



***Association for Behavioral  
Healthcare***

FY 2021 Annual Report

## In Memory of Scott M. Bock

“Few will have the greatness to bend history itself, but each of us can work to change a small portion of events. It is from numberless diverse acts of courage and belief that human history is shaped. Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

— **Robert F. Kennedy**

Scott Bock, founder and former CEO of Riverside Community Care and ABH Board member, passed away in August 2021. In addition to the energy he brought to growing Riverside to the significant presence it is in community behavioral healthcare, Scott had been a leading voice within ABH and within ABH’s predecessor organization before that. Everyone who knew him appreciated his wit, his ability to listen and learn from the opinions of others including those with whom he disagreed, and his capacity to lead to consensus. He was committed to community behavioral health as a force for good in individual lives and in communities. He is deeply missed.



## A Message to our Members

It is with great pride that we submit the Fiscal Year 2021 (FY21) Annual Report for the Association for Behavioral Healthcare, Inc. and the Association for Behavioral Healthcare Foundation, Inc.

In FY21, ABH continued to adjust and habituate under the exceptionally challenging circumstances of the COVID-19 pandemic. Our members adapted and reshaped service delivery to meet the ever-changing nature and realities of the pandemic as well as the constant modifications to guidance from the state and federal governments. ABH staff worked tirelessly to keep members abreast of each and every change. We continued to support members throughout the year, working to secure additional resources for services that continued to be disproportionately affected by the pandemic

Toward the end of the fiscal year, we re-centered our focus on more traditional policy priorities such as rate reform, the Behavioral Health Roadmap, and crisis services redesign. These priorities had been temporarily set aside in order to support members securing emergency fiscal and policy relief and to provide timely, accurate guidance to members.

The following FY21 Annual Report highlights our successes as an organization during the past year. ABH is very grateful for the support we received from our members in FY21. While we remain hopeful that there will come a day when we can put this pandemic behind us, FY22 is already shaping up to be another challenging year. However, our experiences of the past year have shown us that ABH is capable of pivoting at a moment's notice and we are confident that we will continue to provide the advocacy and support you need and expect.

## COVID-19 Support

ABH continued to support our members during the COVID-19 pandemic through advocacy and technical assistance.

### State Relief – 24/7 Settings

ABH worked closely with the Association of Developmental Disabilities Providers (ADDP), the Children’s League of Massachusetts, and the Providers’ Council, our partners in The Collaborative, to advocate with the Baker-Polito Administration for supplemental funding to help address the extraordinary costs associated with coronavirus response in 24/7 programming. The Baker-Polito Administration adopted a supplemental payment strategy that infused \$15 million for DMH congregate care services and \$13.4 million for DCF congregate care services. These funds helped providers manage the tremendous costs of the COVID-19 surge period.

Separately, ABH worked with the Administration on supplemental funding for 24/7 substance use disorder treatment programs that were experiencing radical reductions in utilization and revenue. A package of time-limited BSAS and MassHealth rate increases, totaling \$23 million, was made available to SUD 24/7 providers.

### Federal Relief

ABH responded to state Requests for Information (RFIs) relating to the use of American Rescue Plan Act (ARPA) and related relief packages. Our submissions of RFIs relating to supplemental funding of Home and Community Based Services, the Mental Health Services Block Grant, and the Substance Abuse Prevention and Treatment Block Grant centered on workforce recruitment and retention.



## COVID-19 Support

### COVID Updates

ABH continued to collate state and federal guidance into as-needed updates with links to new guidance and utilized a Q&A approach in areas that staff identified as high degree of uncertainty or confusion among members. ABH continues to maintain a Members-Only COVID-19 landing page with key guidance as well as an archive of all the daily updates that were sent to members during the early phases of the pandemic.

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### Congregate Care Guidance

Beginning in August 2020, ABH provided regular and ongoing guidance to congregate care providers regarding mandated surveillance testing of staff and vendors and worked to ensure provider questions were answered by state agency contacts.

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### Vaccination Guidance


ABH also provided regular and ongoing guidance to members regarding the roll-out of mobile vaccinations in congregate care settings and later, regarding provider- and/or community-run vaccinations.

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### CEO Convenings

In January, ABH held a drop-in ABH CEO discussion on COVID-19 vaccination best practices, featuring senior-level ABH member panelists, focused primarily on strategies to promote staff readiness to accept the vaccine.

In the late winter and spring, ABH convened an ABH CEO Collaborative Dialogue Series on Staff Return to In-Person Work. The series was facilitated by Kimberlyn Leary, PhD MPA, an expert in adaptive leadership, for member CEOs to discuss the dilemma, their concerns, approaches and the results. The sessions were intended to provide a mini learning community and provide support for participating executives.



## Workforce

While salaries and benefits are, of course, the primary tool in the toolkit for attracting and retaining an exceptional community behavioral healthcare workforce, ABH knows there needs to be a multi-pronged strategy that also focuses on the workforce pipeline.

### Healthcare Workforce Hubs – Behavioral Health Partnership Expansion Grants

In partnership with the MassHealth Office of Behavioral Health, ABH and the Executive Office of Labor and Workforce Development convened a learning forum. The forum was hosted by ABH, MassHire Workforce Boards (MWB) and Career Centers to bring together leaders in the behavioral healthcare and workforce development space to discuss the urgent needs facing the behavioral health workforce and to plan for an upcoming workforce grant opportunity slated to open in early Fall 2021. Three ABH Board members and their staff co-developed the presentation with ABH staff and presented on their unique regional approaches.

### MassHealth-Supported Workforce Programs and Grants

ABH continued to work closely with the Massachusetts League of Community Health Centers to administer DSRIP-funded workforce development programs for staff from community behavioral health organizations and health centers. ABH supports individuals with an expertise in community behavioral health in the review of applications for loan repayment programs and meets regularly with League staff to advise them on issues around community behavioral health care and workforce development. Early data regarding the first two years suggest that the safety net retains more than 90% of program participants. ABH is strongly supportive of this program as it is a key tool for community providers retaining a skilled workforce that has a significant loan burden.

## Workforce

### State Budget Initiatives

There were several ABH-initiated or -supported workforce initiatives adopted in the final FY22 budget:

- \$5M for a loan forgiveness program for mental health professionals, including for child and adolescent psychiatrists in community mental health and community health centers. Child psychiatrists will be eligible for up to \$300,000; they must commit to 5 years in a community setting. This is modeled after a successful program in the California Medicaid program;
- \$2M at BSAS to increase the addiction treatment workforce through outreach and recruitment at local/regional education institutions and vocational high schools; and,
- \$500,000 for a mental health workforce pipeline program to encourage a culturally, ethnically and linguistically diverse behavioral health workforce through collaborations between colleges and behavioral health providers.





## Diversity, Equity, Inclusion and Justice

ABH undertook a demographics survey of leadership to support efforts to promote leadership opportunities within ABH. The baseline findings reinforced the need for ABH to actively advance equity, inclusion and diversity within our leadership and governance structures.

Action determined by the Board to support this work include:

- **DEI&J in Governance** – incorporating diversity, equity, inclusion and justice principles in governance (bylaws were amended to require intentionality relative to the promotion of DEI&J across race, ethnicity, gender, age, identities and experience in Board nominations in May 2021);
- **Committee Leadership Criteria** – requiring consideration of the promotion of diversity, equity and inclusion across race, ethnicity, gender, age, identities and experience in the selection of Committee Chairs;
- **Committee Chair Term Limits** - defining Committee Chair terms as two-year with term limits of three, two-year terms in order to afford greater leadership opportunities. This will be phased in over time.
- **Data Collection** - annually surveying ABH members to ascertain the demographic composition of the ABH Board, Committee Chairs, and ABH Member CEO/ED leadership.

In addition, the former Senior Leadership Committee on Partnering with Underserved Populations changed its name to the Senior Leadership Committee on Diversity, Equity, Inclusion and Justice. The committee feels that this new name is more reflective of its focus and activities as well as aligned with prevailing terminology.

A Senior Leadership Committee on Diversity, Equity, Inclusion and Justice subcommittee developed an RFP for a Diversity Equity Inclusion & Justice toolkit that will enable members to assess their own organizational practices relative to these principles and to act on that assessment.



## Section 1115 Waiver/DSRIP-Related Activities

The Commonwealth's design and implementation of the 1115 Waiver concerning accountable care remained a significant focus for ABH during FY21. ABH remained an active participant in EOHHS' Delivery System Reform Incentive Council (DSRIC) throughout the year. The DSRIC's role is to advise MassHealth on issues around the implementation of the 1115 Waiver.

That work dovetailed with the Section 1115 Waiver renewal. ABH staff served on procured Strategic Design and Care Coordination workgroups, advocating for the renewal of the Behavioral Health Community Partners program, simplification of the program design, and expansion of behavioral health benefits to fee-for-service enrollees. In addition, through extensive work with our Health Policy Advisory Committee, ABH developed Section 1115 Waiver Principles and Recommendations for the consideration of MassHealth.

Our waiver-specific work and advocacy resulted in the inclusion of the following in the final waiver renewal request to CMS:

- **Expanded coverage for diversionary behavioral health services** (e.g., Community Support Program, Structured Outpatient Addiction Program) to members in MassHealth fee-for-service (e.g., Duals);
- **Improved behavioral health workforce capacity and diversity by expanding coverage for peers for both mental health and substance use disorder, and offering clinician recruitment & retention opportunities** (e.g., loan repayment); and,
- **Continuation of the Behavioral Health Community Partners** in the next waiver.

ABH worked with our Behavioral Health Community Partner (BH CP) members to develop key recommendations that have been provisionally adopted by MassHealth for inclusion in its waiver renewal. These include rate floors, volume floors and a census model.

The state's waiver planning also includes plans for significant investment in primary care through a new payment model to support behavioral health integration. Going forward, ABH will be seeking to advance models and constructs that promote leveraging of a shared workforce, e.g., buy vs. build.

## Behavioral Health Treatment System Design “Roadmap”

In FY21, the Commonwealth announced resumption of activities to implement a more robust behavioral health treatment system. The Roadmap to the new design included a planned investment of \$200M+ per year to expand behavioral health access, although the investment is not solely within the community behavioral health system.

The Roadmap includes behavioral health urgent care, 24-7 mobile crisis intervention primarily in the community and newly designated Community Behavioral Health Centers, and expanded integration of behavioral health into primary care.

Due to ABH advocacy, EOHHS issued a Request for Information on Community Behavioral Health Centers (CBHCs) payment, which included publication of draft service performance specifications.



## State Policy Advocacy

The first law the Governor signed in calendar year 2021 was the Putting Patients First Act which includes permanent payment parity for state-regulated behavioral healthcare delivered via telehealth, including audio-only modalities. This was priority ABH legislation.

In addition to the workforce initiatives in the budget noted above, ABH also had a successful state budget advocacy year. Numerous ABH advocacy items were incorporated into the FY22 final budget, including:

- Fully funding of the **Chapter 257 rate reserve** at \$79M and including Collaborative-supported language requiring EOHHS to report on a comparison of median salaries for staff positions with the most recent Bureau of Labor Statistics (BLS) 75th percentile wage estimates.
- Expansion of **DHCD Rental Subsidies for DMH Clients** by \$2M to support clients' recovery.
- Creation of **low-threshold housing for homeless individuals with substance use and mental health disorders at risk of HIV** by \$10M.
- Establishment of a new \$10M line to create **Program of Assertive Community Treatment (PACT)** for individuals under the age of 22. **This was an ABH recommendation.**
- Increase in funding for **Family Resource Centers by \$7.5M**; and,
- Establishment of \$1.5M in funding for **outpatient and mobile services for deaf/hard of hearing and deaf/hard of hearing/blind individuals with a substance use disorder.**

For the legislative session, ABH collaborated with Senate and House partners to file eight priority bills that focus on workforce and workforce composition, rates, mandated services, transparent data reporting, and promoting data sharing.

In the regulatory arena, ABH worked with members over a series of months to develop recommendations to the Division of Insurance regarding implementation of the telehealth provisions of the Putting Patients First Act as it relates to commercial health plans.

Finally, ABH was asked to provide testimony to the Health Policy Commission on cost growth. Our testimony focused on the need to shift spending to behavioral healthcare, particularly to non-acute levels of care.

## Children's Services

In FY21, ABH was very active on a number of issues impacting children and our members who provide services to kids and families.

### Children's Behavioral Health Initiative

ABH and our members spent considerable energy, time and expertise developing a re-based rate model for In-Home Therapy rate and comprehensive rate testimony for MassHealth's consideration. As a result of this advocacy, the service was re-based. And while not all ABH recommendations were adopted, the rates received a **20% increase** for bachelor level-staff and a **10% increase** for master level-staff. The final rate included several of ABH's recommendations including FTE increases and increased assumptions around non-billable hours.

In addition, at MassHealth's request, ABH worked with its members to gather field feedback and make recommendations relative to the appropriate use of telehealth in CBHI services. ABH put forward a recommendation that was adopted into MassHealth's revised performance specifications.

### Congregate Care

ABH, in partnership with the Children's League of Massachusetts (CLM), developed recommendations on the future of congregate care services and then consolidated these into Joint Principles and Recommendations for Congregate Care Services.



## Adult Mental Health Services

### Collaboration

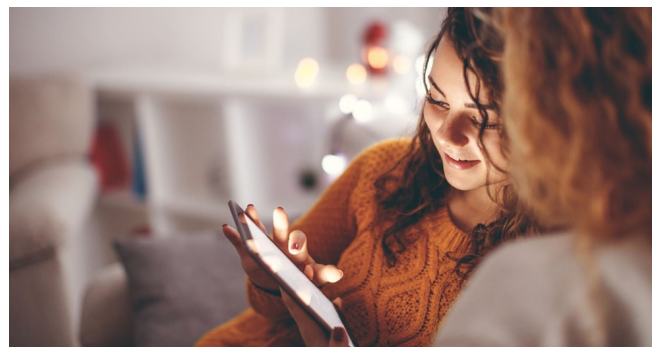
ABH continued our collaboration with DMH and our ACCS member organizations to move away from Rehab Option compliance-oriented documentation to more person-centered, clinically meaningful documentation. ABH joined DMH in moving from pilot stage to implementation.

In addition, at ABH's request, DMH established a joint risk and safety workgroup with ABH and provider representatives. That work has recently been initiated.

### Psychiatric Day Treatment Rate

Despite an 18% rate increase that ABH advocated for in 2019, Psychiatric Day Treatment has struggled to survive due to the failure to adjust rates for more than 10 years prior to this adjustment. The pandemic has jeopardized the continuation of the service. In 2017, there were 68 psychiatric day treatment programs statewide, and today there are only 19.

At rate review, the Commonwealth proposed a 5.7% increase. ABH convened our members that deliver PDT and developed data demonstrating the acuity of persons served in our programs, the impact of the service on key behavioral health utilization measures, as well as comparison to rates in other states. In addition, there was a strong showing of ABH members at the public hearing. Ultimately, ABH was successful in securing a **29% increase over current rates, which was 22% higher** than pre-public hearing.



## Substance Use Disorder Treatment and Recovery

ABH continued to lead in the substance use disorder treatment area with a particular focus on medication assisted treatment. ABH spearheaded numerous projects including:

- **Provision of other MOUD in Opioid Treatment Programs.** ABH advocated for improved implementation processes, including Bureau of Substance Addiction Services (BSAS) coverage of medications for opioid use disorder (MOUDs) in addition to methadone under the payer of last resort policy;
- **Integration of MAT care in SNFs/LTC facilities.** ABH worked with a CMS-funded consultant to develop process and procedures to ensure that patients in these facilities have access to needed medication for opioid use disorder (MOUD); and,
- **Implementation of Medicare OTP benefit.** ABH worked with MassHealth and BSAS to ensure a transition that was as seamless as possible.

### Program Regulations

ABH developed a second set of recommendations to DPH substance use disorder program regulations. ABH provided additional proposed changes and public hearing testimony based on provider feedback. The regulations have not yet been finalized.

### Public Hearings

ABH developed testimony for public hearing on ATS, CSS, TSS, RRS and other services. While the rate increases are significant, they come with significant new staffing requirements and programmatic expectations. Many of these requirements have not been finalized as their programmatic regulations are still under review.

Finally, ABH has continued its advocacy to have MassHealth and BSAS pay for OTP services via a global payment approach and using the rates adopted by Medicare. This appeal is currently under consideration.



## Chapter 257

ABH, in partnership with *The Collaborative*, continued to address issues around Chapter 257. The Governor's FY22 budget proposal included \$70 million to fund salary increases resulting from the use of Bureau of Labor Statistic salary benchmarks.

The use of the median salary benchmarks continues to be a challenge point across the workforce continuum, no less so than in behavioral health where ABH members compete against higher-cost and/or better resourced hospitals, inpatient units, health centers, health plans/carriers, schools, the Commonwealth, etc. Pushing the state to use a higher benchmark than the median will be a major policy focus for *The Collaborative*. The Commonwealth has agreed to resume meeting with The Collaborative leadership to examine rate-related issues as well as longitudinal pipeline issues.

## Medication Administration Program (MAP) Testing

In partnership with the Association of Development Disabilities Providers (ADDP), ABH successfully advocated against changes to MAP Policy that would have added significant costs and burden on providers.

Also in partnership with ADDP, ABH jointly surveyed members on program needs and successfully advocated for additional supports and accommodations for MAP-registered sites and their staff relative to virtual testing. Furthermore, ABH and ADDP resolved a significant recertification reinstatement issue.



## Salute to Excellence

Each October we gather together to celebrate the accomplishments of amazing individuals who work for our member organizations. Our Salute to Excellence is, quite possibly, our favorite day of the year and we were honored to salute our awardees:

**Exceptional Leadership Award**

**Robert Hallion**  
Advocates, Inc.

**Rebecca Phelps-Smith**  
The Brien Center

**Excellence in Family Engagement and Support Award**

**Heather Hogan**  
BAMSI

**Excellence in Innovative Practice Award**

**Lia Beltrame**  
Bay Cove Human Services

**Excellence in Leadership and Empowerment Award**

**Yota Gikas**  
Italian Home for Children, Inc.

**Excellence in Care Integration Award**

**Greater Lowell Behavioral Health Community Partner Team**  
Lowell Community Health Center, Inc. and Lowell House, Inc.

**Excellence in Administration and Finance Award**

**Riverside IT Help Desk and Network Support Team**  
Riverside Community Care, Inc.

**Excellence in Best Practices Award**

**Jeff Baxter, M.D.**  
Spectrum Health Systems, Inc.

**Outstanding Service Award**

**Norfolk Street Residential Team**  
Vinfen

**Excellence in Perseverance Award**

**Wayside COVID Unit Team**  
Wayside Youth & Family Support Network

## FY21 Member Organizations

Acadia Healthcare/Habit OPCO  
 Adcare Educational Institute, Inc.  
 Addiction Treatment Center of New England, Inc.  
 Advocates, Inc.  
 The Arc of South Norfolk  
 Aspire Health Alliance  
 BAMS!  
 Bay Cove Human Services  
 Bay State Community Services, Inc.  
 Behavioral Health Network, Inc.  
 Beth Israel Lahey Health Behavioral Services  
 Boston Alcohol and Substance Abuse Programs, Inc.  
 Boston Healthcare for the Homeless Program  
 Boston Public Health Commission  
 The Brien Center for Mental Health & Substance Abuse Services  
 Brookline Community Mental Health Center  
 Cambridge Health Alliance  
 Cape Cod Healthcare Centers for Behavioral Health  
 Casa Esperanza  
 Catholic Charities Family Counseling and Guidance Center  
 Center for Human Development, Inc.  
 Child & Family Services, Inc.  
 Children's Services of Roxbury  
 Clinical and Support Options, Inc.  
 Community Counseling of Bristol County, Inc.  
 Community Services Institute  
 Cutchins Programs for Children and Families  
 Dimock Community Health Center  
 Dr. Franklin Perkins School  
 Duffy Health Center  
 The Edinburg Center  
 Eliot Community Human Services  
 Family Service Association  
 Fellowship Health Resources  
 Fenway Health  
 Gandara Center  
 Gosnold  
 Health Care Resource Centers  
 High Point  
 The Home for Little Wanderers, Inc.  
 Hope House Addiction Services  
 Independence Hall – Veteran's Inc.  
 Institute for Health and Recovery  
 Italian Home for Children, Inc.  
 Judge Baker Children's Center  
 Justice Resource Institute (JRI)

The Key Program, Inc.  
 Link House, Inc.  
 Lowell Community Health Center, Inc.  
 Lowell House, Inc.  
 LUK, Inc.  
 Martha's Vineyard Community Services  
 Mental Health Association  
 Middlesex Human Service Agency, Inc.  
 New Life Counseling & Wellness Center, Inc.  
 North Charles, Inc.  
 North Cottage Program, Inc.  
 The Northeast Center for Youth and Families  
 North Suffolk Mental Health Association, Inc.  
 Old Colony YMCA Mental Health Clinic  
 Open Sky Community Services  
 Phoenix Houses of New England, Inc.  
 Pine Street Inn  
 Riverside Community Care, Inc.  
 River Valley Counseling Center, Inc.  
 ServiceNet  
 South Middlesex Opportunity Council Inc. (SMOC)  
 South Bay Community Services  
 Spectrum Health Systems, Inc.  
 SSTAR  
 Steppingstone, Inc.  
 Toward Independent Living and Learning, TILL, Inc.  
 UMass Memorial Community Healthlink, Inc.  
 Victory Programs, Inc.  
 Vinfen  
 Volunteers of America of Massachusetts, Inc.  
 Walden Community Services  
 Walker, Inc.  
 Wayside Youth and Family Support Network  
 Youth Villages of Massachusetts and New Hampshire

### Associate Members

AdvantEdge  
 Advocates for Human Potential  
 AAFCPA (Alexander, Aronson, Finning, CPAs)  
 Alera Group  
 Donald Siddell, MSW  
 eHana  
 Genoa Telepsychiatry  
 Hirsch, Roberts and Weinstein  
 March & McLennan Agency  
 Mutual of America  
 Netsmart  
 Qualifacts Systems  
 William James College

## ABH Board of Directors

### *Officers*

**Bruce Bird**, Chair, President/CEO, Vinfen  
**Ken Bates**, Vice Chair, President/CEO, Open Sky Community Services  
**Lesli Suggs**, Treasurer, President/CEO, The Home for Little Wanderers  
**Nancy Paull**, Clerk, CEO, SSTAR  
**Lydia Conley**, President/CEO, ABH, Inc.

### *Board*

**Scott Bock**, President/CEO, Riverside Community Care  
**Paula Duvelson-Chrysostome**, President/CEO New Life Counseling and Wellness Center  
**Daurice Cox**, President/CEO, Bay State Community Services  
**Matthew Davis**, Regional Vice President, Acadia Healthcare  
**Norma Finkelstein**, Executive Director, Institute for Health and Recovery  
**Charles Gagnon**, CEO, Volunteers of America  
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**Diane Gould**, President/CEO, Advocates  
**Gary Houle**, Executive Director, North Charles, Inc.  
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**Bob Mills**, CEO, Middlesex Human Service Agency  
**Jackie Moore**, CEO, North Suffolk Mental Health Association  
**Daniel Mumbauer**, President/CEO, High Point Treatment Center  
**Andy Pond**, President/CEO, Justice Resource Institute  
**Anne Sampaio**, Executive Director, Child and Family Services, Inc.  
**Philip Shea**, President/CEO, Community Counseling of Bristol County  
**William Sprague**, CEO, Bay Cove Human Services  
**Emily Stewart**, Executive Director, Casa Esperanza  
**Matt Stone**, Executive Director, Youth Villages of Massachusetts and New Hampshire  
**Susan Stubbs**, President/CEO, ServiceNet  
**Steve Winn**, President/CEO, Behavioral Health Network

## ABH Staff



**Lydia Conley**  
President/CEO



**Constance Peters**  
Vice President for  
Addiction Services



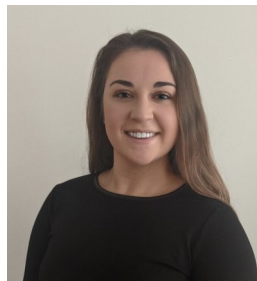
**Carmel Craig**  
Vice President for Youth and  
Adult Mental Health Services



**Megan Thompson**  
Director of Payment and  
Care Delivery Innovations



**Abby Kim**  
Director of Public Policy and  
Strategic Initiatives



**Meg Socha**  
Member Engagement and  
Event Coordinator



**Ellen Caliendo**  
Business Manager



**Association for Behavioral Healthcare**

251 W. Central Street, Suite 21  
Natick, MA 01760  
508.847.8385  
[www.abhmass.org](http://www.abhmass.org)  
@ABHmass

