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FOR IMMEDIATE RELEASE

**Massachusetts Association for Mental Health (MAMH) Press Statement
GOVERNOR CHARLES D. BAKER'S HEALTH REFORM 2.0**

Boston, MA, October 18, 2019 - The Massachusetts Association for Mental Health (MAMH) has for over a century promoted understanding of behavioral health conditions, advocated access to effective treatment, and challenged discrimination that undercuts full inclusion for all people in the life and resources of our communities. Discrimination has for too long driven disparities in healthcare access for children and adults who have mental health and substance use conditions. MAMH applauds Governor Baker's actions today as a significant step forward to frame a fairer and more cohesive behavioral health system.

His leadership to increase targets for providers' and payers' investment in behavioral health is pacesetting and implements the promise of Parity.

Governor Baker, Secretary Sudders and his administration are to be commended for healthcare reform legislation that prominently prioritizes behavioral health and primary care. They see the opportunity in facilitating care delivered in routine as well as specialty settings.

For example, the bill requires payers to remove barriers to "same day services." This enables patients who are often in poverty, lack private transportation, and have multiple chronic health conditions to see both their primary care team and their behavioral health clinician on the same day, even at the same clinic, for more comprehensive and better integrated care.

It also requires integration of behavioral health and comprehensiveness of delivered services in other key care settings – notably urgent care clinics and emergency rooms. At MAMH, as a member of the Children's Mental Health Campaign, we engage frequently with families, who are frustrated in trying to get access to urgent care or same day appointments for their children, often with hopes of preventing a full crisis; or who, when in crisis, revert to Emergency Rooms seeking evaluation and admission to hospital care.

Even a privately insured family, with whom we recently spoke recounted calling the family psychiatrist for help with their daughter, who was increasingly agitated and assaulted her mother. The psychiatrist, with no appointment available for weeks, directed the family to go to their community hospital Emergency Room. They waited 5 hours for a psychiatric Emergency Services worker to appear, after which the worker spent 5 minutes observing the girl, and seeing no threat to herself or others at that time, recommended that the family “see the girl’s therapist when they can get appointment” – essentially sending them back to their starting point.

Under provisions in this legislation, the family might have avoided the ED altogether and gotten a timely appointment at an Urgent Care Center staffed to assist children or adults with behavioral health needs. This will break the current cycle families face of begging for access to outpatient care, failing and finding the inevitable crises arise, and going out of desperation to an ED that is not currently equipped to timely or consistently provide assessment, intervention or referral for children or adults in crisis.

Today’s actions – with provisions to clear financial and administrative hurdles for both patients and practitioners – cement recognition that behavioral health is essential to whole health and that equitable treatment for children, adolescents and adults with these conditions is not only fair but also smart. Thank you.

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