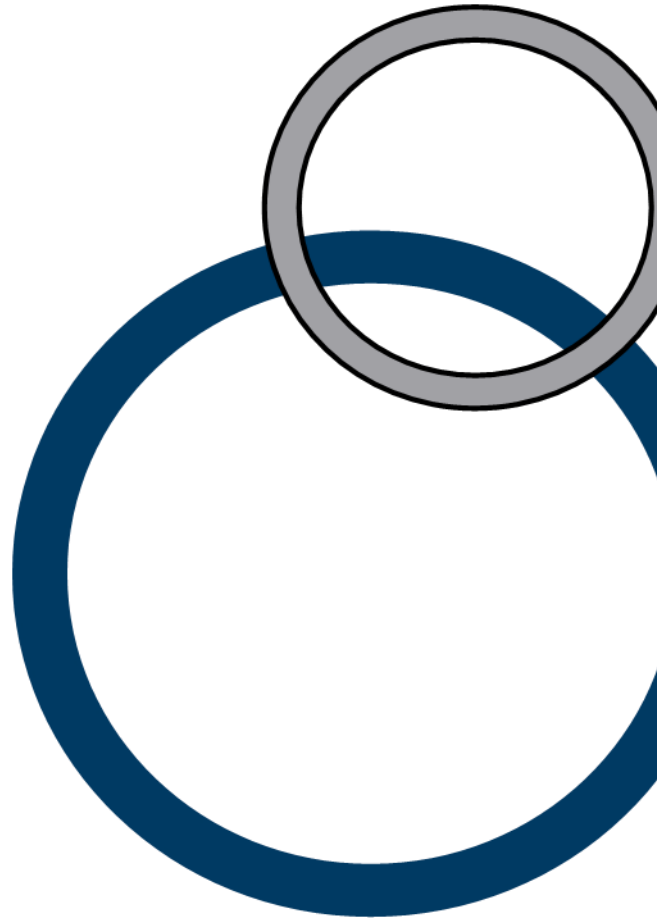
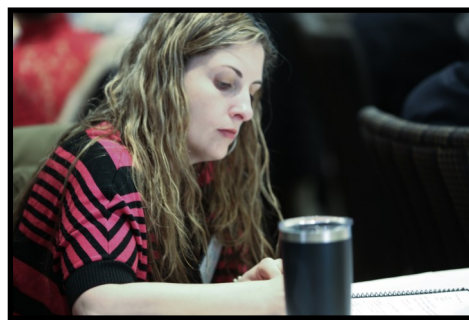




**Association for Behavioral Healthcare**

**FY 2020 Annual Report**



# A Letter to Our Members

Dear ABH Colleague,

It is with great pride that we submit the Fiscal Year 2020 Annual Report for the Association for Behavioral Healthcare, Inc. and the Association for Behavioral Healthcare Foundation, Inc.

As you know, FY 2020 was a year like no other. During the first half of the year, ABH experienced leadership and staffing changes. Shortly after these transitions were complete, the nation found itself in the midst of a racial reckoning that is proven to have profound impacts on mental and behavioral health, while also being in the grips of a pandemic. Our members quickly and impressively adjusted service delivery to ensure the health and safety of clients and staff, including pivoting to telehealth in a matter of days. ABH also pivoted. ABH prioritized diversity, equity, justice and inclusion efforts, both for ourselves and for our members. Policy priorities such as rate reform, ambulatory treatment system design, and crisis services redesign, were temporarily set aside in order to support members securing emergency fiscal and policy relief and providing timely, accurate information to members.

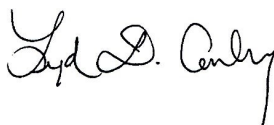
The following FY 2020 Annual Report highlights our successes as an organization in FY 2020, including our member trainings, state and federal policy advocacy, and our response to the COVID-19 pandemic.

We are very grateful for the strong support we received from the Board of Directors and membership in FY 2020. FY 2021 is going to be a challenging year, but we are confident that we will continue to provide the advocacy and support you need and expect.

Sincerely,



Diane Gould, Chair  
Board of Directors



Lydia D. Conley,  
President & CEO



*Diane Gould, Chair  
Board of Directors*



*Lydia Conley  
President and CEO*



# Racial Equity and Justice

ABH stands united against racism and hate. The impact of systemic racism on mental health is well-established and we must do better to acknowledge this and incorporate this knowledge into treatment access and delivery.

A growing body of evidence demonstrates that racial discrimination has significant health impacts. A 2017 Lancet article reported that “[t]he strongest evidence in the scientific literature is for adverse effects [due to racism and interpersonal discrimination] on psychological well-being, mental health and associated health practices [including use of tobacco, alcohol and drugs.]” In 2019, researchers reporting on Institutes of Medicine findings stated that “... across virtually every type of therapeutic intervention in the U.S, ranging from high technology interventions to the most basic forms of diagnostic and treatment interventions, blacks and other minorities, receive fewer procedures and poorer quality medical care than whites.”

ABH stands in solidarity with those who are working to change the system. We want to turn our emotion into action. As Martin Luther King Jr. once said, “The time is always right to do what is right”. The time is right for ABH to do the right thing.

ABH is prioritizing an assessment of our role in advancing racial equity and justice. We have accelerated our Senior Leadership Committee on Partnering with Underserved Populations to a monthly cadence. We are undertaking a survey of the membership to help identify priority issues and actions and will be establishing a demographic baseline of our members’ leadership through a survey in order to support efforts to promote leadership opportunities within ABH.



# COVID-19 Support

ABH has worked to support our members during the COVID-19 pandemic through advocacy and technical assistance.

## MassHealth Relief

When financial data showed that ABH member Medicaid revenues were declining precipitously during the first weeks of the pandemic, ABH advocated with the Baker-Polito Administration for supplemental funding to help providers sustain services and transition to new service delivery approaches. Ultimately, the Baker-Polito Administration delivered a substantial fiscal relief package of \$104 million for behavioral health providers across four months. Of this, \$10 million was for temporary rate increases for certain behavioral health services and \$94 million was allocated for supplemental payments to behavioral health providers. In addition, ABH successfully advocated to ensure that rate increases for E/M codes apply to behavioral health providers alongside primary care providers. ABH consistently hears from members that the MassHealth relief prevented the reduction or closure of services.

## Chapter 257 Relief

ABH partnered closely with the Association of Developmental Disabilities Providers, the Children's League of Massachusetts, and the Providers' Council, our partners in the Collaborative, to advocate with the Baker-Polito Administration for supplemental funding to help address extraordinary costs associated with coronavirus response. The Baker-Polito Administration adopted a strategy that infused \$139 million in relief across Chapter 257 services across four months. These funds helped providers manage extraordinary costs during the COVID surge period.

In addition, the Collaborative has continued to partner with the Baker-Polito Administration to ensure that providers were able to access emergency Personal Protective Equipment (PPE) through the Massachusetts Emergency Management Agency (MEMA) and that mobile testing be deployed across Chapter 257 programs.

## COVID Daily Updates, Resource Roundup and Landing Page

The Commonwealth responded quickly to the pandemic and also quickly adjusted guidance based on feedback and new information. This made it very challenging for providers to keep abreast of the latest guidance. ABH collated state and federal guidance into daily updates with links to new guidance, and utilized a Q&A approach in areas that staff identified high degree of uncertainty among members. ABH also launched our Resource Roundup, a periodic electronic newsletter that features articles, training opportunities, and other resources identified by ABH staff or members or offered by partners. ABH has created a Members-Only COVID landing page with key guidance as well as an archive of all the daily updates.



# COVID-19 Support

## Weekly Committee Check-Ins

ABH also added weekly committee check-ins in which staff updated members on the latest information and collected questions for which ABH secured responses. Many of these committee check-ins routinely logged more than 100 participants.

## ABH Dues Relief

Thanks to the leadership of the Board of Directors we were able to offer ABH members a 20% discount on fourth quarter dues to assist them while they began managing their COVID-19 response.

## EOHHS Re-Opening Workgroup

ABH was also asked to serve on the EOHHS Non-Acute Hospital Health Care Provider Re-Opening Workgroup that met weekly to help inform re-opening guidelines.

## Telehealth

In addition to the telehealth training we offered last fall, we have advocated for the broadest possible telehealth flexibilities during COVID-19, including use of telephone and for the extension of telehealth to day programs and group treatment, as well as to maintain as many of those flexibilities as possible.

ABH is in the process of several surveys to support maintenance of flexibilities and rate parity for in-person and telehealth services and continues to advocate for this within the Executive Office of Health and Human Services (EOHHS) and the Legislature.



## Section 1115 Waiver/DSRIP-Related Activities

States have flexibility to design their Medicaid Programs to meet local needs under a mechanism known as a Section 1115 Demonstration, sometimes called a Waiver. Many behavioral health services are part of the Medicaid benefit solely because of our 1115 Waiver. The Commonwealth's implementation of our current 1115 Waiver concerning accountable care was a significant focus for ABH during FY 2020. We successfully advocated with MassHealth for an increase to the Behavioral Health Community Partner PMPM rate to \$250 (from \$180 PMPM), effective January 1, 2020.

ABH remained an active participant as a member of Executive Office of Health and Human Services' Delivery System Reform Incentive Council (DSRIC) throughout the year. The DSRIC's role is to advise MassHealth on issues around the implementation of the 1115 Waiver.

ABH continued to work closely with the Massachusetts League of Community Health Centers (MassLeague) to administer Delivery System Reform Incentive Payment (DSRIP)-funded workforce development programs for staff at Community Health Centers (CHCs) and community behavioral health organizations. This work included identifying individuals with an expertise in community behavioral health to review applications for loan repayment programs and meeting regularly with MassLeague staff to advise them on issues around community behavioral health care and workforce development. ABH is strongly supportive of this component of the DSRIP.



# Children's Services

ABH was very active in FY 2020 on a number of issues impacting children and our members who provide services to kids and families.

## Behavioral Health for Children and Adolescents

For the implementation of the Behavioral Health for Children and Adolescents (BHCA) mandate (see Division of Insurance (DOI)/Department of Mental Health (DMH) Bulletin 2018: 07), we worked closely with carriers and with the Division of Insurance to develop carrier-specific crosswalks to assist Children's Behavioral Health Initiative (CBHI) providers in understanding how CBHI and BHCA services relate. In addition, we worked with DOI to ensure that commercial carriers published listings of in-network BHCA providers. These resources are frequently accessed and are available under our Members-Only portal.

In addition, ABH conducted a detailed BHCA implementation survey and developed key recommendations based on those findings, many of which were adopted by DOI/DMH/MassHealth. Related to this, ABH successfully advocated for three extensions of the coordination of benefits implementation for a total of 9 months to help providers prepare for this transition.

## Children's Behavioral Health Initiative

As part of the BHCA implementation, Family Partners (FP) and Therapeutic Mentors (TM) must be certified in order to be reimbursed by commercial insurers. In addition, EOHHS has proposed that MassHealth FPs and TMs likewise be certified to promote a universal workforce for commercially insured individuals and for MassHealth members. This alignment of workforces is consistent with language in the Governor's health care bill that would require commercial insurers to cover non-licensed clinicians in clinic settings. ABH conducted another detailed survey on the potential impact of the Community Health Worker (CHW) certification requirement for MassHealth CBHI network and developed key recommendations, including recognition of CBHI training hours in certification and extended work experience certification pathways. Those recommendations are currently under consideration by MassHealth.

## Congregate Care

ABH developed recommendations on the future of congregate care services and then consolidated these into Joint Principles and Recommendations for Congregate Care Services in partnership with the Children's League of Massachusetts (CLM).

ABH also successfully advocated for ongoing listening sessions to address the needs of residential, adoption and foster care providers with the Department of Early Education and Care in conjunction with CLM, the Provider's Council and the Massachusetts Association of 766 Approved Private Schools (maaps).





# Adult Mental Health Services

## Medication Administration Program (MAP)

In partnership with the Association of Developmental Disabilities Providers (ADDP), ABH successfully advocated against changes to MAP Policy regarding the allowance of a one-person controlled substance count. The proposed change would have added significant cost and burden on providers.

## Documentation Collaborations

ABH collaborated with the Department of Mental Health (DMH) and our Adult Community Clinical Services (ACCS) member organizations to develop shared guidance for the implementation of the Self-Sufficiency Matrix (SSM), which is now used in ACCS programs. ABH and DMH conducted a joint webinar for provider and DMH staff on the use of the tool.

Stemming in part from feedback from the SSM process, DMH partnered with ABH in an ACCS Documentation project. The goal of the project is to re-envision DMH's documentation approach to one that supports and aligns with active treatment in a person-centered manner, thereby setting aside the current Rehab Option-centric approach. Several ABH members have piloted a new documentation approach and statewide kickoff has begun.

## ACCS Rate

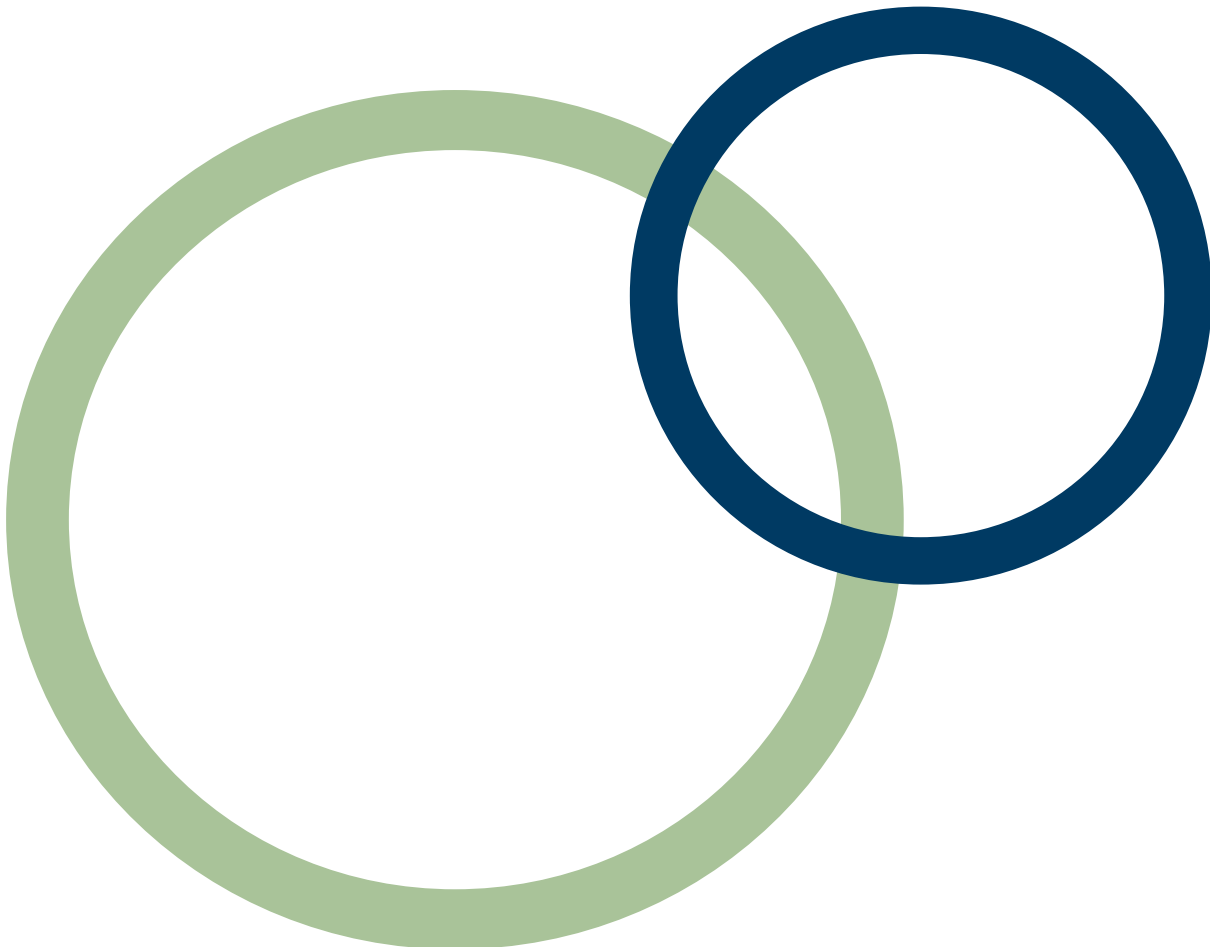
As you may recall, DMH Commissioner Joan Mikula established a workgroup to closely monitor provider financial performance under ACCS rates. Those workgroup findings showed that provider budgets exceeded DMH rate model funding but that the rate model exceeded expenses primarily because of staff vacancies. If fully staffed, the costs would exceed provider budgets.

In addition, an extensive ABH review of the recently-proposed ACCS rate showed a significant clinical vacancy rate as well as salaries that are at or exceed proposed salary benchmarks. Despite the workgroup and rate analysis findings, the final ACCS rate was extremely disappointing. Please see Chapter 257 on the following page.



## Chapter 257

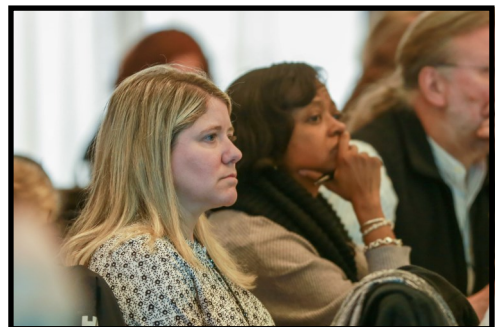
ABH, in partnership with The Collaborative, continued to address issues around Chapter 257. For the first time, the Commonwealth used an external benchmark (the median of the Bureau of Labor Statistics for Massachusetts) rather than the Uniform Financial Report (UFR) for salary benchmarks which was a significant victory for The Collaborative. The Governor's FY 2021 budget proposal included \$160 million to fund salary increases resulting from use of this new benchmark. The use of the median salary benchmarks will greatly benefit some services, such as Adult Long Term Residential services purchased by the Department of Developmental Services (DDS).



# Substance Use Disorder Treatment and Recovery

ABH continued to lead in the substance use disorder treatment area with a particular focus on medication assisted treatment (MAT). ABH spearheaded numerous projects including:

- Provision of MAT in Opioid Treatment Programs (OTPs), advocating for improved rates and implementation processes, including Bureau of Substance Addiction Services (BSAS) coverage of MATs other than methadone under the payer of last resort policy;
- Integration of care in SNFs/LTC facilities, working with a Centers for Medicare and Medicaid Services-funded consultant to develop process and procedures to ensure that patients of these facilities have access to needed MAT; and,
- Implementation of Medicare OTP benefit, working with MassHealth and BSAS to ensure a transition that is as seamless as possible.



# State Policy Advocacy

In terms of legislative advocacy, we continued to partner well with our legislative allies. We served on Senate President Spilka's workgroup on behavioral health, and we worked with Senators Rodrigues, Friedman and Cyr on the Mental Health ABC Act which includes the following priorities:

- Requires the Group Insurance Commission (GIC) and all Division of Insurance (DOI) fully-insured plans to provide benefits for medically necessary emergency service programs (ESPs);
- Creates a new interim license for licensed mental health counselors, called Licensed Supervised Mental Health Counselor (LSMHC); and,
- Requires the Health Policy Commission, in consultation with DOI, to review the role of behavioral health managers within the health care delivery system.

ABH was pleased to be invited by Senate leadership to speak at the press conference announcing this legislation, and to see it passed in the Senate. We continue to advocate for its passage by the Legislature in the new legislative session.

On the regulatory front, the Commonwealth is preparing for ambulatory treatment system design and is moving forward to update program regulations prior to any major system re-design. ABH met extensively with its members to identify and promote changes to both BSAS and clinic licensure regulations that promote fairness to providers and reflect the actual operation of services. This includes anticipating delivery system changes (e.g. MAT in prisons/jails, nurses and physicians in mental health clinics), as well as promoting standardization across regulations to ease the burden of providers that operate under both sets of applicable regulations. The regulations are currently with the Department of Public Health.

# National Advocacy

ABH worked closely with the National Council and our Congressional representatives on issues that impact access to community behavioral health services. ABH took part in two “Hill Days” during FY20, including our first “Hill Day at Home” event. We met with each Congressional office for both events, and we were able to secure 6 new co-sponsorships. In addition, we were able to secure a public statement of support from Congressman Neal, Chairman of the Ways & Means Committee, for H.R. 945, the Mental Health Access Improvement Act, which would expand Medicare coverage of mental health professionals to Licensed Mental Health Counselors (LMHCs) and Licensed Marriage and Family Therapists (LMFTs). This is an important access and equity issue and is a high priority for ABH and many of our members.

Finally, Senator Warren and Congressman Kennedy have been leaders in efforts to get providers \$38.5 billion to help behavioral health providers respond to the coronavirus pandemic in part because of ABH’s ongoing advocacy with them.



# Trainings, Meetings and Resources

In FY20, we offered numerous in-person events before transitioning to online events in light of the pandemic

## **Implementing Telehealth: Opportunities, Key Considerations and Best Practices for Behavioral Health**

In November, we partnered with the Massachusetts League of Community Health Centers (MassLeague) to offer an all-day training on telehealth, featuring behavioral health experts from a health system in North Carolina, an overview of the MassHealth landscape delivered by MassHealth leadership, and a panel discussion with key Massachusetts carriers. More than 100 people attended the training. The training and CEUs were supported by ABH's grant with the Mass League from the Delta Center for a Thriving Safety Net.

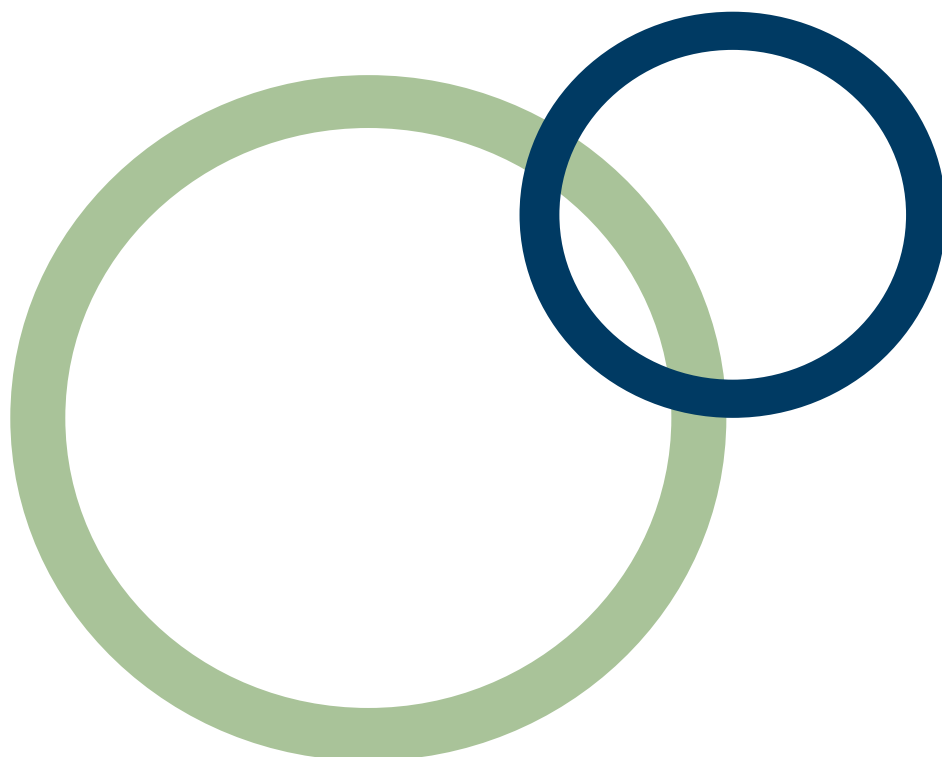
## **The State of Behavioral Health**

In February, EOHHS Secretary Marylou Sudders joined the membership to provide an update on the State of Behavioral Health and to take questions from members on a host of behavioral health issues, including ambulatory treatment system design.

## **Annual Meeting: Update from Washington**

In May, we held our first virtual Annual Meeting featuring Chuck Ingoglia from the National Council for Behavioral Health. Chuck presented on recent National Council activities to assist members in responding to the coronavirus pandemic.

ABH transitioned to a Zoom platform for meetings and events in March. We have found it to be a valuable tool for engaging members.



# Salute to Excellence

Each October we gather together to celebrate the accomplishments of amazing individuals who work for our member organizations. Our Salute to Excellence is, quite possibly, our favorite day of the year and we were honored to salute our 2019 awardees:

## **Robert Dorwart, M.D., Award for Mental Health**

Beth Lacey  
Advocates, Inc.

## **Moe Armstrong Award for Peer Leadership**

Joseph Spinale  
Bay Cove Human Services

## **Elizabeth Funk Emerging Leader Award**

Guimel DeCarvalho  
Wayside Youth & Family Support Network

## **Excellence in Administration and Finance**

Anne Fine  
YOU, Inc.

## **Excellence in Best Practices**

Tewksbury Treatment Center  
Beth Israel Lahey Health Behavioral Services

Behavioral Health Community Partner Leadership Team  
Community Counseling of Bristol County, Inc.

## **Excellence in Program Leadership**

Lindsay Morin Ciepiela  
Center for Human Development, Inc.

Worcester Program Supervisors  
Youth Villages Massachusetts

## **Excellence in Care Integration**

Jessica DeFlumer-Trapp  
Behavioral Health Network, Inc.

## **Excellence in Outcomes**

Clinical Data Management Team  
Justice Resource Institute (JRI)







# Member Organizations

## Organizational Members

Acadia Healthcare/Habit OPCO  
Adcare Educational Institute, Inc.  
Addiction Treatment Center of New England, Inc.  
Advocates, Inc.  
The Arc of South Norfolk  
Aspire Health Alliance  
BAMSI  
Bay Cove Human Services  
Bay State Community Services, Inc.  
Behavioral Health Network, Inc.  
Beth Israel Lahey Health Behavioral Services  
Boston Alcohol and Substance Abuse Programs, Inc.  
Boston Healthcare for the Homeless Program  
Boston Public Health Commission  
The Brien Center for Mental Health and Substance Abuse Services  
Brookline Community Mental Health Center  
Cambridge Health Alliance  
Cape Cod Healthcare Centers for Behavioral Health  
Casa Esperanza  
Catholic Charities Family Counseling and Guidance Center  
Center for Human Development, Inc.  
Child & Family Services, Inc.  
Children's Services of Roxbury  
Clinical and Support Options, Inc.  
Community Counseling of Bristol County, Inc.  
Community Services Institute  
Cutchins Programs for Children and Families  
Dimock Community Health Center  
Dr. Franklin Perkins School  
The Edinburg Center  
Eliot Community Human Services  
Family Service Association  
Fenway Health  
FHR  
Gandara Center  
Gosnold  
Health Care Resource Centers  
High Point  
The Home for Little Wanderers  
Hope House Addiction Services  
Independence Hall – Veteran's Inc.  
Institute for Health and Recovery  
Italian Home for Children, Inc.  
Judge Baker Children's Center  
Justice Resource Institute (JRI)  
The KEY Program, Inc.  
Link House, Inc.  
Lowell Community Health Center, Inc.  
Lowell House, Inc.  
LUK, Inc.

Martha's Vineyard Community Services  
Mental Health Association  
Middlesex Human Service Agency, Inc.  
New Life Counseling & Wellness Center, Inc.  
North Charles, Inc.  
North Cottage Program, Inc.  
The Northeast Center for Youth and Families  
North Suffolk Mental Health Association, Inc.  
Old Colony YMCA Mental Health Clinic  
Open Sky Community Services  
Phoenix Houses of New England, Inc.  
Pine Street Inn  
Riverside Community Care, Inc.  
River Valley Counseling Center, Inc.  
ServiceNet  
South Middlesex Opportunity Council, Inc. (SMOC)  
South Bay Community Services  
Spectrum Health Systems, Inc.  
SSTAR  
Steppingstone, Incorporated  
Toward Independent Living and Learning, TILL, Inc.  
UMass Memorial Community Healthlink, Inc.  
Victory Programs, Inc.  
Vinfen  
Volunteers of America of Massachusetts, Inc.  
Walden Community Services  
Walker, Inc.  
Wayside Youth & Family Support Network  
YOU, Inc.  
Youth Villages of Massachusetts and New Hampshire

## Associate Members

AdvantEdge  
Advocates for Human Potential  
AAF CPA (Alexander, Aronson, Finning CPAs.)  
Bob Barker Company  
Donald Siddell, MSW  
eHana  
Hirsch, Roberts, and Weinstein  
Marsh & McLennan Agency  
Netsmart  
Qualifacts Systems  
Victory Human Services  
William James College

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**Katherine Wilson**, President/CEO, Behavioral Health Network

# ABH Staff



**Lydia Conley**, President/CEO



**Constance Peters**,  
Vice President for Addiction Services



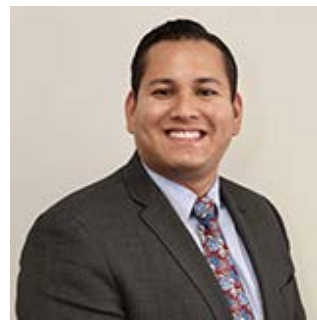
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