



Danna E. Mauch, PhD
President and CEO

Ambassador (ret.) Barry B. White
Chairperson of MAMH Board of Directors

December 20, 2022

The Honorable Julian Cyr
Chair, Behavioral Health Advisory Commission
Chair, Joint Committee on Mental Health, Substance Use, and Recovery
24 Beacon Street, Room 312-E
Boston, MA 02133

The Honorable Adrian Madaro
Chair, Behavioral Health Advisory Commission
Chair, Joint Committee on Mental Health, Substance Use, and Recovery
24 Beacon Street, Room 134
Boston, MA 02133

RE: Funding Recommendations for the Behavioral Health Trust Fund

Dear Chair Cyr and Chair Madaro:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your outstanding leadership in advancing the health of people with behavioral health conditions and their families across the Commonwealth. I am particularly grateful for your hard work in creating the Behavioral Health Trust Fund in Chapter 77 of the Acts of 2022. The Trust Fund creates a historic opportunity for the Commonwealth to advance an equitable, culturally competent, affordable, and clinically appropriate continuum of behavioral health services. I am honored to serve as a member of the Behavioral Health Advisory Commission and respectfully submit the following recommendations for your consideration for disbursement of the funds.

As you well know, the COVID-19 pandemic has not only increased demand for mental health and substance use services, but also exacerbated long-standing systemic challenges in Massachusetts. The Trust Fund presents a significant and timely opportunity to expand and diversify the workforce, create affordable housing opportunities, fill gaps in the continuum of behavioral health treatment services, enhance the mental health literacy of K-12 students, and divert individuals with behavioral health conditions away from carceral facilities:

Workforce – Diversity

- Fund behavioral health licensing boards and the Department of Mental Health (DMH) to collect and publish the demographic data of applicants for initial licensure and renewal of licensure in professions that provide mental health and addiction treatment (e.g., psychiatrists, social work, mental health counselors, allied mental health and human services professions, psychologists, etc.).
- Fund initiatives to diversify the behavioral health workforce, which might include loan forgiveness, tuition assistance, signing bonuses, staying bonuses, paid internships, paying for licensing exams, paying for CEUs, etc. for individuals from BIPOC, LGBTQIA+, and non-English speaking communities.
- Provide funding for research to better understand additional strategies that are effective in diversifying the workforce, learning from best practices in health care and other industries.

- Support individuals in other states or countries to get credentialed in Massachusetts to expand the pool of clinicians who speak languages other than English.

Workforce – Expansion

- Provide tuition assistance, signing bonuses, and staying bonuses with preferences to employees who commit to working in services experiencing particularly intense workforce shortages including Children’s Behavioral Health Initiative (CBHI)/Behavioral Health for Children and Adolescents (BHCA) services and inpatient and residential services that care for people with intensive needs such as those with medical complexities, demanding behaviors, and co-occurring ASD/IDD.
- Provide tuition assistance, signing bonuses, and staying bonuses to employees who commit to working in geographies where there are particularly intense workforce shortages.
- Provide loan repayment programs to behavioral health clinicians who work in hospital emergency departments (EDs).
- Provide support for training and certification of peer specialists, recovery coaches, family partners, and Community Health Workers, with preference to individuals from BIPOC, LGBTQIA+, low income, and non-English speaking communities.
- Create and support workforce pipeline programs at Massachusetts colleges (including community colleges), universities, high schools, and vocational schools.
- Invest in workforce extender programs such as Massachusetts Child Psychiatry Access Program (MCPAP)-type models, foster care behavioral health consultation, tele-behavioral health in schools, etc.
- Invest in equipping non-clinical staff members of community-based organizations with basic knowledge and skills to deliver mental health support to adults experiencing mild to moderate mental health distress and practical problems of daily living. The BCBSMA Foundation, for instance, recently launched its *Advancing Community Driven Mental Health* grant program, which utilizes a community-based low-intensity psychological intervention known as Problem Management Plus (PM+).
- Invest in formerly incarcerated individuals and/or partner with re-entry programs to provide training to support them in joining the behavioral health workforce.

Workforce - Training

- Fund anti-racist and anti-bias trainings and training programs on trauma-informed and trauma-responsive care across a variety of settings to ensure that the workforce has the tools and cultural humility to meet the needs of the communities it serves.
- Fund training/continuing education for more behavioral health practitioners to be certified in evidence-informed practices like Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Emotional Regulation Therapy, Child Parent Psychotherapy, Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, etc.
- Fund training and coaching in reflective supervision/consultation as a professional development approach that reduces compassion fatigue and burnout in the workforce.

Housing

- Fund an expansion of the Safe Haven program (DMH 5046-2000) to expand housing opportunities for hard-to-reach, hard-to-engage individuals who are chronically unhoused and who have severe, and often co-occurring, mental health and substance use conditions. These individuals are among the highest users of Emergency Departments (ED), hospital beds, and emergency medical services, and have high rates of trauma and criminal legal system involvement. The Safe Haven program provides low-threshold, supportive housing, connections to behavioral health and medical services, and a bridge to permanent

housing. The model saves and transforms lives. In March 2023, there will be 120 Safe Haven beds in the Commonwealth. However, this number pales in comparison to the need; according to the latest data, 1,144 adults are chronically homeless in Massachusetts (HUD, Continuum of Care, 2021).

- Fund an expansion of the Department of Mental Health (DMH) Rental Subsidy Program. The program is designed to help individuals with severe and disabling mental health conditions who are experiencing homelessness and DMH clients, including those awaiting hospital discharge. Individuals who participate in the DMH Rental Subsidy Program receive clinical and social services through DMH-contracted community providers that support their recovery, health, and wellness. These providers also support positive tenancy and assist clients in maintaining their units and meeting inspection requirements. Property managers likewise have 24/7 access to DMH-contracted community providers should tenancy issues arise. For every \$1M expansion of the DMH Rental Subsidy Program, approximately 71 individuals will secure stable, affordable housing. Given the “log jam” in the behavioral health system, as evidenced by ED boarding and individuals who are ready for discharge but “stuck” in public and private psychiatric hospitals due to lack of appropriate, community-based placements, investment in the DMH Rental Subsidy Program is a critical component for returning “flow” back into the system and expanding housing opportunities.

Continuum of Care

- Provide start-up funds for intermediate care services to help individuals divert or step-down from emergency departments (EDs) or inpatient hospitalization (e.g., Community-based acute treatment (CBAT), Community Crisis Stabilization (CSS), Intensive Residential Treatment Programs (IRTP), Children’s Behavioral Health Initiative (CBHI)/Behavioral Health Services for Children and Adolescents (BHCA), etc.).
- Support CHIA in conducting a cross-payer analysis of the penetration and utilization rates for Behavioral Health Services for Children and Adolescents (BHCA) to determine the scope of the challenge of private carriers covering these services and to inform solutions to appropriate use of these benefits.
- Provide start-up funds for more First Episode Psychosis programs across the Commonwealth, particularly in desert geographies.
- Provide start-up funds for new peer-run, DMH respite programs (to build upon the Afiya and Karaya peer respite model).
- Provide start-up funds for new DMH Youth Access Centers, which offer a welcoming, staffed space where young adults with mental health needs can find supportive community, develop leadership skills, and get the help they need to pursue their life goals.
- Fund non-behavioral health services (e.g., after school programming, job training, community activities, etc.) for youth in communities that have high rates of involvement with the juvenile justice system.

Schools

- Allocate at least \$1M to convene stakeholders to gain consensus on grade-appropriate mental health education goals and objectives (more specific than, and going beyond what we anticipate will be in, the forthcoming revised health curriculum standards from the Department of Elementary and Secondary Education); then curate, purchase and/or develop curricula and other resources for schools to meet those standards.
- Provide public funding to Community Behavioral Health Centers (CBHCs) so that they can partner with schools to provide behavioral health urgent care services, as five CBHCs do now with funding from Mass General Brigham.
- Pilot a consultation/brief intervention model to serve as an alternative to school discipline for substance use. This model can be built into the existing Adolescent Substance Use and Addiction Program at Boston Children’s Hospital (ASAP)-MCPAP to provide support to schools and students.

- Initiate seed funding for a well-established model, the return-to-school bridge program. There are urban and Gateway City high schools that are interested in the intervention, but do not have the resources to implement programs on their own. We anticipate this would include high schools in Boston, Brockton, Everett, Fall River, Lawrence, Lynn, New Bedford, Revere, Springfield, and/or Worcester, which collectively enroll more than 15% of all public high school students in Massachusetts. An allocation of \$7.5 million would fund 20 high schools in these communities at \$125,000 per year over a three-year period to develop new bridge programs.
- Develop trauma-informed models of care to meet the needs of Department of Children and Families (DCF)-involved youth in foster care or congregate care, support placement stability, and facilitate successful transitions as children return home.

Diversion and Re-Entry Services

- Provide start-up costs for a DMH or Department of Public Health (DPH) run or contracted facility to care for men involuntarily committed for substance use treatment under Section 35. To treat people facing a substance use crisis with compassion and consistent with best practices, the Commonwealth should move Section 35 services fully out of the correctional system to within the public health sphere. The evidence strongly suggests that this is the appropriate way to deliver these services. Second, treating people in DPH or DMH facilities is less traumatizing than serving them in correctional settings. People with substance use disorders are often found to have a history of trauma. Finally, this funding would rectify the current discriminatory arrangement where, pursuant to state law, women are treated for substance use disorders in treatment facilities, but men may still potentially receive Section 35 services in correctional settings.
- Invest in jail diversion programs, such as the DMH Jail Diversion Program (JDP) that provides grants to municipalities for Crisis Intervention Team (CIT) training and the co-response model, as well as drop-off sites like The Living Room (operated by Advocates in Framingham and the Behavioral Health Network in Springfield) and the Middlesex County Restoration Center (scheduled to launch in 2023).
- Support initiatives to help with re-entry such as expanding the MassHealth Behavioral Health Supports for Justice Involved Individuals (BH-JI) to help people leaving jail or prison, people who have recently left jail or prison, people on parole, and people on probation connect with behavioral health services and social supports in the community.
- Expand the Ralph Gants Reentry Services Program at Community Justice Support Centers so that every person returning to the community has a place to go for help with a State ID, housing, education, employment, or anything else that is a barrier to successful reintegration.

Please do not hesitate to be in contact should you have questions, would like additional information, or if MAMH can serve as a resource to your critical work at 617-680-8200 or dannamauch@mamh.org. Thank you.

Sincerely,



Danna Mauch, PhD
President and CEO