To: ABH Members
From: Mandy Gilman, Senior Director of Public Policy & Strategic Initiatives
Stuart Figueroa, Public Policy and Research Specialist
Re: Analysis of the FY20 Conference Committee Budget

Late Sunday afternoon, the Conference Committee released its version of the Fiscal Year 2020 Budget with total appropriations amounting to $43.1 billion. This measure totals represents a 3.1% increase over the FY19 GAA. The Conference Committee proposes $317 million in spending not previously included in either the House or Senate budget bills. The conference report was approved by both chambers today and was sent to the Governor. He now has ten days to review the budget and return his vetoes and recommendations for amendment.

The FY20 budget includes the following highlights, including many ABH priorities:

- The final bill included ABH’s priority legislation limiting insurance clawbacks to a twelve-month period.
- DMH is funded at approximately $891.8 million. The Adult Community Services line item (5046-0000) is funded at $490.4 million, approximately $1.2 million over projected FY19 spending. The Children and Adolescent Services line item (5042-5000) is funded at $93.9 million.
- BSAS is funded at $162,749,348. It includes an increase of $7 million over projected FY19 spending levels, and nearly $14.1 million greater than was proposed under the Governor’s House 1 proposal.
- The Conference Committee includes $10 million in new funding for the delivery of medication assisted treatment in County Correctional facilities.
- The Division of Professional Licensure (7006-0040) is funded at $5.7 million, including language requiring that $400,000 to be expended to address backlogs in licensure application processing for behavioral health professionals.
- The bill creates a Behavioral Health Outreach, Access, and Support Trust Fund (1595-4512). It is funded at $10 million, with $500,000 earmarked for a public awareness campaign and $2 million for a loan forgiveness for mental health professionals.
- MassHealth includes funding nearly identical to the House and Senate proposals. MassHealth covers 1.9 million residents and accounts for approximately 38% of the FY20 budget.
- The Chapter 257 Rate Reserve is funded at $20.5 million for FY20.
- The final bill also included $5 million to promote various harm reduction efforts (4512-0206), including “pilot programming to advance the creation of new supportive places for treatment and related observation”, as recommended by the Harm Reduction Commission. The Commission was established by section 100 of Chapter 208 of the Acts of 2018. Specific initiatives funded within this line item include:
  - $1.5 million to increase the availability of sterile and safe injection equipment and syringe disposal;
  - $150,000 for a pilot program to provide access to fentanyl testing strips or similar equipment; and,
  - $300,000 to increase the availability to naloxone rescue kits prior to discharge from an emergency department after treatment for an opioid overdose.
*** Note: Line item figures categorized as GAA on the following pages come from the General Appropriations Act (GAA). The GAA is the annual budget act, effective each July 1st. Line items labeled Spending include any supplemental funding and trust fund transfers throughout the fiscal year.

### Department of Mental Health (DMH)

<table>
<thead>
<tr>
<th>Line item/program</th>
<th>FY’17 Spending</th>
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The Conference Committee funds the Department of Mental Health (DMH) at approximately $891.8 million. This constitutes an increase of $5.1 million over the Administration’s recommendation, and is $8.8 million over projected final FY19 spending.

5011-0100 Operations. The Conference Committees funds the DMH operations account at approximately $29.2 million. This amount is consistent with the Governor’s House 1 recommendation, and is an increase of $1.1 million over projected FY19 spending.

5042-5000 Child/Adolescent Mental Health Services. The Children and Adolescent Services line item (5042-5000) is funded at $93.9 million. Like the House Final and Senate Final budgets, the Conference Committee restored funding to this account at approximately $3.3 million over the administration’s recommendation. This account funds various child and adolescent services, including “the costs of psychiatric and related services provided to children and adolescents determined to be medically ready for discharge from acute hospital units or mental health facilities.”

The line item includes the following directives:

- Language prohibiting DMH from referring or discharging a child or adolescent to the custody or care of Department of Children and Families, until DMH provides assessment and recommendation as to whether the child/adolescent is appropriate for foster care, or requires a congregate setting;
- $3,875,000 for Massachusetts Child Psychiatry Access Program (MCPAP), with not less than $675,000 to be expended to address mental health and substance use concerns for pregnant and postpartum mothers. Similar to years’ prior, the budget contains language requiring DMH to charge commercial payers whose members use these services;
- Requires DMH to report, by March 5, 2020, to the House and Senate Committees on Ways and Means an overview of MCPAP care coordination efforts; number of psychiatric consultations, face-to-face consultations and referrals made on behalf of children with behavioral health needs in FY19 and FY20; recommendations to increase the number of specialists receiving referrals; recommendations to improve care coordination efforts to identify specialists available and accepting new patients; and,
- Requires DMH to report, by March 31, 2020, to the House and Senate Committees on Ways and Means on the distribution of funds, number of individuals served, outcomes measured, and recommendations for expanding early mental health identification and prevention programming.

This account also includes the following earmarks:

- $75,000 for the YouthConnect program at Boys & Girls Clubs of Boston;
- $100,000 for the Alliance for Inclusion and Prevention, Inc.;
- $50,000 for the Shrewsbury Youth and Family Services, Inc.;
- $90,000 for the Northwestern Juvenile Fire Intervention, Response, Education and Safety Partnership for juvenile firesetter intervention;
- $175,000 for the Arlington Youth Counseling Center; and,
$100,000 for the NAN Project to provide mental health awareness and suicide prevention programming in schools and communities.

**5046-0000 Adult Mental Health Community Services.** The Adult Community Services line item (5046-0000) is funded at $490.4 million, approximately $1.2 million over projected FY19 spending. The Conference Committee retains budget language allowing DMH to allocate not more than $5 million from the inpatient hospital line item (5095-0015) for community services for clients formerly receiving inpatient care at the department facilities. The line item’s language also includes the following directives to DMH:

- Report to HWM and SWM the distribution of funds per adult and per child planning population, and the types of services received in each region for FY20, no later than February 3, 2020;
- Maintain the same amount of community-based placements as previous three fiscal years;
- Fund clubhouses at level that is equal or greater than FY19;
- Fund jail diversion programs in municipalities at a level that is equal or greater than FY19;
- $3 million to expand the jail diversion program to include a crisis intervention team;
- By December 13, 2019, DMH is required to report to HWM and SWM the number of crisis interventions teams and jail diversion efforts, funding levels, outcomes, potential savings and recommendations for expansion; and
- $250,000 for the assisted outpatient treatment program at Eliot Community Human Services.

**5046-0005 Community Placements.** This account has previously included $4 million in funding for community-based placements. In FY19, this amount was moved into line item 5046-0000 with the directive that existing funding levels be maintained.

**5046-2000 Homelessness Services.** The Conference Committee recommends that this account be funded at $22.8 million. This represents an increase of $164,324 over FY19 spending, with $100,000 earmarked for Housing Families, Inc. Pro Bono Legal Services.

**5047-0001 Emergency Services/Acute Inpatient.** The Conference Committee funds this account at approximately $22.1 million for emergency services, a decrease of approximately $1.9 million from projected final FY19 spending. The line item mandates the following:

- DMH shall “require a performance specification be developed for safe aftercare options for adults upon release from acute inpatient mental health care services”; and,
- That ESPs take “reasonable steps” to identify and bill third-party insurers of all persons who use this service.

**5055-0000 Forensic Services.** Consistent with recommendations from the Administration, House Final and Senate Final budgets, the Conference funds this line item at $11,006,497. This level of spending is a slight increase over both FY19 GAA appropriations and projected FY19 spending.

**5095-0015 State Psychiatric Hospitals.** The Conference Committee funds this account $222.5 million, approximately $8.8 million over projected FY19 spending. The line item language allows DMH to transfer up to $5 million from this line item to the adult mental health community services line item (5046-0000) to serve individuals in the community that were formerly receiving care at a DMH inpatient unit.
The following directives are also included:

- DMH must maintain no fewer than 671 inpatient beds in FY20, 45 of which are required to be continuing care inpatient beds on the campus of Taunton State Hospital;
  - DMH is prohibited from entering into vendor-operated lease agreements or expanding existing vendor-operated programs;
  - DMH is prohibited from entering into new or expanding existing interagency agreements, programs or facilities until it develops a “comprehensive long-term use master plan” for the Taunton State Hospital campus with the Division of Capital Asset Management, not later than March 2, 2020”;
  - Master plan to be submitted to ANF, HWM, SWM, and Joint Committee on Mental Health and Substance Use and Recovery. In consideration of the plan, DMH is to maintain existing affiliations with institutions of higher education, and shall not prohibit the inclusion of behavioral health programs or publicly-run pilot programs to meet the needs of individuals with mental health diagnoses, behavioral health diagnoses or dual-diagnoses;
- DMH may authorize a behavioral health emergency department relief pilot program at Taunton State Hospital “to accept medically-stable individuals with high acuity behavioral health and dual diagnose from emergency departments in the southeast region.”
  - Pilot program would accept individuals if appropriate placement could not be found within 4 hours of admission to the emergency department. Individuals transferred to the pilot program would receive care for “14 days after admission or until an appropriate placement is found, whichever is sooner”;
  - DMH may staff the program with DMH registered nurses, psychiatrists, and other personnel as needed. In consultation with DPH, National Alliance on Mental Illness, the Massachusetts Nurses Association and the Emergency Nurses Association, DMH shall establish a staffing plan and program protocols within the first six months of the authorization of the program;
  - If authorized, the pilot program may be authorized to operate for up to 2 years. Within six months of program closure, DMH would be required to report with the joint committee on mental health, substance use and recovery on outcomes, quality of care, and impact on local hospitals and emergency departments in the southeast region; and,
- DMH must also operate not less than 260 adult continuing care inpatient beds at Worcester Recovery Center and Hospital.

5095-1016 Occupancy Fees Retained Revenue. This line item, added in FY16, allows DMH to retain $500,000 in revenue collected from occupancy fees charged to the tenants of the state hospitals.
<table>
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<tr>
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**This fund is housed within the Executive Office of Health and Human Services for expansion of BSAS-funded services.
The Conference Committee funds the Bureau of Substance Addiction Services (BSAS) at $162,749,348. This funding represents an increase of $7 million over projected FY19 spending levels, and nearly $14.1 million greater than was proposed under the Governor’s House 1 proposal.

4512-0200 BSAS Programming and Operations. This account is funded at approximately $150.2 million, an increase of nearly of $8.1 million over projected FY19 spending. 55.62% of this line item’s funding will come from the marijuana regulation fund, while the remaining 44.38% will come from the General Fund.

The Conference Committee includes the following directives and earmarks:

- Reimburse DAE programs for services provided for court-adjudicated indigent clients;
- Ensure vendors providing methadone treatment seek third-party reimbursement where applicable;
- $500,000 for a voluntary training and accreditation program for owners and operators of alcohol- and drug-free housing;
- Maintain programming including the centralized intake capacity service, the number and type of facilities that provide treatment, and the number of ATS and CSS beds in the public system;
- $3.5 million for the opening of 5 new recovery centers (a Mass Coalition on Addiction Services (MCAS) request) – at least three of which are to be located in gateway cities;
- $3 million in funding for the Massachusetts Access to Recovery (MA-ATR) Program (an MCAS request);
- Requires BSAS to fund the extended release naltrexone pilot program in CSS Programs;
- Requires funds to be expended “to support municipalities utilizing grant funds from the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) grant program;
- $100,000 for a statewide program to improve training for the care of newborns with neonatal abstinence syndrome at hospital-based facilities that care for mothers and newborns;
- $1 million for supportive case management services;
- $1 million to increase the number of residential rehabilitation services, prioritizing families, youth, transitional age youth and young adults.
- $2 million for the provision of technical assistance and training regarding medication management, medication-assisted treatment and treatment of co-occurring disorders (an MCAS request);
- $3 million for Massachusetts Rehabilitation Commission (MRC) through an interagency service agreement to support workforce development (an MCAS request).
- $75,000 for Decisions at Every Turn Coalition;
- $50,000 for Fostering Opioid Recovery Compassion and Education in the city of Framingham;
- $58,000 for FPA Substance Abuse Task Force in the town of Franklin;
- $200,000 for the Holliston School Substance Abuse Prevention program;
- $100,000 for Medway Public School’s T.H.R.I.V.E. Substance Abuse Prevention Program;
- $215,000 for the town of Natick’s public health, veterans and opioid initiatives; and,
- $50,000 for Serenity House, Inc.

**4512-0201 Step-Down Services.** Consistent with the Administration, House Final and Senate Final budget recommendations, this line item for “substance abuse step-down recovery services” is funded at approximately $4.9 million.

**4512-0202 Pilot Jail Diversion Program.** The Conference Committee funds this account at $2 million. This level of funding is $500,000 less than projected FY19 spending, and is consistent with the House Final budget recommendation. This recommendation is $3 million less than was appropriated in FY19. The account appropriates funding for jail diversion programs primarily for nonviolent offenders with opiate or other substance use disorders. The line item retains language mandating that each program provide clinical assessment services to the courts, inpatient treatment for up to 90 days, and ongoing case management for up to one year. It has individual eligibility criteria as in the past, i.e., opioid heroin or another substance use disorder and diversion is appropriate both in accordance with clinical and public safety criteria. Programs are to be in separate counties, and have no less than 60 beds. $500,000 is made available to dedicated to “support the ongoing treatment needs of clients after 90 days for which there is no other payer.”

**4512-0203 Family Intervention, Care Management, and Young Adult Treatment Program.** This line item is funded at $1.46 million, a level that is slightly higher than projected FY19 spending. This account is for “family intervention and care management services programs, a young adult treatment program, and early intervention services for individuals who are dependent on or addicted to alcohol or controlled substances or both alcohol and controlled substances.” $25,000 is earmarked for the Community Casework Pilot Program in the city of Leominster.

**4512-0204 Naloxone Distribution Programs for First Responders.** The Conference Committee funds this account at $1.04 million. This account funds the purchase, administration, and training of first-responders and bystander naloxone distribution programs. $20,000 is earmarked for Barnstable County for the purchase of naloxone through this program.

The budget language includes the following directives:
- Funds shall be expended to maintain funding in communities with high incidences of overdoses;
- Allows the transfer of funding between this account and the main BSAS line item, provided that DPH file an allocation plan with the Legislature 30 days before any transfer; and
- Requires DPH to report to HWM and SWM on the communities receiving grants; number of participants for each community; and the amount of naloxone purchased and distributed, delineated by community by October 4, 2019.

**4512-0225 Grants and Contracts.** The Conference Committee provides $3.1 million for grants or contracts within the Bureau of Substance Addiction Services. This represents a decrease of $634,000 from projected final FY19 spending. The line item contains the following earmarks:
- $50,000 for the city of Revere’s Substance Use Disorder Initiatives;
- $200,000 for Project RIGHT’s substance use and trauma prevention initiative;
- $200,000 for The Dimock Center’s behavioral health continuum of substance use care;
$200,000 for the Berkshire county youth development project through Railroad Street Youth Project, Inc.;
$100,000 for Baystate Noble Hospital Corporation in the city of Westfield for a grant program to prevent and treat opioid addiction and related substance addiction;
$25,000 for the Webster opiate task force for addiction prevention and recovery services;
$150,000 shall be expended for Self Esteem Boston Educational Institute Inc.;
$150,000 for the town of Braintree’s community partnership on substance abuse;
$100,000 for Saint Francis House, Inc.;
$25,000 for mental health and substance addiction prevention in the town of Southborough;
$25,000 for mental health and substance abuse prevention in the town of Hopkinton;
$50,000 for the New Beginnings program that targets youth-at-risk and in recovery;
$150,000 for Harbor Health Services, Inc. for a grant program to prevent and treat addiction to opioids and related substances;
$250,000 for a contract with the Gavin Foundation, Inc. to provide a total immersion program in conjunction with the probation departments of the South Boston division of the Boston municipal court department and other district courts;
$15,000 for the purpose of providing additional services to the Salisbury treatment outreach prevention program;
$175,000 for the Greater New Bedford Community Health Center, Inc. for office-based addiction/opioid treatment;
$50,000 for the town of Lynnfield for opioid abuse support;
$20,000 for Baystate Health Eastern Region for a grant program to prevent and treat addiction to opioids and related substances;
$50,000 for the town of Milford police department and community impact to maintain a regional substance abuse outreach, intervention, and recovery program;
$155,000 for the Joseph Nee Collaborative Center for substance abuse programming;
$20,000 for the Merrimack Valley Prevention and Substance Abuse Project, Inc.;
$75,000 for Cambridge Health Alliance for increased access to office-based opioid treatment services in the city of Everett;
$25,000 for the Charlestown Coalition;
$25,000 for the Drug Story Theater, Inc.’s program for substance use prevention, treatment and education;
$50,000 for Champion Plan, Inc. in the city of Brockton;
$200,000 for the recovery works program within the West End clinic of the Massachusetts General Hospital;
$40,000 for a substance use and detox program in Dukes county administered through Martha’s Vineyard Community Services, Inc.;
$50,000 for substance abuse treatment for victims of commercial sexual exploitation;
$20,000 for Restoration Recovery Center, Inc. for the continuation and expansion of services to persons with substance use disorders in the city of Fitchburg;
$240,000 shall be expended in equal amounts for the following substance abuse coalitions and community partnerships: (i) Avon Coalition for Every Student; (ii) Canton Alliance Against Substance Abuse; (iii) EB Hope, Inc. in the town of East Bridgewater; (iv) Easton Wings of Hope; (v) Milton Substance Abuse Prevention Coalition; (vi) Randolph Substance Abuse Prevention Coalition; (vii) Sharon Substance Prevention and Resource Commission; and (viii) Organizing Against Substances in Stoughton;
• $150,000 for a pilot program in the Merrimack Valley to provide transportation services to detoxification and rehabilitation facilities in coordination with the Merrimack Valley Project;
• $15,000 for the Recovery Theater within the Hilltown Youth Theatre Performing Arts Programs; and,
• $100,000 for the South Middlesex Council Inc.’s opioid crisis response program.

4512-0211 Recovery High Schools. In FY19, this account was transferred to the Department of Elementary and Secondary Education (7061-9607). Under this new line item, Recovery High Schools are funded at $2.5 million. This is identical to the Administration’s House 1 recommendation, and represents a decrease of $600,000 from projected FY19 spending.
## Executive Office of Health & Human Services (EOHHS)/Office of MassHealth

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MassHealth

- MassHealth includes funding nearly identical to the House and Senate proposals. MassHealth covers 1.9 million residents and accounts for approximately 38% of the FY20 budget.
- MassHealth line items include the following, reoccurring directives:
  - Consult with the Commissioner of Mental Health to approve any prior authorization or other restrictions on medication used to treat individuals with mental health disorders;
  - Report to HWM and SWM on details of the dual eligible initiative by January 15, 2020;
  - Report to HWM, SWM, and Joint Committee on Health Care Financing on the Health Safety Net Trust Fund by November 29, 2019;
  - Work with the Health Policy Commission on the “development of care delivery and payment models in the MassHealth program, including patient-centered medical homes and ACOs, to ensure alignment of such models with the commission’s certification programs”;
  - Submit a report to the Legislature detailing the methodology used to project caseload and utilization in FY19 and FY20 and submit monthly caseload reports to ANF and HWM and SWM;
  - Report to HWM, SWM and Joint Committee on Health Care Financing on total spending on pharmaceutical utilization for FY19, estimated spending for FY20, actual and estimated revenue amounts, total or projected savings, and other financial metrics by March 2, 2020;
  - Report quarterly to HWM, SWM and Joint Committee on Health Care Financing on “projected total costs for the next fiscal year of pharmaceutical pipeline drugs identified by the executive office and expected to be made available for utilization within a 12-month period of the submission of the abovementioned report;
  - Report to HWM and SWM quarterly on the details of the CBHI program;
  - Establish a pilot to allow applicants or recipients to MassHealth or Medicare Savings Program to apply for SNAP at the same time as their application or renewal for MassHealth or Medicare Savings Program; and
  - Requires MassHealth to submit data to the Legislature no later than March 16, 2020 on outcomes of participation in the ACO program including the:
    - Total number of members participating;
    - Disenrollment trends from the Partnership Plan, Primary Care ACO and MCO-administered Accountable Care Organizations within the designated plan selection period;
    - Outcomes achieved by ACOs and Community Partners (CPs) including, but not limited to financial performance, patient safety and satisfaction, quality, aggregate, and per-member reductions in spending compared to prior cost trends;
    - Results of benchmarks on ACOs and CPs progress towards integrated care delivery system; and
    - Summary of spending and activities related to traditionally non-reimbursed services to address health-related social needs.
## Department of Children and Families (DCF)

<table>
<thead>
<tr>
<th>Line item/program</th>
<th>FY’17 Spending</th>
<th>FY’18 Spending</th>
<th>FY’19 GAA</th>
<th>FY’19 Spending</th>
<th>FY’20 Governor’s Budget</th>
<th>FY’20 House Final</th>
<th>FY’20 Senate Final</th>
<th>FY’20 Conference</th>
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<tr>
<td>4800-0015 Operations</td>
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</table>
4800-0015 Operations Account. The Conference Committee funds this account at approximately $109.8 million. This amount is consistent with proposed funding in the House and Senate Final budgets as well as the Administration’s House 1 budget recommendation. This level of funding constitutes an increase of approximately $6 million over projected final FY19 spending.

The following directives are included:

- Prohibits DCF from accepting a child referred from DMH care until DMH forwards its assessment and recommendation as to whether the child or adolescent may be appropriately placed in foster care or if the child is more appropriate for congregate care placement, and in general, requires DCF to prioritize family circle/kinship placements;
- Prohibits DCF from reducing recoupment amounts recommended by the State Auditor;
- Requires DCF and DEEC to provide standards for early education and care placements made through the supportive childcare program;
- Requires DCF and DEEC to maintain a centralized list of the number of children eligible for supportive childcare services, the number of supportive slots filled and the number of supportive slots available;
- Requires that there shall not be a waiting list for services and that all children eligible for services under DEEC shall receive care;
- Requires DCF to report, on December 27, 2019 and March 27, 2020, to the House and the Senate Committees on Ways and Means on details of the fair hearing requests, matter of appeal, number of days between hearings and decisions etc.;
- Requires DCF to maintain and make available to the public a record of its fair hearings, including the date of the hearing, the decision and the final decision and requires that redacted copies be made available within 30 days of a written request;
- Requires DCF to also report, by February 28, 2020, to the House and Senate Committees on Ways and Means on details regarding the number of medical and psychiatric personnel employed by or under contract with the department;
- Requires DCF to report quarterly on their caseloads, including details on foster care placements, number of children hospitalized, number of children served by supervised visitors, and specific data broken down by area office;
- Requires DCF to report, by November 1, 2019, to the House and Senate Committees on Ways and Means and the Joint Committee on Children’s and Families on any changes to rules, regulations or guidelines established by DCF to carry out their duties;
- Requires that there shall not be a waiting list for services and that all children eligible for services under DEEC shall receive care;
- Requires DCF to maintain funding for the aging out population;
- Requires DCF to expend funds for the runaway unit to help identify at-risk youth, provide preventative services and to implement a runaway recovery response policy; and
- Allows limited transferability between specific line items provided they notify the House and the Senate Committees on Ways and Means.
4800-0025 Foster Care Review. Consistent with recommendations from the Administration, House and Senate Final budgets, the Conference Committee funds the foster care review line item at approximately $4.4 million.

4800-0030 Service Coordination/Administration. The Conference Committee funds this account at approximately $6.6 million for local and regional administration and coordination of services by lead agencies. This funding is aligned with the Administration’s House 1 recommendation.

4800-0038 Services for Children and Families. This account is funded at $309.2 million, an increase of $7.5 million over projected FY19 spending. This line item funds a variety of services, including those that support guardianship, foster care, adoption, family preservation and kinship. Line item includes language that allows contracting with provider agencies “for the coordination and management of services, including flex services.”

The line item also includes the following earmarks:
- $175,000 for the Plymouth County Children's Advocacy Center;
- $200,000 for the Children's Advocacy Center of Suffolk County;
- $500,000 for the Children’s Advocacy Center of Bristol County, Inc.;
- $100,000 for the Weymouth Teen Center;
- $125,000 for Parenting Journey;
- $200,000 for the Italian Home for Children’s therapeutic support group services for parents;
- $50,000 for Rick’s Place, Inc. in Wilbraham, MA;
- $25,000 for Laboure Center for the recovery connections program;
- $100,000 for Boston Asian: Youth Essential Service;
- $250,000 for the Tempo Program at Wayside Youth and Family Support Network, Inc.;
- $30,000 for the youth community center in the town of Georgetown;
- $60,000 for a recreation complex in the town of North Andover;
- $60,000 for the Children’s Advocacy Center of Franklin County and North Quabbin, Inc.;
- $25,000 for Haverill Inner City Boxing Club Inc.;
- $150,000 for the Fragile Beginnings program;
- $250,000 for Project Newborns Exposed to Substances: Support and Therapy;
- $15,000 for Debbie’s Treasure Chest, Inc.;
- $50,000 for the Children’s Advocacy Center of Hampshire County, Inc.;
- $25,000 for Julie's Family Learning Program, Inc.;
- $25,000 for the Ella J. Baker House;
- $30,000 for Jewish Family and Children’s Service, Inc;
- $20,000 for EmpowerHER, Inc.; and,
$10,000 for Joanna’s Place, Inc.

4800-0040 Family Support and Stabilization. The Conference Committee funds this account at $55.9 million. This constitutes an increase of $5.4 million over projected FY19 spending, and $5 million greater than the Administration’s proposed funding level. This line item funds “family preservation, reunification and service coordination” inclusive of family support and stabilization services.

4800-0041 Group Care. Consistent with the Administration, House Final and Senate Final budgets, the Conference Committee funds this line item at $293.4 million. The purpose of these funds is “to provide intensive community-based services, including intensive in-home support and stabilization services, to children who would otherwise be placed in residential settings.” DCF is directed to oversee area review teams who will be tasked on evaluating “the feasibility of maintaining the child in the community before recommending placement in a congregate care setting.”

4800-0151 Placement for Juvenile Offenders. The Conference Committee funds this account at $509,943, an identical amount recommended by the Administration, House, and Senate. This account is to fund “alternative overnight non-secure placements for status offenders and nonviolent delinquent youths up to the age of 17 to prevent the inappropriate use of juvenile cells in police stations for such offenders.” Programs are required to collaborate with the sheriffs’ offices to refer the youth “to any programs within the sheriff’s office designed to positively influence youths or reduce juvenile crime.”

4800-0200 Family Resource Centers. This line item is funded at $16.5 million. This sum is $1.5 million greater than the Administration’s recommendation, and is an increase of nearly $4.2 million over final projected FY19 spending. The account’s language allocates “not less than $500,000 for the Juvenile Court Mental Health Advocacy Project administered by Health Law Advocates to increase access for mental health treatment for at-risk children and adolescents involved in or diverted from juvenile courts.”

4800-1100 Social Worker Case Management. The Conference Committee funds this account at approximately $255 million, an amount that is identical to all previous recommendations during the FY20 budget cycle. This constitutes an increase of $8.2 million over the projected FY19 spending.
Chapter 257 Rate Reserve

<table>
<thead>
<tr>
<th>Line item/program</th>
<th>FY’17 Spending</th>
<th>FY’18 Spending</th>
<th>FY’19 GAA</th>
<th>FY’19 Spending</th>
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<th>FY’20 House Final</th>
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**1599-6903 Chapter 257 Rate Reserve.** The line item funds the cost of compliance with Chapter 257. The line item includes the following directives:

- The funding may be used for costs associated with any court order or settlement related to the rate implementation process and the compensation or salary and associated employee-related costs for personnel earning less than $40,000 a year;
- Home care workers, and workers from shelters and programs that serve homeless individuals previously contracted through DTA and DPH and direct care workers that serve homeless veterans are all eligible for the funding from this line item;
- Individuals employed in special education programs, early education and care, and programs for which payment is negotiated and paid as class rates, as well as positions funded by federal grants are not eligible for this funding;
- Allows the Secretary of Administration and Finance (ANF) to transfer the appropriate funds to other line items in amounts necessary to meet the costs of new rates;
- Requires ANF to report to HWM and SWM on a quarterly basis all transfers from this line item;
- Requires EOHHS to report to HWM, SWM, and ANF on the implementation of rates by January 15, 2020;
- Require providers to report on the impact of rate implementations on employee salaries, employee-related costs and operations in contracts between providers and agencies under EOHHS and the Executive Office of Elder Affairs; and
- By March 5, 2020, EOHHS is to report to HWM, SWM, and ANF a comparison of benchmark expenses used in rate model workbooks to actual expenses based on uniform financial reports for rates subject to rate reviews in FY20.
## Other Line Items of Interest

<table>
<thead>
<tr>
<th>Line item/program</th>
<th>FY’17 Spending</th>
<th>FY’18 Spending</th>
<th>FY’19 GAA</th>
<th>FY’19 Spending</th>
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<td>0330-0601 Specialty Courts</td>
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*This line item was first funded in the FY 20 SWM Budget. $500,000 is set aside for DPH for a public awareness campaign. $2 million is for loan forgiveness for mental health professionals.

**Transferred from 4512-0211 in FY2019
Outside Sections

Behavioral Health Outreach, Access and Support Trust Fund. SECTION 24. This section establishes a new trust fund that will be used to (i) “increase access to qualified and culturally-competent behavioral health professionals by supporting current and new workforce opportunities; (ii) ensure equal access to quality behavioral health services…; (iii) ensure a complete continuum of behavioral health services from wellness… to inpatient…; and (iv) promote awareness and encourage the use of available behavioral health services.”

There is $10 million appropriated to this fund in line item 1595-4512. It earmarks $500,000 for a public awareness campaign and $2 million of this funding for a loan forgiveness program for mental health professionals.

Retroactive Claims Denials for Behavioral Health Services. SECTIONS 26, 50, 53-58. These sections are the language included in ABH’s priority legislation. These sections prevent insurance clawbacks after a twelve-month period, except in specific cases of fraud. It requires payers who clawback money to furnish the provider with written explanations of the reason for the denial and a description of what documentation is needed to pay the claim.