

Aligning Medicaid and Public Health in Massachusetts to Better Meet Pediatric Behavioral Health Needs

Authors: Liz Gipson, MPH, CHCS | Alexandra Kearly, MPH, ASTHO

Massachusetts At-A-Glance

State Structure

- Massachusetts' [Executive Office of Health and Human Services](#) (EOHHS) is the largest secretariat in the state. It is composed of 12 state agencies, including Massachusetts Department of Public Health (MA DPH) and Massachusetts' Medicaid agency.
- EOHHS' services directly impact more than 30% of Massachusetts' 6.9 million residents.

Massachusetts Department of Public Health

- MA DPH has [18 bureaus and offices](#), with a proposed fiscal year 2024 budget of more than [\\$860 million](#).
- MA DPH is [decentralized](#), with 351 local health agencies providing services.
- MA DPH's [Bureau of Family Health and Nutrition](#) operates the Title V Maternal and Child Health Block Grant, which in 2022 used its budget of more than [\\$64 million](#) to serve more than [one million](#) children, youth, and parents.

MassHealth

- MassHealth is Massachusetts' combined program for the state's Medicaid and Children's Health Insurance Plan beneficiaries.
- As of Jan. 31, 2023, MassHealth had more than [2.3 million](#) enrolled beneficiaries, including more than a third of the state's total population and around 40% of all children in Massachusetts.
- MassHealth's budget is the single largest component of the state's budget. Its proposed fiscal year 2024 budget is currently [\\$19.8 billion](#), for a net cost of [\\$8.0 billion](#) after accounting for federal matching.

Cross-Agency Alignment and Collaboration

- In 2022, the [Centers for Medicare and Medicaid Services](#) approved the extension for MassHealth's Section 1115 demonstration waiver, which includes efforts to better integrate behavioral health into pediatric primary care.
- In 2022, [HRSA](#) awarded MA DPH a grant to increase access to mental health care for children under six by providing training and consultation to primary care providers, many of whom serve a high percentage of Medicaid-enrolled patients.
- Although these initiatives are separate, their alignment to the state's [Roadmap for Behavioral Health Reform](#) reflects Massachusetts' strong cross-agency communication and collaboration on children's behavioral health.

Introduction

In 2022, Massachusetts was ranked **first** in the country for overall child well-being, in large part due to the state’s efforts to increase access to affordable health insurance and healthcare. Despite the strong rankings, Massachusetts children have higher than average **rates** of depression, anxiety, and substance use disorder. In response, over the past few years, Massachusetts’ Executive Office of Health and Human Services (EOHHS) developed programs and policies to expand access to behavioral healthcare for children. Massachusetts Department of Public Health’s (MA DPH) federally funded activities to expand the **Massachusetts Child Psychiatry Access Project**, coupled with MassHealth (Massachusetts’ Medicaid and Children’s Health Insurance Program agency) policies that incentivize integrating pediatric behavioral health into primary care, offer lessons for other states interested in advancing pediatric behavioral health.

This profile, informed by interviews with MassHealth and public health officials, describes how MassHealth and MA DPH have partnered to enhance the provision of behavioral health services for children, youth, and families throughout the state. This profile is part of an initiative led by the Association of State and Territorial Health Officers (ASTHO) and the **Center for Health Care Strategies** that aims to better understand how Medicaid and public health agencies collaborate.

Massachusetts Department of Public Health’s Role in the Healthcare Safety Net

MA DPH promotes the health of all residents throughout the state, including those who are uninsured or underinsured. In addition to operating health promotion and population health programs, MA DPH also provides some direct clinical care, including behavioral health services. In interviews, state officials shared that MA DPH’s clinical expertise was used to inform policy development at both agencies.

BEHAVIORAL HEALTH CLINICAL SERVICES PROVIDED

MA DPH serves as a clinical service provider both directly and through contracts with community-based organizations. The table below highlights some key MA DPH behavioral health services for children, youth, and families, many of which are funded partially or fully through the U.S. Department of Health and Human Services’ **Title V Maternal-Child Health Block Grant**. The table is not intended to be exhaustive, and the breadth of MA DPH’s clinical services extends beyond behavioral health (see the **full report** for additional examples). Find more information about MA DPH’s Title V services on **its website**.

Table 1: Pediatric Behavioral Health Clinical Services Provided or Operated by MA DPH

PROGRAM	SERVICES	FUNDING SOURCE	MEDICAID FINANCING AND PARTNERSHIPS
Prenatal and Early Childhood Home Visiting	Home visiting programs for new parents include Welcome Family (WF), Early Intervention Parenting Partnerships (EIPP), FIRST (Families In Recovery Support) Steps Together (FST), and three evidence-based Maternal Infant Early Childhood Home Visiting (MIECHV) Models.	HRSA: WF and MIECHV Title V: EIPP SAMSHA: FST	MassHealth is represented on a workgroup but does not fund the program.
Postpartum Depression Screening (completed pilot)	The postpartum depression screening pilot operated at three community health centers providing postpartum depression screenings and referrals.	State line item.	All insurers in Massachusetts – including MassHealth – must cover postpartum depression screening.

PROGRAM	SERVICES	FUNDING SOURCE	MEDICAID FINANCING AND PARTNERSHIPS
Project LAUNCH <i>(completed pilot)</i>	Project LAUNCH operated at three primary care practices and focused on increasing screening and referrals related to early childhood mental health.	Substance Abuse and Mental Health Services Administration	
School-Based Health Centers	School-based health centers deliver primary and behavioral healthcare in satellite clinics within schools. Behavioral healthcare services include screening, diagnosis, individual psychotherapy, group therapy, crisis intervention services, psychopharmacology consultation, medication management, and care coordination.	Title V, School-Based Health State Budget Appropriation (4590-0250), and MassHealth.	MassHealth covers services provided by school-based health centers for MassHealth enrolled beneficiaries.
The Massachusetts School Tele-Behavioral Health Pilot	This pilot builds the capacity of school districts and community-based providers to expand access to mental health and substance use services. Current services include assessments, one-on-one therapeutic counseling, care coordination, and medication evaluation.	State line item.	MassHealth reimburses for tele-behavioral health services provided to Medicaid-enrolled students.
School Behavioral Health Workforce and Service Expansion Program	This program supports schools in hiring and retaining clinical and non-clinical behavioral health personnel; improving and establishing relevant behavioral health policies and procedures; increasing care coordination; and expanding needed support services in schools, including de-escalation and crisis response, alternatives to punishment for student substance use, social-emotional learning, and other behavioral health promotion, prevention, and early intervention strategies.	State line item.	Services provided by clinical staff employed by schools may be claimed as Medicaid services when delivered to Medicaid-enrolled students.

Prenatal and early childhood home visiting programs ensure new families are connected to the healthcare system and have access to education, resources, and referrals for emerging healthcare needs. The postpartum depression (PPD) screening program promotes universal early detection and treatment of postpartum behavioral health concerns that impact both parents and infants. MA DPH sets the standards for PPD screening, tracks data, and previously operated a pilot program at three community health centers to increase access to PPD screenings and referrals. Project LAUNCH was a pilot program aimed at integrating early childhood mental health promotion and prevention into pediatric primary care. Additionally, MA DPH operates 42 [school-based health centers](#) across the state, which connect children and youth to critical behavioral health services, including screening, diagnosis, individual psychotherapy, group therapy, crisis intervention services, psychopharmacology consultation, medication management, and care coordination.

Working Together to Advance Early Childhood Mental Health

In 2021, EOHHS announced the start of its [Roadmap for Behavioral Health Reform](#) (“Roadmap”), a multi-year, interagency initiative. The Roadmap was designed to increase access to behavioral healthcare, advance behavioral health equity, and expand the behavioral healthcare provider network through [efforts](#) including a new helpline, designated [Community Behavioral Health Centers](#), and coverage for preventive behavioral health services in primary care.

In September 2022, the Centers for Medicare and Medicaid Services (CMS) [approved](#) the extension of MassHealth’s Section 1115 demonstration waiver, which focuses on expanding value-based care through [accountable care organizations](#) (ACOs), a healthcare delivery model designed to improve care quality while reducing costs. MassHealth’s [extension](#) builds on the goals of the state’s Roadmap through key initiatives, including ACO policies on reducing health disparities, growing the behavioral health provider network, and encouraging behavioral health integration into primary care. The extension authorizes MassHealth to implement [sub-capitation payments](#) for primary care and pediatric providers for behavioral health integration, such as medication management for behavioral health conditions. The extension also creates a new behavioral health student loan repayment [program](#) aimed at growing the state network of behavioral health providers.

Also in September 2022, MA DPH was [awarded](#) federal funding to support pediatric behavioral health integration. As part of the HRSA-administered American Rescue Plan Act-Pediatric Mental Health Care Access (ARP-PMHCA) grant, MA DPH received funding to increase behavioral healthcare access for children under six. Building off the past success of the [Massachusetts Child Psychiatry Access Project](#) (MCPAP), MA DPH is using these funds to grow MCPAP’s footprint by providing childhood mental health trainings, technical assistance, and telehealth consultations for clinicians to improve behavioral health and wellness for young children and their families. These trainings will focus on primary care providers, many of whom serve a high percentage of MassHealth-enrolled pediatric patients and are seeking to incorporate MassHealth’s new behavioral health integration requirements.

To increase early detection and equitable referrals, providers will also be trained to use the [DC:0-5 diagnostic assessment tool](#), which MassHealth recommended as a clinical best practice through an August 2022 [provider bulletin](#). MCPAP will assist pediatric practices with referrals to early childhood mental health clinicians, resources, and connections to support within health systems, physician organizations, and ACOs.

These MassHealth and MA DPH initiatives reflect years-long efforts to strengthen partnerships and center the needs of Massachusetts' youngest children by focusing on upstream prevention. As discussed further below, by working toward shared goals and priorities, communicating regularly, minimizing duplication, and maximizing federal funding, MA DPH and MassHealth aim to leverage both agencies' strengths to advance health equity.

FACTORS FOR SUCCESSFUL CROSS-AGENCY COORDINATION

Interviewees revealed several key practices that contributed to a strong cross-agency partnership. Officials looking to strengthen Medicaid-public health collaboration can implement these practices in their own states.

- **Leverage strategic priorities at the leadership level.** A strong vision from the previous Massachusetts secretary of health and human services, Marylou Sudders, enabled strategic collaboration and ensured each EOHHS agency prioritized behavioral healthcare. MassHealth also proactively worked with MA DPH to understand the gaps and identify opportunities for enhancing access. MassHealth valued MA DPH's experience with pediatric primary care and behavioral health integration, especially MA DPH's [Project LAUNCH](#). The agencies learned from past efforts to support provider capacity-building for upstream prevention among infants and young children, rather than focusing solely on older children in downstream behavioral health crises. MA DPH officials noted the reflection of this upstream focus and inclusion of a family partner in team-based care in the waiver as a win for early prevention. "We are proud that the decades of learning and collaboration on Project LAUNCH was reflected in the waiver," said one top MA DPH official.
- **Maximize use of federal funding to support programs across state agencies.** Interviewees from both agencies discussed working together to identify funding strategies to maximize federal revenue for state programs. Through a CMS mechanism called [Health Services Initiatives \(HSIs\)](#), MassHealth uses Children's Health Insurance Program (CHIP) administrative funding to help cover the costs associated with EOHHS-operated health-related clinical and supportive services for low-income children, regardless of the child's MassHealth eligibility. All HSIs must be approved by CMS as part of a CHIP state plan, and the state must submit an annual report including an estimate of how many low-income children were served by the programs. For MassHealth, the [18 approved HSIs](#) include programs that impact pediatric behavioral health like support groups for young parents, suicide prevention programs, and trauma-informed case management.

HSI funding comes from money that remains after covering CHIP program administrative costs, with the federal share matching the state's CHIP rate for MassHealth, which is an average of 67.66% during 2023. Funding is limited to no more than 10% of the state's total CHIP spending, which MassHealth consistently meets. State officials shared how valuable they find HSIs in maximizing their impact. As one Medicaid official said, "The fiscal teams are constantly thinking about what pieces of MA DPH's work fit in to Medicaid so we can make sure we're optimizing Medicaid reimbursement for the state."

- **Align workforce initiatives to improve access to care.** As MassHealth staff began developing student loan repayment programs as part of their behavioral health workforce development initiatives, they strategically aligned with MA DPH's longstanding [Massachusetts Loan Repayment Program for Health Professionals](#), which provides loan repayments for providers who practice in [Health Professional Shortage Areas](#). To streamline the process for providers, MassHealth and MA DPH aligned on program design including service obligation requirements and application windows. Additionally, MassHealth consulted with MA DPH in launching a new psychiatric nurse practitioner fellowship. This program will be informed by a past MA DPH pilot fellowship and aim to strengthen EOHHS' efforts to improve the state's healthcare workforce and increase access to behavioral healthcare treatment. A MassHealth official shared, "We're eager to know what lessons we can take from the MA DPH pilot now that we're designing a full-scale version of that fellowship program."

- **Engage in consistent and frequent interagency communication, both formal and informal.** State officials from both agencies shared examples of frequent communication with colleagues. Staff from MA DPH’s Bureau of Family Health and Nutrition and MassHealth’s Office of Children, Youth, and Parents meet quarterly to discuss programs and identify areas for alignment, in addition to meeting for interagency workgroups. Officials also mentioned frequent informal communication as key to strengthening relationships between the two teams and influencing policy development. By discussing their goals, learning from each other’s past efforts, and working collaboratively with additional stakeholders, the two teams have grown their partnership. As one MassHealth official put it, “It’s not a coincidence that the framework MA DPH used and the providers they’re targeting with the ARP-PMHCA grant aligned with the goals of our waiver. We’re both working to improve the health of kids and families.”

OUTCOMES

With the recent approval of MassHealth’s 1115 Demonstration waiver and MA DPH’s ARP-PMHCA grant, the state’s new efforts to support early childhood mental health are still in the beginning phases of implementation. MA DPH will [monitor](#) the MCPAP program’s effectiveness in increasing timely and equitable access to early childhood mental healthcare, beginning in Central and Western Massachusetts. As part of continuous quality improvement efforts, MA DPH plans to collect and track encounter, performance, training, and survey data related to this program.

MassHealth’s 1115 waiver extension evaluation will include [information](#) on how the new policies impact beneficiaries’ utilization of and experience with preventive and routine care and how, if at all, the targeted loan repayment programs impacted beneficiaries’ access to care. As these programs get off the ground, other states can monitor the initiatives’ progress through [MassHealth’s website](#) and HRSA’s ARP-PMHCA grant [web page](#).

OPPORTUNITY FOR GROWTH

Even though interagency partnership efforts have been successful, working in silos—both within and across agencies—remains an area for growth in Massachusetts, echoing a common concern for state government nationwide. At both agencies, staff acknowledged that they often had limited information on the programs and initiatives happening outside of their teams, which at times resulted in effort duplication. While sharing one anecdote related to how silos resulted in a misunderstanding, an official said that ultimately investing in clearer interagency communication at the leadership level helped ease the confusion. “This is where having existing trusting relationships makes all the difference. We were able to call each other and talk directly,” the official shared. As the agencies work to minimize duplication, they can strengthen efforts to share details of interagency partnerships across teams through both regular internal communication and cross-agency communication.

Looking Ahead

Massachusetts is a leader in advancing health equity and behavioral healthcare access, especially in early childhood. From EOHHS-wide initiatives like the Roadmap for Behavioral Health Reform to agency-specific work, other states can look to Massachusetts for lessons in improving pediatric behavioral health access. And through leveraging agency alignment, fostering strong relationships, and reviewing similar programs to avoid duplicative efforts, MassHealth and MA DPH offer lessons on strengthening Medicaid-health agency partnerships.

This profile was developed through a collaboration between ASTHO and the Center for Health Care Strategies as part of a series to better understand how State and Territorial public health agencies can support the healthcare safety net. For the full report and additional profiles, visit our [website](#).

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