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Critical Condition: The Challenges Shaping Health Care in Massachusetts

OPINION

I don't want to close any more mental health centers

Inadequate reimbursement rates are making it harder and harder to maintain vital services

by **CHRISTOPHER TUTTLE**

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(Illustration by Alvaro Montoro/Unsplash)



This story is part of [Critical Condition](#), a monthlong project focusing on the issues Massachusetts residents face in accessing health care.

LATE LAST YEAR, I made the hard decision to close a mental health center in Lynn, an area where more access to care is needed, not less. The cost of operating this clinic with optimal staffing simply exceeded by a wide margin the amount we received from insurers – largely the state Medicaid program MassHealth – to operate it.

While my organization, Bridgewell, is both mission-driven and nonprofit, we can't operate programs where the resources do not exist to support those programs.

There is, however, a solution. Current legislation on Beacon Hill would permanently fix this funding gap, by boosting Medicaid rates for community mental health services and reviewing those rates every two years to ensure that the rates stay ahead of the cost of delivering the care.

Mental health centers play an invaluable role at a time when behavioral health needs are surging, particularly among children who are still recovering from the effects of the pandemic while coping with pressures like cyber-bullying that did not exist when I was growing up.

People seen at mental health centers have diagnoses including anxiety, PTSD, suicidal ideation and attempts, sexual and physical trauma, and significant substance use complexity. These centers provide individual and group therapy and are particularly adept at involving the entire family to devise solutions that can help patients recover.

Mental health centers help create healthy communities.

In addition to serving the needs of individuals, mental health centers also play an indispensable role in training clinicians. When mental health centers close, the Commonwealth loses training capacity for mental health practitioners. The irony is that many people complete their training at a mental health center and move on to private practice, where they can earn enough to repay their student loans.

Across our organization, we currently have 15 open clinical positions. It takes between six and nine months to fill these positions. Our leadership team is being pulled away from their day-to-day job to fill the gaps created by these vacancies.

We serve about 5,000 individuals at the three remaining clinics we now operate and often have wait times of up to four months for an initial consultation. Despite this strong demand, our outpatient clinics are losing millions of dollars.

The rates paid by MassHealth – which covers some two million patients across Massachusetts – simply aren't enough to fully cover the cost of clinician salaries, administrative operations, and other expenses that are all essential to providing these highly valuable services. Many private medical practitioners have stopped accepting any insurance payments and instead charge fees that low- and moderate-income individuals cannot afford. Our clinics are here to serve those who have no other place to go to get the care they need.

After the Lynn closure, Bridgewell now operates three mental health centers — in Lowell, Amesbury, and Danvers. Our Lowell and Amesbury clinics provide a full range of services for both adults and children. Our Danvers clinic is one of only two in the Commonwealth that serves adults with both intellectual and developmental disabilities and a co-occurring mental health diagnosis.

The Lynn clinic faithfully served the community for more than two decades. Its closure was not due to a lack of need, but unsustainable financial loss at the hands of low reimbursement rates from MassHealth.

[S.874](#) and [H.1396](#) would require MassHealth, specifically, to implement a 5 percent rate increase for all outpatient behavioral health services. It would also ensure that rates paid to mental health centers are no less than 20 percent higher than comparable behavioral health services delivered in private practices. Current rates do not adjust for the cost of the additional staffing, training, and programmatic requirements placed on mental health centers.

Rather than systematically close sites, stagnant MassHealth rates may force Bridgewell to exit outpatient mental health altogether. Such an idea would have been almost unthinkable only a few years ago. Our organization grew up out of the community mental health movement. I expect other organizations could be confronted with the same challenge.

Mental health needs are soaring. Thankfully, Massachusetts has demonstrated true leadership with the launch of the [Roadmap for Behavioral Health Reform](#), which created a new “front door” for the state’s residents to access mental health and substance use services.

But without a permanent fix to the reimbursement rate gap, we’ll continue losing ground in the quest to ensure access to vital mental health services for all. Let’s finish the job.

Christopher Tuttle is the president and CEO of [Bridgewell](#), a human services agency based in Peabody.



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