April 2, 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: Testimony related to Governor Baker's budget recommendation House 1 (H.1) for Fiscal Year 2020

Dear Chairman Michlewitz, Chairman Rodrigues, and Honorable Committee Members:

On behalf of the Massachusetts Association for Mental Health, thank you for your leadership on the Joint Committee on Ways and Means and consideration of Governor Charles D. Baker's budget recommendation House 1 (H.1) for Fiscal Year 2020.

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. MAMH has a demonstrated 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 such, we urge you to consider the implications of the following sections of the Governor's FY20 budget recommendation on people with behavioral health conditions and their families:

DMH: 5046-0000 Adult Mental Health Services and Supports, Rental Subsidy Program
FY20 Governor's Proposal = $488.880M; MAMH Ask = $1M increase over H.1
MAMH strongly recommends a $1 million increase in the Department of Mental Health (DMH) Adult Mental Health Services and Supports line item over H.1 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 DMH inpatient continuing care units. A $1 million increase would help approximately 80 individuals move to safe, affordable, and supported housing in communities throughout the Commonwealth. More safe, affordable, and supported housing would also reduce waitlists at DMH inpatient continuing care units, shortening wait times for people transitioning from acute psychiatric care; and reduce wait times for admission to acute psychiatric care, alleviating emergency department boarding – people waiting in emergency rooms for inpatient placements.

MAMH has long advocated for this funding in the DMH budget, as a safe and stable home is critical for effective treatment and recovery. This $1 million would not only help the 80 individuals that would secure affordable apartments with supportive ACCS services, but would also enhance access to housing and mental health care for many other individuals in need of timely and critical services.

DMH: 5042-5000 Child and Adolescent Mental Health Services
FY20 Governor's Proposal = $90.601M; MAMH Ask = $2.8M increase over H.1
The Governor's FY20 budget proposal includes a $2.8 million decrease in funding for child and adolescent mental health services compared to FY19 projected spending.

Reversions are not what they seem:
The proposed $2.8M reduction in H.1 for DMH Child and Adolescent Mental Health Services is likely related to an equivalent reversion in the same account in FY18.

Reversions are always a challenge for Child, Youth, and Family services. While the number of youth served by DMH is relatively small (approximately 3,500 youth per year), per child cost can vary tremendously, from several hundred dollars for a discrete flex service such as a campership, to well over $100,000 for some residential placements. Variations in the number of youth seeking services, an expensive residential cost-share entered into with a school district at the end of the fiscal year, or a cost-share that ends a few months early, all present budgeting challenges. DMH has made service authorization changes in FY19 in order to significantly reduce reversions in FY20. While reversions seem to indicate that the funds were not needed, *cutting the funds for FY20 <u>will result</u> in reduced services.*

What the cuts mean for children and families:
If the DMH Child and Adolescent account is underfunded, youth and their families will feel the impact. $1.5M of the $2.8M in proposed cuts would affect roughly 750 youth who are not DMH clients, but who receive individualized youth and family supports through DMH. These children and adolescents will no longer be able to access therapeutic afterschool programs and summer camperships, which are key services that help youth remain in the community.

The proposed cuts would also result in the elimination of small afterschool programs in rural areas of the Commonwealth, compounding barriers in access to services that youth already experience in less populated areas of our state.[1]

[1] Abt Associates commissioned by the Blue Cross Blue Shield of Massachusetts Foundation. (July 2017). Access to Behavioral Health Care in Massachusetts: The Basics.

The remaining cuts proposed in H.1 would be achieved by a reduction across Flexible Supports and Caring Together Services. Flexible Support Services are designed to support the well-being and independence of youth and their families; build family cohesion; and strengthen the longevity of important relationships in the youth's life, thereby *preventing the need for more intensive services*. Caring Together Services include clinically intensive treatment and outreach support to help build, strengthen, and maintain connections so that children and families can live together successfully.

None of these aforementioned services are available through MassHealth or any commercial health insurance. They are *only* provided by DMH and are critical building blocks of a support system to maintain a child at home and in the community.

EOEA: 9110-1640 Geriatric Mental Health Services Program
FY20 Governor's Proposal = $500K; MAMH Ask = Support $500K H.1 recommendation
Included in the FY19 General Appropriations Act (GAA) was a $500,000 interagency service agreement between DMH and the Executive Office of Elder Affairs (EOEA) to address the mental health and substance use challenges of older adults in the Commonwealth. The Governor's FY20 budget proposal creates a new line item in the EOEA budget to support Elder Mental Health Outreach Teams in response to the growing need for behavioral health services for older adults.

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.[i] Tragically, males age 75 and over have a higher rate of death by suicide than any other age group.[ii]

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.

Judiciary – Trail Court: 0339-1011 Community-Based Reentry Programs
FY20 Governor's Proposal = $2.5M; MAMH Ask = $4.5M increase over H.1
The Governor's FY20 budget proposal includes a $2.5 million decrease in funding for community-based reentry programs compared to FY19 projected spending. In addition, the criminal justice reform stakeholders seek an additional $2.0 million over the FY19 funding level to enable more communities in the Commonwealth to benefit from reentry services.

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.[iii] 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.[iv]
- People with mental health conditions tend to stay in jail longer than others charged with similar crimes.[v]
- They have high rates of suicide in jails and prisons,[vi] in part due to disproportionate risk of placement in administrative segregation where they are confined to isolation cells.
- 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.[vii]
- 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.

Community Behavioral Health Promotion and Prevention Trust Fund

FY20 Governor's Proposal = $0; MAMH Ask = $5M

Chapter 208 of the Acts of 2018, An Act for Prevention and Access to Appropriate Care and Treatment of Addiction, creates the Community Behavioral Health Promotion and Prevention Trust Fund. "The purpose of the fund shall be to promote positive mental, emotional, and behavioral health among children and young adults and to prevent substance use disorders among children and young adults."[viii] The fund will be administered by the Secretary of Health and Human Services; and grants from the fund will support community organizations to establish or support evidence-based and evidence-informed programs for children and young adults. While the law created the Trust Fund, it remains unfunded.

Behavioral health prevention dollars are so fundamental for the well being of our Commonwealth yet remain scarce. Investments of public dollars in substance use prevention are modest, and there is virtually no investment of public dollars in mental health prevention. Massachusetts receives block grants from the Substance Abuse and Mental Health Services Administration (SAMHSA); *up to 20 percent* of the substance use block grant can be used for *primary prevention strategies*, while none of the mental health block grant can be used for primary prevention strategies. *One hundred percent* of the Community Mental Health Services Block Grant must be used for *services* for adults with serious mental

health conditions and children with serious emotional disturbances. Because of this limited allocation, the Commonwealth must invest in prevention at a state level.

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 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.

Thank you again for your leadership, consideration of this testimony, and attention to the needs of your constituents with behavioral health needs, their families, and their communities. Please don't hesitate to be in touch should you have any questions or would like additional information. MAMH looks forward to serving as a resource and working closely with the Joint Committee on Ways and Means.

Sincerely,

Danna Mauch, PhD
President and CEO

Jessica Larochelle, MPH
Director for Public Policy & Government Relations

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[i] 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.
[ii] Centers for Disease Control and Prevention. WISQARS Fatal Injury Reports: 2015, United States Suicide Injury Deaths and Rates per 100,000. Available at: https://webappa.cdc.gov/sasweb/ncipc/mortrate.html.
[iii] 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.
[iv] Rueve, M.E. & Welton, R.S. (2008). Violence and Mental Illness. *Psychiatry*.
[v] McNiel, D. E., & Binder, R. L. (2007). Effectiveness of a mental health court in reducing criminal recidivism and violence. *American Journal of Psychiatry*.
[vi] Hayes, L.M. & Hunter, S.M., Moore, J.E. & Thigpen, M.L. (1995). Prison suicide: An overview and guide to prevention.
[vii] 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).
[viii] Chapter 208 of the Acts of 2018. Retrieved on April 2, 2019 at: https://malegislature.gov/Laws/SessionLaws/Acts/2018/Chapter208