Dear ABH Member:

It is our pleasure to submit to you the Fiscal Year 2015 Annual Report for the Association for Behavioral Healthcare, Inc. and the Association for Behavioral Healthcare Foundation, Inc.

The Annual Report allows us to reflect on the work of the year past and to give our members a snapshot of our accomplishments. In Fiscal Year 2015, we were able to build on many of our achievements from previous years to further the cause of community-based behavioral healthcare.

In the following pages, you will read about our work managing the transition in state leadership, our court victory relative to Chapter 257, ABH’s role in the battle against the opioid epidemic, state budget advocacy and policy work, and our member engagement.

As we move forward, it is with the knowledge that challenges await us. But, we also look ahead knowing that we are well positioned to surmount these obstacles and, in doing so, improve community behavioral healthcare across the state.

We are grateful for your ongoing support and commitment to ABH and we look forward to continuing to work with you in the years ahead. Thank you!

Sincerely,

Daniel Mumbauer
Chair, Board of Directors

Vic DiGravio
President/CEO
In FY15, we focused a great deal of our work on preparing for the transition to a new Governor and Administration. ABH staff prepared briefing memos for the new Governor, Secretary of Health and Human Services, MassHealth Director and Commissioners of Mental Health, Public Health and Children and Families. These memos highlighted issues of concern to ABH and our members and were individually tailored to reflect the purview of each incoming official.

Additionally, ABH had numerous meetings and conversations with Governor-Elect Baker’s transition team after the election so that we were able to “hit the ground running” with the new Administration once they took office. ABH hosted EOHHS Secretary Marylou Sudders at our March Association Meeting which was one of the first public meetings the Secretary attended after taking office.
Chapter 257 Lawsuit and Victory

Chapter 257 of the Acts of 2008 was passed to replace the historic Purchase of Service System with a transparent rate-setting system in an effort to remedy the fact that human service contracts have been historically underfunded.

In July 2014, The Collaborative (the Association for Behavioral Healthcare, the Association of Developmental Disabilities Providers and the Massachusetts Council of Human Services Providers (Providers' Council)) and the Children's League of Massachusetts filed suit against the Secretary of the Executive Office of Health and Human Services after the state repeatedly failed to implement Chapter 257.

A Suffolk Superior Court judge ruled in January 2015 that the Commonwealth had failed to meet its legal obligations under Chapter 257. That decision and the ensuing settlement negotiations with the Baker Administration established that providers had been unfairly victimized by the Commonwealth’s failure to fully implement Chapter 257. The resulting settlement also established that regular two-year rate reviews are an essential component of the law.

In a year of many significant victories, the successful resolution of The Collaborative’s legal action against the Commonwealth of Massachusetts relative to Chapter 257 was the biggest.
Chapter 258 Passage and Implementation: Passage of Chapter 258, An Act to Increase Opportunities for Long Term Substance Abuse Recovery in 2014 was a landmark achievement for ABH and our members. The law mandates that commercial insurers cover Acute Treatment Services/Detox (ATS) and Clinical Stabilization Services (CSS) for up to a total of fourteen days, effective October 1, 2015. Just as importantly, the law prohibits commercial and MassHealth plans from requiring preauthorization for each of those services.

In recognition of its efforts, ABH received the National Council for Behavioral Health’s Advocacy Leadership Award for its work relative to Chapter 258.

Governor Baker’s Workgroup on Opioids: One of Governor Baker’s first acts upon taking office was to establish a Workgroup to examine the current opioid crisis and to make recommendations on how to address the crisis. ABH and our members submitted written and oral testimony at a series of public hearings across the state.

The final report of the Workgroup contained many recommendations offered by ABH including:

- Increasing the number of post ATS/CSS beds in the treatment system
- Establishing revised rates for Recovery Homes
- Expanding the capacity of ESPs to serve individuals in crisis from addiction
- Exploring the possibility of using Opioid Treatment Programs (OTPs) as specialty Health Homes
- Expanding access to Medication Assisted Treatments in CSS programs
Throughout FY15, ABH lobbied MassHealth to review and adjust Children’s Behavioral Health Initiative (CBHI) reimbursement rates for non-Community Service Agency (CSA) services. Rates for these services had not been adjusted since they were initially set in 2009. Our efforts paid off when MassHealth announced that rate increases for all non-CSA services would be effective on July 1, 2015. All non-CSA services received an increase of approximately 8.7% (retroactive to July 1) and received a second smaller increase of approximately 1.1% on January 1, 2016.
As is the case in most years, ABH devoted significant time to operational issues impacting our members:

**Transition to ICD-10/DSM-5:** The transition to ICD-10 and DSM5 was an extremely significant operational challenge for our membership. ABH convened an ICD-10/DSM5 Subcommittee to identify issues around this transition and to help ensure our members were ready to implement. The Subcommittee devised a checklist for our members to use in preparing for the transition and also helped ABH identify a training program for our members. ABH also hosted trainings for members to prepare them for the transition.

**Workplace Safety and Earned Sick Time Regulations:** ABH also provided support to our members around a number of new state regulations, most prominently Workplace Safety regulations governing EOHHS providers and Earned Sick Time regulations promulgated by the Attorney General’s office. A subcommittee of ABH’s Human Resources Committee reviewed newly promulgated Workplace Safety regulations and produced *A Resource Guide on Workplace Safety* that was distributed to the entire ABH membership. Another group of ABH members met with Attorney General Healey’s staff to represent the concerns of ABH members around the implementation of the Earned Sick Time law passed by voters in 2014. ABH also submitted written comments to the Attorney General’s office on the topic.
ABH members joined their colleagues from across the state to discuss the Commonwealth’s evolving health care delivery system and the role of community-based behavioral health organizations within the health care system. The discussion also focused on the development of Accountable Care Organizations (ACOs) and Alternative Payment Methodologies (APMs).

**ABH Annual Meeting.** ABH members joined their colleagues from across the state to discuss the Commonwealth’s evolving health care delivery system and the role of community-based behavioral health organizations within the health care system. The discussion also focused on the development of Accountable Care Organizations (ACOs) and Alternative Payment Methodologies (APMs).

**Association Meetings**

**Marylou Sudders, Secretary of the Executive Office of Health and Human Services.** Secretary Sudders spoke to ABH members and shared the Administration’s vision for health and human services in Massachusetts for the next four years. Prior to joining Governor Baker’s cabinet, Secretary Sudders was a faculty member at the Boston College School of Social Work, served as the President/CEO of the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), and as Commissioner of Mental Health under Governors Bill Weld, Paul Cellucci, and Jane Swift.

**Tim Murphy, President and CEO of Beacon Health Options.** Tim Murphy joined us to discuss the merger of Beacon and ValueOptions, the parent company of the Massachusetts Behavioral Health Partnership (MBHP). ABH members had the opportunity to hear how the merger will impact community-based providers and the clients served by ABH members.
In addition to the Annual Meeting and Association Meetings, ABH offers its members a number of professional trainings throughout the year. In FY15, we sponsored the following:

**Human Resources Training: New Laws, New Cases, New Agency Pronouncements. Keeping Up With the Changes at the NLRB and Beyond**
ABH hosted a panel of legal experts from Hirsch, Roberts, and Weinstein (an ABH Associate Member). The presenters explained recent changes to federal and state laws relative to human resources, including National Labor Relations Board decisions and the new Massachusetts Earned Sick Time law. They also discussed steps that employers should be taking to comply with these new initiatives.

**Middle Management Academy**
ABH was pleased to bring the National Council's Middle Management Academy to Massachusetts for ABH members for a third year. The Middle Management Academy is an intensive, one-of-its-kind, interactive training program designed to help behavioral healthcare managers get the best out of people and resources. Participants convened with a small group of their colleagues and worked as a team on real world management problems.

**Avoiding Unexpected Penalties: Medicare Quality Reporting Programs**
Andrea Freibauer, Consultant, Medicare Provider Outreach & Education, Medicare Part B, National Government Services, provided an extensive training on 101 Medicare Reporting Programs, which provider types are subject to each, which patients must or may be reported on, group practices vs. individual practitioners, reporting periods, reporting measures, and reporting options. The training also focused on how to find a Certified Electronic Health Record Technology (CEHRT), how to find a CEHRT data submission vendor, how to find a registry, and reporting once across programs.
ICD-10, DSM-5 and Coding and Billing for Behavioral Health Services

Denials, delays, and "more information required" are increasingly common responses from Medicare, managed care, and insurance companies for behavioral health claims and requests for payment. Procedure code and policy changes have further complicated the reimbursement process for all social workers, psychiatrists, psychologists, therapists, counselors, and clinical nurse specialists. Participants at this training learned the most current and accurate coding procedures coupled with documentation tips and complete definitions to ensure prompt and optimal payment for future insurance claims. This concise, one-day seminar instructed attendees on consolidating all of the new requirements with existing code rules and implementing proven billing techniques.

Using the DSM-5 and ICD-10: The Changing Diagnosis of Mental Health Disorders

The new DSM-5 is touted as opening the process to international and cultural perspectives and incorporating evidence from the last decade of neuroscience, genetic, and twin study research. The seminars described how DSM-5 incorporates a new understanding of diagnostic categories and may require re-diagnosis of clients whose long standing diagnoses simply disappear, or reassign diagnoses to categories with different reimbursement implications.
Despite predictions of possible budget cuts, ABH had another successful year advocating for funding for mental health and addiction treatment services. The FY16 budget passed by the legislature included funding to maintain all existing services offered by ABH members as well as money for expansion of community-based services funded by the Department of Mental Health (DMH) and the Department of Public Health/Bureau of Substance Abuse Services (DPH/BSAS). Additionally, ABH was able to secure $1.5 million in funding for rate increases through MBHP.

**Highlights from the FY16 budget include:**

**Department of Mental Health**
- Supported the alignment of Emergency Services Programs (ESPs) operated in the Southeast region with ESP programs throughout the Commonwealth;
- Included $4 million for new community placements;
- Restored cuts to children’s services proposed in the Governor’s budget; and
- Included $500,000 in expansion funding to support approximately 80 Department of Housing and Community Development (DHCD) rental subsidies for DMH clients.

**Bureau of Substance Abuse Services**
- Included $5 million in the Substance Abuse Services Fund to expand access to services.

**MassHealth**
- Maintained current MassHealth eligibility standards;
- Preserved all MassHealth behavioral health services; and,
- Dedicated $1,500,000 for providers in the primary care clinician mental health and substance use disorder plan.

**Additional Highlights**
- Contained a $30 million reserve to support Chapter 257 implementation, including costs associated with the legal settlement.
ABH is a leading member of the National Council for Behavioral Health. Vic DiGravio, President and CEO of ABH, serves as chair of the Public Policy Committee while Connie Peters, Vice President for Addiction Services at ABH, chairs the Addiction Committee.

ABH regularly participates in the National Council’s annual Capitol Hill Day and advocates for federal behavioral health funding and policy priorities with the Massachusetts Congressional Delegation. ABH continues to make great strides in developing positive working relationships with members of our congressional delegation including Senator Markey, Congressmen Lynch, Keating, Kennedy and McGovern, and Congresswoman Clark.
ABH Member Engagement

ABH tracks its member engagement as a way to ensure that we are regularly engaging our members. We understand that increased engagement with our members maximizes the value of ABH membership.

In 2015, ABH had 2,648 direct encounters with staff from ABH member organizations. ABH staff visits to member organizations increased by over 20% from FY14 and 99% percent of ABH members organizations had face-to-face contact with ABH staff.

Member engagement is at the heart of what we do as we work to ensure that we are meeting the needs of all our members as best as possible.
Our committees play a large role in setting ABH’s agenda. ABH committees fall into three categories: Policy and Systems, Mental Health Services, and Addiction Services and most are open to our full membership. Throughout the year, our committees work to identify pertinent policy and programmatic issues to be addressed by ABH, enable members to share ideas and best practices across programmatic areas, and provide educational opportunities for members.

**Addiction Services Committees**
- Acute Treatment Services (ATS/Detox) Committee
- Clinical Stabilization Service/Transitional Support Services (CSS/TSS) Committee
- Driver Alcohol Education/Second Offender Aftercare (DAE/SOA) Committee
- Opioid Treatment Program Committee
- Recovery Committee for Residential Services
- Structured Outpatient Addiction Program (SOAP) Committee

**Mental Health Services Committee**
- Children’s Services CEO Leadership Committee
- Children’s Services Committee
- Emergency Services Program (ESP) Committee
- Children’s Behavioral Health Initiative (CBHI) Committee
- Community Based Flexible Supports (CBFS) Committee
- Psychiatric Day Treatment/Partial Hospitalization Committee
- Outpatient Committee

**Policy and Systems Committees**
- Billing Rules, Regulations and Policy Committee
- Corporate Compliance Committee
- Human Resources Committee
- Quality and Outcomes Committee
- E-Health Committee
ABH Member Organizations

Adcare Educational Institute
Addiction Treatment Center of New England Advocates, Inc.
Amesbury Psychological Center, Inc.
BAMSI
Bay Cove Human Services
Bay State Community Services, Inc.
Behavioral Health Network, Inc.
Boston ASAP, Inc.
Boston Healthcare for the Homeless
Boston Public Health Commission
The Bridge of Central Massachusetts Bridgewell
The Brien Center
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
Child & Family Services, Inc.
Children’s Friend, Inc.
Children’s Friend and Family Services, Inc.
Children’s Services of Roxbury
Clinical and Support Options, Inc.
Community Counseling of Bristol County, Inc.
Community Healthlink
Community Services Institute
Community Substance Abuse Centers
Cutchins Programs for Children and Families
Dimock Community Health Center
The Edinburg Center
Eliot Community Human Services
Family Service Association
Family Services of Greater Boston
FHR - Fellowship Health Resources, Inc.
Fenway Health
Gandara Center
Gosnold on Cape Cod
Habit OPCO
Harbor Counseling Center
High Point Treatment Center
The Home for Little Wanderers
Hope House Addiction Services
Institute for Health and Recovery
Jewish Family and Children’s Services (JF&CS)
Judge Baker Children’s Center
Justice Resource Institute
The KEY Program, Inc.
Lahey Health Behavioral Services
Lowell Community Health Center
Lowell House, Inc.
LUK, Inc.
Martha’s Vineyard Community Services
Mental Health Association of Greater Lowell M.H.A.
New Life Counseling & Wellness Center, Inc.
NFI Massachusetts
North Charles, Inc.
The Northeast Center for Youth and Families
North Suffolk Mental Health Association, Inc.
Old Colony YMCA
Phoenix Houses of New England
Pine Street Inn, Inc.
River Valley Counseling Center, Inc.
Riverside Community Care
ServiceNet
Seven Hills Behavioral Health
SMOC Behavioral Healthcare
South Bay Mental Health
South End Community Health Center
South Shore Mental Health
Spectrum Health Systems, Inc.
Stanley St Treatment & Resources, Inc. (SSTAR)
Steppingstone, Inc.
Team Coordinating Agency
Toward Independent Living & Learning, TILL, Inc.
Victory Programs, Inc.
Vinfen
Volunteers of America of MA, Inc.
Walker, Inc.
Wayside Youth & Family Support Network
Youth Opportunities Upheld, Inc.
Youth Villages

Associate Members

AdvantEdge
Advocates for Human Potential
Caregiver Homes of Massachusetts
The Echo Group
eHana
Health Enhancement Services
Hinext, LLC
Hirsch, Roberts, and Weinstein
Marsh & McLennan Agency
Qualifacts Systems
Screening for Mental Health, Inc.
SMART Management
STM Technology
William James College
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