



October 26, 2020

The Honorable Aaron M. Michlewitz
Chair, House Committee on Ways and Means
State House Room 243
Boston, MA 02133

The Honorable Michael J. Rodrigues
Chair, Senate Committee on Ways and Means
State Room 212
Boston, MA 02133

Dear Chair Michlewitz and Chair Rodrigues,

On behalf of the Children's Mental Health Campaign (CMHC), thank you for the opportunity to provide input on the budget for the remainder of Fiscal Year 2021. The CMHC is a large statewide network that advocates for policy, systems and practice solutions to ensure all children in Massachusetts have access to resources to prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way. The CMHC Executive Committee consists of six highly reputable partner organizations: The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), Boston Children's Hospital, the Parent/Professional Advocacy League, Health Care For All, Health Law Advocates, and the Massachusetts Association for Mental Health. The CMHC network includes more than 200 organizations across Massachusetts.

The health and wellbeing of children and youth is paramount. While COVID-19 is a physical illness, the pandemic has had a profound impact on mental health and has inflicted a trauma on children and youth that must be addressed. 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.¹ The pandemic is also predicted to exacerbate existing mental health problems for children and youth.² Among foster families in Massachusetts, almost 40 percent have experienced barriers in accessing services such as early intervention and therapy for their foster children as a result of the pandemic.³ Youth involved in the justice system, who are more likely to have unmet medical, mental health, and social needs; who are more likely to be youth of color; and who are more likely to have been exposed to adverse childhood experiences, are experiencing the disproportionate impact of

¹ Centers for Disease Control and Prevention, "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020," Mark E. Czeisler et al., August 14, 2020, [cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm)

² Jama Pediatrics, "Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents," Ezra Goldstein, April 14, 2020, <https://rb.gy/dkze0y>

³ Massachusetts Society for the Prevention of Cruelty to Children Internal Survey. August, 2020.

COVID-19 parallel to the historically disenfranchised communities from which many of these youth come.⁴

The impact of trauma on children and youth unfolds across a lifetime. Toxic stress, defined as strong, frequent or persistent exposure to adversity or trauma without adequate adult support, damages the developing brain. The cumulative toll toxic stress has on a child results in a number of lifelong health problems.⁵ We, including our children, are experiencing a collective trauma that will reverberate for years to come. We ask you to continue to champion children as we look to supporting their health now and after the pandemic has ended.

As you do the difficult work to prepare your budget recommendations for FY21, we ask that you include several key provisions in order to ensure the safety and wellbeing of children in the Commonwealth. As a baseline we strongly urge you not to undercut the capacity of an already overburdened children's behavioral health system to respond to what we firmly believe is going to be a significant increase in need for behavioral health care among kids.

Meeting the Needs of Youth with Behavioral Health Conditions

The top concern of the CMHC is not losing ground; we are strongly advocating against cuts to critical programs that meet the needs of youth with behavioral health conditions and long-term foundational programs that support kids must be maintained to meet the rising demand for services.

- **DCF Line Item #4800-0200: \$950,000 to support statewide expansion of the Mental Health Advocacy Program (MHAP) for Kids**

The Family Resource Centers (FRCs) report growing mental health needs of families living in communities most impacted by the global 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 in order 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.

The funding requested, which will allow the program to leverage \$500,000 in support from private foundations, will maintain the program in the Family Resource Centers (FRCs) serving Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk, and Worcester counties with support from a dedicated intake

⁴ American Academy of Pediatrics Policy Statement Advocacy and Collaborative Health Care for Justice-Involved Youth. 2020, <https://pediatrics.aappublications.org/content/146/1/e20201755>

⁵ Harvard Center on the Developing Child, "Toxic Stress." <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

worker and paralegal as well as expand to the program to all the counties not currently served (Berkshire, Franklin, Hampshire, Plymouth, Cape & Islands) with a centralized intake/hotline number.

Throughout the pandemic the program has seen an increase in acuity for kids with existing behavioral health needs, alongside an increase in emergent needs. Among the children served by MHAP for kids since the Governor declared a state of emergency:

- 66% live in a city/town in the top 30 for highest COVID-19 rates
- 66% identify as a person of color
- 97% identified with mental health diagnosis at the time of MHAP for Kids intake
- One in five have an open juvenile delinquency matter
- One in six have an open Child Requiring Assistance Petition
- Average household income = 114% of the FPL (\$29,000 for a family of four)

Ninety-two percent of these youth came to MHAP for Kids with a diagnosed mental illness. Because they are not receiving appropriate mental health care, kids referred to MHAP for Kids have a high rate of school absences and suspensions, and hospitalizations. Youth ages 3-22 are eligible for MHAP for Kids, and the average age of those served since March 10 is 13 years old.

Eliminating funding for MHAP for Kids undercuts our ability to meet the needs of some of the most vulnerable children in our Commonwealth, and deepens already stark inequities. At a minimum, the program can continue to serve the existing sites at an appropriation of \$300,000. The program has waitlists at all of the existing sites, and frequently receives requests for support from families outside of the current service area.

- **DPH Line Item #4592-0250: Level funding at \$350,000 to support ongoing training, technical assistance, and expansion for return to school “bridge” programs**

Unique to Massachusetts, Bridge programs integrate mental health, academic, family, and care coordination supports to address the needs of middle and high school students returning to school following extended health- or mental health-related absences. The focus of bridge programs is to ensure that youth who have been out of school for psychiatric or other hospitalizations can successfully transition back to school. Bridge programs can significantly reduce rates of mental health-related hospitalizations and re-hospitalizations for youth with serious emotional disturbances (SEDs) and can help to address the emergency department boarding crisis, where children wait for days, weeks, and sometimes months to step down from the ED to an appropriate community setting. 50% of US high school students with serious mental illness drop out of school. Bridge programs are changing that script for Massachusetts youth with a short-term intervention that reduces drop-out rates to 8%.

Throughout the pandemic, bridge programs continue to help schools create effective and efficient structures for helping students struggling with serious mental health and other medical challenges achieve success. Bridge programs have been working with school and district leaders, and entire school faculties across Massachusetts, to integrate school wide strategies and supports to promote mental health and equity for all students and families.

The funds requested will enable the continuation of direct support for students struggling with serious mental health challenges, made possible by supporting bridge program staff in schools (clinicians and academic coordinators) in adjusting their roles and developing skills needed to work effectively during this period. The Bridge for Resilient Youth in Transition (BRYT) School Support team, which provides training and TA to all bridge programs in the state, has been helping the 140 existing BRYT programs in Massachusetts navigate this shift through customized technical assistance, cross-school cohort meetings and professional learning opportunities, and on-call consultation.

Maintain Funding for Foundational Programs

- **DMH Line Item #5042-5000: Level funding at \$125,000 to support interagency collaboration via the Massachusetts Infant and Early Childhood Mental Health Coordinator**

Understanding and supporting infant and early childhood mental health is integral to preventing and treating the mental health problems of very young children and their families. It also helps guide the development of healthy social and emotional behaviors. Simply put, investing in early childhood mental health is the best opportunity we have for prevention and early intervention, and to ensure that all children have a strong start in life. The position of IECMH Coordinator within the Department of Mental Health has the necessary authority to conduct work across the Health and Human Services and Education Secretariats and Departments. The primary duties of the IECMH Coordinator will be to convene and oversee the work of the IECMH Task Force, develop and advance the goals of an annual IECMH Strategic Plan, and implement strategies to support ongoing communication, information, and resource sharing and collaboration among stakeholders.

- **DEEC Line Item #3000-1020: Level funding at \$2.5M for Mental Health Consultations in Child Care Settings**

In 2006, Massachusetts ranked 9th in the nation in pre-school expulsions. In response, the Department of Early Education and Care (DEEC) piloted a mental health promotion, prevention and intervention model of service that consists of community-based mental health consultation, teacher training and parenting skill development. Services include classroom and program assessment, on-site mentoring, teacher training and support, and parent consultations.

- **DMH Line Item #5042-5000: Level funding at \$3.875M to continue to MCPAP and MCPAP for Moms**

The Massachusetts Psychiatry Access Program (MCPAP) works to mitigate the severe shortage of child psychiatrists in Massachusetts by providing regionalized access to psychiatric consultation to primary care providers who are on the front lines in diagnosing and treating mental health disorders in children. We are pleased that the FY 2017 budget codified language allowing DMH to assess commercial insurance companies for the cost of serving their covered members. The assessment will generate approximately \$1.9M in revenue this fiscal year.

- **DPH Line Items #4590-0250, #4512-0200: Level funding at \$700,000 support ongoing substance use prevention and early intervention in school districts statewide**

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a cost effective, evidence-based approach to preventing substance use among adolescents by reinforcing positive behavior and providing follow-up counseling and, where necessary, treatment if a problem exists. Funding supports ongoing training and technical assistance to ensure schools are able to comply with the mandate to utilize SBIRT in two grade levels.

Defend Access to Child and Adolescent Behavioral Health Services

The CMHC is also concerned about losing ground in the form of cuts to the Department of Mental Health (DMH) Child and Adolescent services line.

- **DMH Line Item #5042-5000: Protect access to services for vulnerable youth by rejecting the \$3M cut proposed in House 2 and additional \$1M cut to camperships in revised H2**

The CMHC is alarmed to see a reduction in behavioral health resources for kids, especially in the midst of the COVID-19 pandemic. There has been a spike in behavioral health needs across the spectrum, including among those children with behavioral health conditions pre-COVID, and those who have experienced trauma as a result of any of the many painful facets of the pandemic, including Black and Latinx children and children from low-income families whose communities have been hardest hit. The suggestion that children and families can be supported with a reduction in resources is incorrect. Now more than ever, we need creative responses to address these heightened needs.

This cut is discordant with the sharply increasing needs of children in the Commonwealth. There are three areas in particular where resources could be redirected to provide vital support to all children during this time, with an emphasis on those who have been disproportionately impacted and are struggling the most.

1. **MHAP for Kids expansion:** direct resources toward reducing waitlists and expanding MHAP for Kids to cover the entire state as outlined in the first section of this letter.
2. **Support Services for Parents/Guardians:** Parents and guardians have become educators for their children, in addition to managing their behavioral health care while grappling with an extraordinary range of stressors associated with holding onto employment, feeding their families, and taking care of themselves and other loved ones.

With grant funding, children's mental health service providers would 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 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, supporting remote learning. Examples of specialty group participants include, foster parents, parents of children with co-occurring ASD/IDD, very young kids (birth to age 5), transition age youth, medically complex kids, BIPOC families, and Spanish speaking families.

3. **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. Specifically, an Urgent Reintegration Response, somewhere between the short-term intervention of an MCI evaluation and the long-range goals of an outpatient treatment protocol. An Urgent Reintegration Response will neither duplicate nor replace other services currently foreseen by 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: 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. The purpose will be to address crises encountered by a family as their child works towards transitioning back to school. The function of the sensory room will be to provide a large and safe environment to manage behavioral escalations or practice self-management skills with youth and families.

Outside Sections

Finally, the CMHC appreciates your consideration regarding the following Outside Sections in H2:

- **Reject Outside Section 9: Community Behavioral Health Promotion and Prevention Trust Fund**

This outside section gives the Secretary of EOHHS the authority to spend funds from this behavioral health-specific trust fund on other “critical public health needs.” The focus on directing resources in the trust fund toward behavioral health was both intentional and necessary. There are existing resources to address prevention of other public health crises which don’t exist for the prevention of behavioral health crises. To meet the long term behavioral health challenges that will have a ripple effect beyond this moment in time, it is important that these resources remain dedicated to upstream behavioral health promotion and prevention.

- **Include Outside Section 61 - Universal Provider Credentialing Application**

Nationally, about half of all psychiatrists do not accept private insurance and more than half do not accept Medicaid or Medicare.⁶ There are numerous reasons why behavioral health providers elect not to participate in private and public insurance products, including low reimbursement rates and burdensome licensing and credentialing requirements. This creates tremendous barriers for individuals and families that cannot afford to self-pay. “While most state-based health insurance plans in Massachusetts utilize a centralized and uniform credentialing process provided by HealthCare Administrative Solutions, not all carriers licensed to provide insurance in the state use this platform. This may mean verification requirements and time frames differ across health plans, leading to considerable administrative burden for providers participating across multiple commercial plans and MassHealth.”⁷ The CMHC supports the expansion of this or a similar platform so there is a centralized, mandatory credentialing application.

- **Include Outside Sections 80-83: Same-day Billing**

The CMHC supports the provisions in revised House 2 that prohibit payers from denying coverage or imposing additional costs for same-day behavioral health coverage. Passage of same-day billing provisions would support the widespread dissemination of integrated behavioral health and primary care in the Commonwealth. We strongly believe that children and their families should be able to access the behavioral health care they need, when they need it, in the most appropriate settings.

We recognize that you face many difficult budget decisions this year and appreciate your consideration of these very important requests. We hope that the information we have provided will prove useful in developing the FY21 budget. If you have any questions, please do not hesitate to contact me at cchelo@mspcc.org or by phone at 617-587-1513.

Sincerely,



Mary A. McGeown
Executive Director, MSPCC

Cc: Speaker of the House Robert DeLeo
Senate President Karen Spilka
Members, House Committee on Ways and Means
Members, Senate Committee on Ways and Means

⁶ Blue Cross Blue Shield of Massachusetts Foundation and Abt Associates. Access to Mental Health Services in Massachusetts: A Summary of Findings. October 2017.

⁷ Blue Cross Blue Shield of Massachusetts Foundation and Manatt Health. Ready for Reform: Behavioral Health Care in Massachusetts. January 2019.