investments in language access. Use Community Mental Health Services block grant dollars.

Under Title VI of the Civil Rights Act of 1964, limited English proficiency Americans have the legal right to access health care in their preferred language, free of charge. However, language access issues persist. Grants could help providers improve translation, interpretation, and other services to increase language access. Grants could fund: initiatives to hire bilingual staff; adapt technology; targeted telehealth programs for non-English speakers; translating important documents and signage; and other initiatives.[12]

DESIGNATED FUNDING AGENCY: DMH IN CONSULTATION WITH EOHHS
FUND DISBURSEMENT METHOD: GRANTS TO COMMUNITY BEHAVIORAL HEALTH PROVIDER ORGANIZATIONS

Investments in Culturally-Responsive Workforce Development

Request: $5 million for a loan forgiveness program. Use Community Mental Health Services block grant dollars.

One of the biggest barriers to care for people of color and those who are immigrants that MAMH heard about at the EOHHS Roadmap listening sessions was the lack of a behavioral health workforce from these same communities. Having workers who understand the cultural dynamics of diverse communities and speak their language is critical to dismantling stigma around behavioral health services and providing care that people feel comfortable engaging in. We therefore recommend that $5 million be spent on a loan forgiveness program for mental health professionals from diverse communities working in social work, psychiatry, psychology, or masters level clinicians. We recommend that funds be spent on loan repayment assistance for people who enter the behavioral health workforce who are from diverse communities and who enter into a contract with the Commonwealth which shall, for not less than 5 years, obligate the individual to maintain a patient caseload with at least 25 percent of patients enrolled in Medicaid and to provide services in a publicly contracted program like an ESP, co-responder program, community behavioral health center, in-home intermediate care services for youth, or other designated program. We recommend that loan repayment amounts for each individual continue for the full

[12] https://csph.brighamandwomens.org/mental-health-care-challenges-and-barriers-for-non-english-speaking-trauma-survivors/; https://betsylehmancenterma.gov/news/medical-interpretation-is-key-to-safety-for-hundreds-of-thousands-across-massachusetts; https://www.americanprogress.org/issues/race/news/2018/10/10/459200/4-ways-improve-access-mental-health- services-asian-american-communities/

5-year period of the signed contract with the recipient, up to a limit of $300,000 per eligible individual and pro-rated for individuals working part-time in behavioral health care delivery.

DESIGNATED FUNDING AGENCY: DMH IN CONSULATION WITH EOHHS
FUND DISBURSEMENT METHOD: GRANTS TO COMMUNITY BEHAVIORAL HEATLH PROVIDER ORGANIZATIONS

Academies to Promote Practice Transformation

Request: $1 million to create academies to promote practice transformation in behavioral health and primary care. Use Community Mental Health Services block grant dollars.

Providers of behavioral health services face challenges keeping up with advancements in science and research on best practices, in part because of a lack of funding opportunities. The literature increasingly indicates the co-occurrence of mental health and substance use conditions and the need for integrated treatment of both due to the inter-connected nature of the conditions. Similarly, evidence suggests that integrating behavioral health into the delivery of primary care may help to improve early identification and treatment of behavioral health conditions and promotion of mental wellness in ways that can reduce higher levels of need like crises and the need for acute care. Research is also increasingly pointing to the relationship between trauma and behavioral health conditions, leading to the rise of so-called "trauma-informed care." However, many providers do not have specialized training or knowledge of the integration of treatment for co-occurring conditions, or trauma-informed care.

MAMH therefore recommends the creation of two academies for practice transformation that can teach these evidence bases and skills to provider entities:

1. **An Academy of Practice Transformation in Behavioral Health**, aimed at helping providers of mental health and substance use services to integrate the delivery of care for both, and to learn how to implement trauma-informed care. This could be modeled on similar examples in Pennsylvania[13] and New Jersey.[14]

2. **An Academy of Practice Transformation in Primary Care**, aimed at helping primary physical health care providers learn how to promote mental wellness and identify behavioral health needs early, while making appropriate recommendations for care.

DESIGNATED FUNDING AGENCY: DMH IN CONSULTATION WITH EOHHS AND MASSHEALTH
FUND DISBURSEMENT METHOD: GRANTS TO QUALIFIED KNOWLEDGE DISSEMINATION AND PRACTICE TRANSFORMATION SUPPORT ORGANIZATIONS

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.

Sincerely,

Danna Mauch,
PhD President

[13] https://www.scribd.com/document/470553274/2020-Trauma-Informed-PA-Plan?secret_password=AcWbQ2CvooqQQ8w20WZO
[14] https://www.nj.gov/dcf/documents/NJ.ACEs.Action.Plan.2021.pdf

and CEO