



# Roadmap for Behavioral Health Reform: Ensuring the right treatment *when* and *where* people need it

Executive Office of Health and Human Services

**A Multi-Year Plan: Summary**

**February 2021**

# Historical, Structural Challenges in Behavioral Health

Structural challenges in access to mental health and addiction treatment remain, even after recent improvements made through legislation, policy reforms, and substantial public investment

- This **Roadmap is based upon statewide listening sessions and feedback** in 2019. Nearly 700 individuals, families, and others identified challenges and gaps in the system:
  - **Individuals and families often don't know what services are available** or how to connect to them.
  - **Not enough behavioral health providers accept insurance** (public or private); those that do may have long waiting lists.
  - **People often turn to the emergency department during a behavioral health crisis** because there is no effective system for immediate urgent care in the community.
  - **Individuals often can't get mental health and addiction treatment at the same location**, even though mental health conditions and substance use disorder (SUD) often co-occur.
  - **Culturally competent behavioral health care** for racially, ethnically and linguistically diverse communities can be difficult to find.

# Historical, Structural Challenges in Behavioral Health (cont.)

Structural challenges in access to mental health and addiction treatment remain, even after recent improvements made through legislation, policy reforms, and substantial public investment

- The **impact of the COVID-19 pandemic on mental health and addiction needs has heightened the urgency** of creating and implementing sustainable solutions.
- At the onset of the pandemic, behavioral health utilization dropped by about half. However, **as providers pivoted to adopt telehealth, utilization quickly rebounded.**
  - MassHealth had begun covering telehealth for behavioral health services in February 2019, and during the pandemic expanded this coverage to include audio-only telehealth and reduce barriers for providers to adopt telehealth.
  - Among MassHealth members, 75% of behavioral health visits were happening via telehealth, with some providers experiencing 90% of their visits via telehealth.
- Thanks to the **Legislature’s work codifying insurance coverage for telehealth services including behavioral health care** through comprehensive health care legislation.

# Summary: Roadmap for Behavioral Health Reform

The Baker-Polito Administration proposes a Roadmap for Behavioral Health Reform that helps people find the right treatment when and where they need it.

Critical behavioral health system reforms through the Roadmap will include:

- A **“front door”** for people to get connected to the right treatment in real time
  - A **new, centralized service for people or their loved ones to call or text to get connected to mental health and addiction treatment**
  - This front door will help people connect with a provider before there’s a mental health emergency, for routine or urgent help in their community, or even right at home
- **Readily available outpatient evaluation and treatment (including in primary care)**
  - More **mental health and addiction services available through primary care**, supported by new reimbursement incentives
  - **Same-day evaluation and referral to treatment**, evening/weekend hours, timely follow-up appointments, and evidence-based treatment in person and via telehealth at designated **Community Behavioral Health Centers (CBHCs)** throughout the Commonwealth
- Better, more convenient **community-based alternatives to the emergency department** for urgent and crisis intervention services
  - **Urgent care for behavioral health** at CBHCs and other community provider locations
  - A stronger system of **24/7 community and mobile crisis intervention**
- **Expanded inpatient psychiatric bed capacity** to meet needs exacerbated by COVID-19

# Summary: Roadmap for Behavioral Health Reform (cont.)

The Roadmap proposes a multi-year blueprint for the Commonwealth. Its success depends on the support and commitment of private health plans and providers.

The Roadmap also proposes to:

- **Advance health equity to meet the diverse needs** of individuals and families, particularly from historically marginalized communities
- **Encourage more providers to accept insurance** by reducing administrative and payment barriers
- **Broaden insurance coverage** for behavioral health
- Implement **targeted interventions to strengthen workforce diversity and competency**

These reforms do not replace or disrupt existing services or provider relationships—rather they aim to **help individuals and families more quickly and easily get connected to the treatment they need.**

The **Baker-Polito Administration is investing \$40 million in FY21** to expand inpatient bed capacity, and the Governor's proposed **FY22 budget includes \$84 million**, plus \$70 million from the SUD Trust, to support the public sector components of the Roadmap. **Over the next 3 years, estimated new public expenditures will increase to over \$200 million.**

Beyond these public sector expenditures, the **success of this critical statewide effort depends on commercial insurers** also committing to and investing in the proposed reforms

# Principles of a Behavioral Health Treatment System

A system should provide treatment to individuals, families, and communities from birth throughout the lifespan and across the continuum from prevention and early intervention through recovery support

## System Principles

- Ensure **parity** between physical and behavioral healthcare
- Expand **provider networks** through MassHealth and private insurance
- Expand **timely outpatient and urgent care access** to promote early intervention and to reduce crises
- **Integrate** the delivery of mental health and addiction treatment, and integrate behavioral and physical healthcare
- Ensure treatment is based on **goal-oriented, trauma-informed evidence-based practices** for individuals across the age spectrum, with specialized services for complex and high-risk populations
- Support **health equity** by ensuring capacity to meet the diverse needs of all individuals in Commonwealth, including those that are systematically disadvantaged
- Require **“no-reject”** of individuals who need treatment, including returning patients

# Proposed Reforms through the Behavioral Health Roadmap

## Structural Support for Access

### Centralized Front Door to Treatment

An **easy way for anyone seeking behavioral health treatment to find and access the treatment** they need, through a central phone line

### Access to Provider Networks & Services through Insurance

Strengthened **behavioral health provider networks** and **expanded behavioral health service coverage** in both MassHealth and private insurance

### Administrative Simplification

**Dramatically simplified and standardized administrative processes** to reduce provider burden and make provider **participation in MassHealth/ insurance** easier

### Workforce Competency

Targeted support to increase **competency and diversification** of clinical + non clinical workforce; **increase provider participation in insurance**, including MassHealth

## Treatment Services

### Integrated Primary Care

New payment models and incentives for **PCPs that integrate behavioral health treatment** to promote early intervention, increase access, and reduce siloes

### Outpatient Treatment

**Community Behavioral Health Centers** with access to **real-time urgent care** and **evidence-based, integrated mental health and addiction treatment** for all ages

### Urgent/ Crisis Treatment

**24/7 community crisis response to avoid ED visits** and hospitalization through 24/7 on-site and mobile crisis intervention; **24/7 Crisis Stabilization for youth and adults**

### Acute/24-hour Treatment

More inpatient psychiatric beds; **strengthens 24-hour substance use disorder treatment** to address co-occurring needs and better meet patient needs

# Centralized Front Door to Treatment

Individuals and families should have an easy way to get the behavioral health services they need

- **Creating a new behavioral health treatment system will only succeed if people are able to access it easily**
- Through the Roadmap, EOHHS will create an easily accessible “front door” to behavioral health treatment
- **A new centralized phone/ chat line will enable people to easily find available providers and services that meet their needs**
  - The phone line will offer more than just a list of phone numbers, **providing real-time live clinical triage and service navigation in multiple languages**
  - The front door will help individuals and families to fully access the range of comprehensive treatment services for mental health and addiction offered in the Commonwealth, including **outpatient, urgent and immediate crisis intervention**
  - While the new front door is developed, the statewide 211 information line will direct people to existing available resources (e.g., DPH Substance Use Helpline, Mass Support crisis counseling line, Network of Care directory) and raise awareness about the statewide toll-free behavioral health crisis line

# Readily available outpatient evaluation and treatment in the community and primary care

Newly designated **Community Behavioral Health Centers** and **increased behavioral health services in primary care** will expand the availability of outpatient evaluation and treatment in communities across the Commonwealth

- **Community Behavioral Health Centers (CBHCs)** will act as an **entry point for timely assessment and connection to behavioral health treatment**. CBHCs will:
  - Offer **behavioral health urgent care** and same-day assessment and referral to treatment, timely follow-up appointments, and a broad range of ongoing treatment services for **mental health and addiction**
  - Be required to meet a **high bar for timely access; evidence-based, integrated treatment; and cultural competency**, serving **all ages from children to older adults**
  - **CBHCs are likely to be existing behavioral health providers** that build their capacity to meet the new standards and develop referral partnerships with other community providers
- **Increasing the integration of behavioral health in primary care** will promote early intervention and ease demand on specialty behavioral health providers
  - In many cases, **mild to moderate behavioral health conditions can be managed by primary care providers**, in consultation and coordination with specialty providers as needed, similar to how many chronic medical conditions are managed
  - The Roadmap proposes **increased and value-based payments** for providers that deliver integrated mental health and addiction services in primary care

# Community-based alternatives to the emergency department

Create a stronger 24/7 community-based crisis response system that reduces reliance on the Emergency Department (ED) for behavioral health crises

A stronger system of community-based behavioral health crisis care will offer an alternative to the ED by:

- Creating more widely available **behavioral health urgent care** with evening and weekend hours, through CBHCs and other providers
- **Developing a new regional crisis system embedded within Community Behavioral Health Centers (CBHCs) that will deliver 24/7 community and mobile crisis intervention to prevent unnecessary hospitalization and ED visits**
- Establishing **Community Crisis Stabilization (CCS) for youth** to provide short-term, intensive 24-hour treatment, expanding a service currently only available for adults
- Making **real-time expert consultation available to support crisis teams** responding to individuals with **Autism Spectrum Disorder and Intellectual/ Developmental Disabilities**
- **Shifting responsibility to hospitals for behavioral health crisis evaluations in their own emergency departments**, just as they are responsible for physical health evaluations

# Advancing health equity

The Roadmap is designed to reduce health disparities in race, language, and physical ability

- **Diversifying the workforce** to be more reflective of the Commonwealth:
  - Provide loan repayment incentives for clinicians with diverse cultural, racial, ethnic, and linguistic backgrounds and competence
  - Expand coverage of peers for mental health and addiction
- **A multi-lingual “front door,” including ASL interpreters**
- **Providing treatment when and where people need it** to reduce disparities in access to behavioral health services related to transportation, time off from work and childcare
  - Maintain broad coverage of telehealth
  - Expand the availability of integrated behavioral health services within primary care
  - Extended hours, including weekends, at CBHCs and behavioral health urgent care
- **Providing culturally competent care**
  - Require CBHCs to provide services in clients’ preferred language (including ASL)
  - Require CBHCs to provide tailored services for populations such as individuals who are justice involved, individuals with ASD/IDD, and youth in the care and custody of the Commonwealth
  - Offer training for behavioral health providers in evidence-based practices (e.g., trauma-informed therapies) that better meet the needs of Massachusetts’ diverse populations

# Encouraging more providers to accept insurance & broaden insurance coverage

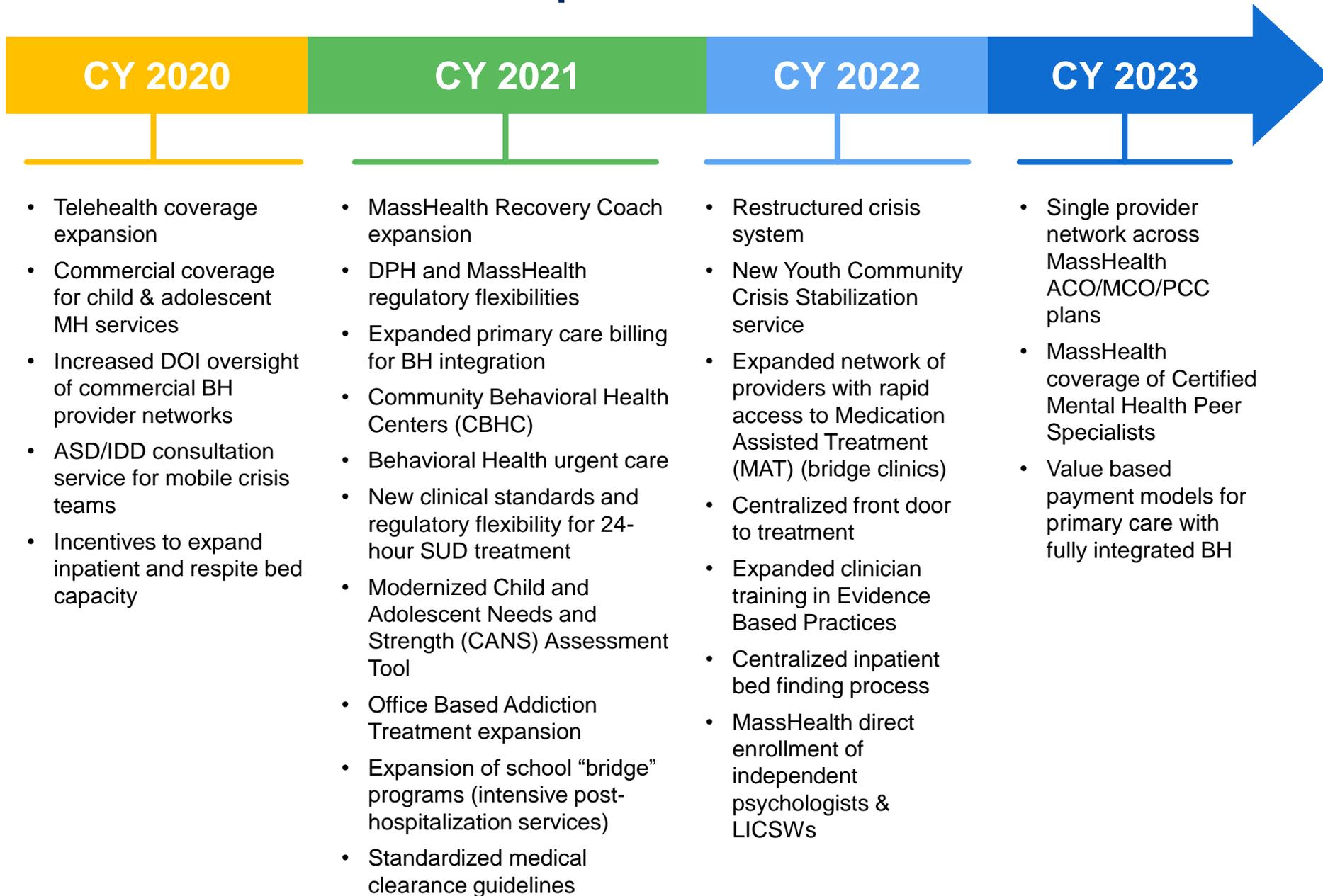
Strengthen behavioral health provider networks and expand behavioral health service coverage in both MassHealth and private insurance

- Simplify administrative processes for behavioral health providers to make it easier for providers to participate in MassHealth and private insurance
  - Require **standardized behavioral health provider credentialing** processes\*
- Create a **single, broad behavioral health provider network for MassHealth members** to dramatically simplify the MassHealth system for both providers and members\*\*
- Make it easier to find a provider that accepts your insurance by increasing oversight of commercial behavioral health provider networks including **accurate and timely provider directories**
- **Continue broad commercial and MassHealth coverage of tele-behavioral health\***
- **Targeted initiatives to increase provider participation in MassHealth and strengthen workforce diversity and competency**
  - Including loan repayment incentives, targeted rate increases, and training
- **Expand MassHealth coverage**, including recovery coaches, peer specialists, and independent psychologists and social workers, and work with commercial insurers to also expand coverage

\* As required in recent legislation

\*\*Single BH network for ACO, MCO, PCC Plan; excludes SCO, OneCare and Fee-for-Service

# Behavioral Health Roadmap and Related Initiatives Timeline





# Additional Detail

Executive Office of Health and Human Services

**March 2021**

# Centralized Front Door to Treatment

Individuals and families should have an easy way to get the behavioral health services they need

- **Today, people often don't know what behavioral health services are available or how to access them** due to stigma, lack of awareness, and complexity in the array of services
- **Creating a new behavioral health treatment system will only succeed if people are able to access it easily**
- The new system creates an easily accessible “front door” to behavioral health treatment
  - **A new centralized phone/ chat line will enable people to easily find available providers and services that meet their needs**
    - The phone line will offer with real-time live clinical triage and service navigation in multiple languages, to help individuals and families to fully access the range of comprehensive services offered in the Commonwealth, including outpatient, urgent and immediate crisis intervention
    - While the new Front Door is developed, EOHHS will ensure that the **statewide 211 information line** directs people to existing available resources (e.g., DPH Substance Use Helpline, Mass Support program crisis counseling line, Network of Care directory) and raise awareness about the **statewide toll-free behavioral health crisis line**

# Readily Available Outpatient Evaluation and Treatment in the Community and Primary Care

Newly designated **Community Behavioral Health Centers** and **increased behavioral health services in primary care** will expand the availability of outpatient evaluation and treatment in communities across the Commonwealth

- **Community Behavioral Health Centers (CBHCs)** will act as an **entry point for timely assessment and connection to behavioral health treatment**. CBHCs will:
  - Offer **behavioral health urgent care** and same-day assessment and referral to treatment, timely follow-up appointments, and a broad range of ongoing treatment services for **mental health and addiction**
  - Be required to meet a **high bar for timely access; evidence-based, integrated treatment; and cultural competency**, serving **all ages from children to older adults**
  - **CBHCs are likely to be existing behavioral health providers** that build their capacity to meet the new standards and develop referral partnerships with other community providers
- **Increasing the integration of behavioral health in primary care** will promote early intervention and ease demand on specialty behavioral health providers
  - In many cases, **mild to moderate behavioral health conditions can be managed by primary care providers**, in consultation and coordination with specialty providers as needed, similar to how many chronic medical conditions are managed
  - The Roadmap proposes **increased and value-based payments** for providers that deliver integrated mental health and addiction services in primary care

# Community Behavioral Health Centers

Community Behavioral Health Centers will **serve as an entry point for timely, high-quality mental health and addiction treatment on an urgent and ongoing basis**; and receive enhanced funding to support flexible, person-centered treatment

- A key component of the Roadmap is the development of a **new system of designated Community Behavioral Health Centers (CBHCs)** that will:
  - Serve as an **entry point for timely assessment and connection to appropriate behavioral health treatment**, taking the burden off of individuals and families to figure out what they need and how to find a provider
  - Offer **behavioral health urgent care** and same-day access to treatment or assessment
  - Become **regional hubs** for behavioral health, with at least one per county
  - Provide a **broad range of mental health and addiction treatment services** with same day access, urgent care, ongoing treatment services, and referral to additional providers
- CBHCs will be required to meet a **high bar for timely access; evidence-based, integrated treatment delivery; and cultural competency**
- In order to support this model, **MassHealth will provide increased reimbursement rates and a flexible payment model** that supports high-quality, outcomes-oriented and individualized care delivery
- **Commercial insurers are strongly encouraged to adopt the CBHC care delivery and reimbursement model** to ensure that all Massachusetts residents have access to CBHCs
- CBHCs will apply and be selected in mid-2021 and will be fully implemented by early 2022

# Community Behavioral Health Centers (continued)

Community Behavioral Health Centers will **serve as an entry point for timely, high-quality mental health and addiction treatment on an urgent and ongoing basis**; and receive enhanced funding to support flexible, person-centered treatment

## Key components of CBHCs:

- **Integrated mental health, addiction treatment, and urgent medical treatment**
- **Extended hours** including evenings and weekends
- **Same-day access to intake and brief assessment, urgent and crisis care** including medications, and drop-in services (e.g., group sessions, peer supports)
- **24/7 mobile and community crisis response** with Community Crisis Stabilization for youth and adults
- **Telehealth** and flexible service delivery location (e.g., home, school, etc.)
- Focus on **quality and outcomes**, including offering trauma-informed evidence-based practices and peer supports
- **Patient/family outreach, engagement, and care coordination**
- **Ability to serve all ages across the continuum of care**, including child and family-specific treatment models and models for older adults (through single organization or partnership of two that includes a child-focused provider)
- **Language and cultural competencies:** Provide core services in clients' preferred language (including ASL) or access to trained interpreter, as well as culturally competent staff and treatment for racially and ethnically diverse communities
- **Special populations:** Provide tailored services to meet the needs of special populations such as justice involved, ASD/IDD, youth in the care and custody of the Commonwealth
- **Move away from fee-for-service** to payment that enables flexible approach to meet individualized patient needs with sufficient, reliable funding

# Integrated Primary Care

Increasing the number of primary practices able to manage mild to moderate BH conditions, and to coordinate with specialty BH, will increase BH access

## Vision

**Mild to moderate BH conditions are identified and treated as a routine part of primary care through an integrated, team-based approach.** Primary care practices refer to and coordinate with the specialty BH system to treat individuals with acute or complex chronic BH conditions, just as they do for acute or complex chronic medical conditions.

Principles	Capabilities	Integrated Care Team
<p><b>Patient-centered</b> (same-day, tele-capable)</p>	<ul style="list-style-type: none"> <li>▪ <b>Screen universally for mental health conditions and SUD</b></li> <li>▪ <b>Provide assessment of and treatment for mild to moderate BH conditions</b> (e.g., depression, anxiety, ADHD, SUD), including prescribing appropriate medications</li> <li>▪ <b>BH clinicians and support staff act as part of primary care team</b> with unified treatment plan to coordinate patient care</li> <li>▪ <b>Refer to and coordinate with</b> specialty BH providers when condition requires more specialized treatment</li> <li>▪ <b>Maintain continuous relationship and monitor progress over time</b> using Patient-Centered Outcomes Measures</li> </ul>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Psychiatric prescriber consultation</p> </div> <div style="text-align: center;">  <p>PCP</p> </div> <div style="text-align: center;">  <p>Behavioral Health Clinician (e.g., LICSW, LCSW, LMFT, LMHC, LADAC, psychologist)</p> </div> </div> <div style="display: flex; justify-content: center; align-items: center; margin: 10px 0;">  <p>Individual/Family</p> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Paraprofessional support staff (e.g. CHW, case manager)</p> </div> <div style="text-align: center;">  <p>Peer (e.g. Recovery Coach, Family Partner)</p> </div> </div> <p style="text-align: center;"><i>Illustrative Practice Model</i></p>
<p><b>Team-based</b> (including peers, support staff)</p>		
<p><b>Coordinated</b> (communicate across team and with specialty BH)</p>		
<p><b>Data-driven</b> (monitoring patient outcomes)</p>		

# Integrated Primary Care (continued)

Health insurance payers should provide incentives for primary care practices with integrated behavioral health

- Currently, only **a minority of primary care practices offer integrated behavioral health care**; goal is to **shift more routine behavioral health treatment into primary care** to increase access, promote early intervention, reduce stigma and siloes, and ease demand on the specialty BH system
- **Roadmap approach:**
  - **Set a higher bar for expectations** of integration in primary care practices
  - **Increase reimbursement/ investments for PCPs that meet the higher bar**, in addition to allowing same day billing of BH and PCP services and reimbursing for BH integration activities that are currently not covered
- **MassHealth Phased approach:**
  - Phase 1 (2021-2022): **MassHealth will pay for previously unreimbursed integrated behavioral health services** (e.g., warm hand-offs, team based care planning, monitoring & follow-up for BH)
  - Phase 2 (2023): **New PCP payment and reimbursement structure** through the next 1115 waiver:
    - Primary care sub-capitation with investment: PMPM to allow PCPs to flexibly meet patient needs
    - Investment and subcap available for PCPs that meet high standards, including on BH integration
- **Commercial insurance carriers will be strongly encouraged to align with these payment policies**

# Community-Based Alternatives to the Emergency Department

Create a stronger 24/7 community-based crisis response system that reduces reliance on the Emergency Department (ED) for behavioral health crises

Today, individuals in behavioral health crisis often turn to the ED because there is no effective system and limited capacity for immediate, urgent care in the community

A stronger system of community-based behavioral health crisis care will offer an alternative to the ED by:

- Creating more widely available **behavioral health urgent care** with evening and weekend hours, through CBHCs and other providers
- **Developing a new regional crisis system embedded within Community Behavioral Health Centers (CBHCs) that will deliver 24/7 community and mobile crisis intervention to prevent unnecessary hospitalization and ED visits**. CBHC crisis teams will:
  - Focus solely on 24/7 community and mobile response
  - Have clinical staff capable of addressing both mental health and addiction for diverse populations and all ages
  - Form partnerships with Emergency Medical Services (EMS) and local law enforcement
- Establishing **Community Crisis Stabilization (CCS) for youth** to provide short-term, intensive 24-hour treatment, expanding a service currently only available for adults
- **Making real-time expert consultation available to support crisis teams responding to youth with Autism Spectrum Disorder and Intellectual/ Developmental Disabilities**
- **Shifting responsibility to hospitals for behavioral health crisis evaluations in their own emergency departments**, just as they are responsible for physical health evaluations

# Timely Access to Inpatient & 24-Hour Treatment

EOHHS is taking immediate steps to address the need for additional inpatient psychiatric bed capacity due to COVID and planning further efforts to streamline inpatient admissions

**Immediately increase inpatient psychiatric bed capacity to meet emergent demand through \$30-40M in payment incentives** for near-term bed expansion, including rate incentives of 25-30% and support for constructing new beds, including specialized units (e.g., ASD/IDD) (2021)

Expand **~50 DMH respite beds** statewide to increase step-down options for patients with complex needs being discharged from inpatient treatment (2020-21)

Ensure that crisis teams, hospital ED providers, and consumers are aware of **24-hour diversionary treatment options** (e.g., Crisis Stabilization units, Community Based Acute Treatment for youth) and able to access the most appropriate level of care without delay

**Reduce barriers to inpatient admission by standardizing medical clearance** with clear, evidence-based guidelines (2021)

**Simplify and centralize the inpatient bed-finding process** by creating a more accessible and effective system to locate available provider capacity (2022)

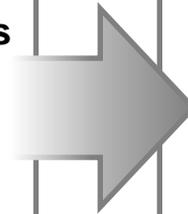
**Strengthen 24-hour SUD treatment** through new clinical standards, regulatory flexibility, and rate increases to improve clinical quality and patient flow (e.g., support treatment for co-occurring conditions, reduce disruption between levels of care for withdrawal and stabilization) (2021)

# 24-Hour Addiction Treatment

Strengthen 24-hour addiction treatment in Massachusetts by promoting strong clinical standards, increasing rates, creating regulatory flexibility, and expanding bed capacity

## Current Challenges

- Increasingly, many patients receiving 24-hour addiction treatment also have **complex medical and/or mental health needs**
- Patients sometime experience **disruptions or bottlenecks when transitioning** from one treatment phase to another (i.e., between Acute Treatment Services (ATS) for withdrawal to Clinical Stabilization Services (CSS))
- **More beds are needed** to meet the Commonwealth's treatment and recovery supports needs



## Proposed Solutions

- **Strengthen clinical standards, accompanied by rate increases**, to improve 24-hour addiction programs' capacity to treat patients with complex needs (2021)
- Create **regulatory flexibility** allowing more fluid transitions from ATS to CSS levels of care to **minimize disruptions and promote more individualized pathways** for treatment and recovery (2021)
- Continue **expansion of bed capacity** focusing on underserved populations and regions (2022-2023)

# Behavioral Health Provider Networks and Services Through Insurance

Strengthen behavioral health provider networks and expand behavioral health service coverage in both MassHealth and private insurance

Continue broad commercial and MassHealth coverage of **tele-behavioral health** with rate parity, as required in recent MA health care Legislation (2020+)



Increase Division of Insurance oversight of commercial behavioral health provider networks including **accurate and timely provider directories** (i.e., addressing “ghost networks”) (2020+)



Continue implementation of expanded **commercial coverage for youth mental health services** similar to MassHealth Children’s Behavioral Health Initiative services (ongoing)



Create a **single, broad behavioral health provider network for MassHealth members** to dramatically simplify the MassHealth system for both providers and members\* (2023)



**Expand MassHealth coverage:**

- Expand access to **Recovery Coaches** for SUD (2021)
- Directly contract with **independent psychologists and LICSWs** (2022)
- Cover Certified **Mental Health Peer Specialists** (2023)

Encourage **commercial insurers to support Roadmap**, e.g.:

- **Align contracting/ payment for integrated primary care and CBHCs**
- **Expand coverage** of peer supports and supervised clinicians in training

# Administrative Simplification

Simplify administrative processes for behavioral health providers to make it easier for providers to participate in MassHealth and private insurance



**Finalize new Department of Public Health regulatory flexibilities**, including allowing providers to conduct brief assessments to initiate same-day treatment (2021)



**Overhaul MassHealth community mental health center regulations** to integrate mental health and SUD and streamline administrative requirements (2021)



Ensure full and consistent implementation of **standardized behavioral health provider credentialing processes** in both commercial insurance and MassHealth plans



**Modernize the Child and Adolescent Needs and Strength (CANS)** assessment tool and implement an improved technology platform for CANS to **reduce documentation burden and promote clinical value** for the treatment of children and youth (2021)



Create a **single, broad provider network for MassHealth members** to dramatically simplify provider enrollment and participation, and to make it easier for members to find and keep their behavioral health provider(s), even if they change plans\* (2023)

\*Single BH network for ACO, MCO, PCC Plan; excludes SCO, OneCare and Fee-For-Service

# Workforce Competency & Insurance Participation

The Roadmap takes a targeted approach to behavioral health workforce challenges

- The Commonwealth has more qualified behavioral health providers than most states, but **too few providers accept insurance or deliver evidence-based, culturally competent treatment.**
- The Roadmap focuses on **targeted initiatives to increase provider participation in insurance (including MassHealth) and strengthen workforce diversity and competency.**

## Provider Participation in Insurance/ MassHealth

- Reduce **administrative barriers** to participation in insurance, including MassHealth (e.g., single credentialing)
- Provide **loan repayments to behavioral health clinicians who make a multi-year commitment to practicing at a safety net/ MassHealth provider**
- Provide **targeted rate increases** to enable key providers (e.g., CBHCs, integrated primary care) to hire and retain more qualified staff
- Create **flexibility to more efficiently and effectively deploy workforce** (e.g., insurance coverage for telehealth, peer supports)

## Workforce Competency

- Offer **training opportunities in defined set of evidence-based practices** for behavioral health clinicians as part of their continuing education
- Build on existing efforts to implement **certification standards and training for peer roles and Community Health Workers**
- Prioritize clinicians with **cultural and linguistic competency** for loan repayment to address unmet needs in the community

# How the Roadmap Addresses the Specific Needs of Children, Youth and Families

Treatment for children, youth, and families should be designed to meet their specific needs at all points along the treatment continuum

**The Roadmap builds upon the existing Children’s Behavioral Health Initiative and similar services covered for commercially insured youth to strengthen behavioral health treatment access and services for *all* youth in Massachusetts.**

**This includes several strategies tailored for children, youth and families:**

- Building on the success of high behavioral health screening rates in pediatric primary care in MA by increasing **integration of BH clinicians** through warm handoffs and evidence-based treatment tailored to children, youth and families (e.g., including family supports)
- Ensuring that the “front door” to behavioral health treatment is family-friendly and can guide parents/caregivers to get help for their child
- Requiring new **Community Behavioral Health Centers** to deliver goal-oriented, trauma-informed, **evidence-based practices** specific to children, youth, and families
- Increasing capacity for **specialized services for children and youth**, including youth with **autism spectrum disorder or intellectual/developmental disability** (e.g., increased consultation, training, and specialized inpatient treatment beds) and for children in the **care and custody of the Commonwealth** (e.g., clear pathways to behavioral health treatment for kids in care and custody of DCF)
- Expanding acute treatment options for youth by adding **Community Crisis Stabilization** (intensive, short-term stabilization) to existing **Community-Based Acute Treatment** and **Inpatient** levels of care
- Addressing the **impact of the COVID pandemic on the availability of inpatient psychiatric services for youth** by providing additional funding incentives for new inpatient bed capacity for children and youth