

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Christine P. Barber and David M. Rogers

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to ensure efficient and effective implementation of the Roadmap for Behavioral Health Reform.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>1/17/2025</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>1/17/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act to ensure efficient and effective implementation of the Roadmap for Behavioral Health Reform.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 6A of the General Laws is hereby amended by inserting after
2 section 16FF

3 the following section:-

4 Section 16GG. (a) As used in this section the following words shall, unless the context
5 clearly requires otherwise, have the following meanings:-

6 “Behavioral health services”, the evaluation, diagnosis, treatment, care coordination,
7 management or peer support of patients with mental health, developmental or substance use
8 disorders, inclusive of medication management.

9 “Roadmap”, roadmap for behavioral health reform.

10 “Roadmap services”, shall include, but not be limited to, services provided by a
11 behavioral health access line pursuant to section 2WWWW of chapter 29 of the General Laws,

12 services provided by community behavioral health centers as defined in section 13D½ of chapter
13 118E of the General Laws, mobile crisis intervention for youth, mobile crisis intervention for
14 adults, youth community crisis stabilization, adult community crisis stabilization and services
15 provided by behavioral health urgent care providers.

16 “Secretary”, the secretary of health and human services.

17 (b) The secretary of health and human services shall coordinate all activities of the
18 commonwealth to support the efficient and effective implementation of the roadmap for
19 behavioral health reform. The secretary shall set goals and prepare a plan every other year for the
20 commonwealth for implementation of roadmap services. The secretary, in consultation with the
21 office of health equity established under section 16AA, shall fully integrate health equity
22 principles and apply a health equity framework to all duties and obligations.

23 (c) The secretary will facilitate the coordination of all executive office, state agency,
24 independent agency, state commissions and local and regional entity activities that support
25 roadmap implementation in the commonwealth. The secretary shall:

26 (1) develop and implement comprehensive, biennial strategic plans to ensure efficient and
27 effective implementation of the roadmap; the plans shall address opportunities and challenges,
28 including but not limited to: (i) staffing; (ii) public and private sector financing; (iii) rate
29 adequacy; (iv) roadmap services capacity; (v) linguistic and cultural competency of roadmap
30 services delivery; and (vi) coordination across the executive office of health and human services
31 and with other state and local agencies;

32 (2) align processes and procedures across the executive office of health and human
33 services to ensure efficiencies in: (i) licensing, credentialing, certification, and other regulatory

34 requirements; (ii) contracting; (iii) billing; and (iv) other relevant service delivery and payment
35 requirements;

36 (3) issue cohesive service delivery and payment system guidance as applicable;

37 (4) identify and disseminate evidence-based or evidence-informed practices designed to
38 advance health equity and trauma-informed care through roadmap services;

39 (5) explore steps to combine the behavioral health access line with the 988 Suicide and
40 Crisis Lifeline into one number and entity in the commonwealth to reduce complexity for
41 individuals and families;

42 (6) plan and implement campaigns to raise awareness about roadmap services to
43 behavioral health stakeholders, community-based stakeholders, and individuals and families
44 historically marginalized by race, ethnicity, gender identity, sexual identity, and other factors;
45 and

46 (7) develop and implement biennial plans to gather feedback about roadmap services;
47 solicit feedback from a diverse array of stakeholders including families members, people with
48 lived experience, providers, health plans, state agencies, advocacy organizations, schools, law
49 enforcement, and community-based organizations; prioritize response from: (i) people with lived
50 experience, including youth and caregivers; (ii) individuals and family members from
51 marginalized communities; and (iii) people that have and have not received roadmap services;
52 ensure the plan includes both qualitative and quantitative elements and may include surveys and
53 listening sessions with people with lived experience and family members.

54 (d) (1) The secretary shall oversee, in partnership with the secretary of the executive
55 office of public safety and security, behavioral health crisis response planning and
56 implementation for the commonwealth, including but not limited to: (i) collaboration across the
57 executive office of health and human services, executive office of public safety and security,
58 division of medical assistance and its contracted entities, the department of public health, public
59 safety answering points, law enforcement, 988 Suicide and Crisis Lifeline centers, emergency
60 medical services, community behavioral health centers, hospital emergency departments,
61 behavioral health urgent care providers, and other entities; (ii) strategic planning; (iii)
62 implementation and alignment across departments; (iv) data review; and (v) performance
63 improvement.

64 (2) The secretary shall the ensure the following services are reimbursed to cover the cost
65 of reserve staff and bed capacity for timely response to routine and surge patient demand: (i)
66 youth mobile crisis intervention; (ii) adult mobile crisis intervention; (iii) youth community crisis
67 stabilization; (iv) adult community crisis stabilization services; and (v) behavioral health urgent
68 care.

69 (3) The secretary, in conjunction with the secretary of the executive office of public
70 safety and security, the commissioner of the department of mental health, and the commissioner
71 of the department of public health, shall detail the legal and regulatory authority for law
72 enforcement to drop off individuals experiencing behavioral health crisis at community
73 behavioral health centers and shall outline protocols for such drop offs.

74 (4) The secretary, in conjunction with the assistant secretary of the division of medical
75 assistance, the commissioner of the department of mental health, and the commissioner of the

76 department of public health, shall: (i) examine point of entry plans for community behavioral
77 health centers to ensure they are relevant for drop offs of individuals in behavioral health crisis
78 by emergency medical services providers; (ii) determine adequate reimbursement for community
79 behavioral health centers to meet point of entry plan requirements; and (iii) modify regulations,
80 standards, policies, plans, and rates to facilitate drop offs of individuals in behavioral health
81 crisis at community behavioral health centers by emergency medical services providers.

82 (e) (1) The secretary shall develop and manage a centralized data dashboard to monitor
83 utilization of roadmap services, inequities and disparities in access to behavioral health care, and
84 timeliness of services.

85 (2) The secretary shall develop and make publicly available an initial data dashboard not
86 later than 6 months from the effective date of this act. The data in said initial dashboard shall: (i)
87 be limited to the data the behavioral health access line, community behavioral health centers,
88 youth mobile crisis intervention, adult mobile crisis intervention, youth community crisis
89 stabilization, adult community crisis stabilization, and behavioral health urgent care providers
90 are required to report to the executive office of health and human services, the department of
91 mental health, the department of public health, the division of medical assistance, or their
92 contracted entities; (ii) shall include, but not be limited to, utilization, patient reported
93 satisfaction, compliance with performance specifications, Enterprise Invoice/Service
94 Management (EIM/ESM) data, Healthcare Effectiveness Data and Information Set (HEDIS®)
95 data, other quality performance measure data, community-based evaluations, inpatient
96 dispositions, response times, and patient outcomes, as applicable to each roadmap service; (iii)
97 shall be updated quarterly; and (iv) shall be presented in a de-identified form.

98 (3) The secretary shall update the data elements in the centralized data dashboard at least
99 once every 3 years. Updates shall be informed by feedback from roadmap services and other
100 mental health and substance use providers, people with lived experience, family members, and
101 other stakeholders, and best practices at the national level and in other states. The secretary shall
102 prioritize data elements that reflect patient demographics including, but not limited to, age, race,
103 ethnicity, gender identity, and sexual orientation to help identify and address disparities in
104 access, quality of care, and outcomes. The secretary shall ensure the dashboard includes elements
105 specific to the behavioral health crisis system including, but not limited to: (i) volume; (ii)
106 patient demographics; (iii) location of services provided; (iv) response time; (v) disposition; (vi)
107 nature of law enforcement engagement, if applicable; (vii) health, placement, and quality
108 outcomes; (viii) complaint themes and resolution times; and (ix) nature of resolutions.

109 (4) The secretary shall ensure the data in the centralized data dashboard is: (i) made
110 publicly available; (ii) de-identified; (iii) updated at least quarterly; and (iv) analyzed for trends,
111 gaps in access, timeliness, quality, and equity, and areas for improvement.

112 (f) Annually, not later than July 1, the secretary shall report on progress, and the overall
113 progress of the commonwealth, toward implementation of the roadmap for behavioral health
114 reform using, when possible, quantifiable measures and comparative benchmarks, including a
115 description of quantitative and qualitative metrics used to evaluate activities and outcomes. The
116 report shall be filed with the governor, the clerks of the senate and house of representatives, the
117 joint committee on health care financing, and the joint committee on mental health, substance
118 use, and recovery. The report shall be posted on the official website of the commonwealth.

119 SECTION 2. Section 21A of chapter 12C of the General Law, as appearing in the 2022
120 Official Edition, is hereby amended by inserting after the first paragraph the following
121 paragraph:-

122 Every 3 years the center shall conduct an analysis of the statewide, payor-agnostic
123 community behavioral health crisis system as defined in section 2WWWW of chapter 29 of
124 the General Laws. The analysis shall examine expenditures for services supported by the
125 Behavioral Health Access and Crisis Intervention Trust Fund including, but not limited to, the
126 behavioral health access line, crisis evaluation, crisis follow-up, youth community crisis
127 stabilization, adult community crisis stabilization, and outpatient community behavioral health
128 center services. The analysis shall document the expenditures for and the utilization of said
129 services by payor. The first analysis shall be submitted not later than June 30, 2026 with the
130 clerks of the senate and house of representatives, the joint committee on health care financing,
131 and the joint committee on mental health, substance use, and recovery. The analysis shall be
132 made public on the center's website.

133 SECTION 2. Chapter 6D of the General Laws is hereby amended by inserting after
134 section 21 the following section:-

135 Section 22. Every 3 years, the commission, in collaboration with the executive office of
136 health and human services and the center for health information and analysis, shall prepare a
137 roadmap for behavioral health reform financing and sustainability report. The report shall
138 analyze the financial stability of roadmap services including a behavioral health access line as
139 referenced in section 2WWWW of chapter 29 of the General Laws, services provided by
140 community behavioral health centers as defined in section 13D1/2 of chapter 118E of the

141 General Laws, mobile crisis intervention for youth, mobile crisis intervention for adults, youth
142 community crisis stabilization, adult community crisis stabilization, and services provided by
143 behavioral health urgent care providers. The report shall address opportunities and challenges,
144 including but not limited to: (i) staffing; (ii) public and private sector financing; (iii) rate
145 adequacy; (iv) roadmap services capacity; and (v) linguistic and cultural competency of roadmap
146 services delivery. The report shall identify any statutory, regulatory, or operational factors that
147 may impact the financial stability and sustainability of roadmap services and their ability to meet
148 the mental health and substance use needs of people across the commonwealth. The first report
149 shall be submitted not later than June 30, 2026 with the clerks of the senate and house of
150 representatives, the joint committee on health care financing, and the joint committee on mental
151 health, substance use, and recovery. The report shall be published on the commission's website.

152 SECTION 3. Section 21A of chapter 12C of the General Law, as appearing in the 2022
153 Official Edition, is hereby amended by inserting after the first paragraph the following
154 paragraph:-

155 Every 3 years the center shall conduct an analysis of the statewide, payor-agnostic
156 community behavioral health crisis system as defined in section 2WWWW of chapter 29 of
157 the General Laws. The analysis shall examine expenditures for services supported by the
158 Behavioral Health Access and Crisis Intervention Trust Fund including, but not limited to, the
159 behavioral health access line, crisis evaluation, crisis follow-up, youth community crisis
160 stabilization, adult community crisis stabilization, and outpatient community behavioral health
161 center services. The analysis shall document the expenditures for and the utilization of said
162 services by payor. The first analysis shall be submitted not later than June 30, 2026 with the
163 clerks of the senate and house of representatives, the joint committee on health care financing,

164 and the joint committee on mental health, substance use, and recovery. The analysis shall be
165 made public on the center's website.