



July 25, 2019

The Honorable Charles D. Baker  
Office of the Governor  
Massachusetts State House, Room 280  
Boston, MA 02133

Secretary Marylou Sudders  
Executive Office of Health and Human Services  
One Ashburton Place, 11<sup>th</sup> Floor  
Boston, MA 02133

***RE: Behavioral Health Priorities for the FY20 State Budget***

Dear Governor Baker and Secretary Sudders:

On behalf of the Massachusetts Association for Mental Health, thank you for your continued leadership and dedication to advancing the behavioral health of the people of our Commonwealth.

Formed over a century ago, the Massachusetts Association for Mental Health (MAMH) is dedicated to promoting mental health and preventing mental health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. MAMH has a strong track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methods.

As you consider the budget that was adopted by the House and the Senate on Monday, we ask that you please prioritize the following investments that will make a critical difference in the lives of people with mental health, substance use, and co-occurring conditions, their families, and their communities:

**DHCD: 7004-9033 DMH Rental Subsidy Program: \$7,548,125**

**Please maintain the Legislature's \$1 million increase for the DMH Rental Subsidy Program.**

The DMH Rental Subsidy Program is an essential resource for housing DMH clients who are ready for affordable apartments with the support of Adult Community Clinical Services (ACCS) community-based, outreach treatment team services. The current lack of affordable housing capacity within DMH's community services creates significant barriers for people with disabling mental health conditions who are homeless, unstably housed, or who are ready for discharge from inpatient facilities.

There are currently a record number of patients who have been approved for DMH continuing care admission, waiting in community psychiatric hospitals. State hospitals are operating over census and waitlists for inpatient psychiatric units and hospitals are now the highest they have been in over a decade. These vouchers are critical to restoring flow in the system, and preserving the progress the Commonwealth has made related to emergency department boarding.

A \$1 million increase would help approximately 80 individuals move to safe, affordable, and supported housing in communities throughout the Commonwealth. MAMH has long advocated for this funding in the DMH budget, as a safe and stable home is critical for effective treatment and recovery.

**DMH: 5042-5000 Child and Adolescent Mental Health Services: \$93,990,702**

**Please maintain the Legislature's restoration of the \$3 million in proposed cuts to youth services.**

Children and adolescents with behavioral health needs and their families will be significantly impacted if the DMH Child and Adolescent Mental Health Services account is reduced. DMH supports these children with services that are not available through MassHealth and commercial insurance, and are critical building blocks of a system of supports to maintain a child at home and in community. These include:

- Therapeutic after school programs and summer camperships – These programs offer an opportunity to spend time with peers who have similar struggles in a setting where staff are equipped to support their needs, and grant a brief period of respite for parents.
- Flexible Support Services – Flexible Support Services are designed to support the well-being and independence of youth and their families; build family cohesion; strengthen the longevity of important relationships in the youth's life; and prevent the need for more intensive services.
- Caring Together Services – These services include clinically intensive treatment and outreach support to help build, strengthen, and maintain connections so that children and families can live together successfully.

Please restore the \$3 million proposed cut so children's access to these important services is not limited.

**DMH: 5046-0000 Adult Mental Health and Support Services: \$490,450,275**

**Please maintain the Legislature's \$250,000 increase for the Safe Haven program.**

On any single night in Massachusetts, it is estimated that 3,178 people with serious mental health conditions are homeless.<sup>1</sup> The Safe Haven program addresses this problem by helping people access stabilization services and low barrier housing with supportive services. These services may include health assessments, counseling, case management, housing assistance, benefits assistance, meals and laundry, and referrals to other services. The Safe Haven program is specifically designed to help people with serious mental health conditions when other homeless services might not meet their needs.

**1595-4512 DMH Behavioral Health Outreach, Access and Support Trust Fund: \$10,000,000**

**Please maintain the Legislature's allocation of \$10 million to establish this Trust Fund.**

This fund would supplement and support the Commonwealth's existing efforts to address behavioral health workforce challenges, address disparities in access to services, and enhance access to a complete continuum of behavioral health services. Likewise, dollars from the fund would be invested in a public awareness campaign designed to reach populations at greatest risk for experiencing barriers to behavioral health services. The campaign would address stigma and increase health literacy by raising awareness of available services. Furthermore, the fund would support a loan forgiveness program for mental health professionals to help grow the workforce and improve access to care.

**1595-1071 Office of the Secretary of Health and Human Services - Community Behavioral Health Promotion and Prevention Trust Fund: \$200,000**

**Please maintain the Legislature's allocation of \$200K to this Trust Fund.**

Chapter 208 of the Acts of 2018 creates the Community Behavioral Health Promotion and Prevention Trust Fund "To promote positive mental, emotional and behavioral health among children and young adults and to prevent substance use disorders among children and young adults." The Commission has met four times since January and its major activities have included reviewing the report of the Special Legislative Commission on Behavioral Health Promotion and Upstream Prevention and hearing presentations from other Commissions (Safe and Supportive Schools Commission, Autism Commission, etc.) to ensure it is not duplicating, but rather working in collaboration, with other ongoing work in the Commonwealth. At the September 2019 meeting, Commission members will engage in dialogue to set priorities for their work. Adding dollars to the Trust Fund will give the Commission more resources and options to take action to further community-based promotion and prevention efforts.

There is now a well established body of literature that demonstrates the importance of prevention for behavioral health conditions, similar to the prevention of physical health conditions, and includes evidence-based and evidence-informed practices to further those goals. As 50 percent of all lifetime cases of diagnosable mental health conditions begin by age 14 and 75 percent begin by age 24, there is a real opportunity to improve the health and well being of young people and families throughout the Commonwealth, reduce spending on intermediate and acute health care services, and positively affect the education, employment, and social trajectories for these young people. Funding the Community Behavioral Health Promotion and Prevention Trust Fund will help further these goals.

**EOEA: 9110-1640 Geriatric Mental Health Services Program: \$800,000**

**Please maintain the Legislature's \$300,000 increase for Elder Mental Health Outreach Teams.**

The number of adults ages 65 and over in Massachusetts with behavioral health conditions is growing rapidly. By 2035, twenty-three percent of Massachusetts residents will be age 65 and over. At the same time, thanks in large part to advances in integrated treatment, people with behavioral health conditions are living longer. It is estimated that nearly one in four older adults has a mental health condition, such as a mood disorder not associated with normal aging.<sup>ii</sup>

Elder Mental Health Outreach Teams (EMHOTs) play a critical role in their communities. They are mobile, multi-disciplinary teams that provide outreach, counseling, and connections to more intensive behavioral health services when needed. Police and fire personnel, emergency medical technicians, Aging Service Access Point (ASAP) protective service workers and care managers, housing authority staff, councils on aging staff, and home health agency nurses all refer older adults to EMHOTs. EMHOT clinicians meet older adults in need where they are, from emergency rooms to people's homes. Challenges with personal mobility and lack of transportation often serve as barriers to behavioral health care for many older adults; the mobile design of EMHOTs addresses these access challenges so older adults can receive timely support. This increase in funding will allow the EMHOT program to grow from five to seven communities in the Commonwealth, expanding this important program's reach.

**Office of the Commissioner of Probation: 0339-1011 Community-Based Reentry Programs: \$4,500,000, prior appropriation continued**

**Please maintain the Legislature's increase of \$2.5M, prior appropriation continued**

Individuals with behavioral health conditions who come into contact with the criminal justice system have become a source of growing concern in recent years due to their overrepresentation in the justice system. The prevalence of serious psychological distress among the U.S. adult inmate population is 26 percent in jails and 15 percent in state prisons, compared to five percent in the non-institutionalized population.<sup>iii</sup> People with mental health and substance use conditions are also at a higher risk for negative outcomes at every stage in criminal justice process:

- They have higher rates of arrest.<sup>iv</sup>
- People with mental health conditions tend to stay in jail longer than others charged with similar crimes.<sup>v</sup>
- They have high rates of suicide in jails and prisons.<sup>vi</sup>
- They are not likely to get the necessary treatment and services both while they are incarcerated and upon release.
- They are more likely to have their community term revoked or suspended when they are on parole or probation, with an estimated 68 percent who have co-occurring mental health and substance use recidivating within 3 years.<sup>vii</sup>
- People with mental health conditions who have been arrested or served time in the past are at much higher risk for recidivism than others in the population who have been arrested or jailed.

MAMH urges increased investment in community-based reentry. This line item supports a grant program administered by the Office of the Commissioner of Probation and designed to reduce rates of recidivism by providing transitional housing, workforce development, and case management to individuals returning to the community from country jails and state prisons, on parole or on probation. Grantees must have a documented history of providing evidence-based community residential re-entry services. The judicial system, local communities and involved persons with behavioral health conditions alike would be well served by increased investment in these innovative and evidence-based models.

**Outside Sections 27, 50, 53-58: Anti-clawback**

**Please keep this important language in the final FY20 State Budget.**


These sections set reasonable parameters around the health insurance practice of retracting provider payments for services that were previously authorized and paid for by the insurer of record, or clawbacks. When providers deliver a service in good faith and in compliance with rules, they should be compensated without fear of insurance companies taking back the payments months or years after the services were provided. Addressing unfair clawback practices will also encourage more behavioral health providers to either remain in or join health insurance networks. Remedying these administrative and payment challenges is critical to alleviating workforce shortages and challenges in the Commonwealth.

Thank you again for your leadership, consideration of this testimony, and attention to the needs of your constituents with behavioral health needs. Please don't hesitate to be in touch should you have any questions or would like additional information.

Sincerely,



Danna Mauch, PhD  
President and CEO



Jessica Larochelle, MPH  
Director for Public Policy & Government Relations

---

<sup>i</sup> U.S. Department of Housing and Urban Development (2018). Annual homeless assessment report (AHAR).

<sup>ii</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Age- and gender-based populations: older adults. Available at: <https://www.samhsa.gov/specific-populations/age-gender-based>, updated May 2017.

<sup>iii</sup> Heun-Johnson, H., Menchine, M., Goldman, D., & Seabury, S. (2017). The Cost of Mental Illness: Massachusetts Facts and Figures. Leonard D. Schaeffer Center for Health Policy & Economics, University of Southern California.

<sup>iv</sup> Rueve, M.E. & Welton, R.S. (2008). Violence and Mental Illness. *Psychiatry*.

<sup>v</sup> McNiel, D. E., & Binder, R. L. (2007). Effectiveness of a mental health court in reducing criminal recidivism and violence. *American Journal of Psychiatry*.

<sup>vi</sup> Hayes, L.M. & Hunter, S.M., Moore, J.E. & Thigpen, M.L. (1995). Prison suicide: An overview and guide to prevention.

<sup>vii</sup> Skeem, J., Manchak, S., Vidal, S., & Hart, E. (2009). Probationers with mental disorder: What (really) works. In *American Psychology and Law Society (AP-LS) Annual Conference, San Antonio, TX*. Retrieved from <https://webfiles.uci.edu> (Vol. 443).