



September 20, 2021

Honorable Marylou Sudders
Secretary, Health and Human Services
EOHHS Office of Medicaid
Attn: 1115 Demonstration Comments
One Ashburton Place, 11th Floor
Boston, MA 02108.

Submitted electronically

Dear Secretary Sudders,

We appreciate the opportunity to comment on the MassHealth 1115 Demonstration Waiver Extension application. These comments focus solely on the behavioral health portions of the waiver.

We particularly appreciate that the proposal prioritizes health and racial equity, would expand access to and scope of substance use disorders and mental health services, would provide MassHealth coverage during incarceration, and would newly cover preventive behavioral health services to youth who screen positive for behavioral health symptoms, but who do not meet the clinical threshold for diagnosis and treatment.

As you move forward with this proposal, **we ask that you consider the recommendations below to strengthen the proposal and ensure Massachusetts residents' health and social equity.**

Community Catalyst is a leading non-profit national health advocacy organization dedicated to advancing a movement for health equity and justice. We partner with local, state and national advocates to leverage and build power so all people can influence decisions that affect their health. Our Substance Use Disorders and Justice-Involved Population Program helps people lead healthier lives by improving the quality of and access to health services, comprehensive integrated care and community supports to promote recovery and, for those leaving incarceration, successful reentry into the community. Additionally, Community Catalyst works to improve the care delivery system for older adults, those with disabilities and people dually eligible for Medicare and Medicaid.

Providing MassHealth Services to Justice-Involved Individuals

Community Catalyst supports the innovative proposal to make MassHealth benefits available to justice-involved individuals during incarceration. As the waiver proposal explains, extensive behavioral health care, coordinated with physical health care, is essential due to the many health needs of those incarcerated. We also support extending MassHealth benefits to individuals for 12 months after they are released from incarceration to ensure continuity of services.

However, we are concerned about two elements of this proposal.

First, we are concerned about the apparent absence of people with lived experience of substance use disorders, mental illness and incarceration, as well as their advocates, in the planning group for this service expansion. According to the proposal, Massachusetts “convened an Interagency Coordinating Council with representatives from the DOC, Massachusetts’ Sheriffs Association, the thirteen Massachusetts Sheriffs’ Offices within the Commonwealth, DYS, Parole, Probation, and EOHHS.” **We recommend you include voices of people with lived experience in the planning and implementation of this initiative, which is essential to ensure it is responsive to their needs.**

Second, we are concerned about payments by MassHealth to correctional health providers without more comprehensive safeguards for quality and access, especially since the proposal would allow correctional facilities to limit or modify services. Correctional health providers often have other imperatives that may affect the health of people incarcerated. **We urge you consider contracting with community providers to serve incarcerated people during their time behind bars. We recommend you establish more rigorous standards for correctional health providers, especially in light of recent two-year investigation concluding that the Department of Correction failed to adequately supervise prisoners in mental health crisis and failed to provide them with adequate mental health care¹. We also urge you to establish an oversight board comprised of advocates and people who were formerly incarcerated.**

Separately, we recommend you add to the overall waiver proposal the establishment of an independent Implementation Council, which holds public meetings, similar to the council that oversaw the state’s One Care program. The council should be representative of the beneficiaries served, including people with lived experience of substance use disorders, mental illness and criminal legal system involvement. We recommend the council be co-chaired by a

¹ <https://commonwealthmagazine.org/criminal-justice/justice-department-says-mass-prisons-fail-to-provide-mental-health-care/>

beneficiary and comprised of at least 51 percent beneficiaries and advocates to ensure this complicated waiver improves care for those it is designed to serve.

Expanded modes of access

The need for greater access to services is crucial to improving treatment and recovery outcomes for those with mental health illness or substance use disorder². We fully support the integration of mental health and substance use disorder services into the primary care setting, and MassHealth's focus on expanding access through weekend hours and telehealth, as outlined in this proposal and the *Roadmap for Behavioral Reform* posted by the Executive Office of HHS in February 2021³. Telehealth does increase access to care if the internet and broadband access are available. However, broadband inadequacies would hinder access to services, despite telehealth implementation by Community Behavioral Health Centers and other providers. Some data suggests only about 63 percent of households in Massachusetts have adequate internet access⁴.

We urge MassHealth to work with other state officials to prioritize the buildup of broadband infrastructure in Massachusetts so telehealth can represent an actual and equitable increase in access.

Behavioral workforce

We support the student loan repayment program that prioritizes clinicians with cultural and linguistic competence. The four-year binding commitment of these new providers to communities with a significant number of MassHealth members and maintenance of patient panels comprised of 40% MassHealth members will help ensure that this program ultimately serves MassHealth members. **We encourage MassHealth to direct these providers to the most underserved communities, especially those with a major of people of color and other marginalized populations.**

Collection of complete, accurate, and self-reported social risk data

MassHealth rightly understands that “complete and accurate social risk factor data will be essential to identifying inequities.” In fact, without such data, it will be hard to determine the effectiveness of the proposed 1115 waiver extension. Community Catalyst fully supports MassHealth's proposal to incentivize ACOs and ACO-participating hospitals to gather complete and accurate social risk factor data for MassHealth members, report that data by quality risk factors, and attain significant reductions in health inequities.

² <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>

³ <https://www.mass.gov/doc/roadmap-for-behavioral-health-reform-overview-of-the-community-behavioral-health-program/download>

⁴ <https://www.heraldnews.com/story/news/2021/07/07/gda-broadband-local-ma-nher/47205505/>

Community Catalyst strongly suggests that MassHealth set protocols for the standardization of the data collected, its reporting, and steps to alleviate the issues identified within the data so solid conclusions can be drawn and positive outcomes achieved. We also recommend the data be made public in accessible “report cards” that are easy for community members to understand.

Children, Youth and Families

Community Catalyst’s work in Massachusetts has focused on expanding access to youth substance use prevention and early intervention services in schools, clinical settings, and youth-serving, community-based organizations. As part of this effort, Massachusetts became the first state in the country to require substance use screening, brief intervention, and referral to treatment (SBIRT) services in all public middle and high schools.

Community Catalyst fully supports the state’s plan to cover preventive behavioral health services for youth who screen positive for behavioral health symptoms, but who do not meet the clinical threshold for diagnosis and treatment. This will remove a significant barrier to services that can keep youth healthy. Within the SBIRT framework, this will expand access to brief interventions and other tier II services for young people who screen at moderate risk for substance misuse.

Thank you for this opportunity to comment on the proposed 1115 Demonstration Project Extension Request. If you have questions about these comments, please contact Alice Dembner, program director for Substance Use Disorders and Justice-Involved Populations at adembner@communitycatalyst.org

Sincerely,

A handwritten signature in black ink that reads "Emily Stewart". The signature is written in a cursive style with a large, stylized initial "E".

Emily Stewart
Executive Director