



October 26, 2020

The Honorable Robert A. DeLeo, Speaker  
Massachusetts House of Representatives  
State House, Room 356  
Boston, MA 02133

The Honorable Karen E. Spilka, President  
Massachusetts Senate  
State House, Room 332  
Boston, MA 02133

The Honorable Aaron Michlewitz, Chair  
House Committee on Ways and Means  
State House, Room 254  
Boston, MA 02133

The Honorable Michael Rodrigues, Chair  
Senate Committee on Ways and Means  
State House, Room 109D  
Boston, MA 02133

**RE: UPDATED FY21 State Budget Recommendations Relative to the Needs of Individuals with Behavioral Health Conditions, Their Families, and Their Communities**

Dear Speaker DeLeo, President Spilka, Chairman Michlewitz, Chairman Rodrigues, and Honorable Members of the Joint Committee on Ways and Means:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your steadfast leadership during these challenging times. We understand the unprecedented challenges facing the Legislature as it considers priorities for the final eight months of the FY21 budget due to the significant health, safety, and economic implications of the COVID-19 pandemic. Thank you for considering this updated budget letter from MAMH in response to Governor Baker's revised FY21 budget proposal.

Formed over a century ago, MAMH is dedicated to promoting mental health and well being for individuals of all ages across the Commonwealth. We are committed to advancing prevention, early intervention, effective treatment, and research for behavioral health and related disabling conditions. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with mental health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. 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 reforms.

As you know, reliable surveys and emerging evidence inform us of a growing need for mental health and substance use treatment services among individuals with pre-existing conditions and those with new conditions due to the COVID-19 pandemic.<sup>1</sup> According to a recently published study by MAMH, deaths from suicide and overdose could increase between 12% and 60% in the Commonwealth due to COVID-19 and the recession caused by public health management measures required to control the spread of the

---

<sup>1</sup> Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, 0020764020915212.

virus.<sup>2</sup> The projected number of deaths is small compared to what will be a larger number of suicide attempts and non-lethal overdoses, with each event affecting not only the individuals but their families and communities. MAMH respectfully requests that the Legislature prioritize mental health services and related supports in the final months of the FY21 budget. MAMH highlights the following priority recommendations in light of the Governor's revised House 2 budget proposal:

- **Stable, Affordable Housing for Clients of the Department of Mental Health (DMH)**
  - DHCD Line Item 7004-9033: Department of Mental Health Rental Subsidy Program  
Request: \$10.548M, to address the \$2M shortfall in H2 and expand the program by \$1M
- **Child and Adolescent Mental Health Services**
  - DMH Line Item 5042-5000: DMH Child & Adolescent Mental Health Services  
Request: \$95.045M, restore the \$3M cut in H2 and the additional \$1M cut to camperships in the revised H2
  - DEEC Line Item 3000-1020: Early Childhood Mental Health Consultation  
Request: \$2.5M, in support of the \$2.5M funding recommendation in H2
- **Older Adult Mental Health Services**
  - EOEALine Item 9110-1640: Geriatric Mental Health Services Program  
Request: \$1M, to respond to pre-existing and pandemic driven needs with \$200K above the H2 recommendation
- **Criminal Justice Diversionary Services**
  - DMH Line Item 5046-0000: Jail Diversionary Services Program  
Request: \$2.59M, to restore the \$590K cut to this program in H2, and increase the program by \$2M to fulfill a backlog of requests and increase the number of co-responder programs in the Commonwealth
- **Middlesex County Restoration Center**
  - Line Item 8910-0107: Operation of Middlesex Sheriff's Office  
Alternatively, if the Criminal Justice and Community Support Trust Fund (Section 37 of S.2820) is included in the final police reform bill, we recommend this request be placed in the new Criminal Justice and Community Support Trust Fund.  
Request: \$140,000 to plan a Restoration Center in Middlesex County
- **Bureau of Substance Addiction Services (BSAS)**
  - Line Item 4512-0200: DPH Bureau of Substance Addiction Services  
Request: An additional \$2M over House 2 to fund existing training and technical assistance programs offered to BSAS contracted treatment providers.
- **Outside Sections**
  - Section 61 - Universal Provider Credentialing Application, Request: Support
  - Section 80 – Same-Day Billing, Request: Support

**Stable, Affordable Housing for Clients of the Department of Mental Health (DMH)**

Housing vouchers help individuals stay safe and healthy in their homes, which is critical amidst the current public health crisis. The pandemic has shown us the dangers of congregate settings such as nursing homes, psychiatric institutions, state hospitals, group homes, and prisons for spreading

---

<sup>2</sup> Mauch, D. E. & Sharp, C. R. (2020). Estimated COVID-19 behavioral health outcomes: Research in perspective to inform action to mitigate morbidity and mortality. Massachusetts Association for Mental Health.

communicable disease. Maintaining and expanding housing voucher programs is crucial for addressing the medium- and long-term health and economic consequences of COVID-19.

***Department of Mental Health Rental Subsidy Program***

**DHCD Line Item #: 7004-9033**

**Request: \$10.548M, to address the \$2M shortfall in H2 and expand the program by \$1M**

Governor Baker's FY21 budget proposal contains a \$2 million shortfall compared to annualized FY20 expenditure levels for the DMH (DMH) Rental Subsidy Program (RSP). In FY20, \$11.5M was budgeted for the DMH RSP (\$7.548 in DHCD 7004-9033 and \$4M in DMH 5046-0000). Midway through the fiscal year, DMH realized some savings in the 5046 (Adult Mental Health Services and Supports) account and spent an additional \$1M on ~six months of rental subsidies to transition people who were ready for discharge out of DMH hospitals into supported, community-based housing. This brought total spending for the DMH RSP in FY20 to \$12.5M, with a total number of 1,606 clients served in safe, affordable community housing. The Department decided to move people who were overdue for discharge and "stuck" in hospitals into more appropriate, less expensive, and less restrictive community-based settings, a decision that has proven to be critically important to protecting served individuals and their families during the COVID-19 pandemic. Further, these placements served to deliver on the promise of community living for people with disabilities, end their unnecessary confinement to institutional life, and address the Commonwealth's legal obligations under Olmstead.

In summary, the Governor's FY21 budget only includes \$11.5M across the DMH and DHCD accounts for the total DMH RSP. It does not include the additional \$1M that was spent out of 5046 for a partial year of rental vouchers. These dollars annualize to \$2M for a full year of rental vouchers for these same individuals for FY21. To keep the DMH RSP at the same level of effort for FY21 and protect the housing for all 1,606 clients, an additional \$2M is needed over H2 funding levels.

The COVID-19 pandemic has taught us that individuals with severe and disabling mental health conditions who are experiencing homelessness or living in congregate settings – such as shelters and state hospitals – are disproportionately vulnerable to COVID-19. According to our colleagues at DMH and the MA Association of Behavioral Health Systems, there are currently a total of 194 DMH clients who are ready to be discharged from public and private psychiatric inpatient units but are stuck because of lack of supportive, community-based housing opportunities.<sup>3</sup> Expanding the DMH RSP by \$1M would address a portion of the need by helping 71 DMH clients secure stable, affordable housing in the community.

We recognize that the Commonwealth is facing intense fiscal constraints related to COVID-19 and believe that funding DHCD 7004-9033 (DMH Rental Subsidy Program) at \$10.548M in FY21 is a fiscally prudent investment. Based upon the most recent Worcester Recovery Center and Hospital (WRCH) cost report submitted to the Center for Health Information and Analysis (CHIA), the WRCH cost per patient per day for psychiatric inpatient hospitalization is \$1,127.70. Without subsidies, there are currently 77 patients ready for discharge and are confined at WRCH and other state hospitals at a high cost to the Commonwealth and to their recovery.<sup>4</sup> Likewise, the National Alliance to End Homelessness estimates that “a chronically homeless person costs the taxpayer an average of \$35,578 per year.”<sup>5</sup>

---

<sup>3</sup> As of September 28, 2020, the MA Association for Behavioral Health Systems (MABHS) reported 117 hospitalized patients who were waiting and discharge ready; as of the same date, DMH reported 77 clients approved for transfer but lack appropriate, community-based housing.

<sup>4</sup> As of September 28, 2020, DMH reported 77 clients approved for transfer from public psychiatric inpatient beds but lack appropriate, community-based housing.

<sup>5</sup> National Alliance to End Homelessness. Ending Chronic Homelessness Saves Taxpayers Money. 6 November 2015. Retrieved on September 29, 2020 at: <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/>.

Without subsidies, 3,340 homeless adults with serious mental illness in Massachusetts remain in shelters or on the streets during a pandemic with winter approaching.<sup>6</sup> Help us protect their health and advance their recovery. We know that housing plus the supportive services DMH provides prevent hospitalizations and other destabilizing events in people's lives.

### **Child and Adolescent Mental Health Services**

The COVID-19 pandemic has already had a profound impact on the lives of individuals and families throughout the Commonwealth. Our understanding of its full impact on the mental health and wellbeing of children is growing as youth return to school and childcare settings where teachers have started to identify new or exacerbated mental health needs among children. Prolonged periods of isolation at home with varying levels of caregiver support coupled with the new stringent health requirements placed on schools and childcare settings will exacerbate stress for the Commonwealth's youngest residents.

#### ***Department of Mental Health Child & Adolescent Mental Health Services***

**DMH Line Item #: 5042-5000**

**Request: \$95.045M, restore the \$3M cut in H2 and the additional \$1M cut to camperships in the revised H2**

MAMH, as an Executive Committee member of the Children's Mental Health Campaign (CMHC), is alarmed to see a reduction in behavioral health resources for children and adolescents, particularly during the COVID-19 pandemic. There has been a spike in behavioral health needs across the spectrum, especially among youth with behavioral health conditions pre-COVID, and those who have experienced trauma as a result of any of the many painful facets of the pandemic, including Black and Latinx children and children from low-income families whose communities have been hardest hit. The suggestion that children and families can be supported with a reduction in resources is incorrect. Now more than ever, we need creative responses to address these heightened needs.

This cut is discordant with the sharply increasing needs of children in the Commonwealth. There are three areas in particular where resources could be redirected to provide vital support to all children during this time, with an emphasis on those who have been disproportionately impacted and are struggling the most:

- **Mental Health Access Program (MHAP) for Kids Expansion:** The Family Resource Centers (FRCs) report growing mental health needs of families living in communities most impacted by the pandemic. MHAP for Kids is a highly sought after program forging pathways for at-risk children to difficult-to-access mental health treatment. It is currently situated in the FRCs serving families in Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk, and Worcester counties. The MHAP for Kids attorneys are highly qualified advocates who eliminate obstacles to mental health services. They aim to divert children from possible or further court involvement, help children thrive in school, and reduce family conflict while minimizing costly emergency department visits and inpatient mental health treatment. A MHAP for Kids attorney works directly with state agencies, including schools, treatment providers and insurers to ensure that a child receives appropriate and needed services. An independent evaluation of the program confirms its positive impact on at-risk youth and their families. MAMH recommends directing resources toward reducing waitlists and expanding MHAP for Kids to cover the entire state.
- **Support Services for Parents/Guardians:** In addition to managing their behavioral health care, parents and guardians have become educators for their children, in addition to grappling with an

---

<sup>6</sup> U.S. Department of Housing and Urban Development. HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Retrieved on October 1, 2020 at: [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_State\\_MA\\_2019.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_State_MA_2019.pdf)

extraordinary range of stressors associated with holding onto employment, feeding their families, and taking care of themselves and other loved ones.

MAMH recommendations additional grant funding to children’s mental health service providers to provide virtual and drop-in supportive spaces for caregivers to discuss strategies for coping with the impact of COVID-19 on the behavioral health and education of their children. The groups would be facilitated – by clinicians and/or family partners who may form partnerships with Applied Behavior Analysis (ABA) providers and other specialty providers as needed. In addition, providers would offer specialized groups for caregivers of children with high-level needs to support them in implementing treatment modalities and behavior plans, as well as remote learning. Examples of specialty group participants include foster parents, parents of children with co-occurring Autism Spectrum Disorders/Intellectual and Development Disabilities (ASD/IDD), very young children (birth to age 5), transition age youth, medically complex children, BIPOC families, and Spanish speaking families.

- **Mobile Crisis Intervention (MCI) Enhancement to Support School Related Crisis:** Integrated and robust support for children with significant clinical needs, as well as their families, is needed during this time of remote or hybrid learning. MAMH contents that an Urgent Reintegration Response, a level of care between the short-term intervention of an MCI evaluation and the long-range goals of an outpatient treatment protocol, is particularly critical for youth and caregivers. An Urgent Reintegration Response will neither duplicate nor replace other services currently foreseen by the standard levels of care. This model of wraparound support includes:
  - Physical touchdown space, including a sensory station, for families identified by schools as struggling “in real-time” with the transition back to in-person learning or remote learning. The child and family identified as in need of urgent reintegration intervention will be able to wait, be treated, or decompress in this space safely before, during, and after treatment.
  - A team-based and integrated response to families and children who have been identified and prioritized by the schools as needing attention urgently (within 24 hours). In addition to the on-site core of this model, telehealth will also be blended in with the work.
  - An evidence-based treatment response to be provided by a response team. The team would include an MCI clinician and family partner paired with an outpatient therapist, all under the guidance of a child psychiatrist, and with consultation available from a behavioral specialist.

### ***Early Childhood Mental Health Consultation***

**DEEC Line Item #: 3000-1020**

**Request: \$2.5M, in support of the \$2.5M funding recommendation in H2**

Childcare settings, already burdened with balancing the physical health and safety of their children and staff, will require ongoing mental health support through consultation. Preserving the \$2.5 million Early Childhood Mental Health Consultation program will be crucial for ensuring that early childhood educators are prepared to handle the influx of need without relying on practices such as preschool suspension and expulsion. Preschool suspension and expulsion often occur when young children’s mental health needs are not properly identified and addressed. This practice disproportionately affects Black boys and contributes to the school-to-prison pipeline.<sup>7</sup> Mental health consultation has helped childcare settings reduce this practice over the past several years through community-based mental health consultation, teacher training, and parenting skill development. With an increased need for mental health competency among childcare providers, it is vitally important that this program funded at its current level.

---

<sup>7</sup> U.S. Department of Education, Office of Civil Rights. (2016, June). 2013-2014 Civil rights data collection: Key data highlights on equity and opportunity gaps in our nation’s public schools. Retrieved from <http://www2.ed.gov/about/offices/list/ocr/docs/crdc-2013-14.html>.

## **Older Adult Mental Health Services**

The number of adults ages 65 and over in Massachusetts with behavioral health conditions is growing rapidly. 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>8</sup> Tragically, males age 75 and over have a higher rate of death by suicide than any other age group.<sup>9</sup>

### ***Geriatric Mental Health Services Program***

**EOEA Line Item #: 9110-1640**

**Request: \$1M, \$200K above H2 recommendation**

MAMH requests that the FY21 budget support Elder Mental Health Outreach Teams at \$200K above Governor Baker's H2 recommendation in response to the growing need for behavioral health services for older adults. 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 individuals' 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. The COVID-19 pandemic has had a devastatingly disproportionate impact on older adults – both in the increased rates of infection and death from the disease as well as the intense social isolation and pandemic anxiety. Together, these factors put older adults at greater risk for behavioral health concerns, and EMHOTs are prepared to address their needs.

## **Criminal Justice Diversionary Services**

### ***Jail Diversionary Services***

**DMH Line Item #: 5046-0000**

**Request: \$2.59M, restoring the \$590K cut to this program in H2, and increasing the program by \$2M to fulfill a backlog of requests and increase the number of co-responder programs in the Commonwealth**

MAMH requests that the Legislature reject the \$590K cut to Jail Diversionary Services in the DMH Adult Services and Supports Line Item #5046-0000 that was proposed in H2 and allocate an additional \$2M to address a backlog of requests and better position the Commonwealth to meet the needs of our citizens with behavioral health needs who interact with law enforcement. The \$590K cut would adversely impact current contracts that the state has for local criminal justice diversion initiatives and create fewer new grant opportunities for communities to establish these important programs. Community Jail Diversion grants cover important evidence-based services that include social workers responding to a behavioral health crisis call (co-responders) rather than the police. These grants also support helpline operations, which provide an alternative to calling 9-1-1 for families in need.

In addition, we are requesting \$2M of funding for the queue of requests received by DMH during FY20 for criminal justice diversion initiatives and to increase the number of communities in Massachusetts using the co-responder model. In FY20, DMH granted funds to 10 towns for co-responders and 11 additional towns for shared regional co-responders. This means that less than 6% of our cities and towns

---

<sup>8</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>9</sup> 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>.

are receiving support for co-responder programs. With approximately 330 communities in the Commonwealth being unserved by co-responders and an average cost to provide a co-responder model of \$60,000, we have an almost \$20M gap in funding in this area. Given the size of the funding gap, requesting \$2M for FY21 is indeed modest. This request represents an initial, but important step in improving outcomes for individuals in behavioral health crisis. MAMH requests that DMH line item #5046-0000 be increased by \$2.59M to reverse the currently proposed cut and increase funding for co-responder programs going forward.

There has never been a more urgent need to divert individuals with mental health conditions from jails due to the extremely high risk of COVID-19 infection in such settings coupled with the pronounced vulnerability to infection among these individuals. These services are vital for assuring that individuals with mental health conditions are served in the behavioral health system, connected to much-needed behavioral health services, and diverted from the criminal justice system.

### ***Middlesex County Restoration Center***

#### **Operation of Middlesex Sheriff's Office Line Item #: 8910-0107**

**Alternatively, if the Criminal Justice and Community Support Trust Fund (Section 37 of S.2820) is included in the final police reform bill, we recommend this request be placed in the new Criminal Justice and Community Support Trust Fund**

**Request: \$140,000 to plan a Restoration Center in Middlesex County**

The Middlesex County Restoration Center Commission, co-chaired by Sheriff Koutoujian of Middlesex County and Dr. Danna Mauch of MAMH and composed of stakeholders in the Legislature, Administration, mental health, and criminal justice fields, has been meeting regularly since its creation in the 2018 Criminal Justice Reform Bill. Two annual reports documented the need for a Restoration Center to provide behavioral health urgent care and wrap-around social services to prevent arrest and unnecessary hospitalization and create a service model for the center. This funding is needed to plan for an FY22 implementation of a center, including drafting a procurement, integrating service components with existing programs at EOHHS, and capital planning if needed. The consensus of the Commission to establish a model restoration center to provide police, families and professionals alike with an alternative to arrest and incarceration of adults with primary mental health and/or substance use conditions was carefully developed through data analysis and expert consultation, as documented in two reports to the General Court. This effort is ready to proceed at a propitious time as the Commonwealth contemplates public safety and criminal justice reform. For a modest investment, the Commission will keep the work moving on its planned timeline to establishing a Center.

### **Substance Use Prevention and Treatment**

#### ***Bureau of Substance Addiction Services (BSAS)***

**DPH Line Item #: 4512-0200**

**Request: \$2M over House 2 to fund existing training and technical assistance programs offered to BSAS contracted treatment providers**

MAMH, with the Massachusetts Coalition for Addiction Services (MCAS), requests an additional \$2M over House 2 to fund existing training and technical assistance programs offered to BSAS contracted treatment providers. These trainings are essential to support providers and their staff in the field to stay abreast of current clinical research and best practices, including medication assisted treatment, medication management, and serving people with co-occurring mental health conditions.

### **Outside Sections**

#### **Section 61 - Universal Provider Credentialing Application**

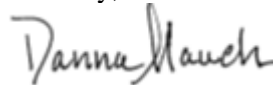
Nationally, about half of all psychiatrists do not accept private insurance and more than half do not accept Medicaid or Medicare.<sup>10</sup> There are numerous reasons why behavioral health providers elect not to participate in private and public insurance products, including low reimbursement rates and burdensome licensing and credentialing requirements. This creates tremendous barriers for individuals and families that cannot afford to self-pay. “While most state-based health insurance plans in Massachusetts utilize a centralized and uniform credentialing process provided by HealthCare Administrative Solutions, not all carriers licensed to provide insurance in the state use this platform. This may mean verification requirements and time frames differ across health plans, leading to considerable administrative burden for providers participating across multiple commercial plans and MassHealth.”<sup>11</sup> MAMH strongly supports the expansion this or a similar platform so there is a centralized, mandatory credentialing application.

### **Section 80 - Same-Day Billing**

Prohibiting insurance carriers from denying covering or imposing additional costs for same-day behavioral health and primary care visits is critical for moving the Commonwealth toward its goal of delivering integrated, whole-person care. This provision would help increase access to behavioral health care for individuals and families and would also reduce missed appointment times and related lost billings for providers.<sup>12</sup> Same-day billing would clearly move our state’s health care delivery system toward the aims of the right care, at the right place, and at the right time.

Thank you again for your leadership, consideration of these recommendations, and attention to the needs of your constituents with behavioral health needs, their families, and their communities, particularly during this challenging time. Please do not 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



Elise Ressa, MSW  
Child/Adolescent Behavioral Health Policy Analyst

CC: The Honorable Marjorie Decker (Chair, Mental Health, Substance Use, and Recovery Committee),  
The Honorable Julian Cyr (Chair, Mental Health, Substance Use and Recovery Committee)

---

<sup>10</sup> Blue Cross Blue Shield of Massachusetts Foundation and Abt Associates. Access to Mental Health Services in Massachusetts: A Summary of Findings. October 2017.

<sup>11</sup> Blue Cross Blue Shield of Massachusetts Foundation and Manatt Health. Ready for Reform: Behavioral Health Care in Massachusetts. January 2019.

<sup>12</sup> Blue Cross Blue Shield of Massachusetts Foundation and Manatt Health. Ready for Reform: Behavioral Health Care in Massachusetts. January 2019.