



251 West Central Street
Suite 21
Natick, MA 01760

T 508.647.8385
F 508.647.8311
www.ABHmass.org

Vicker V. DiGravio III PRESIDENT / CEO
Diane E. Gould, LICSW CHAIR

ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

February 20, 2019

Representative Aaron Michlewitz, Chairman
House Committee on Ways and Means
State House, Room 254
Boston, MA 02133

Senator Michael Rodrigues, Chairman
Senate Committee on Ways and Means
State House, Room 109D
Boston, MA 02133

Re: Fiscal Year 2020 Budget

Dear Chairman Michlewitz, Chairman Rodrigues and Honorable Committee Members:

On behalf of the membership of the Association for Behavioral Healthcare (ABH), thank you for the opportunity to comment on the Fiscal Year 2020 Budget. As you may know, ABH is a statewide association representing more than eighty community-based mental health and addiction treatment provider organizations. Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people.

Community-based behavioral health care is an indispensable component of a healthcare system necessary to meet the needs of individuals in the Commonwealth living with a severe and persistent mental illness and/or a substance use disorder. We applaud the Legislature for its historic support for these services and urge that community-based behavioral health care remain a priority in the FY20 budget. Despite the investment the Legislature has made in recent years, our members see firsthand that demand for these services outpaces the existing capacity of the community-based behavioral health system.

Continued Support for Community-Based Services

ABH believes that robust community-based behavioral health services are integral to a healthy, well-functioning, fiscally strong health care system. We believe there is both a moral and economic imperative to serving those in need of behavioral health care in the communities in which they live and work. Hospital settings and other 24-hour levels of care occupy an important space in the health care landscape, however, the overwhelming majority of individuals in need of mental health and addictions care are able to have their needs met by community-based providers.

In order to ensure that those living with mental illness, a serious emotional disturbance (SED) and/or a substance use disorder are able to live productive and successful lives in their community, the Commonwealth must invest in the services on which these individuals depend. Expanding access and building the capacity of the community-based behavioral health care system will only serve to

improve the health, safety, and overall well-being of individuals, families and communities in Massachusetts.

Department of Mental Health

The Department of Mental Health provides essential services to ensure that individuals with mental health needs are able to receive comprehensive care in the communities in which they live and work. The Commonwealth's focus on bolstering community-based services facilitates independent living and allows many adults and children to receive the care they need outside of costly inpatient hospitalizations.

Strengthening community-based supports requires meaningful investment, and as such, **ABH supports the Governor's recommended funding levels for adult community services at DMH (5046-0000)**. Funding this account at the levels proposed in House 1 will maintain existing services.

In FY19, DMH took bold new steps in the provision of adult community services, specifically with the launch of the Adult Community Clinical Services (ACCS) program. With the implementation of ACCS, substantial funding was provided to redesign and strengthen the community system that serves the Commonwealth's most vulnerable individuals living with a mental illness. We are requesting that the Legislature fund this account at the levels recommended in House 1 so that the gains made by the prior year's investments are preserved.

The importance of investing in mental health services for children and adolescents cannot be overstated. **ABH requests that the legislature fund line 5046-5000 \$2.8 million above House 1.** This funding level would be comparable to FY19 projected spending, or approximately \$93.4 million and preserve existing services. We are concerned the Governor's budget may include cuts to long term placement funding for kids in DMH care.

ABH also requests that the Legislature fully fund all other DMH line items **(5011-0100, 5046-2000, 5046-0001, 5047-0001, 5055-0000, 5095-0015) at the levels recommended in House 1.** Together, funding these accounts will ensure that all existing community-based wraparound services will be maintained.

Consistent with the Governor's House 1 recommendation, **ABH requests the Legislature fund the DHCD Rental Subsidies for DHM clients' line item (7004-9033) at \$6.5 million** to support individuals in DMH community placements in acquiring safe and stable housing needed to lead healthy and productive lives in the community.

Bureau of Substance Addiction Services

ABH is greatly appreciative of the Legislature's leadership in addressing the opioid epidemic. Although addiction to substances extends well beyond the use of opioids and many who have an opioid addiction are poly-substance users with co-occurring mental health disorders, the opioid epidemic continues to devastate our families and communities across Massachusetts.

Services funded by the Bureau of Substance Addiction Services (BSAS) are vitally important—they save lives and they save money. In 2018, 1,974 individuals died of opioid related deaths in Massachusetts. This constitutes a 4% decrease in the rate of opioid-related overdose deaths from 2017. Despite this progress, the demand for treatment exceeds the system's capacity.

Aggressively funding addiction care is a sound investment where every \$1 spent on treatment, \$4 are saved in health care costs and \$7 in law enforcement and other criminal justice costs. Research

has shown that full addiction treatment coverage could result in \$398 savings per-member per-month in Medicaid spending.

ABH requests that the Legislature fund BSAS programs and operations account (4512-0200) at \$184.9 million, a \$45.5 million increase over the administration's House 1 recommendation. This level of funding would allow for the following new programs and services:

Family Sober Living Programs

\$20 million to expand Family Sober Living programs that are specially designed to address the complex issues involved in family substance use treatment and recovery, to support active housing and employment searches, and to assist families with children in meeting their personal goals and objectives. Family Sober Living Programs stabilize families by providing a safe haven; a holistic approach to recovery that will address the inter-relationships between their physical, psychological health as well as parenting responsibilities; and other supportive services designed to further develop skill levels appropriate for independent living.

Provide Training and Technical Assistance to Correctional Facilities

\$10 million to support BSAS' provision of training and technical assistance to the Department of Corrections (DOC) and Houses of Corrections (HOCs) around implementation of Chapter 208 of the Acts of 2018, which creates a broad pilot program to make available Medication Assisted Treatment (MAT) and counseling services to individuals in certain correctional facilities. This program is an important step forward in combatting the opioid epidemic and a direct response to data showing that people with a history of incarceration are 120 times more likely to die of an overdose than the general population.

Develop Substance Use Disorder Workforce

\$5 Million for SUD Workforce Development. Amidst this opioid epidemic, SUD providers face many workforce challenges when staffing their programs. In addition to struggling to compete for staff in the current healthcare marketplace, many additional demands are placed on staff for which training is needed, such as education on how to serve people with co-occurring disorders, the provision of MAT, and patient medication management. In addition, programs at the Massachusetts Rehabilitation Commission traditionally offered a pathway for people in recovery to become addiction treatment professionals, but many of those programs have been eliminated due to lost federal funding.

Expand Access to Massachusetts Access to Recovery (MA-ATR)

\$7 million to preserve and expand MA-ATR to reduce waitlist times and conduct post-ATR services research to identify long-term recovery outcomes. MA-ATR was funded by a federal grant to address the opioid epidemic but funding is slated to end by March 2020 unless Congress appropriates another year of funding. ABH requests that the state provide funding to support the continuation and expansion of this highly successful program.

Expand Access to Recovery Centers

\$3.5 million to cover start-up and costs to procure five additional Recovery Centers in "hot spot" cities/towns across the state. Recovery Centers provide individuals, their family members and loved ones a safe, clean and sober place to connect with their peers to conduct job searches and obtain support for sustained recovery. Peer-led, peer-driven services and activities are at the core of these centers - allowing participants to learn new skills, mentor others, and value their lived experience. Recovery Centers are intended to not only build a peer community that is supportive of people in recovery, but are also designed to reduce the stigma associated with addiction by putting a "positive face of recovery" within communities.

ABH also requests that the Legislature fund the remaining BSAS line items (**4512-0201, 4512-0203, 4512-0204**) at the levels recommended in the administration's House 1 proposal. These accounts comprise an essential component of the Commonwealth's safety net and provide critical prevention, treatment and recovery support services.

As you know, the Bureau of Substance Addiction Services also receives a federal block grant to assist in the funding Substance Abuse Prevention and Treatment services. The block grant requires that the state demonstrate a *Maintenance of Effort* by maintaining its funding at a level that is at least equal to the average of the prior two-years of expenditures. We urge the Legislature to be mindful that any cuts to the DPH/BSAS line items may result in a loss of block grant dollars.

MassHealth Behavioral Health

Medicaid is an invaluable safety net for low-income individuals and families as it allows for the provision and financing of medically necessary behavioral health services. From a national standpoint, Medicaid accounted for 25% of all mental health spending and 21% of all addictions treatment spending in 2014. In 2011, nearly half of Medicaid spending was for enrollees with behavioral health conditions.¹

In the Commonwealth, MassHealth's strong behavioral health benefit makes a comprehensive set of mental health and addiction treatment services possible. MassHealth is a lifeline for many of our most at-risk populations and communities, and it addresses important gaps in health care as it provides a behavioral health benefit that commercial insurance coverage has failed to match. This is especially true for diversionary levels of care that are covered under MassHealth, but are not included under commercial plans. Among non-elderly adults with mental illness and serious mental illness, those with Medicaid are more likely than those without insurance or with private insurance to receive treatment.² It is for this reason that **ABH requests that the Legislature preserve existing benefits and eligibility guidelines for the MassHealth program.**

Outpatient Services

Outpatient services remain a cornerstone of the community-based delivery system, however, this integral service has been undermined by historic and systemic underfunding. Many ABH members have been forced to close clinic sites or reduce access for clients. Consequently, the ability for individuals with severe and persistent mental illness and/or a substance use disorder to access medically necessary care is constrained.

We continue to be concerned about the long-term viability of the outpatient system and the negative reverberations that ripple throughout the broader health care system when outpatient treatment is chronically underfunded. To rectify this situation and ensure that those in need do not have to forego vital and cost-effective treatment, **ABH requests further investment in MassHealth community-based behavioral health outpatient services.**

Children's Behavioral Health

While the Commonwealth has made great progress in the development and refinement of the Children's Behavioral Health Initiative (CBHI) system, much work is still needed to ensure that the behavioral health needs of children are fully met. In order to recognize this goal and to provide for the implementation of the *Rosie D.* court order (4000-0950), it is incumbent upon the state to adequately fund this system. Children and youth living with Serious Emotional Disturbance (SED)

¹ <http://www.kff.org/infographic/medicaids-role-in-behavioral-health/>

² <http://www.kff.org/medicaid/fact-sheet/facilitating-access-to-mental-health-services-a-look-at-medicare-private-insurance-and-the-uninsured/>

rely upon the continuum of home- and community-based services made possible through CBHI. These services oftentimes making it possible to avoid the disruption that results from inpatient hospitalization. **ABH supports the administration's House 1 recommendation of approximately \$261.7 million for the implementation of CBHI.**

Medication Assisted Treatment (MAT) in Corrections

In the face of the opioid epidemic, the Commonwealth has made great progress towards helping persons struggling with opioid addiction. We commend the Legislature for its leadership in recognizing that access to care, specifically MAT in all its forms, saves lives.

We appreciate the administration's and legislature's commitment to expanding the availability of MAT, especially to those in correctional settings. **ABH requests that the Legislature fund line-item (1599-0105) at \$10 million** to support the DOC and HOCs implementation and provision of these services in accordance with the pilot program created by the legislature in Chapter 208 of the Acts of 2018. We believe that this investment will empower correctional facilities to more responsively serve incarcerated persons in recovery.

Implementation of Chapter 257 and Human Services Salary Reserve

We are appreciative of the Legislature for its continued commitment to fully implement Chapter 257. From its inception, this legislation has recognized the importance of community-based services and the need for adequate funding to ensure that services improve the safety and wellbeing of the residents of the Commonwealth.

ABH strongly supports the Governor's House 1 recommendation that the Chapter 257 Rate Reserve fund (1599-6903) be funded at \$20.3 million. This account will enable the administration to fund the rates it anticipates setting in FY20.

Thank you for your thoughtful consideration of the issues addressed in this letter. At your convenience, I am available to answer any questions you may have about any of the information we have provided.

Sincerely,



Vicker V. DiGravio III
President/CEO

cc: Speaker Robert DeLeo
Senate President Karen Spilka
Senator Cindy Friedman, Vice Chair, Senate Committee on Ways and Means
Senator Jason Lewis, Assist Vice Chair, Senate Committee on Ways and Means
Representative Denise Garlick, Vice Chair, House Committee on Ways and Means
Representative Elizabeth Malia, Assist Vice Chair, House Committee on Ways and Means
Members of the House Committee on Ways and Means
Members of the Senate Committee on Ways and Means