November 20, 2019

His Excellency Charles Baker
Governor of Massachusetts
State House, Room 280
Boston, MA 02133

Re: EOHHS FY 2021 Budget

Dear Governor Baker:

On behalf of the membership of the Association for Behavioral Healthcare (ABH), thank you for the opportunity to comment on the Fiscal Year 2021 budget recommendations currently under development by the Executive Office of Health and Human Services (EOHHS) and its departments.

We appreciate your Administration’s steadfast commitment to serving the behavioral health needs of all Massachusetts’ residents. Under your leadership, individuals living with mental health and substance use disorders enjoy greater access to quality treatment and care today.

As you 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 health care services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people.

We are proud to work alongside your Administration towards the common goal of creating a system where individuals and families in need of behavioral health treatment are empowered to access evidence-based and cost effective services and supports within their own communities when they need them.

Investment in Chapter 257

First and foremost, behavioral health care in Massachusetts hinges on setting appropriate rates for essential services. We are most appreciative of your commitment to work with the Collaborative, which includes ABH, the Providers’ Council and the Association of Developmental Disabilities Providers (ADDP), on your continued investment in the Chapter 257 rate reserve. **We request that your FY21 budget proposal invest aggressively in all health and human services undergoing rate reviews pursuant to Chapter 257.**
Addressing Behavioral Health Workforce Shortage

It is impossible to provide high quality and compassionate behavioral health care without an effective, highly skilled workforce. The Commonwealth’s most vulnerable individuals and families rely upon behavioral health practitioners for the services that they need. These staff perform demanding work under circumstances that are frequently high pressure and high stakes. In order to meet this critical need, the workforce must be highly-educated and continually trained. It is not uncommon for community-based providers to employ clinical staff who hold at least one post-secondary degree, and as a result, bear a tremendous student loan burden relative to what they earn.

The ability to recruit and retain qualified staff is the single greatest challenge facing behavioral health providers. Certain efforts, such as the Statewide Investments (SWIs) included as part of the state’s Delivery System Reform Incentive Payment (DSRIP) program, have successfully helped safety net behavioral health organizations find and keep the staff they need to serve their communities. These investments are working to incentivize practice in community-based settings. In its first two years, the Student Loan Repayment Program has issued nearly 200 awards to qualified behavioral health clinicians. **ABH requests additional funding to extend and expand the loan repayment, prescriber recruitment, and workforce training programs, created as part of the SWIs to allow even more eligible staff to participate.**

Thank you to you and the Legislature for the enormous investments the state has made in the addiction treatment system as the Commonwealth faces the unprecedented opioid addiction crisis. This rapid expansion of services has found many Substance Use Disorder (SUD) providers competing for limited talent in a tight labor pool. SUD providers must recruit staff with enhanced competencies, including specialized education and training in the areas of co-occurring disorders, medication assisted treatment (MAT), and patient medication management. ABH thanks you for your FY20 investments in these areas at the Bureau of Substance Addiction Services (BSAS).

**ABH requests annualization of the $3 million included in the FY20 budget for BSAS to fund the Massachusetts Rehabilitation Commission (MRC) for workforce development.** MRC is developing educational pathways and addiction treatment training ladders for people in recovery to become educated and/or licensed addiction treatment professionals with lived experience. This funding must be annualized for MRC to maintain these new educational pathways that will develop a pipeline of individuals wanting to work in the addiction treatment field.

Behavioral Health Investments Amidst System Redesign

Your recognition of the value of community-based mental health and substance use disorder services is greatly appreciated. ABH remains grateful that your Administration has supported financial and programmatic advancements in the community behavioral healthcare system. These investments are fundamental to developing a system where individuals in need of services are able to access treatment and supportive services in the communities where they live and work, rather than unnecessarily utilize higher, costlier levels of care. While hospital levels of care remain a key component of the health care system, community-based providers are able to serve the treatment needs of the overwhelming majority of people.

Behavioral health services remain vital to the wellbeing of adults, children and families enrolled in MassHealth. **ABH requests that the entire MassHealth benefit package be preserved and funded while EOHHS continues to work on a redesign of the ambulatory treatment system.**
ABH also requests that the newly created Behavioral Health Justice Initiative (BH-JI) pilot program (0330-0613) is funded at $4,065,000 in FY21 to expand the program statewide. Individuals with behavioral health needs who are transitioning from correctional facilities need enhanced support if they are to avoid recidivism or hospital admission. The current MassHealth pilot has been a step towards ensuring that justice-involved individuals in Middlesex and Worcester counties are able to establish relationships with providers prior to re-entry, and address issues related to social services and housing. This funding level would triple the program’s capacity and expand the program throughout the Commonwealth.

As your Administration pursues the creation of a unified, behavioral health ambulatory treatment system, we respectfully request that the Commonwealth provide all of the financial resources needed to ensure that the system is strong at its core. A strong core is vital before implementing a cohesive and sustainable system of care. Substantial investments are needed for community-based behavioral health, including:

- strengthening the outpatient system to end service waitlists and access delays, prevent additional service reductions, and stop substantial losses;
- supporting the development of additional behavioral health workforce professionals; and
- increasing rates to meet existing costs.

Children’s Behavioral Health Initiative (CBHI) services are an indispensable lifeline for thousands of children and families. Thank you for your recognition of the importance of this system to better serve children with Severe Emotional Disturbance (SED) and your willingness to explore the rebasing for all CBHI rates in FY20. We encourage EOHHS and the Division of Insurance (DOI) to continue working with providers and families during the implementation of Behavioral Health for Children and Adolescents (BHCA) services, as clarified by DOI/DMH Bulletin 2018-07.

**Department of Mental Health (DMH)**

ABH thanks you for your recognition of the role adequate funding for DMH plays in providing essential community supports for individuals in need of mental health services. By investing in community-based services, children and adults with mental illness are able to live independently or with their families, avoiding inpatient hospitalization or placement in other types of 24-hour levels of care.

ABH recognizes your leadership in making much needed investments at the Department, particularly as they pertain to adult community services (5046-0000) and the Adult Community Clinical Services (ACCS) program. The community system’s long-term viability and health depends on robust, sustained investment. After more than a year’s experience with this new service model, we believe that new investment is required as part of the ACCS rate review to meet new clinical demands, redress vacancies, and meet costs that were not anticipated prior to the initiation of the service or that have changed since the program began. As your Administration considers Chapter 257, we ask that the specific needs of the ACCS program remain a priority in FY21.

**ABH also requests that all other DMH line items** (5011-0100, 5042-5000, 5046-2000, 5047-0001, 5055-0000, 5095-0015) **be funded at maintenance levels for FY21.** Maintaining these funding levels will preserve the treatment system’s capacity to provide services in the upcoming fiscal year.

**ABH requests that funding for Department of Housing & Community Development Rental Subsidy Program for DMH clients line item** (7004-9033) **be increased by $2 million for FY21 to $9.5 million.** Stable housing is increasingly more difficult to secure, and is essential to individuals
in DMH community placements to live successfully in the community.

**Maintain the Behavioral Health Access, Outreach and Support Trust Fund**

Thank you also for your efforts to raise public awareness and fight the stigma that is associated with mental health and substance use disorders. Behavioral health providers see firsthand how public perception and lack of information are significant barriers to individuals with these chronic disorders. ABH asks that the Behavioral Health Access, Outreach, and Support Trust Fund (1595-4512) be level-funded in your Administration’s FY21 budget recommendation.

**Department of Public Health/Bureau of Substance Addiction Services**

Your continued leadership in driving the state’s response to the opioid/fentanyl crisis has been exceptional and we are thankful for your continued commitment to expand prevention efforts and access to treatment and recovery services to help curb the epidemic of overdose deaths.

ABH, in partnership with the Massachusetts Coalition for Addiction Services (MCAS), respectfully requests an additional $25 million for BSAS (4512-0200) in your FY21 budget for the following:

**ABH requests $3.5 million to procure five new Recovery Centers across the state.** Recovery Centers are recognized for their success in helping individuals who have achieved recovery to remain clean and sober while residing in the community. Recovery Centers are safe, peer-run programs that encourage each individual's integration back into the community by encouraging participation in community sports and social activities, connecting with other peers in recovery, developing resumes and conducting job searches, or just hanging-out to play games or watch television in a sober environment. Many cities and towns in Massachusetts are seeking funding to develop these centers in their communities.

**ABH requests $11.5 million to maintain and expand the Massachusetts Access to Recovery (MA-ATR) program.** ATR is currently funded at $7 million by the Federal State Opioid Response (SOR) grant, and $3 million by the state. The SOR grant is slated to end in September 2020, with no guarantee of continued Federal funding. ATR offers comprehensive care coordination and access to services for individuals who are re-entering the community after incarceration. Upon re-entry, people often have very basic life needs such as clothing, hygiene products, state identification cards, driver’s licenses, transportation, etc. Care Coordinators work closely with clients to identify recovery goals and address basic needs. ATR provides special support for participants ready to engage in employment through job readiness training and occupational skills training. ATR only costs about $231.00 per individual per month and saves the state money in healthcare, incarceration and social costs by empowering individuals to progress in their recovery, obtain employment, reduce criminal recidivism and find renewed hope and meaning in their lives.

**ABH requests $10 million to expand the Family Sober Living Program model across the state.** This level of funding would allow for the procurement of 10 new Family Sober Living programs. Housing is a social determinant of health and an essential component of recovery from substance use. The Family Sober Living model is designed to address the complex issues involved in family substance use treatment and recovery. The program provides support for active housing and employment searches, and assists families with children in meeting their personal goals and objectives. This program model stabilizes families by providing a safe haven; a holistic approach to recovery that addresses the inter-relationships between physical and psychological health as well as parenting responsibilities and other supportive services designed to further develop the skill
levels needed for independent living.

Further, ABH requests $2 million be annualized for BSAS to continue to provide technical assistance to addiction treatment providers on medication assisted treatment, medication management and serving people with co-occurring mental health disorders.

**Expansion of Medication Assisted Treatment (MAT)**

Your thoughtful legislation, coupled with meaningful funding, has allowed the Commonwealth to make progress in the fight against opioid use and abuse. We recognize your Administration’s commitment to Medication Assisted Treatment and applaud your efforts to expand access to MAT in all its forms in other healthcare settings. We believe sustained investment is critical to maintaining and gaining ground in the effective treatment of substance use disorders. In this spirit, **ABH requests that the Administration annualize $10 million in funding for the delivery of MATs in prisons and jails.** This level of funding will be key to ensuring that access and delivery of these treatments are available to all Massachusetts residents.

**Addressing Social Determinants of Health to Facilitate Care**

Despite being a national leader in the healthcare landscape, Massachusetts is still vulnerable to numerous challenges related to social determinants of health. As you know, progress is needed to improve the availability of affordable housing, as well as the accessibility and reliability of regional, public transportation. Community-based providers understand that these needs, whether they are met or unmet, either promote or detract from health and well-being. ABH requests that your Administration consider how targeted investments in these areas will improve access to care, lower costs and result in greater efficiency.

Thank you for your serious consideration of these requests. As always, please contact me if you or your staff have any questions.

Sincerely,

Lydia Conley  
President/CEO

cc: Secretary Michael J. Heffernan, Executive Office of Administration and Finance  
Secretary Marylou Sudders, Executive Office of Health and Human Services  
Assistant Secretary Daniel Tsai, MassHealth  
Commissioner Joan Mikula, Department of Mental Health  
Commissioner Monica Bharel, Department of Public Health  
Director Deirdre Calvert, Bureau of Substance Addiction Services