

## Massachusetts Spending Plan to Promote COVID-19 Recovery: Impact on People with Behavioral Health Conditions

*December 2021 (Updated July 25, 2022)*

In May 2021, Massachusetts received \$5.3 billion in Coronavirus State Fiscal Recovery Funds through the federal American Rescue Plan Act of 2021 (ARPA).<sup>i</sup> States were to use these funds to respond to the public health emergency or its negative economic impacts; provide premium pay to essential employees that worked during the COVID-19 emergency; provide government services to the extent of a government's reduction in revenue due to COVID-19; and invest in water, sewer, or broadband infrastructure.<sup>ii</sup> Fortunately, leaders in both the Administration and the Legislature recognized the deleterious effects of the coronavirus pandemic and its consequences on behavioral health and took action to devise a spending plan.

On December 13, 2021, Governor Baker signed H.4269, *An Act Relative to Immediate COVID-19 Recovery Needs* (Chapter 102 of the Acts of 2021). This legislation allocates nearly \$4 billion in spending, approximately \$2.55 billion in ARPA funds and \$1.45 billion in state fiscal year 2021 surplus dollars.<sup>iii</sup>

Most notably, this legislation awards \$400 million to expand access to mental and behavioral health supports and community-based primary care. It also contains \$530 million for housing initiatives, \$300 million for Medicaid home and community-based services, \$260 million to support financially strained hospitals in areas particularly impacted by the coronavirus pandemic, and \$200 million for local and regional public health systems.

This brief identifies many of the specific allocations of a \$400M reserve “to enhance and expand access to mental and behavioral health supports and services and community-based primary care.” It also highlights other spending provisions of the bill that will benefit the mental, emotional, and behavioral health of the people of the Commonwealth, particularly populations that have been historically marginalized. The magnitude of these investments in behavioral health is truly historic, and we applaud the Administration and the Legislature for recognizing the behavioral health pandemic that has followed in the wake of the coronavirus pandemic and directing much needed services and supports to people of all ages, their families, and their communities.

These allocations include the following, by category:

### Behavioral Health Promotion and Prevention

- **\$300M to enhance, expand and strengthen Medicaid home and community-based services.** The bill also creates a **Home and Community-Based Services Federal Investment Fund**. The legislation provides that funds shall be expended, subject to appropriation, to support: (i) the home and community-based services workforce; (ii) access to and promotion of home and community-based services and supports; and (iii) home and community-based services technology and infrastructure. These services provide opportunities for MassHealth members to receive services in own homes or communities rather than in institutional

settings. These programs serve a variety of populations, including people with intellectual or developmental disabilities, physical disabilities, and/or mental health conditions. (1599-9817)

- **\$200M for a reserve to support and enhance the Commonwealth’s local and regional public health system, to be administered by the Department of Public Health.** Of these funds, not less than \$98,850,000 shall be expended to establish standardized and unified data systems to increase capacity to collect, analyze and share data to protect the public’s health and evaluate system performance. In addition, not less than \$30,000,000 shall be expended on training and educational opportunities for local boards of health members and health department staff and the provision of financial assistance to those members and staff to meet workforce education and credentialing standards. Not less than \$71,150,000 shall be expended on a 4-year program of direct funding and technical assistance to local boards of health to increase their ability to adequately perform essential functions, including meeting regulatory and statutory obligations, improving population health and addressing health disparities in communities with large populations of socially and economically disadvantaged and historically underrepresented groups. (1599-2025)

#### Access to Behavioral Health Services (All Populations)

- **\$7M for a federally qualified community health center to develop a satellite emergency facility that is open 24/7 and licensed to provide behavioral health urgent care services to address the behavioral health crisis exacerbated by the coronavirus pandemic.** (1599-2026) It is essential to create community-based behavioral health urgent care services, in the same way that we have a system to provide community-based physical health urgent care. These behavioral health centers must be available to people 24 hours per day, 7 days a week, because behavioral health emergencies happen at all hours. This allocation is one step towards a larger goal of a system of urgent care facilities for people with behavioral health needs.
- **\$10M for grants for Assertive Community Treatment (ACT), with no less than \$5M for individuals under age 22 with symptoms of serious emotional disturbance.** ACT is an evidence-based program of psychiatric case management, which focuses on developing a strong therapeutic alliance between the individual, their family, and professionals. The program is characterized by nine core elements: home-based treatment; small caseload; patients that have been traditionally difficult to reach or engage; case management; early intervention; psychiatric assessment in community; family support; reintegration/vocational and educational therapy; and pharmacology. Multi-disciplinary teams work to engage individuals and strengthen their motivation for treatment and care. ACT teams can be successful in helping youth as well as adults. A 2017 literature review of thirteen studies of ACT for Youth concluded that the program is “effective in reducing severity of psychiatric symptoms, improving general functioning, and reducing duration and frequency of psychiatric hospital admissions.”<sup>iv</sup> (1599-2026)
- **\$5M for an online portal to facilitate the coordination of services for children, adolescents, and adults who are being boarded in Emergency Departments (EDs) with mental and behavioral health needs, to enable access to real-time data on ED boarding.** The portal shall enable access to real-time data on emergency department boarding and a real-time behavioral health bed search feature that categorizes beds by care level, licensing authority, age restrictions and geographic location. Currently, information on bed availability is decentralized and requires calls to multiple facilities to find openings. Likewise, individuals with the greatest resources and strongest advocates are more likely to secure placements in a timely manner. Children and adolescents of color and those under the care and custody of state agency are most likely to face some of the longest waiting times. A real-time bed search function is critical, as waiting days, weeks or

even months in EDs and medical-surgical units without receiving appropriate treatment is not therapeutic and can be traumatizing. (1599-2026)

- **\$2.5M on development of an inter-operable warehouse to collect and aggregate real-time data between agencies under the Executive Office of Health and Human Services (EOHHS) to help individuals navigate the system of care and find providers.** One of the biggest barriers to accessing care currently is the difficulty of navigating payer and provider systems. This is especially true when it comes to behavioral health services and related social determinants of health supports, where it is nearly impossible to find providers that take a specific insurance and are also accepting new clients. For this reason, with the support of three foundations, MAMH launched and now manages Network of Care Massachusetts, a website dedicated to helping people navigate the system of care and find providers of services they need with information that helps them navigate language competency, geography, and a range of other access barriers. Network of Care, and anyone's ability to navigate services and payers effectively, relies on full, accurate, and timely availability of data. The state is the best-positioned entity to obtain that data in a meaningful way. An interoperable data warehouse between Health and Human Service agencies can overcome challenges in collecting comprehensive data and help to provide accurate, real-time information to people who need care. (1599-2026)

### Child and Adolescent Mental Health

- **At least \$1M to launch a school-based behavioral health technical assistance center.** MAMH and the BIRCh Center, in partnership with the Children's Mental Health Campaign, received state budget funding in FY21 and FY22 to collaborate on planning for a School Mental Health Technical Assistance Center (TA Center). This state-wide TA center will collaborate with schools throughout the Commonwealth and support them in implementing the Multi-Tiered System of Supports (MTSS) model to address the behavioral health needs of students. The TA Center will support school and district administrators, school-based providers, and school behavioral health/emotional health personnel. It will provide evidence-based or evidence-informed best practices and resources, professional development and training opportunities, and technical assistance and coaching around implementation support. (1599-2026)
- **\$1.5M for implementation assistance grants to community behavioral health provider organizations to advance adoption of pediatric behavioral health urgent care programs.** These grants will allow these organizations to pursue the adoption of pediatric behavioral health urgent care programs. MAMH and the Children's Mental Health Campaign (CMHC) published a report in 2019 on the need for pediatric behavioral health urgent care to prevent emergency department boarding with related recommendations for implementation.<sup>v</sup> ARPA funds will be used to execute an implementation plan for a pediatric behavioral health urgent care program that aligns with the EOHHS Roadmap and the consensus model for pediatric behavioral health urgent care outlined in the CMHC report. (1599-2026)
- **750K to support families of children with serious mental health needs.** Funds shall be expended to support innovation to address emergency department boarding and create better systems for supporting children and adolescents in crisis, with a priority focus on services for children with complex needs. With grant funding supported through relief funds, children's mental health service providers could provide virtual and drop-in supportive spaces for caregivers to discuss strategies for coping with the behavioral health of their children. The groups or family consultation services could be facilitated by clinicians and/or family partners who may partner with ABA providers and other specialty providers. In addition, providers could offer specialized services and supports for caregivers of children with high-level needs. Examples of specialty group participants include BIPOC families, foster parents, parents of children with co-occurring Autism

Spectrum Disorders (ASD)/Intellectual and Developmental Disabilities (IDD), very young children (birth to age 5), transition age youth, and medically complex children. (1599-2026)

- **Funds shall be expended to support innovation to address emergency department boarding and create better systems for supporting children and adolescents in crisis.** Priority focus will be placed on services for children with complex needs including Department of Children and Families (DCF) and Department of Youth Services (DYS) involved children and children with co-occurring ASD/IDD and other youth disproportionately impacted by the pandemic. (1599-2026)
- **Discrete allocations for educational programming, support and special projects including:**
  - Not less than \$400,000 to the Mass. Partnerships for Youth, Inc. to expand access to The School Mental Health Leadership Institute, to assist school districts to develop capacity and build a comprehensive school mental health system. (7010-0013)

### Older Adult Mental Health

- **\$50M for a reserve to support capital improvements and workforce retention and recruitment efforts at nursing facilities to enhance delivery and resident experience and to mitigate and eliminate outbreaks of infectious diseases.** Of the \$50M, at least \$25M shall be spent on a no interest or forgivable loan program to support the development of nursing facility specialized care units (including, among other types of units, units for behavioral health and substance use disorder), enable facilities to pursue capital improvements, and fund innovative projects; and at least \$25M shall be spent on nursing facility workforce retention and recruitment initiatives, with funds prioritized for facilities for which not less than 75% of residents are enrolled in MassHealth. (1599-2029)
- **Discrete allocations for the administration of mental health programs and special projects including:**
  - Not less than \$300,000 to Greater Lynn Senior Services, Inc. for its elder mobile mental health program. (5011-0101)

### Essential Health Care Workers

- **Discrete allocations for the administration of mental health programs and special projects including but not limited to:**
  - Not less than \$1M for Group Peer Support and the Betsy Lehman Center for Patient Safety and Medical Error Reduction to build an infrastructure of mental health resources and support for essential healthcare workers;
  - Not less than \$1M to a public academic health sciences center or academic medical center to develop or contract for asynchronous technological solutions to provide behavioral and mental health screenings and services for unmet populations including PTSD in medical personnel as a result of health care work during the 2019 coronavirus. (5011-0101)

### Criminal Legal System Diversion

- **\$15M for pre-arrest, co-response programs.** Such programs involve a collaboration between municipal police departments and mental health clinicians. Funds are provided in the form of matching grants to municipalities, prioritizing communities that submit a strategy to utilize evidence-based and evidence-informed approaches to divert individuals from jail where mental health or substance use crisis responses are more appropriate. (1599-2026)

- **\$5M for the Criminal Justice and Community Support Trust Fund for the implementation of a county restoration center in Middlesex County.** The Middlesex County Restoration Center Commission has extensively researched, over three years, how to divert people in behavioral health crisis from arrest or hospitalization and towards a restoration center where integrated care can be provided.<sup>vi</sup> The model pursues three ends: 1) it integrates mental health and substance use care by offering crisis services in a single site that caters to both types of conditions; 2) it integrates physical health care into a behavioral health setting by bringing in nursing staff to ensure that people in a behavioral health crisis do not have to go to an emergency department due to a physical health need that is secondary to a behavioral health need that could be served by a restoration center; and 3) it addresses social determinants of health to prevent future crises. It also emphasizes peer support and a living room-style environment. The plan is to pilot the Center, measure its impact on the goals of reducing arrest and hospitalization, and use the resulting analysis to inform the need for restoration centers statewide. Having a crisis center like the Restoration Center is an integral component to a comprehensive behavioral health crisis system. (1599-2026)

### Housing and Homelessness

- **\$150M for a reserve to support the production of permanent supportive housing (PSH).** These funds would fund housing for individuals and families who may be classified as chronically homeless, individuals and families with behavioral health needs or substance use needs, survivors of domestic violence, human trafficking, or sexual violence, individuals and families at risk of entering or transitioning out of the foster care system, and seniors and veterans. PSH is an evidence-based program proven effective at better serving individuals with behavioral health needs who struggle with activities of daily living and helping them to maintain housing stability. Housing is a critical social determinant of health. (1599-2023)

### Behavioral Health Workforce

- **\$198.650M for a Behavioral Health Trust Fund.**
  - The purpose of the fund is to address barriers to the delivery of an equitable, culturally-competent, affordable and clinically-appropriate continuum of behavioral health care and services. An advisory commission will make recommendations on the disbursement of the money in the fund. (1599-2026)
- **\$110M for loan repayment assistance that prioritizes the recruitment and retention of a culturally, ethnically, and linguistically diverse workforce.** Details include:
  - The legislation allocates at least \$21M for psychiatrists, \$12M for psychologists and primary care physicians, \$35M for master's degree-level mental health and primary care professionals, \$20M for bachelor's degree-level mental health and primary care professionals, \$14M for inpatient psychiatric mental health nurse practitioners, and \$8M for in-patient mental health workers;
  - To be eligible for loan repayment assistance, individuals must (a) work in a community health center, a community mental health center, a psychiatric unit in an acute care hospital or an in-patient psychiatric hospital; (b) have outstanding educational debt; (c) not participate in any other loan repayment program; and (d) be required to enter into a contract with the commonwealth for not less than 4 years. (1599-2026)
- **\$500,000 for William James College to develop a behavioral health workforce development center.** The center would research how to retain and develop a culturally diverse, experienced behavioral health workforce that cares for underserved communities and would train a cohort of K-12 experts in school climate, including teachers and administrators, to create inclusive, behaviorally healthy school environments. (1599-2026)



- **A reserve to support loan repayment, retention and recruitment programs for human services commonwealth.** The reserve includes:
  - **Not less than \$16.5M for a loan repayment assistance program for human services and home health workers.** Eligible program participants shall be employees who provide treatment, support or services to clients or their families through home based and community-based human service organizations and home-based health service agencies in programs funded by EOHHS, the Department of Housing and Community Development, or the Department of Early Education and Care;
  - **Not less than \$13.5M for a grant program for human service organizations and home-based health service agencies to support the retention and recruitment of human service workers and home health workers.** The grant program shall be administered by EOHHS. (1599-2027)
- **The Health Policy Commission will study and issue a report no later than May 1, 2022 on the state of the health care workforce in the Commonwealth.** The report will include an assessment of shortages, existing efforts to develop cultural competency, analysis of potential workforce development initiatives and incentive programs, and an examination of the current and potential role of community colleges to provide training and certification. (Section 80)

<sup>i</sup> Massachusetts received \$5.3B in state funds and received additional funds for municipalities and tribes, totaling \$8.7B. Massachusetts Executive Office of Administration and Finance. About COVID-19 Federal Funds: About the Coronavirus State and Local Fiscal Recovery Funds. Retrieved 14 December 2021 at: <https://www.mass.gov/info-details/about-covid-19-federal-funds>.

<sup>ii</sup> Massachusetts Executive Office of Administration and Finance. About COVID-19 Federal Funds: About the Coronavirus State and Local Fiscal Recovery Funds. Retrieved 14 December 2021 at: <https://www.mass.gov/info-details/about-covid-19-federal-funds>.

<sup>iii</sup> Massachusetts Executive Office of Administration and Finance. About COVID-19 Federal Funds: About the Coronavirus State and Local Fiscal Recovery Funds. Retrieved 14 December 2021 at: <https://www.mass.gov/info-details/about-covid-19-federal-funds>.

<sup>iv</sup> Vijverberg, R., Ferdinand, R., Beekman, A. et al. The effect of youth assertive community treatment: a systematic PRISMA review. *BMC Psychiatry* 17, 284 (2017). <https://doi.org/10.1186/s12888-017-1446-4>.

<sup>v</sup> Massachusetts Association for Mental Health and the Children's Mental Health Campaign. *Pediatric Behavioral Health Urgent Care*, Second Edition. March 2020. Available at: [https://www.mamh.org/assets/images/Pediatric-Behavioral-Health-Urgent-Care-2nd-Ed.\\_0.pdf](https://www.mamh.org/assets/images/Pediatric-Behavioral-Health-Urgent-Care-2nd-Ed._0.pdf). <sup>vi</sup>

Middlesex County Restoration Center Commission. *Annual Report to the Legislature: Year Three Findings and Recommendations*. 13 April 2021. Available at: <https://www.mamh.org/assets/files/Restoration-Center-Commission-Year-Three-Findings-and-Recommendation.pdf>.