



ABH July Committee Meetings

Monday, July 10
Billing, 10 a.m.

Friday, July 14
**Corporate Compli-
ance**, 10 a.m.

Tuesday, July 18
OTP, 9:30 a.m.

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

Deadline Extended for ABH Salary Survey

The Association for Behavioral Healthcare (ABH), in partnership with Gallagher Surveys, has developed a salary and benefits survey that focuses specifically on mental health and substance use disorder providers. The project was developed with guidance from the ABH Human Resources Committee. This survey is a follow up to ABH's previous surveys.

ABH strongly encourages your organization to participate in the survey. Strong participation will greatly increase the value of the data and ensure that you have access to comprehensive salary and benefits information. The deadline for participation in the survey has been extended to **Friday, June 23, 2023**.

Completing the Survey

ABH will not see any of the raw data and the final report will not contain any identifying information. Any information that could be used to identify a provider organization will be kept strictly confidential. Survey data must be submitted to Gallagher Surveys. Directions on how to complete and submit the survey are included in the "Survey Instructions" tab in the [2023 Compensation Reporting Template](#).

Please remember that each survey reporting form consists of two parts: the online data submission form (policy and benefits data) and the Excel file (compensation data) linked above.

Survey Cost

We will continue to provide a significant discount to ABH members who **participate in the salary survey**. The cost to purchase the survey will be as follows:

\$400 for ABH members who participate in the survey

\$1400 for ABH members who do not participate, but who wish to purchase the survey.

This survey is **not** available to non-members.

Questions?

We anticipate that this salary survey will be a great resource for behavioral health providers. If you have any issues accessing the survey, please do not hesitate to contact Meg Socha at msocha@abhmass.org.

If you have any questions about how to respond to the salary survey, or are unable to supply information, please contact Thomas Cummins from Gallagher Surveys at Thomas.Cummins@ajg.com.

DEA Telemedicine Rules

As you may know, on February 24th, the DEA [announced](#) proposed rules for permanent telemedicine flexibilities that would go in effect at the end of the Public Health Emergency on May 11, 2023. Among the proposed changes were rules that would allow medical practitioners to prescribe only a 30-day supply of Schedule III-V non-narcotic controlled medications and buprenorphine for patients who had never had an in-person evaluation. The patient would then be required to have an in-person evaluation in order to continue receiving a prescription. ABH is a member of the TMed Coalition, which submitted comments for the [controlled substance](#) and [buprenorphine](#) rule. ABH also supports the comments submitted by National Council for Mental Wellbeing for the [controlled substance](#) and [buprenorphine](#) rule. We were not alone - the DEA received a historic 38,000 comments to the proposed rules, largely echoing our concerns by pointing out the immediate access impact that the proposed rules would create if implemented as written.

On May 3rd, the DEA [announced](#) that they would extend the current flexibilities while they review comments and take final regulations into consideration.

Next Steps

ABH will continue to monitor the situation to understand how long these flexibilities will remain in effect and will notify members of any further impact on tele-prescribing.

Resources

While ABH anticipates that the DEA final rules will differ from those that were proposed, we understand the need for providers to prepare for all possible scenarios. To that end, we have developed a [Frequently Asked Questions](#) document intended as an educational resource to clarify the impact on providers and patients if the rules go into effect as written.

Important Notice About the Massachusetts Standardized Documentation Project (MSDP)

In June of 2006, the Board of Directors of ABH's predecessor organization, Mental Health and Substance Abuse Corporations of Massachusetts (MHSACM) voted to establish an integrated e-Health strategy. This resulted in a proposal to establish a standardized documentation project, and ultimately, in the institution of the Massachusetts Standardized Documentation Project (MSDP). This was made possible only because of a \$250,000 grant to MHSACM from Massachusetts Behavioral Health Partnership (MBHP).

MSDP was an initiative to develop and maintain statewide standardized, integrated clinical and medical services forms and processes that provide enhanced compliance and quality for mental health and substance use disorder service delivery throughout Massachusetts. It was accomplished through a 10-month process, requiring significant dedication of member staff resources; buy-in and cooperation from state regulators and payers; and organizational piloting. While MSDP was successful, it has accomplished its purpose. The form set has not had an update since 2014. The ABH Board of Directors has determined that we will no longer support MSDP updates. The MSDP resources currently located on ABH's website will continue to be available, and will indicate they are no longer being supported.

ABH would like to thank all those who initially participated in the MSDP Steering Committee, and who dedicated their time and expertise to implement this project. We are extremely grateful for your help in developing a resource that led to improved quality of care and increased compliance.

ABH Issue Brief

ABH surveyed members that operate 24/7 Substance Use Disorder treatment programs and Opioid Treatment Programs (OTP) regarding access to services and their workforce. We supplemented this survey information with publicly available and additional member reported data. Our findings are now available in our latest Issue Brief, [34 Days and Counting: Waits for SUD Treatment Lengthen Due to Workforce Crisis](#).

Unsurprisingly, the findings show unacceptable wait times to access services and evidence of staff departures that threaten the entire behavioral healthcare delivery system. The survey responses indicate:

- A 24% job vacancy rate across the substance use disorder treatment system, as nurses, counselors and other providers have left to seek higher-paying opportunities.
- 80% of nursing staff in OTPs – the only outpatient setting for people to access methadone treatment for opioid use disorder – have left over a 12-month period;
- For every 9.2 master’s-level clinicians or counselors hired, 10 leave; and,
- For residential recovery services respondents with waitlists, the average wait for admission was 34 days with a quarter reporting that individuals wait for 60 days or more.

Access Loss

In reviewing both publicly available and member-reported data, we can see an increase in licensed treatment beds but a decline in the number of beds for uninsured and low-income individuals who are covered by the safety net compared to individuals who have commercial insurance or can pay privately. In addition, operational capacity has continued to decline. Since February of this year, 290 beds have gone offline, perhaps permanently. We believe this is largely attributable to low rates of reimbursement by public payers.

Admissions Decline

Since 2019, Acute Treatment Services admissions declined by 44%, Clinical Stabilization Services by 39% and Residential Rehabilitation Services by 27%. These data are particularly troubling given the unprecedented [fatal overdose rates](#). A complement of short-, mid-, and long-term solutions, including additional investment in treatment services, is needed to prevent significant long-term retrenchment. Our brief summarizing those findings and making recommendations to improve access is available [here](#). These findings will be used to further our ongoing rate and policy advocacy.

MassHealth and BSAS Rates

Finally, the Commonwealth held a hearing on proposed rates for Acute Treatment Services, Clinical Stabilization Services, Transitional Support Services & Residential Rehabilitation Services on May 22nd. Thank you to members who informed the development of our testimony and provided their own testimony. We also thank our colleagues at the Massachusetts Association for Behavioral Health Systems, Recovery Homes Collaborative, and Providers' Council. We believe the [testimony](#) has been impactful.

Media Coverage of
**ABH’s Issue
Brief: 34 Days
and Counting:
Waits for SUD
Treatment
Lengthen Due to
Workforce
Crisis**

Boston Globe,
Editorial, [When
clinics can’t afford
to keep detox and
rehab beds open,
state policy needs
to change](#), (citing
ABH testimony
and data) (paywall)

Blue Cross Blue Shield of Massachusetts Foundation Equity Initiatives

Call for Grant Proposals

Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation has announced a Special Initiatives grant program that provides organizations with a one-time grant of up to \$50,000 to pilot or launch a new project over a one-year period. Special Initiatives grants are intended to fund projects which empower communities to advance health equity. Projects should positively impact the health or health care related needs of those Massachusetts residents who have been economically, socially, culturally, or racially marginalized.

If successful, it is hoped that these projects can be sustained, scaled, and potentially replicated.

Additional Information

Applicants are encouraged to read the [Foundation's principles](#) to learn more about BCBSMA's approach and priorities and the Special Initiatives grant program Frequently Asked Questions for more information.

Visit [their website for details](#) about how to apply. For a listing of current grant recipients, [click here](#).

Deadline for Proposal Submission

[Proposals are due September 11, 2023.](#)

The Time is Now: The \$5.9 Billion Case for Massachusetts Health Equity Reform

Racial and ethnic disparities in health care access, quality, and outcomes have been well documented in Massachusetts and across the country. Many in the Commonwealth feel a moral imperative to correct these racial and ethnic health disparities and see the opportunity to be a leader on this issue as the state has been in other health reform initiatives. Solutions for reducing inequities in health require investments of time and resources for which there will always be competing priorities. In understanding the value of these investments, it is critical to recognize that in addition to the human toll, they represent a significant economic burden to individuals and families, health care providers, employers, public and private sector payers, and the overall Massachusetts economy. This study, commissioned by the Blue Cross Blue Shield of Massachusetts Foundation in collaboration with the Health Equity Compact, aims to quantify that economic burden.

This study found that the economic burden due to health inequities experienced by Black, Hispanic/Latino, and Asian populations in Massachusetts total **\$5.9 billion each year**. If action is not taken, the economic burden of health inequities experienced by populations color in Massachusetts will almost double by 2050 through population growth alone, **reaching \$11.2 billion**.

Solutions to these inequities will require the commitment of a broad spectrum of stakeholders who are willing to bring the same sense of “shared responsibility” to reducing disparities and inequities that drove previous health reform efforts in the state. We encourage you to review the [report](#) and [infographic](#) for more details on the findings from this study.

Interesting Reads

- [Addiction Treatment Medicine Is Vastly Underprescribed, Especially by Race, Study Finds.](#) *New York Times.*
- [Denials of Health Insurance Claims Are Rising — And Getting Weirder.](#) *Kaiser Health News.*
- [Behavioral Health Crisis Response: Findings from a Survey of State Medicaid Programs.](#) *Kaiser Family Foundation.*
- [A new nasal spray to reverse fentanyl and other opioid overdoses gets FDA approval.](#) *NPR.*
- [Massachusetts hospitals, doctors, medical groups pilot ChatGPT technology.](#) *The Boston Globe.*

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