

# 2025 Pre-Filed Testimony: The Brookline Center for Community Mental Health

Submitted to: Massachusetts Health Policy Commission & Office of the Attorney General

Date: October 31, 2025

## 1. Federal Policy Implications

Federal policy shifts, particularly around Medicaid redeterminations and coverage subsidies, have significant downstream implications for our patients and the community-based providers who serve them. The Brookline Center continues to experience fluctuations in coverage continuity, resulting in delays in care access and increased uncompensated care costs. Our strategy emphasizes stabilization through enhanced care coordination, outreach to patients impacted by coverage loss, and strong partnerships with local health systems and payors. We also monitor shifts in reimbursement rates and advocate for sustainable rate structures that protect access to behavioral health services. We are also looking at innovative solutions such as digital psychiatry to augment and extend our clinical services.

## 2. Workforce Recruitment and Retention

The Brookline Center continues to prioritize workforce sustainability by providing flexible employment models and access to comprehensive benefits, even for fee-for-service clinicians. We have expanded educational pathways that enable staff to pursue licensure and advanced degrees through strategic partnerships, such as tuition support and guaranteed employment agreements. These strategies have improved retention while diversifying our workforce. We recommend policy reforms that expand tuition assistance programs, loan forgiveness, and salary support for community mental health professionals.

## 3. Reducing Administrative Complexity

Administrative requirements continue to divert provider time away from direct patient care. We support streamlining state and insurer reporting requirements, prior authorization processes, reducing redundant data entry, and expanding interoperability between behavioral health and primary care systems. Simplification in these areas would reduce burnout and increase time for patient engagement.

## 4. Primary Care and Behavioral Health Integration

While The Brookline Center is not a primary care provider, we have advanced several collaborative care partnerships with primary care practices to expand behavioral health access. Our Collaborative Care Model embeds mental health clinicians into primary care settings, improving early identification and intervention. We currently operate CoCM in **three active locations**, serving children, families, and adults. We have served over 300 patients since implementation, connecting patients to behavioral health support right in their primary care or school setting. This approach has reduced wait times for behavioral

health evaluation and lessened the burden on primary care providers. We recommend continued investment in the Collaborative Care Model to enhance patient outcomes and affordability. As such, the Brookline Center will be testifying in support of Bill S.1390, An Act relative to access to psychiatric collaborative care, designed to address adequacy of reimbursement for practitioners in primary care settings with particular regards to increase reimbursement for patients with MassHealth coverage.

## 5. Addressing Rising Health Care Costs

We contribute to affordability by developing community-based interventions that deliver measurable impact at lower cost. Our early psychosis program, for example, partners with providers, organizations, government agencies and individuals and families to identify and treat symptoms earlier, reducing hospitalizations and long-term care costs. Similarly, our school-based and family programs improve continuity of care and reduce system strain. We continue to explore scalable, cost-effective models that extend care to underserved populations while maintaining high clinical standards.

### Office of the Attorney General: Health Care Service Price Inquiries

Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. The following table summarizes inquiries from January 2023 through June 2025:

Quarter	Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
Q1 2023	33	123
Q2 2023	6	166
Q3 2023	1	215
Q4 2023	3	269
Q1 2024	3	281
Q2 2024	2	245
Q3 2024	0	239
Q4 2024	1	280
Q1 2025	105	163
Q2 2025	181	47
Totals	335	2028

*"I, [Ian Lang], Chief Executive Officer of The Brookline Center for Community Mental Health, hereby attest under the pains and penalties of perjury that the foregoing testimony is true and accurate to the best of my knowledge."*

**Signature**

*Ian Lang, Chief Executive Officer*

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*Date: October 31, 2025*