



December 2, 2011

Secretary JudyAnn Bigby, M.D.
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, MA 02108

Re: EOHHS FY 2013 Budget

Dear Secretary Bigby:

On behalf of the membership of the Association for Behavioral Healthcare (ABH), thank you for the opportunity to comment on FY 2013 budget recommendations for the Executive Office of Health and Human Services (EOHHS) and its departments. As you know, ABH is a statewide association representing over eighty community-based mental health and substance abuse provider organizations. Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily and over three-quarters of a million residents annually, and employing 37,500 people.

Ensuring that individuals and families have access to community-based mental health and addiction services that are person-centered, outcome-oriented and both clinically and cost effective, is a goal we share with the Patrick Administration. As you develop your FY 2013 budget, we request that you increase funding for the Department of Mental Health (DMH) community-based services and the Bureau of Substance Abuse Services in addition to providing fair and adequate reimbursement rates to providers in order to achieve this mutual goal.

Stability for the Community Services

Lack of access to critical health care services remains a significant barrier to preventing and treating health disorders, and results in more expensive treatment being delivered in higher intensity settings. ABH providers know from experience that barriers to accessing community-based mental health and substance use disorder services can be debilitating or even fatal.

While we are encouraged by the Administration's recognition of the importance of community-based mental health and substance use disorder services, the community behavioral healthcare system continues to struggle from years of budget reductions which have never been restored. As a result, thousands of individuals and families are unable to access services and supports for mental health and/or substance use disorders. In light of this unacceptable situation, funding for services must be increased to ensure that individuals are able to access needed care and to provide stability for the community behavioral health system to the greatest extent possible.

ABH strongly supports the philosophy of *Community First Initiative* – that whenever possible, individuals should live and be served in community settings, with minimum lengths of stay in acute and continuing care hospitals, and maximum diversion from inpatient care through use of community-based emergency services and alternative levels of care.

To achieve this goal, however, the Commonwealth must commit the financial resources necessary to ensure adults and children with mental illness and/or substance use disorders have the ability to live successfully in their own communities.

Department of Mental Health

ABH and our members believe the DMH Community Accounts are not sufficiently funded to truly support recovery and resiliency for clients. We believe that the community-based service system needs to be fundamentally strengthened in order to better coordinate and appropriately serve DMH clients. ***We are, therefore, requesting that funding for DMH community-based services be increased by \$20 million (above final FY12 funding) in Fiscal Year 2013.***

As you know, DMH funding has been cut by approximately \$55 million since FY2009. Providers continue to report serious concerns about their programs' level of staffing and resulting ability to assure staff and client safety while meeting the acute needs of individuals being discharged from inpatient units. Many times, individuals being discharged from state hospital beds depend on specially-focused resources to support their acute needs in the community. Issues of medical co-morbidity, forensic involvement, aging, and increasingly complex psychotropic medication needs are further challenges for community-based services given the availability of current resources.

We applaud the Administration for its leadership in convening the Mental Health Task Force on Staff and Client Safety. ***We support the report of the Department of Mental Health's Task Force on Staff and Client Safety and request that its recommendations be reflected in the Governor's FY13 budget recommendations.***

Adequate funding for DMH is essential to maintaining supports for individuals across the Commonwealth in need of mental health services. DMH offers individuals with mental illness many critical community-based services that are not available through MassHealth or private insurance. For these reasons, we respectfully request that funding for DMH community-based services be increased by \$20 million (line items 5042-5000; 5046-0000; 5046-2000; 5047-0001; and 5055-0000).

Bureau of Substance Abuse Services

While we were disheartened by the 2010 ballot initiative that resulted in the repeal of the state sales tax on alcohol, we are extremely grateful for Governor Patrick's continued commitment to preserving funding for substance use disorder treatment and prevention services.

Going forward, we strongly urge you to expand this commitment by increasing funding for the Bureau of Substance Abuse Services (BSAS) by \$5 million in line item 4512-0200 for Young Adult Case Management Services to fund 83 case managers to serve 9,600 young adults.

Young adults tend to have the poorest treatment outcomes for length of stay in care. A comprehensive program for young adult case management services will help get young adults into treatment, stay in treatment and reduce reliance on Section 35 civil commitment.

We also request that you maintain existing funding for other BSAS-funded services (line items 4512-0201, 4512-0202, and 4512-0203). These critical substance abuse prevention, treatment and recovery support services are an essential part of the Commonwealth's safety net and we are sincerely grateful for your continued support. If funding for addiction treatment is cut, access to treatment will be reduced and the state will pay more to serve these same clients in emergency rooms, our court system and prison beds.

MassHealth Behavioral Health

Medicaid finances medically necessary behavioral health services for individuals and families, ensuring the stability of some of the most vulnerable individuals in our society. For example, MassHealth psychiatric day treatment services provide essential services for individuals being discharged from state hospitals, helping individuals remain in their communities. In addition, MassHealth behavioral health services include vital substance use disorder services for individuals across the Commonwealth.

Over the years, the erosion of MassHealth behavioral health rates has forced providers to make the difficult decision to close clinics or reduce access. Consequently, individuals with severe and persistent mental illness do not have access to vital, cost-effective, and medically necessary services. As EOHHS considers the FY 2013 budget, it must not ignore this critical issue. ***We are, therefore, requesting that you increase rates for MassHealth community based behavioral health services.***

As you know, the Children's Behavioral Health Initiative (CBHI) is well underway. As the state continues to work to further develop and refine this new system, adequate funding is necessary to ensure successful implementation of the *Rosie D.* court order. These services are absolutely essential to strengthening our community-based mental health system to better serve children living with Severe Emotional Disturbance (SED) in Massachusetts.

MassHealth behavioral health services do more than keep ill people off the streets; they keep people alive. As such, the Commonwealth must take steps to ensure that these valuable services continue to be available to the state's residents.

Implementation of Chapter 257

We thank the Administration for its support for Chapter 257 of the Acts of 2008 relative to Rates for Human and Social Service Programs. Fair and adequate reimbursement rates are the cornerstone of a stable community-based behavioral health system. Inadequate rates directly impact the ability of providers to ensure that clients have access to the services they need to live in their communities.

We request that Governor Patrick's FY13 budget include funding for rate adjustments mandated through the Chapter 257 rate-setting process so that implementation of Chapter 257 may continue on the current rate-setting schedule.

Community-based provider organizations embrace on a daily basis the opportunity to help individuals return to live in the community and begin to recover with the support of homes, jobs, peers, family and friends. Those same organizations, however, find it extremely frustrating and difficult to try to do so without the resources necessary to support individuals in achieving

recovery to the fullest extent possible. For these reasons, we look forward to working with the Patrick Administration and the legislature to achieve the funding levels we are requesting.

If you have any questions or comments, I am happy to address them at your convenience. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Vicker V. DiGravio III". The signature is written in a cursive style with a large, prominent initial "V".

Vicker V. DiGravio III
President/CEO