October 23, 2020

The Honorable Marjorie Decker, Chair
Joint Committee on Mental Health,
Substance Use, and Recovery
Massachusetts House of Representatives
State House, Room 33
Boston, MA 02133

The Honorable Julian Cyr, Chair
Joint Committee on Mental Health,
Substance Use, and Recovery
Massachusetts Senate
State House, Room 309
Boston, MA 02133

RE: Trends in Behavioral Health and Behavioral Health Care During the COVID-19 Pandemic

Dear Chair Decker, Chair Cyr, and Honorable Members of the Joint Committee on Mental Health, Substance Use, and Recovery:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your steadfast leadership during these unprecedented times. I am honored to testify before you today about the impact the COVID-19 pandemic has had – and will continue to have for years to come – on the behavioral health of individuals and families across the Commonwealth. COVID-19 has altered all of our day-to-day lives but has disproportionately impacted those already marginalized among us. The need for an equitable system of care for people with behavioral health conditions has never been more apparent.

Formed over a century ago, MAMH is dedicated to promoting mental health and well being for individuals of all ages across the Commonwealth. We are committed to advancing prevention, early intervention, effective treatment, and research for behavioral health and related disabling conditions. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with mental health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment reforms.

As you know, reliable surveys and emerging evidence inform us of a growing need for mental health services among individuals with pre-existing conditions and those with new conditions due to the COVID-19 pandemic.[11] According to a recently published study by MAMH (please see attached), deaths from suicide and overdose could increase between 12% and 60% in the Commonwealth due to COVID-19 and the recession caused by public health management measures required to control the spread of the disease.[2] The projected number of deaths is small compared to what will be a larger number of suicide

[1] Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. International Journal of Social Psychiatry, 0020764020915212.
[2] Mauch, D. E. & Sharp, C. R. (2020). Estimated COVID-19 behavioral health outcomes: Research in perspective to inform action to mitigate morbidity and mortality. Massachusetts Association for Mental Health.

attempts and non-lethal overdoses, with each event affecting not only the individuals but their families and communities.

MAMH appreciates the opportunity to offer the following legislative and budgetary recommendations to the Joint Committee on Mental Health, Substance Use, and Recovery in light of these growing needs:

Decrease the Number of Individuals Living in Congregate Settings

- **Increase funding for the Department of Mental Health (DMH) Rental Subsidy Program to move individuals who are homeless or ready for discharge out of psychiatric hospitals into community-based housing with DMH supportive clinical and tenancy services.**
  The COVID-19 pandemic has taught us that individuals with severe and disabling mental health conditions who are experiencing homelessness or living in congregate settings – such as shelters and state hospitals – are disproportionately vulnerable to COVID-19. According to our colleagues at DMH and the MA Association of Behavioral Health Systems, there are currently a total of 194 DMH clients who are ready to be discharged from public and private psychiatric inpatient units but are stuck because of lack of supportive, community-based housing opportunities.[3]

  Governor Baker's FY21 budget proposal unfortunately contains a $2 million shortfall compared to annualized FY20 expenditure levels for the DMH (DMH) Rental Subsidy Program (RSP). In FY20, $11.5M was budgeted for the DMH RSP ($7.548 in DHCD 7004-9033 and $4M in DMH 5046-0000). Midway through the fiscal year, DMH realized some savings in the 5046 (Adult Mental Health Services and Supports) account and spent an additional $1M on ~six months of rental subsidies to transition people who were ready for discharge out of DMH hospitals into supported, community-based housing. This brought total spending for the DMH RSP in FY20 to $12.5M, with a total number of 1,606 clients served in safe, affordable community housing. The Department decided to move people who were overdue for discharge and "stuck" in hospitals into more appropriate, less expensive, and less restrictive community-based settings, a decision that has proven to be critically important to protecting served individuals and their families during COVID-19. However, to keep the DMH RSP at the same level of effort for FY21 and protect the housing for all 1,606 clients, an additional $2M is needed over House 2 funding levels.

  In additional to addressing the shortfall, MAMH recommends expanding the DMH RSP by $1M to helping 71 additional individuals with significant and disabling behavioral health conditions secure stable, affordable housing in the community. We recognize that the Commonwealth is facing intense fiscal constraints related to COVID-19 and believe that funding DHCD 7004-9033 (DMH Rental Subsidy Program) at $10.548M in FY21 is a fiscally prudent investment. Based upon the most recent Worcester Recovery Center and Hospital (WRCH) cost report submitted to the Center for Health Information and Analysis (CHIA), the WRCH cost per patient per day for psychiatric inpatient hospitalization is $1,127.70. Without subsidies, there are currently 77 patients ready for discharge and are confined at WRCH and other state hospitals at a high cost to the Commonwealth and to their recovery.[4] Likewise, the National Alliance to End Homelessness estimates that "a chronically homeless person costs the taxpayer an average of $35,578 per year."[5] Without subsidies, 3,340 homeless adults with serious mental illness in Massachusetts

[3] As of September 28, 2020, the MA Association for Behavioral Health Systems (MABHS) reported 117 hospitalized patients who were waiting and discharge ready; as of the same date, DMH reported 77 clients approved for transfer but lack appropriate, community-based housing.
[4] As of September 28, 2020, DMH reported 77 clients approved for transfer from public psychiatric inpatient beds but lack appropriate, community-based housing.
[5] National Alliance to End Homelessness. Ending Chronic Homelessness Saves Taxpayers Money. 6 November 2015. Retrieved on September 29, 2020 at: https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/.

remain in shelters or on the streets during a pandemic with winter approaching.[6] Help us protect their health and advance their recovery. We know that housing plus the supportive services DMH provides prevent hospitalizations and other destabilizing events in people's lives.

- **Increase funding for low-threshold Housing First programs to keep homeless individuals out of the shelter system.**
  Permanent Supportive Housing is a crucial component of housing infrastructure that ensures individuals with behavioral health conditions have access to safe and supportive housing. At a time when stable housing is so critical to preventing further transmission of COVID-19 – and saving lives – we cannot afford to ignore the key role of permanent supportive housing.

  Permanent supportive housing providers have been facing significant costs and lost revenue as a result of the COVID-19 outbreak. Massachusetts is also facing a shelter capacity crisis; the Massachusetts Housing & Shelter Alliance estimates that *the Commonwealth has lost 800 shelter beds* for unaccompanied adults due to the shelter depopulation required to implement social distancing guidelines. Communities across Massachusetts are similarly reporting increased unsheltered homelessness.

  Funding for permanent supportive housing providers is essential to sustain existing units and create housing opportunities that address the Commonwealth's urgent need for non-congregate shelter and housing in the midst of this pandemic. Failing to sustain and expand the permanent supportive housing network in Massachusetts puts at risk the health of a vulnerable population *and* the community at large. In July, the Legislature made a commitment to addressing homelessness by approving $5.8 million for permanent supportive housing as part of COVID-19 Supplemental Budget. However, the Baker Administration has yet to release these much-needed funds. We encourage the Legislature to work with the Executive Office of Administration and Finance to release the $5.8 million for Permanent Supportive Housing that is in the COVID-19 Supplemental Budget.

- **Expand jail diversion services.**
  There has never been a more urgent need to divert individuals with mental health conditions from jails due to the extremely high risk of COVID-19 infection in such settings coupled with the pronounced vulnerability to infection among these individuals. These services are vital for assuring that individuals with mental health conditions are diverted from the criminal justice system and connected to much-needed behavioral health services.

  MAMH requests that the Legislature reject the $590K cut to Jail Diversionary Services in the DMH Adult Services and Supports Line Item #5046-0000 that was proposed in H2 and allocate an additional $2M to address a backlog of requests and better position the Commonwealth to meet the needs of our citizens with behavioral health needs who interact with law enforcement. The $590K cut would adversely impact current contracts that the state has for local criminal justice diversion initiatives and create fewer new grant opportunities for communities to establish these important programs. Community Jail Diversion grants cover important evidence-based services that include social workers responding to a behavioral health crisis call (co-responders)

[6] U.S. Department of Housing and Urban Development. HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Retried on October 1, 2020 at: https://files.hudexchange.info/reports/published/CoC_PopSub_State_MA_2019.pdf.

rather than the police. These grants also support helpline operations, which provide an alternative to calling 9-1-1 for families in need.

In addition, we are requesting $2M of funding for the queue of requests received by DMH during FY20 for criminal justice diversion initiatives and to increase the number of communities in Massachusetts using the co-responder model. In FY20, DMH granted funds to 10 towns for co-responders and 11 additional towns for shared regional co-responders. This means that less than 6% of our cities and towns are receiving support for co-responder programs. With approximately 330 communities in the Commonwealth being unserved by co-responders and an average cost to provide a co-responder model of $60,000, we have an almost $20M gap in funding in this area. Given the size of the funding gap, requesting $2M for FY21 is indeed modest. This request represents an initial, but important step in improving outcomes for individuals in behavioral health crisis. MAMH requests that DMH line item #5046-0000 be increased by $2.59M to reverse the currently proposed cut and increase funding for co-responder programs going forward.

- **Establish a Middlesex County Restoration Center.**
  The Middlesex County Restoration Center Commission, co-chaired by Sheriff Koutoujian of Middlesex County and me, representing MAMH, and composed of stakeholders in the Judiciary, Legislature, Administration, mental health, and criminal justice fields, has been meeting regularly since its creation in the 2018 Criminal Justice Reform Bill. Two annual reports filed with the Legislature documented the need for a Restoration Center to provide behavioral health urgent care and wrap-around social services to prevent arrest and unnecessary hospitalization and create a service model for the center. This funding is needed to plan for an FY22 implementation of a center, including drafting a procurement, integrating service components with existing programs at EOHHS, and capital planning if needed. The consensus of the Commission to establish a model restoration center to provide police, families and professionals alike with an alternative to arrest and incarceration of adults with primary mental health and/or substance use conditions was carefully developed through data analysis and expert consultation, as documented in two reports to the General Court. This effort is ready to proceed at a propitious time as the Commonwealth contemplates public safety and criminal justice reform. For a modest investment of $140,000, the Commission will keep the work moving in FY21 on its planned timeline to establishing a Center in FY22.

Expand Child and Adolescent Mental Health Services

Children and adolescents are among those of us acutely impacted by the pandemic, from disruptions to their daily schedules to experiencing higher levels of traumatic stress due to the multitude of stressors placed on families right now. The Centers for Disease Control and Prevention recently reported that almost 75 percent of people aged 18-24 reported at least one adverse mental or behavioral health symptom as a result of the pandemic. We, including our children, are experiencing a collective trauma that will reverberate for years to come. The impact of trauma on children and adolescents persists over the course of a lifetime, if it is not identified and treated. Therefore, it is vital that children continue to have access to necessary behavioral health supports. A crucial component to a fully funded children's behavioral health system is the Department of Mental Health's Child & Adolescent Services Fund (DMH Line Item #5042-5000), from which the Administration has proposed a $4 million cut in FY21. Though utilization may be down in the short term, it is necessary to protect funding this important account, which provides behavioral health services to children that are not available through insurance plans. The following are specific behavioral health interventions that should be considered in order to create the robust and high-quality children's behavioral health system that we need right now:

- **Urgent Behavioral Health Care.**
  Despite an initial reduction in individuals presenting in emergency rooms seeking psychiatric inpatient admission during the early days of the pandemic, demand has returned to pre-pandemic levels at the same time fewer beds are available. Consequently, emergency department (ED) boarding has increased, with the largest impact on children. Urgent behavioral health care offers an alternative to ED based services and has the benefit of responding to children and families in need before a full crisis emerges. Outpatient behavioral health treatment must include the ability to triage and treat children on a walk-in basis, even if that "walk-in" capacity is virtual throughout the COVID-19 pandemic. Without typical behavioral health supports in place (such as supports children receive at school), children are more likely to have behavioral health needs that will go unidentified or undertreated. Creating immediate access to behavioral health supports for children and adolescents with urgent needs is an important first step in assuring access to behavioral health care.

- **Mobile Crisis Intervention (MCI) Enhancement to Support School Related Crisis.**
  Integrated and robust support for children with significant clinical needs, as well as their families, is needed during this time of remote or hybrid learning. MAMH contends that an Urgent Reintegration Response, a level of care between the short-term intervention of an MCI evaluation and the long-range goals of an outpatient treatment protocol, is particularly critical for youth and caregivers. An Urgent Reintegration Response will neither duplicate nor replace other services currently included in the standard levels of care. This model of wraparound support includes:
  - Physical touchdown space, including a sensory station, for families identified by schools as struggling "in real-time" with the transition back to in-person learning or remote learning. The child and family identified as in need of urgent reintegration intervention will be able to wait, be treated, or decompress in this space safely before, during, and after treatment.
  - A team-based and integrated response to families and children who have been identified and prioritized by the schools as needing attention urgently (within 24 hours). In addition to the on-site core of this model, telehealth will also be blended in with the work.
  - An evidence-based treatment response to be provided by a response team. The team would include an MCI clinician and Family Partner paired with an outpatient therapist, all under the guidance of a child psychiatrist, and with consultation available from a behavioral specialist.

- **Mental Health Access Program (MHAP) for Kids Expansion.**
  The Family Resource Centers (FRCs) report growing mental health needs of families living in communities most impacted by the pandemic. MHAP for Kids is a highly sought-after program, forging pathways for at-risk children to difficult-to-access mental health treatment. It is currently situated in the FRCs serving families in Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk, and Worcester counties. The MHAP for Kids attorneys are highly qualified advocates who eliminate obstacles to mental health services. They aim to divert children from possible or further court involvement, help children thrive in school, and reduce family conflict while minimizing costly emergency department visits and inpatient mental health treatment. A MHAP for Kids attorney works directly with state agencies, including schools, treatment providers, and insurers to ensure that a child receives appropriate and needed services. An independent evaluation of the program confirms its positive impact on at-risk youth and their families. MAMH recommends directing resources toward reducing waitlists and expanding MHAP for Kids to cover the entire state.

- **Support Services for Parents/Guardians.**
  In addition to managing their behavioral health care, parents and guardians have become educators for their children, in addition to grappling with an extraordinary range of stressors

associated with holding onto employment, feeding their families, and taking care of themselves and other loved ones.

MAMH recommendations additional grant funding to children's mental health service providers to provide virtual and drop-in supportive spaces for caregivers to discuss strategies for coping with the impact of COVID-19 on the behavioral health and education of their children. The groups would be facilitated – by clinicians and/or Family Partners who may form partnerships with Applied Behavior Analysis (ABA) providers and other specialty providers as needed. In addition, providers would offer specialized groups for caregivers of children with high-level needs to support them in implementing treatment modalities and behavior plans, as well as remote learning. Examples of specialty group participants include foster parents, parents of children with co-occurring Autism Spectrum Disorders/Intellectual and Development Disabilities (ASD/IDD), very young children (birth to age 5), transition age youth, medically complex children, BIPOC families, and Spanish-speaking families.

- **Early Childhood Mental Health Consultation**

  Childcare settings, already burdened with balancing the physical health and safety of their children and staff, will require ongoing mental health support through consultation. Preserving the Early Childhood Mental Health Consultation program (funded by DEEC Line Item #3000-1020) will be crucial for ensuring that early childhood educators are prepared to handle the influx of need without relying on practices such as preschool suspension and expulsion. Preschool suspension and expulsion often occur when young children's mental health needs are not properly identified and addressed. This practice disproportionately affects Black boys and contributes to the school-to-prison pipeline.[7] Mental health consultation has helped childcare settings reduce this practice over the past several years through community-based mental health consultation, teacher training, and parenting skill development. With an increased need for mental health competency among childcare providers, it is vitally important that this program is prioritized and funded at its current level.

Expand the Elder Mental Health Outreach Team (EMHOT) Program

The COVID-19 pandemic has had a devastatingly disproportionate impact on older adults – both in the increased rates of infection and death from the disease as well as the intense social isolation and pandemic anxiety. Together, these factors put older adults at even greater risk for behavioral health concerns.

In response, MAMH recommends an expansion of the Elder Mental Health Outreach Team (EMHOT) program. EMHOTs play a critical role in their communities. They are mobile, multi-disciplinary teams that provide outreach, counseling, and connections to more intensive behavioral health services when needed. Police and fire personnel, emergency medical technicians, Aging Service Access Point (ASAP) protective service workers and care managers, housing authority staff, councils on aging staff, and home health agency nurses all refer older adults to EMHOTs. EMHOT clinicians meet older adults in need where they are, from emergency rooms to individuals' homes. Challenges with personal mobility and lack of transportation often serve as barriers to behavioral health care for many older adults; the mobile design of EMHOTs addresses these access challenges so older adults can receive timely support.

In FY20, seven EMHOT sites serving 81 communities across the Commonwealth offered 7,504 hours of short-term counseling, case management, referral, and crisis intervention. However, since the COVID-19 pandemic, the number of older adults in crisis referred to EMHOTs has increased 40% and the number of

[7] U.S. Department of Education, Office of Civil Rights. (2016, June). 2013-2014 Civil rights data collection: Key data highlights on equity and opportunity gaps in our nation's public schools. Retrieved from http://www2.ed.gov/about/offices/list/ocr/docs/crdc-2013-14.html.

older adults referred with both mental health and substance use conditions has increased 45%. MAMH, along with our colleagues on the Massachusetts Aging and Mental Health Coalition, request an additional $200,000 over Governor Baker's revised House 2 budget to expand the capacity of EMHOTs to deliver services to new communities across the Commonwealth.

Make Emergency Telehealth Provisions Permanent

MAMH urges the Joint Committee to adopt legislation that would make the emergency telehealth provisions permanent. A crucial component of this legislation is the provision that telehealth services will be reimbursed at the same rate as in-person services. As witnessed, despite existing behavioral health parity legislation, in-person behavioral health services are reimbursed by insurance carriers at lower rates than in-person physical health services. This has created a behavioral health system that is chronically underfunded. Assuring that telebehavioral health services are reimbursed at the same rate as in-person behavioral health services is critical to behavioral health providers' ability to offer – and individuals' ability to access – telebehavioral health services. Therefore, these actions are an important step toward achieving behavioral health parity.

As the Commonwealth continues to address the COVID-19 pandemic, access to telehealth is crucial for ensuring that individuals can continue to safely access behavioral health services. We know that many individuals may continue to be more comfortable seeking care through telehealth, especially if they are in a high-risk health category or experience barriers to care related to geography or transportation. Therefore, it is important to keep the telebehavioral health services provisions in place permanently to ensure that individuals continue seeking essential behavioral health services. Regularly accessing outpatient behavioral health care prevents conditions from becoming acute and requiring costly treatment.

Children must also be prioritized in the telehealth conversation. As children continue to access a mixture of in-person and remote school, it is more important than ever for them to have access to high-quality behavioral health care, including care accessible through telehealth. Because of ongoing concerns with limiting in-person contact, external behavioral health providers may have reduced access to the schools in which they typically work. Telehealth legislation must enable the provision of behavioral health services in schools by not restricting the settings in which telehealth services are provided. In addition, part of behavioral health care for school-aged children is the ability for behavioral health providers to consult with teachers and other school personnel with whom students interact. We ask that you please consider adding language that would cover these consultations via telehealth in the absence of in-person contact to help foster a care continuum for at-risk and struggling students.

Thank you again for your leadership, consideration of these recommendations, and attention to the needs of your constituents with behavioral health needs, their families, and their communities, particularly during this challenging time. Please do not hesitate to be in touch should you have any questions or would like additional information. MAMH looks forward to serving as a resource and working closely with the Joint Committee Mental Health, Substance Use, and Recovery.

Sincerely,

Danna Mauch, PhD
President and CEO