

# READY FOR REFORM: BEHAVIORAL HEALTH CARE IN MASSACHUSETTS

## Executive Summary

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## **ABOUT BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION**

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for low-income and vulnerable individuals and families in the Commonwealth. The Foundation was founded in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

## **ABOUT MANATT HEALTH**

Manatt Health integrates legal and consulting expertise to better serve the complex needs of clients across the health care system. Combining legal excellence, first-hand experience in shaping public policy, sophisticated strategy insight, and deep analytic capabilities, Manatt provides uniquely valuable professional services to the full range of health industry players. Manatt's diverse team of more than 160 attorneys and consultants from Manatt, Phelps & Phillips, LLP and its consulting subsidiary, Manatt Health Strategies, LLC, is passionate about helping its clients advance their business interests, fulfill their missions, and lead health care into the future.

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## BEHAVIORAL HEALTH CARE ACCESS IN MASSACHUSETTS TODAY

Massachusetts is a national leader in health care reform. It was among the first states to require coverage of mental health services, in 1973; first in the nation to create a framework for state-based universal health coverage, in Chapter 58 of the Acts of 2006, the model for the Affordable Care Act (ACA); a leader in broadening parity laws to require coverage of a greater number of mental health conditions, in Chapter 256 of the Acts of 2008; a trailblazer in implementing a comprehensive approach to controlling health care cost growth and improving health care quality, through Chapter 224 of the Acts of 2012; and an innovator in Medicaid coverage and delivery system and payment reform through its long-standing MassHealth 1115 demonstration waiver. The results of these efforts are impressive. Massachusetts has the lowest rate of uninsured residents in the country, at 4 percent; has driven health care cost growth below Chapter 224's growth benchmark and national cost growth trends; and is consistently ranked as one of the healthiest states in which to live across multiple measures.<sup>1</sup>

As part of and alongside these initiatives, the delivery of and payment for behavioral health care (inclusive of mental health and substance use disorder–related services) have been central reform priorities for Massachusetts policymakers. Myriad reports provide in-depth analysis of and recommendations to improve behavioral health care delivery in Massachusetts.<sup>2</sup> However, despite attention to this issue, the analysis documented in the companion chartpack\* to this report, *The Massachusetts Behavioral Health Care System: Strengths, Gaps, and Opportunities for Improvement*, confirms what these predecessor reports have been saying for years about behavioral health care in the Commonwealth:

- Behavioral health care in Massachusetts is fragmented from an administrative, purchasing, and payment perspective and as a result is extremely challenging for consumers and providers to navigate.
- Workforce shortages across the behavioral health care continuum create significant access challenges.
- Coverage of behavioral health care varies widely by payer, leading to disparities in access based on insurance. MassHealth, the state's Medicaid program, provides a more robust behavioral health care benefit than most commercial payers, including long-term residential treatment, care management, and diversionary services, among other services not covered by commercial plans.
- Lack of access to affordable and stable housing has become a major issue for individuals struggling with behavioral health conditions in the Commonwealth.
- Decision makers lack key information to fully understand the Massachusetts behavioral health care system, creating barriers to developing targeted strategies for improving the system.

Policymakers have done much more than study the problem. In the past decade, Massachusetts has made significant investments in an array of initiatives targeted at improving behavioral health care access, capacity, and delivery. In 2007, the state established the Children's Behavioral Health Initiative (CBHI), which delivers an enhanced behavioral health care benefit for children through MassHealth.<sup>3</sup> In March 2018, the state launched its new MassHealth Accountable Care Organization (ACO) program, including newly certified Behavioral

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\* Available at [https://bluecrossmafoundation.org/sites/default/files/download/publication/MA\\_Behavioral\\_Health\\_System\\_Chartpack\\_Jan2019\\_FINAL.pdf](https://bluecrossmafoundation.org/sites/default/files/download/publication/MA_Behavioral_Health_System_Chartpack_Jan2019_FINAL.pdf).

Health Community Partners (CPs) to work with ACOs to provide comprehensive care-management services for individuals with significant behavioral health needs.<sup>4</sup> And in July 2018, the state rolled out the new Adult Community Clinical Services (ACCS) program, the goal of which is to promote integrated, coordinated care for individuals with serious mental illness through more robust staffing models, greater focus on co-occurring behavioral health disorders, and better integration with physical health care delivery.<sup>5</sup>

Despite these and other efforts, the stark reality is that even today individuals of all ages in Massachusetts are not always able to access appropriate behavioral health care services in a timely fashion. In spring 2018, more than half (54.6 percent) of a representative sample of full-year-insured adults who sought care for mental health and/or substance use disorders (SUD) reported difficulty in obtaining behavioral health care services over the past year.<sup>6</sup> Additionally, approximately 54 percent of Massachusetts youth who experienced a major depressive episode received no mental health services in 2016–2017.<sup>7</sup> Approximately 5 percent of children ages 12–17 reported needing but not receiving treatment for SUD.<sup>8</sup> These continued access challenges are driven by the fact that behavioral health care in the Commonwealth remains fragmented, with significant gaps in provider capacity and low insurance participation among behavioral health practitioners throughout the state. Consumers in Massachusetts struggle to understand and access behavioral health care services when they need them, and many of those grappling with serious behavioral health conditions are essentially disenfranchised from the system.

The bottom line is that behavioral health care in Massachusetts is not built around the needs of individuals and families but rather requires them to find and fit into existing services and administrative structures. Additionally, Massachusetts' broader health care system is characterized by a wide gulf between the physical health care and behavioral health care delivery systems, which largely operate independently of one another. This gulf perpetuates the stigma associated with needing or seeking behavioral health care and impedes the truly whole-person approach to health care that all residents of the Commonwealth need and deserve.

It is time for these issues, and associated recommendations, to be looked at as a whole. The Commonwealth must move beyond individual incremental improvements. It is time for transformational reform and achievement of a true system of care built around the people needing and seeking services.

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## A CALL TO ACTION: ADVANCING A NEW VISION FOR BEHAVIORAL HEALTH CARE

This paper is intended to be a call to action for Massachusetts policymakers and stakeholders to significantly improve consumer experience in behavioral health care access, coverage, and quality in the Commonwealth regardless of the consumer's age or insurance status. This will require the state to embrace a new vision for a behavioral health care system focused on the people needing and seeking care and characterized by the following key principles:

- **Accessible to all.** Offers a continuum of care that is easy for all consumers to understand, enter, and navigate and is responsive to the cultural and linguistic needs of the Commonwealth's diverse population.

- **Adequately staffed and funded.** Is characterized by sustainable payment, an infrastructure of supportive resources that enhance provider practice (including navigation and training), and a low administrative burden related to provider licensure, credentialing, and practice.
- **Whole-person responsive.** Includes integrated care management and service delivery to address consumer needs with respect to physical health, mental health, substance use, co-occurring disorders, long-term services and supports needs as applicable, and social factors influencing health at every level of care.
- **Quality-outcomes driven.** Is defined by the widespread implementation of coverage and payment models that promote defined clinical, health and well-being, and consumer experience outcomes; and continual measurement and improvement against a set of outcomes-based quality metrics.

### PROJECT GOAL AND METHODOLOGY

The Blue Cross Blue Shield of Massachusetts Foundation engaged Manatt Health to document and describe the current behavioral health (inclusive of mental health and substance use disorder [SUD]) care system for children, adolescents, and adults in Massachusetts, including its strengths and weaknesses; describe a vision for behavioral health care in the Commonwealth; and develop recommendations for moving from the current state to the vision.

To accomplish this goal, Manatt Health:

- Interviewed 11 behavioral health experts and facilitated two discussion groups on the topic of Massachusetts behavioral health care with state and national stakeholders and thought leaders.
- Conducted a comprehensive landscape scan of the current public and private behavioral health care system in Massachusetts, including mental health and SUD services (the “as is”).
- Developed a recovery-focused conceptual model for behavioral health care that would ensure timely access and adequate inpatient and outpatient service capacity, care coordination, and quality for residents of the Commonwealth across all payers (the “to be”).
- Identified gaps between the “as is” and “to be” systems.
- Crafted a new vision for behavioral health care and a strategic approach and recommendations— informed by examples from the field—through which Massachusetts can advance the vision and reform behavioral health care for all residents of the Commonwealth.

The “call to action” is for sustained commitment to this vision among stakeholders across all sectors of the Massachusetts health care system, combined with the political will and leadership of the administration and legislature, to enact meaningful and lasting behavioral health care reform in the Commonwealth.

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## ACHIEVING THE NEW VISION FOR BEHAVIORAL HEALTH CARE: A SUMMARY OF RECOMMENDATIONS

Massachusetts is better positioned than any other state to achieve large-scale behavioral health care system transformation as it has on health insurance coverage and continues to pursue on the health care cost-containment front. Like those endeavors, transforming behavioral health care requires political will, an organizing framework that is built from the perspective of people needing and seeking services, and sustained commitment of policymakers and stakeholders. To these ends, this report recommends that the Commonwealth pursue a series of reforms that make important administrative and legislative changes to behavioral health care policy, administration, and payment, and develop the foundation for broader reform efforts. **These include recommendations focused on five key priorities:**



1

**Make it easier for people to seek and access behavioral health care services.**



2

**Ensure the availability of a comprehensive, person-centered behavioral health care continuum of services for all individuals regardless of payer, service needs, or age.**



3

**Invest in workforce development and capacity efforts to attract and retain behavioral health care professionals and support the development of a culturally competent and linguistically diverse workforce.**



4

**Develop a plan for better aligning and consolidating behavioral health care administrative, regulatory, and purchasing functions across state agencies.**



5

**Establish a Behavioral Health Reform Team (BHRT) charged with developing and implementing a three-year action plan to advance solutions to key behavioral health care challenges in the state that require additional research and stakeholder engagement.**

Highlighted briefly below are the specific reforms that would support accomplishment of these priorities. Reforms associated with priority areas one through four are the reforms that the Commonwealth should accomplish in the near-term through administrative or legislative action, while the reform issues assigned to the BHRT would need to be addressed as part of a longer-term initiative.

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## **Make it easier for people to seek and access behavioral health care services.**

The following recommendations are designed to ensure that Massachusetts has a navigable person-centered behavioral health care system in which there are no “wrong doors” for accessing services.

- **Promote behavioral health screening and prevention.** The Commonwealth should consider fully activating and promoting the use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) billing codes in MassHealth—and, potentially, across all payers—to ensure that providers are reimbursed for time spent screening individuals for behavioral health issues, particularly SUD, and directing them to the appropriate treatment setting.
- **Expand the use of telemedicine.** The Commonwealth should consider improved state policies and regulatory requirements to encourage broad adoption of tele-behavioral health to help alleviate some of the state’s workforce challenges. These include changes to telemedicine licensing and practice standards, coverage and reimbursement, eligible care settings, provider types (including out-of-state providers), and permissible technologies.
- **Expand Massachusetts Child Psychiatry Access Project (MCPAP) to adults.** The state should consider building on the success of MCPAP, which provides primary care providers (PCPs) treating children with quick access to psychiatric consultation and referral facilitation, by expanding the program to PCPs treating adults in Massachusetts.
- **Incentivize providers to build same-day or walk-in appointment capacity.** Massachusetts should consider establishing in MassHealth and requiring commercial payers to establish payment models that reward providers for building capacity for same-day or walk-in appointments. This would help make treatment more accessible to many while reducing the burden of missed appointments on behavioral health providers.



## **Ensure the availability of a comprehensive, person-centered behavioral health care continuum of services for all individuals regardless of payer, service needs, or age.**

Massachusetts stakeholders report that timely access to services across the continuum of behavioral health care varies substantially by type of insurance, type of service needed, and age. This is due to a range of cross-cutting factors, including varying levels of insurance coverage across payers and workforce shortages that

disproportionately impact certain parts of the continuum (for example, psychiatry). The following recommendations are intended to address these challenges and enhance access for all people in Massachusetts, ensuring uniform access to the entire continuum of behavioral health care services for all residents of the state.

- **Enhance the availability of Emergency Services Programs and similar programs.** Enhance the availability of Emergency Services Programs (ESPs), behavioral health urgent care, crisis intervention services, and similar programs that stabilize in the community individuals in behavioral health crisis through targeted rate increases or alternative payment methods.
- **Expand medication-assisted treatment access.** Expand medication-assisted treatment (MAT) access beyond existing efforts by creating incentives for more providers to seek buprenorphine waivers, requiring commercial payers to ensure robust MAT coverage, conducting a campaign to highlight the benefits of MAT and reduce MAT stigma, and considering models for supporting non-SUD providers in administering MAT.
- **Improve commercial behavioral health care insurance coverage.** Improve commercial behavioral health care insurance coverage by aligning commercial benefits with those available through MassHealth for both children and adults.
- **Expand payer networks to include nontraditional behavioral health care providers.** Expand provider networks to include nontraditional behavioral health care providers, such as community health workers, certified recovery coaches/peer specialists, who can uniquely facilitate access to treatment for people with behavioral health needs.<sup>9</sup>
- **Revamp behavioral health care timely access standards.** Consider mechanisms to revamp and more stringently enforce timely behavioral health care access standards.

**Medication-assisted treatment**

is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the use of medications in combination with counseling and behavioral therapies, to provide a “whole-person” approach to the treatment of SUDs.

For more information, visit [www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment).



**Invest in workforce development and capacity efforts to attract and retain behavioral health care professionals and support the development of a culturally competent and linguistically diverse workforce.**

The state’s licensure and health plan credentialing requirements and processes are burdensome, time consuming, and slow to completion. A staggering number of behavioral health care providers elect to forgo participation in health insurance.<sup>10</sup> In addition to licensure and credentialing burdens, behavioral health care providers face challenges not unlike those faced by consumers attempting to navigate the Commonwealth’s complex array of services, benefits, and care settings across the continuum of physical health, mental health, and SUD care. Providers who care for the most vulnerable individuals with behavioral health needs often experience vicarious trauma and often lack the support services they themselves need. The following recommendations are intended to address these issues and other workforce barriers with the goal of making Massachusetts an ideal place for behavioral health care providers to practice, and to create a behavioral health care workforce that is culturally and linguistically competent and responsive to Massachusetts individuals’ and families’ needs.

- **Review, streamline, and centralize credentialing.** Review, streamline, and centralize a mandatory all-payer credentialing platform for behavioral health care providers.
- **Invest in workforce development, training, and support services.** Invest in an array of new workforce development and training programs to attract and keep behavioral health care professionals practicing in the Commonwealth, such as loan forgiveness and professional development programs for individuals considering entering behavioral health specialties.
- **Implement targeted payment improvement strategies.** Implement targeted rate increases for select services, informed by an analysis of current reimbursement rates relative to service costs. Also, consider developing risk-adjusted behavioral health care provider reimbursement rates that factor in behavioral health acuity levels or diagnoses, for example, to recognize and reimburse providers appropriately for serving high-need or complex populations.



4

**Develop a plan for better aligning and consolidating behavioral health care administrative, regulatory, and purchasing functions across state agencies.**

Multiple state agencies—including the Department of Mental Health (DMH), the Department of Public Health (DPH), MassHealth, and the Division of Insurance (DOI)—currently oversee, regulate, and fund mental health and SUD providers and services. As a result, it is often difficult to identify a true comprehensive system of behavioral health care and services are often unnecessarily hard for consumers to access and for providers to deliver. Segregation of public mental health and SUD service administration leads to challenges in strategy alignment, policy priorities, contracting practices, and provider regulations. While significant cross-agency collaboration exists today, relying on voluntary collaboration and coordination across disparate agencies—even if a strong and stable meeting structure is in place—is dependent on personalities and relationships, which change over time and with new administrations. The following recommendations are intended to address these challenges and formalize a more integrated system and structure to effectively meet the needs of individuals with mental health conditions, SUDs, and co-occurring disorders. That system could then more effectively collaborate on integration with physical health care services.

- **Launch an immediate stakeholder engagement process (led by the Executive Office of Health and Human Services [EOHHS]) including consumers, providers, advocates, and other stakeholders to identify specific options for integrating and consolidating behavioral health administrative, regulatory, and purchasing functions that are currently distributed across DMH and the Bureau of Substance Addiction Services (BSAS) within DPH, including the option of combining BSAS and DMH. This effort should also include an intentional strategy to better align these functions with the MassHealth program.** In identifying options for streamlining and consolidating, it is imperative that any structural changes proposed ensure continued and enhanced access to services currently provided by these respective agencies and that any change preserves what is necessary for these agencies to continue and enhance their ability to fulfill their missions to the populations (including those with co-occurring mental health and SUD needs) and stakeholders they serve. While recognizing some of the differences (in terms of agency sizes, populations that may be served, cultures, etc.), in assessing approaches for

integration or consolidation, a key consideration should be to enable the organizations to more effectively provide integrated services to consumers and to enhance alignment across payers for providers, ultimately improving access to behavioral health care services for individuals and families.

- **Streamline state regulations and requirements.** Streamline state regulations and requirements by conducting a comprehensive review of Massachusetts licensing and practice regulations that impact primary care, mental health, and SUD providers, culminating in a proposal and implementation plan for regulatory reform and streamlining of state licensure requirements.



**Establish a Behavioral Health Reform Team (BHRT) charged with developing and implementing a three-year action plan to advance solutions to key behavioral health care challenges in the state that require additional research and stakeholder engagement.**

The BHRT would be a responsible, accountable, and transparent body in charge of developing and implementing a three-year action plan to transform behavioral health care in Massachusetts and crafting a related comprehensive behavioral health care delivery reform bill, akin to Chapter 58 for health care coverage reform and Chapter 224 for health care cost containment. The BHRT would:

- **Create a process to assess and monitor behavioral health care capacity.** This could include administering surveys to gain a comprehensive understanding of service capacity across the entire behavioral health care continuum and conducting a statewide needs assessment, including the consumer perspective, to gain a more nuanced understanding of the population that needs behavioral health care services and inform service planning decisions.
- **Develop Health Information Exchange (HIE)/data-sharing innovations.** This should be the focus of a specific work group of the BHRT charged with developing a comprehensive plan for facilitating behavioral health data sharing while preserving critical consumer privacy protections. The plan could include solutions that are possible within the state's existing regulatory framework and technological infrastructure, but some may require clarification or amendment to state law and/or additional funding and support for fostering further electronic health record adoption and upgrades to the Mass HIWay platform.
- **Launch a Behavioral Health Center for Quality Outcomes Innovation.** The focus of this center should be on developing and testing initiatives to improve behavioral health care quality and outcomes, treatment for co-occurring mental health and SUD conditions, physical and behavioral health care integration, and a comprehensive behavioral health payment reform strategy that supports whole-person care.
- **Improve access to safe, affordable, and stable housing and related supports for high-need populations.** This should be the focus of a specific work group of the BHRT charged with developing housing innovations. Potential solutions and innovations may include expanding social impact bond, or “pay for success,” initiatives to develop affordable housing options for people with significant behavioral health needs, including individuals with active substance use.

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## CONCLUSION

Massachusetts has the opportunity to once again generate landmark policy that not only dramatically improves health care coverage, access, delivery, and outcomes in the Commonwealth but also provides a national model for behavioral health care delivery. State leaders and behavioral health stakeholders are committed to improving consumer experience, coverage, access, and outcomes for all adults and children in Massachusetts in need of behavioral health care services, regardless of insurance status.

The full report associated with this Executive Summary provides a new, whole-person-oriented vision for behavioral health care, an organizing framework, and short-term and long-term recommendations to achieve reform. This new vision for behavioral health care in Massachusetts addresses some of the most pressing challenges impacting how behavioral health care is delivered in the state today, including barriers to accessing and navigating the behavioral health care continuum, inadequate coverage of behavioral health care services across payers, workforce shortages and capacity issues, unnecessary regulatory burden and redundancy, fragmented administrative and payment functions, lack of monitoring and accountability for behavioral health outcomes, barriers to behavioral health information sharing, and lack of affordable housing options. The creation of the BHRT will provide a locus of responsibility, accountability, and transparency for addressing these systemic issues. The state's history of progressive health care reforms and current political will supporting bold solutions to its most pressing challenges provide a strong platform for ambitious, comprehensive reform of how providers deliver and individuals and their families experience behavioral health care in Massachusetts.

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