



**ABH August
Committee
Meetings**

Friday, August 5
**Children’s CEO
Leadership**, 10 a.m.

Monday, August 8
Billing, 10 a.m.

Friday, August 12
**Corporate
Compliance**, 10 a.m.

Tuesday, August 16
OTP, 9:30 a.m.

The Boston Globe Opinion: Fund behavioral health clinics to avoid the ER boarding crisis

The one thing everyone can agree on is that the emergency department is the wrong venue for longer-term treatment of patients with acute behavioral health needs.

By Lydia Conley June 30, 2022

Much has been said recently about the state’s behavioral health boarding crisis: Patients who arrive at a hospital emergency department in crisis can be kept there for days or even weeks waiting for a psychiatric bed to become available.

Rather than addressing only the lack of pediatric and adult psychiatric inpatient beds, policy makers would be wise to strengthen the system’s front end — the behavioral health clinics where patients often first seek treatment before their illness becomes acute. These outpatient sites are beset with a number of challenges, including the most constrained workforce in decades and reimbursement rates, from both public and private health plans, that are inadequate to both retain and recruit clinical staff.

The one thing everyone can agree on is that the emergency department is the wrong venue for longer-term treatment of patients with acute behavioral health needs. On a typical day last fall, there were 716 “stuck” patients statewide. While these patients wait day after day, they often receive little if any care for their illness, and their privacy and dignity are compromised; sometimes these patients are relegated to the hallway as the emergency department deals with surges. The state must do better than letting patients languish like this.

Some help is on the way. The Baker administration has announced that MassHealth, the state Medicaid agency, will make supplemental payments to hospitals that have been dealing with the behavioral health crisis. This is an important step, as is developing a long-range plan to create adequate inpatient capacity. It also announced that new regional community behavioral health centers are expected to open in 2023 and there is urgent care expansion ramping up. These are important steps, but these centers alone cannot meet the tsunami of need.

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To learn more about ABH’s Committees, click [here](#).

COVID Updates

The Executive Office of Health and Human Services has released new guidance for Congregate Care and Day programs regarding surveillance testing and masking.

The guidance documents can be found here: <https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives>.

Continued from page 1...Fund behavioral health clinics to avoid the ER boarding crisis

Many patients first seek care at a community-based behavioral health clinic. This is not only the most appropriate setting for people with non-acute needs, it also costs the state far less than an inpatient hospital bed.

In Massachusetts, acute hospital readmission rates are nearly double among patients with behavioral health comorbidities, and hospital stays, on average, are nearly a third longer. Readmissions and long stays are as bad for patients as they are costly to our system.

The challenge is that where there once was enough capacity for people to be served in outpatient settings, that is no longer the case. A study released by our organization earlier this year found that for every 10 clinicians entering work in a mental health clinic, 13 are leaving. This unsustainable trend must be reversed now. Our association believes as many as 25,000 people in need are going without services.

Compensation is at the top of the list of reasons cited by clinicians to explain their departure. Salaries are lower than in other settings, such as hospitals and community health centers, because insurance reimbursement rates are too low. In order to stabilize — and, hopefully, expand — the workforce, commercial health insurance plans and MassHealth will need to pay higher rates for the services that behavioral health clinics deliver. Departing clinicians also cited a growing administrative burden — the proverbial mountain of paperwork — and crushing educational debt as contributing to the decision to leave their jobs.

The practical result of these workforce challenges is that people are waiting far too long to get care. For example, the average wait for a child or adolescent to begin therapy is almost four months. In that long gap between the need for care being identified and that care actually beginning, behavioral health conditions can go from manageable to urgent to emergent.

The behavioral health system must be put in order — both outpatient and inpatient. The Massachusetts House and Senate have bills pending to improve access, and our association strongly supports them. A critical next step will be to further increase MassHealth rates of reimbursement. Commercial health plans should also raise rates, and employers who pay insurance premiums should demand real-time access to outpatient care for their employees.

If the Commonwealth can fix the front door of our behavioral health system by adding capacity to mental health clinics, it will reduce or eliminate the problem of people boarding in hospital emergency departments.

Lydia Conley is president and CEO of the Association for Behavioral Healthcare, which represents 80 community-based mental health and addiction treatment provider organizations in Massachusetts.

Diversity, Equity, Inclusion & Justice Toolkit

The Association for Behavioral Healthcare (ABH) and Wayside Equity Training Center (WETC) are eager to announce our Diversity, Equity, Inclusion & Justice Toolkit: Organizational Culture Change. This Diversity, Equity, and Inclusion Toolkit was commissioned by the Association for Behavioral Healthcare's Senior Leadership Committee on Diversity, Equity, Inclusion and Justice (DEI&J Committee) as we continue our work to achieve equitable access to quality mental health and addiction treatment services for the people and communities of the Commonwealth who face systemic, cultural, ethnic, racial, linguistic, ability, gender, socioeconomic, age, religious, and LGBTQIA+ disparities. This committee addresses structural challenges to providing and accessing services to these marginalized populations through advocacy targeted at critical stakeholders throughout the health care system, including state leadership and payers.

This toolkit is part of a range of Diversity, Equity, Inclusion & Justice (DEI&J) initiatives outlined in the ABH Annual Plan addressing issues of injustice, inequality, and inequity within the behavioral healthcare system. It was created at the urging of DEI&J Committee members, and in particular ABH CEOs, seeking support in responding to growing calls from people across the country, including provider's own staff and persons-served, for stronger action on issues of equity and justice, following the murder of George Floyd on May 25, of 2020. The Toolkit documents are posted on both our [members-only portal](#) and public [website](#).

EOHHS Will Extend the 10% Enhanced Rate / Add-On

The Executive Office of Health and Human Services (EOHHS) recently announced that it will extend the 10% enhanced rate or add-on to certain programs and services to help mitigate continued workforce challenges. This enhanced rate/add-on will serve as a bridge until the providers' next scheduled rate review. ABH is grateful to the Baker Administration for these additional supplemental supports for staff, which total more than \$200 million.

Pediatric Behavioral Health Urgent Care Grant Solicitation

EOHHS has issued a [Grant Solicitation](#) to solicit responses from Qualified Behavioral Health Urgent Care (BHUC) Providers seeking financial support to implement or further the implementation of their behavioral health urgent care programs for MassHealth members under the age of 21. Grant funds must be used to provide behavioral health outpatient services for MassHealth members under the age of 21. Eligible costs and expenses include but are not limited to operational costs such as staffing, utilities, or security; transportation for members to travel to appointments; or creating materials for youth programming.

Among other requirements specified in the solicitation, Qualified Behavioral Health Urgent Care (BHUC) Provider must be located in and/or serving MassHealth members who reside in the following identified cities and towns that were hit hardest by COVID-19: Boston, Brockton, Chelsea, Everett, Fall River, Fitchburg, Framingham, Haverhill, Holyoke, Lawrence, Leominster, Lowell, Lynn, Malden, Methuen, New Bedford, Randolph, Revere, Springfield, and Worcester.

Bid responses should be submitted through CommBuys by July 15, 2022 with anticipated initial grant award date of August 2022. The grant solicitation can be found at this link: <https://www.commbuys.com/bsu/external/bidDetail.sdo?docId=BD-22-1039-EHS01-EHS01-76815&external=true&parentUrl=close>.

DSRIP Funding - Primary Care / Behavioral Health Special Projects Program

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The Massachusetts League of Community Health Centers (Mass League) has announced the launch of the fifth and final year of the [Primary Care/Behavioral Health Special Projects Program](#). To engage and retain primary care and behavioral health providers in community settings across Massachusetts, the [Primary Care/Behavioral Health Special Projects Program](#) supports innovative on-the-ground projects that advance the ability of community-based provider organizations to succeed in an accountable care environment.

This year's Primary Care/Behavioral Health Special Projects Program aims to support approximately 20 provider-led projects. Up to \$40,000 will be made available for each project at an [eligible organization](#). [Click here for more program detail and information on how to apply](#). Applications are due by August 3, 2022 5:00 PM EST. An informational presentation was recorded for this program. It can be accessed [here](#) and is available on the Mass League website.

Please direct all questions to the DSRIP Statewide Investments email: StatewideInvestments@massleague.org. The question and answer period for the Primary Care/Behavioral Health Special Projects Program will be open through July 27, 2022 at 5:00 PM EST.

ABH Announces New Board Leadership

ABH has announced the election of its board leadership and new board members. ABH's new slate of officers includes:

- **Ken Bates**, President & CEO, Open Sky Community Services, as **Chair**;
- **Lesli Suggs**, President & CEO, The Home for Little Wanderers, as **Vice Chair**;
- **Daurice Cox**, President & CEO, Bay State Community Services, as **Treasurer**; &
- **Gary Houle**, Executive Director, North Charles Inc. as **Clerk**.

In addition to new board leadership, three provider executives were elected to the board: **Beth Barto**, CEO of LUK, Inc.; **Susan Gentili**, CEO of SMOC; and **Marsha Medalie**, CEO of Riverside Community Care. They joined 20 other individuals who were re-elected to two year terms on the ABH board. To read the complete release, click [here](#).

Interesting Reads

- [Mass. preps for '988' mental health hotline launch: 'Young people will grow up knowing this number'](#). *WBUR*.
- [The mental health crisis afflicting American youth demands health care reforms](#). *Boston Globe Editorial*.
- [It's an overdose crisis, not just an opioid crisis: takeaways from reporting on deaths in Brockton](#). *WBUR*.