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March 22, 2023

The Honorable Aaron Michlewitz
Chair, House Committee on Ways and Means
24 Beacon Street, Room 243
Boston, MA 02133

The Honorable Ann-Margaret Ferrante
Vice Chair, House Committee on Ways and Means
24 Beacon Street, Room 238
Boston, MA 02133

Re: Behavioral Health Priorities in the FY24 State Budget

Dear Chair Michlewitz, Vice Chair Ferrante, and Honorable Members of the House Committee on Ways and Means:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your commitment to the health and well-being of people with behavioral health conditions and their families. We write now to share our FY24 budget priorities.

The Commonwealth's prioritization of behavioral health reform is clear from recent progress including significant mental health and substance use investments in the FY23 state budget and the ARPA/COVID Relief spending package, the passage of the mental health omnibus law (Chapter 177 of the Acts of 2022), the ongoing implementation of the EOHHS Roadmap for Behavioral Health Reform, and the pursuit and now implementation of the MassHealth Section 1115 Waiver renewal.

However, as you know, there is much work to do, particularly in light of the ongoing and wide-ranging behavioral health impacts of the COVID-19 pandemic, the mental health crisis affecting our youth, the lack of affordable housing and its implication for people with disabilities and their families, the disparities that exist in our communities that result in uneven levels of wellness and access to behavioral health services, the ongoing criminalization of behavioral health conditions, and the behavioral health workforce crisis.

MAMH's mission is to:

Advance mental health and well being by promoting prevention, early intervention, effective treatment, and research to address social, emotional, and mental health challenges. Eliminate stigma and discrimination and ensure full social, economic, and political inclusion in all aspects of community life.

To that end, MAMH tackles the wide range of problems listed above. Our budget requests reflect our diverse priorities in the areas of access to care, workforce, housing, legal system reform, and substance use, as well as our commitment to addressing the needs of special populations including youth, older adults, immigrants, and refugees.

MAMH is an Executive Member of the Children’s Mental Health Campaign. As such, we also support the budget priorities related to youth behavioral health of the Campaign. Some of these priorities are included in this letter, such as the Emergency Department Diversion Initiative for Youth and the School-Based Behavioral Health Technical Assistance Center.

We look forward to working with you to address these issues through the ongoing prioritization of behavioral health, including through investment in promotion and prevention initiatives, ensuring access to evidence-based treatment, and expanding recovery supports and services.

EXECUTIVE SUMMARY

MAMH requests new or increased funding with respect to the following line items:

- **Funding to increase reimbursement rates for Children’s Behavioral Health Initiative (CBHI) and behavioral health outpatient services** (EOHHS 4000-0950 and related accounts) – MAMH requests an increase in rates paid to CBHI, consistent with the analysis of the Association of Behavioral Healthcare (ABH). Currently, providers are leaving CBHI programs for other service settings where rates are higher, including private practice, schools, physician practices, and CBHCs.
- **\$500K for a study using data held by the Center for Health Information and Analysis (CHIA) to evaluate private carrier payment for Behavioral Health for Children and Adolescents (BHCA) services** (CHIA 4100-0060) – MAMH requests funding to research a concern that youth with private insurance are not receiving certain community-based behavioral health intermediate care services, known as BHCA services, despite the growing need for such services
- **Funding for the Division of Insurance (DOI) to expand the Health Care Access Bureau’s mental health parity enforcement capacity** (DOI 7006-0029: Health Care Access Bureau) – MAMH requests funding so that DOI has the capacity to enforce mental health parity provisions, including those enacted in Chapter 177 of the Acts of 2022.
- **\$1.3M for Behavioral Health Urgent Care for Youth** (EOHHS accounts) – MAMH requests this funding to provide an upstream intervention to address the problem of child and adolescent ED boarding. \$1.3M would allow five additional Community Behavioral Health Centers to establish school partnerships for the provision of behavioral health urgent care.
- **Increased funding for Youth Mobile Crisis Intervention (YMCI) to Expand Team Capacity by 20%** (EOHHS accounts) – MAMH requests an increase in YMCI, which DMH recommends as an upstream response to the problem of child and adolescent ED boarding. YMCI needs increased funding because, currently, most YMCI teams lack the capacity to handle more than one emergency as a time and the remaining teams are also understaffed. Expanding Team capacity by 20% will enable YMCI teams to staff up to manage multiple crises contemporaneously and to remain longer with crisis cases until youth and families can be stabilized.
- **\$19M, a \$15M increase in funding for the Emergency Department Diversion Program for Adults** (DMH 5046-0000: Adult Mental Health and Support Services) – MAMH requests an increase in this line-item to address the ongoing problem of adult boarding, evidenced by the 441 adult patients who were boarding in Massachusetts acute care hospital EDs and medical-surgical units as of January 17, 2023.
- **Funding to compensate for Emergency Department and Psychiatric Inpatient services lost due to the Brockton Hospital fire** (DMH accounts) – MAMH requests funding in the FY24 DMH

budget to support responses to the Brockton Hospital fire, which destroyed access to both ED and psychiatric inpatient services.

- **\$450K for a landscape analysis of peer-led outreach and voluntary community-based services and supports for hard-to-reach adults and to fund the implementation of a pilot of the consensus model identified in that analysis** (DMH 5046-0000: Adult Mental Health Services and Supports) – MAMH requests funding so that DMH and an organization led by peers with behavioral health lived experience may: contract for a study of peer led and operated programs to engage individuals who are declining services and supports; and initiate a pilot of a consensus model.
- **Funding to increase rates for behavioral health and human services providers so that employee salaries can be benchmarked to the 75th percentile of MA Bureau of Labor Statistics baseline salaries** (EOHHS 1599-6903: Chapter 257 and Human Services Reserve) – MAMH requests funding to ensure that behavioral health workforce compensation is competitive, by funding the Chapter 257 rate reserve line to the 75th percentile of the MA Bureau of Labor Statistic’s most recent salary benchmarks.
- **\$20.548M, a \$8M increase in funding for the Department of Mental Health Rental Subsidy Program and clarifying language in the budget narrative (DMH RSP)** (DHCD 7004-9033: Rental Subsidy Program for DMH Clients) – MAMH requests increased funding to address the need for rental assistance that DHCD forecasts, based on the significant number of people with severe and disabling mental health conditions stuck in hospitals and EDs. MAMH also seeks clarifying language to ensure that funds are directed to individuals who are homeless or housing insecure.
- **\$27.616M, a \$3M increase in funding for the Safe Haven Program** (DMH 5046-2000: Statewide Homelessness Support Services) – MAMH requests funding for six Safe Haven programs for a full year. Such funding will help ensure geographically equitable access to the Safe Haven program, which serves individuals who are chronically unhoused with severe and often co-occurring mental health and substance use conditions.
- **\$50M for the Community Living Fund** (EOHHS 1595-0522) – MAMH requests the establishment of a new fund to expand capacity for community living options for individuals served by the Department of Mental Health and the Department of Developmental Services with priority given to individuals discharged from settings including, but not limited to, skilled nursing facilities and psychiatric, chronic, and rehabilitation hospitals.
- **\$8.38M, a \$2M increase in funding for the Home and Healthy for Good Permanent Supportive Housing Program** (DHCD 7004-0104) – MAMH requests increased funding in this program which places persons experiencing chronic or long-term homelessness into low-threshold, permanent housing with supportive services. The program’s flexible funding can be used to leverage local, state, and federal resources.
- **Increased funding for the Massachusetts Rental Voucher Program (MRVP)** (DHCD 7004-9024) – MAMH requests increased funding for this program, available to low-income individuals and families, which offers tenant and project-based vouchers.
- **\$26M, a \$12.32M increase in funding over FY23 GAA, for the Alternative Housing Voucher Program (AHVP)** (DHCD 7004-9030) – MAMH requests increased funding in this program which provides mobile rental assistance vouchers persons with a disability who are under age 60 and of low income (and their families).
- **\$2.5M to implement the pilot of a Middlesex County Restoration Center** (EOHHS 4000-0300) – MAMH requests this funding to ensure the Middlesex County Restoration Center’s mission, to help support ongoing law enforcement diversionary efforts across New England’s most populous

county while also expanding the community capacity for mental health and substance use treatment and serve as a model for future centers across the state.

- **\$11M, a \$2M increase over the base budget funding in FY23, for the Massachusetts Jail/Arrest Diversion Initiative and clarifying language in the budget narrative** (DMH 5046-0000: Adult Mental Health and Support Services) – MAMH requests increased funding so that DMH may continue to provide grants to local communities and behavioral health providers, increase funding to expand services for current grantees, and fund new grantees to improve outcomes for individuals when they encounter police and other first responders during a behavioral health crisis.
- **Funding to Conduct an Independent Expert Review of Suicide Risk and Prevention Strategies in Jails and Prisons** (EOHHS & EOPPS accounts) – MAMH requests this funding to conduct a review of each Department of Correction (DOC) carceral facility, each county house of correction, and each county jail to gather data regarding past suicides and suicide attempts and to evaluate and identify future risks for suicide by persons served, including a population needs assessment, an environmental review, and a review of policies.
- **\$300K to develop recommendations for mental health education goals and objectives by grade level for Massachusetts public schools** (DMH 5042-5000: Child and Adolescent Mental Health Services) – MAMH requests this funding to establish a comprehensive framework of mental health education goals and objectives by grade level for students in K-12 schools. The process would involve staffing and compensating an advisory group, retaining experts, conducting investigation into existing practices in Massachusetts and beyond, and developing a state framework.
- **\$1.275M, for the earmark for the School-Based Behavioral Health Technical Assistance Center** (DMH 5042-5000: Child and Adolescent Mental Health Services) – MAMH requests this funding to support the work of the Technical Assistance (TA) Center, managed by the Behavioral Health Integrated Resources for Children (BIRCh) Center of UMass Boston and UMass Amherst. The TA Center enhances the capacity of K-12 public schools to efficiently integrate a multi-tiered system of behavioral health supports for their students. The requested funding will enable the BIRCh Center to implement its programs across the entire state of Massachusetts. \$75K of these funds would specifically support the expansion of Tier 1 services, or universal mental health prevention and promotion programming, in Massachusetts schools.
- **\$2.9M, a \$600K increase in funding over FY23 GAA, for the earmark for the Mental Health Advocacy Program (MHAP) for Kids** (DCF 4800-0200) – MAMH requests this funding to allow MHAP to expand capacity in Suffolk and Essex Counties, where there are currently long waiting lists, and provide support for data collection and evaluation.
- **\$4.3M, a \$425K increase in funding over FY23 GAA, for the Massachusetts Child Psychiatry Access Program (MCPAP)** (DMH 5042-5000: Child and Adolescent Mental Health Services) – MAMH requests this funding to cover costs of growth in this program, increased provider rates, and the expense of program administration. MCPAP is a system of regional children’s behavioral health consultation teams designed to improving access to treatment for children with behavioral health needs and their families by making child psychiatry services accessible to primary care providers across Massachusetts.
- **Increased funding for Young Adult Access Centers** (DMH 5042-5000: Child and Adolescent Mental Health Services) – MAMH requests this funding to establish centers, which offer a welcoming, staffed space where young adults with mental health needs, in regions of the state

that are not currently served -- Western MA, North Central, and the Cape and Islands – and to meet need at existing centers.

- **\$10M, a \$5.772M increase in funding over FY23 GAA, for Student Behavioral Health Services at State Universities and Community and Municipally Owned Colleges (DHE 7066-1123)** – MAMH requests this funding to meet the need for mental health services at Massachusetts universities and colleges.
- **\$3.5M, a \$1M increase in funding over FY23 GAA, for Elder Mental Health Outreach Teams (EMHOTs) (EOEA 9110-1640: Geriatric Mental Health Services)** – MAMH requests this funding to address unmet need for community based behavioral health supports for older adults. The goal is to make EMHOTs available in all communities statewide.
- **\$2.058M, a \$300K increase in funding over FY23 GAA, for the Office for Refugees and Immigrants (ORI) (ORI 4003-0122)** – MAMH requests this funding so that the ORI may provide additional behavioral health services for refugees and immigrants, particularly those with past histories of trauma. This funding would provide additional resources to ORI’s contracted community-based organizations for their staff to participate in trainings and provide additional behavioral health programming to their refugee communities.
- **Increase reimbursement for Bureau of Substance Addiction Services (BSAS) contracted providers (DPH 4512-0200)** – MAMH requests this funding to help to increase rates paid to substance use providers. Substance use treatment providers receive reimbursement at rates that are approximately half of what mental health treatment providers receive for the same or similar services.
- **Increase funding to expand inpatient substance use treatment capacity for children and adolescents (DPH 4512-0200)** – MAMH requests this funding to expand the capacity to treat youth who need substance use services. Currently, there is only one acute, inpatient detoxification and stabilization unit specific for adolescents in the Commonwealth. Increased funding would support the capacity of that unit and would allow BSAS to procure new units to expand access to these services in other geographies.
- **\$3M for the Bureau of Substance Abuse Services to provide technical assistance and training to providers on how to treat individuals with co-occurring conditions, and earmarking language in the budget narrative (DPH 4512-0200)** – MAMH requests this funding to ensure that BSAS can offer technical assistance and training to providers on how to treat individuals with co-occurring mental health and substance use conditions. The earmark will designate \$3M for training initiatives.

MAMH requests no more than level funding with respect to the following line items:

- **\$6M for the Emergency Department Diversion Program for Youth (DMH 5042-5000: Child and Adolescent Mental Health Services)** – MAMH requests level funding of this program, which offers alternative services to youth experiencing behavioral health crises that have the capacity to be treated at home through DMH Crisis Mobile Flexible Services.
- **\$500K to sustain the earmark to fund promotion, resource development, and technical assistance related to the creation of permanent supportive housing for persons with disabilities who are homeless (DHCD 7004-0102: Homeless Individual Shelters)** – MAMH requests that funding be included to sustain the earmark and that language be included regarding the role of the Massachusetts Housing and Shelter Alliance.

- **\$3.6M for Equitable Approaches to Public Safety (EAPS)** (DPH 4512-2020: Municipal Public Safety Reform) – MAMH requests increased funding to this program which supports municipalities as they implement public safety reforms and/or alternative investments to promote equitable public safety and public health outcomes.
- **\$12M for Community-based Re-entry Programs** (Trial Court 0339-1011) – MAMH requests this funding to support community-based residential reentry programs for individuals transitioning back to the community from county jail or state prison.
- **\$675K for Massachusetts Child Psychiatry Access Program (MCPAP) for Moms** (DMH 5042-5000: Child and Adolescent Mental Health Services) – MAMH requests this funding to continue to promote maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.
- **\$1M for Hey Sam Peer Support Line** (DPH 4513-1027: Samaritans Inc. Suicide Prevention Services) – MAMH requests this funding to sustain the work of this peer-to-peer text-based mental health support line for people up to age 25.

MAMH requests a shift of funding within the Commonwealth’s accounts with respect to the following line items:

- **Shift of funding for substance use treatment services provided pursuant to G.L. c. 123, § 35 from carceral to non-carceral treatment facilities** (Hampden Sheriff’s Office 8910-0104 and DOC accounts) – MAMH requests that funding for Section 35 services be provided in non-carceral treatment settings and not in carceral facilities. To that end, MAMH requests that funding be removed from accounts that fund carceral facilities and placed instead in accounts that fund non-carceral settings.

MAMH BUDGET PRIORITIES

Access to Care

MAMH supports funding that supports existing behavioral health services, establishes or expands other behavioral health services, promotes greater accessibility to services, and enforces Massachusetts insurance laws, including mental health parity laws.

- **Funding to increase reimbursement rates for Children’s Behavioral Health Initiative (CBHI) and behavioral health outpatient services** (EOHHS 4000-0950 and related accounts)
 - To be competitive with rates for services provided at Community Behavioral Health Centers (CBHCs), the rates paid to CBHI providers must increase. Currently, providers are leaving CBHI programs for other service settings where rates are higher, including private practice, schools, physician practices, and CBHCs. As one example, there has been a recent and significant loss of In-Home Therapists (IHTs). MassHealth did increase the IHT rate by 35%, effective January 1, 2023. However, to be competitive with other providers (like CBHCs), the Association of Behavioral Healthcare (ABH) estimates that the IHT rate must increase 69% (i.e., a 69% increase in the rates in place prior to the recent 35% increase). Because CBHI services are designed to serve children with serious emotional conditions, we place a high priority on addressing this need. The FY23 budget

funded this account at \$267.783M. H1 funded it at \$315.283M, a \$47.5M increase over the FY23 GAA.

- **\$500K for a study using data held by the Center for Health Information and Analysis (CHIA) to evaluate private carrier payment for Behavioral Health for Children and Adolescents (BHCA) services (CHIA 4100-0060)**
 - As of July 2019, certain community-based behavioral health intermediate care services for children and adolescents, known as Behavioral Health for Children and Adolescents (BHCA) services, must be covered by fully insured Massachusetts plans. Prior to this requirement (issued by the Division of Insurance (DOI) and the Department of Mental Health (DMH)), families with private insurance would access such services by enrolling in MassHealth as a secondary insurer and participating in the Children’s Behavioral Health Initiative (CBHI). There is a concern that youth with private insurance are not receiving BHCA services, despite the growing need for such services. At this point, there are adequate CHIA claims data to evaluate payments for BHCA services, any transition from CBHI to BHCA claims and payments, and payments for BHCA by carriers and by plan members. This study is important to see if carriers are honoring and facilitating the requirements in the DOI’s and DMH’s bulletin to provide the BHCA benefit.¹ Our ask is not reflected in H1.

- **Funding for the Division of Insurance (DOI) to expand the Health Care Access Bureau’s mental health parity enforcement capacity (DOI 7006-0029: Health Care Access Bureau)**
 - The DOI has authority to establish and enforce standards consistent with state law regarding the use of telehealth in the provision of behavioral health care, behavioral health services for children and adolescents (BHCA) covered by private insurance carriers, behavioral health parity, and other new coverage provisions in Chapter 177. Advocates also are awaiting DOI provisions to address “ghost networks,” insurance carrier provider listings that misrepresent actual provider options. Greater capacity is needed to deliver these essential DOI services through its Health Care Access Bureau. Both the FY23 budget and H1 funded the Bureau at \$1.06M. Our ask is not reflected in H1.

- **\$1.3M for Behavioral Health Urgent Care for Youth (EOHHS accounts)**
 - Another upstream intervention that DMH has identified to address the problem of child and adolescent boarding is behavioral health urgent care for youth. There is a need for five additional Community Behavioral Health Centers to have school partnerships to allow for the provision of behavioral health urgent care. These urgent care centers cost about \$200K per year per site, for a total cost of \$1M for five sites. The cost of administration and the learning community to support this work would be another \$300K per year, for a total ask for new funding for FY24 of \$1.3M. H1 did not earmark funding for behavioral health urgent care for youth.

¹ MA Division of Insurance and MA Department of Mental Health. Bulletin 2018-07: Access to Services to Treat Child-Adolescent Mental Health Disorders. 14 December 2018, <https://abh.memberclicks.net/assets/docs/BHCA/BULLETIN%202018-07%20%28Child-Adolescent%29.pdf>

- **Increased funding for Youth Mobile Crisis Intervention (YMCI) to Expand Team Capacity by 20%** (EOHHS accounts)
 - The problem of child and adolescent ED boarding persists. As of January 17, 2023, there were 91 pediatric patients who were boarding in Massachusetts acute care hospital EDs and medical-surgical units.² To address this problem, DMH believes that the most effective investments are those that are provided upstream, including through YMCI. YMCI needs increased funding because most YMCI teams lack the capacity to handle more than one emergency as a time. The remaining teams are also understaffed, which they largely attribute to an inability to hire at current salary levels. All YMCI teams need more funding. Expanding Team capacity by 20% will enable YMCI teams to staff up to manage multiple crises contemporaneously and to remain longer with crisis cases until youth and families can be stabilized. H1 did not earmark funding for YMCI.

- **\$19M, a \$15M increase in funding over FY23 GAA, for the Emergency Department Diversion Program for Adults** (DMH 5046-0000: Adult Mental Health and Support Services)
 - The Department of Mental Health (DMH) launched an Emergency Department (ED) Diversion Program for Adults in partnership with community-based mobile respite and site-based respite providers. The program offers alternative services to adults experiencing behavioral health crises that have the capacity to be treated at home or in community-based settings. The program is making a difference: between July 1, 2022 and February 10, 2023, 1,225 adults received ED diversion services in the community or had completed their treatment through this program.³ However, as of January 17, 2023, there were still 441 adult patients who were boarding in Massachusetts acute care hospital EDs and medical-surgical units.⁴ To address the demand, we seek a \$15M increase to create or expand six respite programs in Western Mass, four in Central Mass, one each in Northeast Mass and Metro Boston, and three programs in Southeast Mass. These programs will be able to support individuals in transitioning out of EDs back into the community, as well as divert individuals from EDs and unnecessary hospitalization in the first place. Both the FY23 budget and H1 funded this program at \$4M.

- **\$6M for the Emergency Department Diversion Program for Youth** (DMH 5042-5000: Child and Adolescent Mental Health Services)
 - DMH launched an Emergency Department Diversion Program for Youth in partnership with community-based providers and hospitals. The program offers alternative services to youth experiencing behavioral health crises who could be treated at home through DMH Crisis Mobile Flexible Services. Youth receive clinical services, therapeutic support (around community integration/connections, managing mental health, and improving communication and social skills), and parent/caregiver support. The program helps

² MA Health and Hospital Association. Capturing a Crisis: Massachusetts Behavioral Health Boarding Metrics. 17 January 2023,

<https://mhalink.informz.net/mhalink/data/images/20230117%20Behavioral%20Health%20Report.pdf>.

³ MA Department of Mental Health. ED Diversion Service Summary. 10 February 2023.

⁴ MA Health and Hospital Association. Capturing a Crisis: Massachusetts Behavioral Health Boarding Metrics. 17 January 2023,

<https://mhalink.informz.net/mhalink/data/images/20230117%20Behavioral%20Health%20Report.pdf>.

address the challenges with ED boarding that have been exacerbated by the pandemic, while expediting behavioral health treatment for youth and support for their families. Between July 1, 2022 and February 10, 2023, 542 youth received ED diversion services in the community or had completed their treatment through this program.⁵ Both the FY23 budget and H1 funded this program at \$6M.

- **Funding to compensate for Emergency Department and Psychiatric Inpatient services lost due to the Brockton Hospital fire** (DMH accounts)
 - Funding is needed in the FY24 DMH Budget to support responses to the Brockton Hospital fire, which destroyed access to both ED and psychiatric inpatient services for Brockton-area residents. Possible solutions to relieve the access challenges in Brockton include
 - Including enhanced ED Diversion Services at Good Samaritan Hospital,
 - Expanding integrated urgent care for the Brockton area to reduce demand on the Good Samaritan ED, and
 - Bringing online previously licensed and unoccupied psychiatric inpatient units in the region.

H1 does not include dedicated funding to respond to the Brockton Hospital fire.
- **\$2M for a minimum of three new DMH-contracted peer respite programs, one in each of the three DMH service areas currently without a peer-respite program** (DMH 5046-0000: Adult Mental Health and Support Service)
 - Peer respite programs are peer-staffed, short-term, overnight facilities that allow for diversion from the ED for individuals in crisis with psychiatric conditions. They operate through contract with DMH. Peer respites are essential as the Commonwealth rolls out the 988 Crisis and Suicide Lifeline and the Behavioral Health Help Line and supporting services. Currently, there are only three peer respites for adults in the Commonwealth: in Northampton, Worcester, and Bellingham. Our ask is based on the range of current DMH contracts for respites (\$488K to \$728K per year). We estimate that this funding would support launching three new peer respite programs, addressing a portion of the overall need. The goal would be to have peer respites available across the Commonwealth sufficient to meet demand for such services. Peer respites are currently funded out of the DMH 5046-0000 account. H1 does not include funding for new peer respite programs in this account.
- **\$450K for a landscape analysis of peer-led outreach and voluntary community-based services and supports for hard-to-reach adults and implementation of a pilot of a consensus model** (DMH 5046-0000: Adult Mental Health Services and Supports)
 - Funding would support DMH, partnering with an organization led by peers with behavioral health lived experience, to contract for a study to survey U.S. and international peer-led and operated programs that seek to engage adults with severe and disabling mental health conditions who have declined behavioral health services and support. This review would include a landscape analysis as well as focus groups of peers to obtain peer input on various models and their components. We are aware of

⁵ MA Department of Mental Health. ED Diversion Service Summary. 10 February 2023.

one such program in the U.S., the INSET program, which started in Westchester County, NY and has since expanded. INSET provides intensive, flexible, rapid, and sustained peer outreach services and connects people to their natural supports – families, friends, and larger social networks, as well as behavioral health services. We estimate that this analysis could be completed for \$200K. Funding also would support the implementation of a pilot of the consensus model identified in the analysis. The pilot would offer peer-lead outreach and voluntary community-based services and supports. We estimate that this pilot could be initiated, mid-fiscal year, for \$250K. H1 does not include funding for this analysis or pilot.

Workforce

MAMH supports funding that will encourage current behavioral health workers to remain in the behavioral health workforce, encourage new workers, particularly linguistically and culturally diverse individuals, to join that workforce, and ensure fair compensation for these challenging and demanding positions.

- **Funding to increase rates for behavioral health and human services providers so that employee salaries can be benchmarked to the 75th percentile of MA Bureau of Labor Statistics baseline salaries** (EOHHS 1599-6903: Chapter 257 and Human Services Reserve)
 - This funding is necessary to ensure that behavioral health workforce compensation is competitive. Chapter 257 funds workers who serve complex populations. These workers provide community supports and care coordination (including those who work at Clubhouse and Recovery Learning Communities), Adult Community Clinical Services (ACCS) services, and residential services in group homes. Historically low rates of pay for these workers has resulted in high behavioral health staff vacancy rates, frequent turnover, reduced service capacity, long waitlists, and the permanent closure of certain programs. We have only raised salaries for human service workers to the Massachusetts Bureau of Labor Statistics (MA BLS) 2020 *median* salaries, putting such rates in effect until July 1, 2024. To address ongoing workforce shortage issues, the Chapter 257 rate reserve line should be funded to the 75th percentile of the MA BLS's most recent salary benchmarks to be competitive and adequately address inflation costs. The Association for Behavioral Healthcare (ABH) is spearheading this proposal. The FY23 budget funded this reserve account at \$230M. H1 funded the account at \$173M, which would allow for salaries to be raised to the 53rd percentile.

Housing for Persons with Behavioral Health Conditions

MAMH supports funding that expands housing opportunities for people with behavioral health conditions by funding the creation of new housing and providing individuals with rental and other financial assistance for housing.

- **\$20.548M, a \$8M increase in funding over FY23 GAA, for the Department of Mental Health Rental Subsidy Program (DMH RSP) and clarifying language in the budget narrative** (DHCD 7004-9033: Rental Subsidy Program for DMH Clients)
 - The DMH RSP provides rental assistance for units occupied by low-income persons who receive supportive residential services through DMH. The program is a collaboration

between the Department of Housing and Community Development (DHCD), which regulates and provides administrative oversight, and DMH, which selects Service Provider Agencies and allocates rental assistance subsidy funds. Through the RSP, individuals with severe and disabling mental health conditions receive stable, affordable housing, as well as tenancy and clinical supports. These services are critical to participants' ability to engage in treatment and achieve recovery. Moreover, rental subsidies can assist DMH clients who are stuck in hospitals for lack of housing, thus opening beds for those with acute or continuing care needs. Subsidies also assist people who are homeless and live with disabling mental health conditions. DHCD is forecasting that the program will grow from 1,744 leased units in July 2022 (actual) to 2,164 leased units in June 2024 (predicted). Further, rental rates have increased over previous years. An \$8M increase will provide critical support to move more individuals into studio and one-bedroom apartments with supportive services in the community. Both the FY23 budget and H1 funded this account at \$12.548M.

- We urge that the budget narrative language be clarified to ensure accessibility to the program for persons who are homeless or housing insecure by amending the language to read: “For rental subsidies to eligible clients of the department of mental health, inclusive of individuals who are homeless or housing insecure; provided, that the department of housing and community development shall establish the amounts of such subsidies so that payment of the rental subsidies and of any other commitments from this item shall not exceed the amount appropriated in this item...”
- **\$27.616M, a \$3M increase in funding over FY23 GAA, for the Safe Haven Program** to fund six new Safe Haven programs for a full year (DMH 5046-2000: Statewide Homelessness Support Services)
 - Safe Haven programs are supervised and supportive housing for hard-to-reach, hard-to-engage individuals who are chronically unhoused and who have severe and often co-occurring mental health and substance use conditions. These individuals are among the highest users of EDs, hospital beds, and emergency medical services, and have high rates of trauma and criminal justice involvement. The program provides individuals with transitional housing, connects them to behavioral health and medical services, and serves as a bridge to permanent housing. It is a proven model that saves and transforms lives and reduces health care and other public health costs. As of 2023, there will be 14 Safe Haven programs with 113 beds to serve the entire Commonwealth absent an increase in funding to this account. \$500K is the annual cost to operate a Safe Haven program; \$3M would allow for the creation of six new Safe Haven programs. This will help ensure geographically equitable access to the program. The FY23 budget provided funding for \$1M of expansion in the program, which was used to open two new Safe Haven programs, one in Western MA and one in Metro Boston. H1 does not include any funding to further expand the program to address ongoing need.
- **\$50M for the Community Living Fund** (EOHHS 1595-0522)
 - Establishes a new fund, in Chapter 29 of the General Laws, administered by the secretary of health and human services, to expand capacity for community living options for individuals served by DMH and the Department of Developmental Services with

priority given to individuals who are discharged from settings including, but not limited to, skilled nursing facilities and psychiatric, chronic, and rehabilitation hospitals. The funding amount proposed here is consistent with the amount proposed for this fund by Governor Baker in August 2022. H1 provided no funding.

- **\$8.38M, a \$2M increase in funding over FY23 GAA, for the Home and Healthy for Good Permanent Supportive Housing Program (DHCD 7004-0104)**
 - The Home and Healthy for Good program places persons experiencing chronic or long-term homelessness into low-threshold, permanent housing with supportive services. The Massachusetts Housing and Shelter Alliance (MHSA) operates the program. Since 2006, this program has successfully served 1378 adults. This flexible funding can be used to leverage local, state, and federal resources. The FY23 budget funded this line item at \$6.39M. H1 funded it at \$4.162M.
- **\$500K to sustain the earmark to fund promotion, resource development, and technical assistance related to the creation of permanent supportive housing for persons with disabilities who are homeless (DHCD 7004-0102: Homeless Individual Shelters)**
 - MHSA has historically received funding through this account to promote permanent supportive housing and other solutions to homelessness, resource development, and regional and statewide coordination and planning of homeless services. To ensure that this work continues, we urge that the \$500K earmark in the FY23 GAA in this account be sustained, including language regarding MHSA's role. H1 provided no funding for this earmark.
- **Increased funding for the Massachusetts Rental Voucher Program (MRVP) (DHCD 7004-9024)**
 - The Massachusetts Rental Voucher Program (MRVP) is a state-funded program, available to low-income individuals and families, which offers tenant-based (mobile) and project-based (non-mobile) vouchers. MRVP vouchers are distributed by housing authorities and regional nonprofit housing agencies, which determine eligibility and conduct tenant screening for criminal offender record information (CORI) that may disqualify an individual. DHCD administers the program. The FY23 budget funded this line item at \$154M. H1 funded it at \$168.257M.
- **\$26M, a \$12.32M increase in funding over FY23 GAA, for the Alternative Housing Voucher Program (AHVP) (DHCD 7004-9030)**
 - The Alternative Housing Voucher Program (AHVP) is a state-funded program that provides mobile rental assistance vouchers persons with a disability who are under age 60 and of low income (and their families). Applicants must have been determined eligible for state public elderly/disabled housing. Local housing authorities or regional agencies administer this program and DHCD oversees it. The FY23 budget funded this line item at \$13.68M. H1 funded it at \$14.108M.

Legal System Reform

MAMH supports funding that diverts individuals with behavioral health conditions from the legal system and provides protections and access to care for individuals involved in that system.

- **\$2.5M to implement the pilot of a Middlesex County Restoration Center** (EOHHS 4000-0300)
 - The Middlesex County Restoration Center will help support ongoing law enforcement diversionary efforts across New England’s most populous county while also expanding the community capacity for mental health and substance use treatment. The Center will also serve as a model for future centers across the state. Restoration Centers can expand the Commonwealth’s urgent care capacity for people with behavioral health conditions, a goal of EOHHS’s Roadmap for Behavioral Health Reform. The Middlesex County Restoration Center Commission, chaired by Middlesex County Sheriff Peter Koutoujian and MAMH’s Danna Mauch, is releasing a revised RFP to identify a community-based provider to operate the new center, most likely in Lowell or Framingham, in 2023. Both the FY23 budget and H1 funded the Restoration Center at \$1M.

- **\$11M, a \$2M increase over the base budget funding in FY23, for the Massachusetts Jail/Arrest Diversion Initiative and clarifying language in the budget narrative** (DMH 5046-0000: Adult Mental Health and Support Services)
 - Through the Massachusetts Jail/Arrest Diversion Initiative, DMH has been providing grants to local communities and behavioral health providers since 2007 to improve outcomes for individuals when they encounter police and other first responders during a behavioral health crisis. In FY20 DMH expended \$3,915,661 on 61 grants to cities and towns across the state ranging from \$7500 to \$298,000. With an additional \$2M, DMH could increase funding to current grantees that wish to expand diversion services or award funds to new grantees committing to diversion of people with behavioral health conditions. This initiative had a base budget in FY23 of \$9M. H1 funded it at \$9M.

 - We urge clarification of the budget narrative. The narrative has historically stated that the account be funded at \$2M above the previous year’s funding level, which has created confusion. We urge clarification of the budget language and support the current funding levels by amending the budget narrative language to read: “provided further, that funds shall be expended for jail diversion programs in municipalities that provide equal matching funds from other public or private sources in an amount not less than \$11,000,000;”.

- **\$3.6M for Equitable Approaches to Public Safety (EAPS)** (DPH 4512-2020: Municipal Public Safety Reform)
 - EAPS funding supports municipalities to implement public safety reforms and/or alternative investments to promote equitable public safety and public health outcomes. Reforms and investments could be used for purposes including jail diversion programs, including restoration centers, hiring de-escalation specialists, implementing de-escalation training, hiring behavioral health specialists, utilizing other behavioral health supports, training in evidence-based or evidence-informed mental health and substance use crisis response or alternative emergency response, or hiring or contracting alternative emergency response professionals. The Department of Public Health (DPH) gives priority to applications that propose to invest a majority of grant funds with community-based human service or behavioral or mental health providers. This program will expand non-police responses to mental health crises and is part of the

development of alternative crisis responses, along with the 988 Suicide and Crisis Lifeline, the Behavioral Health Help Line and Mobile Crisis Intervention. As of 2021, grants were approximately \$450,000 per municipality over 9 months. The FY23 budget funded this account at \$3.6M. H1 provided no funding.

- **\$12M for Community-based Re-entry Programs** (Trial Court 0339-1011)
 - The Community-based Re-entry Programs line-item funds a grant program, administered by the Commissioner of Probation, which supports community-based residential reentry programs for individuals transitioning back to the community from county jail or state prison. The programs reduce recidivism by helping individuals access services including employment, housing, and substance use and mental health counseling. This line item would support 154 existing re-entry beds and wrap-around services in Boston, West Springfield and New Bedford and the addition of 55 new re-entry beds in Merrimack Valley and Western Massachusetts. The FY23 budget funded this account at \$13.61M. H1 funded it at \$14.111M.

- **Funding to Conduct an Independent Expert Review Suicide Risk and Prevention Strategies in Jails and Prisons** (EOHHS & EOPPS accounts)
 - Between 2000 and 2019, there were 61 prisoner suicides in Massachusetts state prisons,⁶ for an average rate of 32/100,000.⁷ The U.S. average rate in state prisons for this period was 18/100,000. Suicides have continued in Massachusetts state prisons, although data are not readily available. The rate in Massachusetts jails for the same period is even higher: between 2000 and 2019, there were eighty prisoner suicides in Massachusetts jails for an average rate of 36/100,000.⁸ This funding would be used to conduct a review of each Department of Correction (DOC) carceral facility, each county house of correction, and each county jail to gather data regarding past suicides and suicide attempts and to evaluate and identify future risks for suicide by persons served, including an environmental review of all locations within the facility accessible to persons served and a review of policies relevant to suicide prevention and staff compliance with them, including policies of any providers contracted to provide medical, mental health, substance use or other services to persons served within the facility. The recently elected Bristol County Sheriff is currently conducting a review to evaluate and address suicide risk in Bristol County carceral facilities, having retained an independent expert in suicide prevention in such settings. DOC recently retained the same expert to evaluate its therapeutic supervision (mental health watch) practices. See COMMBUYS Bid 18-1025-DOCFS-FISCM-255532 (Health Care Consultants) for information on costs associated with such a review.⁹ H1 does not reflect our ask.

⁶ E. Ann Carson, Bureau of Justice Statistics (BJS), Suicide in Local Jails and State and Federal Prisons, 2009-2019 – Statistical Tables (Oct. 2021), <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/sljisfp0019st.pdf>, Table 10.

⁷ *Id.*, Table 11.

⁸ *Id.*, Table 2, 3.

⁹ This is a 2018 contract between Lindsay Hayes and DOC regarding a review of the use of therapeutic supervision at DOC facilities. See https://www.withpavilion.com/solicitations/5e691fdf-35a3-401e-924c-a9bf2fd66c88/contracts/commonwealth-of-massachusetts-po-18-1025-docfs-fiscm-13865_lindsay-m-hayes?tuid=3268935039417600&tsid=1399799419253241;

Youth Mental Health Education and Behavioral Health Services

MAMH supports funding that enhances behavioral health services for youth and their families, including care and services provided in schools, as well as funding for mental health education in schools. MAMH also supports innovative services that help youth who are experiencing anxiety, depression, trauma, suicidality, and other behavioral health problems.

- **\$300K to develop recommendations for mental health education goals and objectives by grade level for Massachusetts public schools** (DMH 5042-5000: Child and Adolescent Mental Health Services)
 - Funds would be used to establish a comprehensive framework of mental health education goals and objectives by grade level for students in K-12 schools. The process would involve staffing and compensating an advisory group, retaining experts, conducting investigation into existing practices in Massachusetts and beyond, and developing a state framework. A variety of evidence-based resources and curricula then would be identified that meet the goals and objectives for each grade level. Massachusetts can use the New York State Education Department model, [Mental Health Education Literacy in Schools](#), as a guide. The Department of Elementary and Secondary Education (DESE) has embarked on a process to update its voluntary Comprehensive Health Framework, but we do not anticipate mental health education goals and objectives will be provided at high level of detail. K-12 schools could use a framework to determine which evidence-based mental health education resources and curricula would best fit student needs. The goal is to disseminate mental health education in schools across the Commonwealth. H1 does not reflect our ask.
- **\$1.275M, for the earmark for the School-Based Behavioral Health Technical Assistance Center** (DMH 5042-5000: Child and Adolescent Mental Health Services)
 - The School-Based Behavioral Health Technical Assistance (TA) Center is managed by the Behavioral Health Integrated Resources for Children (BIRCh) Center of UMass Boston and UMass Amherst. The TA Center draws on the expertise of the state universities and other stakeholders in the education and behavioral health arenas and enhances the capacity of K-12 public schools to efficiently integrate a multi-tiered system of behavioral health supports for their students. This partnership improves access to community resources, promotes greater efficiency in utilization of services, and enhances the integration of non-academic supports across the school and community settings. A School-Based Behavioral Health Advisory Council guides the work of the Center, co-chaired by the BIRCh Center and the Children’s Mental Health Campaign (CMHC). \$1.2M covers the cost of full BIRCh Center program implementation in multiple regions covering the entire state; currently, the program is just operating as a pilot in Western Massachusetts. \$75K of these funds would specifically be used to support Tier

<https://www.commbuys.com/bsso/external/purchaseorder/poSummary.sdo?docid=PO-18-1025-DOCFS-FISCM-13865&releaseNbr=0&parentUrl=contract>. From that link, one may ascertain, from listed documents, that Mr. Hayes expected to complete his review of DOC facilities in 13 days, for a total charge of \$26,000 at (based upon a rate of \$250 per hour or \$1000 per day for 13 days plus \$1000 for travel).

1, or universal mental health prevention and promotion programming, for schools. The FY23 budget funded the TA Center at \$150K. H1 provides no funding.

- **\$2.9M, a \$600K increase in funding over FY23 GAA, for the earmark for the Mental Health Advocacy Program (MHAP) for Kids (DCF 4800-0200)**
 - Many children in, or at risk of entering, our juvenile justice system end up there because of unmet mental health needs. Health Law Advocates' MHAP for Kids has a proven track record of significantly improving the lives of these children and their families while reducing unnecessary costs for the state. The funding would support expanded capacity for Suffolk and Essex Counties, where there are currently long waiting lists, and provide support for data collection and evaluation. The FY23 budget funded MHAP at \$2.3M. H1 provides no earmark for this program in this account.

- **\$4.3M, a \$425K increase in funding over FY23 GAA, for the Massachusetts Child Psychiatry Access Program (MCPAP) (DMH 5042-5000: Child and Adolescent Mental Health Services)**
 - MCPAP is a system of regional children's behavioral health consultation teams designed to improving access to treatment for children with behavioral health needs and their families by making child psychiatry services accessible to primary care providers across Massachusetts. MCPAP providers quick access to psychiatric consultation and facilitates referrals for accessing ongoing behavioral health care. MCPAP is available to all children and families, through their primary care providers, regardless of insurance. The program is free to all PCPs. MCPAP has been funded primarily by DMH and in part by major commercial insurance companies in Massachusetts. The program seeks a \$425K increase over FY23 to cover costs of growth in the program, increased provider rates, and the expense of program administration. The FY23 budget funded MCPAP at \$3.875M. H1 includes earmark language stating "including funding for MCPAP" in this line item.

- **\$675K for Massachusetts Child Psychiatry Access Program (MCPAP) for Moms (DMH 5042-5000: Child and Adolescent Mental Health Services)**
 - MCPAP for Moms, an expansion of MCPAP, promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns. MCPAP helps front-line obstetric and pediatric providers who often have limited access to mental health and substance use treatment resources and supports. MCPAP for Moms is available to any obstetric, pediatric, primary care, psychiatric and Medication for Addiction Treatment (MAT) prescribing providers. The program is free to all Massachusetts providers working with pregnant and postpartum women. The Massachusetts Behavioral Health Partnership (MBHP) administers MCPAP for Moms. It has been funded by DMH and by major commercial insurance companies in Massachusetts. The FY23 budget funded this program at \$675K. H1 provides no funding or earmark.

- **Increased funding for Young Adult Access Centers** (DMH 5042-5000: Child and Adolescent Mental Health Services)
 - Young Adult Access Centers offer a welcoming, staffed space where young adults with mental health needs can drop in and find supportive community, develop leadership skills, and receive help to pursue life goals. Access Centers are low-barrier services (no application/service authorization needed to utilize these services), which are open to all members of the community in which they are located. Centers are particularly important to support LGBTQ+ youth and youth with co-occurring substance use conditions. Currently there are ten centers, but some regions of the state are not served: Western MA, North Central, and the Cape and Islands. Resources are needed to establish new centers and to meet need at existing centers. H1 includes no funding to expand these centers.

- **\$1M for Hey Sam Peer Support Line** (DPH 4513-1027: Samaritans Inc. Suicide Prevention Services)
 - Hey Sam is a dedicated peer-to-peer text-based mental health support line for people up to age 25. It is designed for and staffed by young people to help youth who are lonely, depressed, overwhelmed, or suicidal. Interactions routinely result in de-escalation of situations and the avoidance of emergency service intervention. The FY23 budget funds this program at \$1M and includes earmark language. H1 provides no earmark and no funding for Hey Sam.

- **\$10M, a \$5.772M increase in funding over FY23 GAA, for Student Behavioral Health Services at State Universities and Community and Municipally Owned Colleges** (DHE 7066-1123)
 - Massachusetts universities and colleges are straining to address the mental health needs of their students. This funding provides crisis services, therapy, the assessment of learning disorders, responses to sexual assault, substance use disorder services, and assistance to students struggling with stress, anxiety, or other mental health needs. The Department of Higher Education administers the funding. The FY23 budget funds this account at \$4.228M. H1 funds it at \$4.428M.

Older Adults

MAMH supports funding that provides mental health services for older adults so that they have the supports to continue to reside in the community rather than in institutional settings.

- **\$3.5M, a \$1M increase in funding over FY23 GAA, for Elder Mental Health Outreach Teams (EMHOTS)** (EOEA 9110-1640: Geriatric Mental Health Services)
 - EMHOTS bring vital community based behavioral health supports to older adults and reduce reliance on emergency rooms and expensive congregate care settings such as nursing homes. EMHOTS work with older adults in their own homes to address the broad range of needs associated with behavioral health issues, such as chronic diseases, social isolation, housing insecurity, and financial challenges. Demand exceeds supply, but providers are available to provide additional services if funding becomes available. The goal is to make EMHOTS available in all communities statewide. Both the FY23 budget and H1 fund this account at \$2.5M.

Refugees and Immigrants

MAMH supports funding to address the behavioral health needs of refugees and immigrants in Massachusetts.

- **\$300K increase for the Office for Refugees and Immigrants (ORI) for the Refugee Health Promotion Program (ORI 4003-0111 - Administration and Operations)**
 - Much of the funding which the state receives from the federal government for ORI goes for services like housing, employment, and legal assistance; while these services are essential, they are not behavioral health or wellness centered. ORI operates a Refugee Health Assessment Program, which ensures newly arriving refugees receive a health assessment and a link to primary care, as well as a Refugee Health Promotion Program, which supports local community-based organizations in providing refugees with health promotion and disease prevention information. There remains a great need for more funding for behavioral health services for refugees and immigrants, particularly given the past histories of trauma experienced by these individuals and their families. Through the Refugee Health Promotion Program, community-based organizations typically offer one mental health and wellness program to refugees each year. This funding would provide additional resources to ORI's contracted community-based organizations for their staff to participate in trainings and provide additional behavioral health programming to their refugee communities. The goals of the trainings would be to address stigma, understand mental health and wellness, develop healthy coping skills and resiliency, understand signs and symptoms, and know where and how to seek help if needed. The FY23 budget funded ORI 4003-0122 (Citizenship Program) at \$1.758M in total. H1 funds ORI 4003-0122 (Citizenship Program) at \$1.036M and ORI 4003-0111 (Administration and Operations) at \$1M; it does not include increased funding to help address the mental health needs of this population.

Substance Use Services

MAMH supports the following increases for the Bureau of Substance Addiction Services (BSAS) in DPH 4512-0200 to address the needs of people with substance use conditions and co-occurring mental health and substance use conditions.

- **Increase reimbursement for Bureau of Substance Addiction Services (BSAS) contracted providers (DPH 4512-0200)**
 - Substance use treatment providers receive reimbursement at rates that are approximately half of what mental health treatment providers receive for the same or similar services. Reimbursement for mental health services is already extremely low compared to medical/surgical services, and this has led to the current workforce crisis and significant access challenges for individuals and families. Substance use providers are even more disadvantaged and experience greater financial challenges in delivering and financing care. These dollars would help to increase rates paid to substance use providers to help people with substance use conditions access care that is timely, of high quality, and equitable. H1 does not reflect our ask.

- **Increase funding to expand inpatient substance use treatment capacity for youth** (DPH 4512-0200)
 - Currently, there is only one acute, inpatient detoxification and stabilization unit specific for adolescents in the Commonwealth: Motivating Youth in Recovery, run by Community Healthlink in Worcester. Motivating Youth in Recovery is for adolescents, 13-18 years of age, who are medically-monitored 24 hours a day, and receive a comprehensive assessment, treatment, and aftercare planning from a multidisciplinary treatment team. The unit has twelve beds, but unfortunately only six are open at the current time due to staffing challenges. Increased funding would not only support the capacity of the existing unit in Worcester but would also allow BSAS to procure new units to expand access to these services in other geographies. H1 does not reflect our ask.

- **\$3M for the Bureau of Substance Abuse Services (BSAS) for technical assistance and training to providers on how to treat individuals with co-occurring mental health and substance use conditions, and earmarking language in the budget narrative** (DPH 4512-0200)
 - Due to the siloes in our educational and service delivery systems, there is a shortage of providers with training on how to provide evidence-based engagement, treatment, and recovery services to people with co-occurring mental health and substance use conditions. This funding will ensure that BSAS can offer technical assistance and training to providers on how to treat individuals with co-occurring conditions. H1 does not reflect our ask.

 - We urge a change in the budget narrative. We recommend adding the following language to the BSAS line item to earmark \$3M for training initiatives: “provided further, that not less than \$3,000,000 shall be expended for the bureau to provide technical assistance and training to increase the number of providers delivering evidence-based care to individuals with co-occurring mental health and substance use conditions.”

- **Shift of funding for substance use treatment services provided pursuant to G.L. c. 123, § 35 from carceral to non-carceral treatment facilities** (Hampden Sheriff’s Office 8910-0104 and DOC accounts)
 - Currently, men subject to Section 35 civil commitments receive treatment in either carceral facilities or non-carceral treatment facilities; all women committed under this section receive treatment in non-carceral facilities. We urge you to require that all dollars for treatment pursuant to Section 35 be spent in public health treatment facilities, not carceral facilities. This would involve shifting \$2.5M budget allocation in account 8910-0104 (Hampden Sheriff’s Office) and funding within the DOC budget to the DPH budget. H1 does not reflect our ask.

We appreciate the opportunity to provide you with priorities for budget expenditures in support of behavioral health services operations and system improvements in the Commonwealth. If we can provide any additional information or serve as a resource to your work, please do not hesitate to contact me, Jennifer Honig, Co-Director for Public Policy and Government Relations, at jenniferhonig@mamh.org, or Jessica Larochelle, Co-Director for Public Policy and Government Relations, at jessicalarochelle@mamh.org.

Thank you for your consideration.

Sincerely,



Danna Mauch, Ph.D.
President and CEO

- c: The Honorable Ronald Mariano, Speaker of the House
- The Honorable Patricia Haddad, Assistant Vice Chair, House Committee on Ways and Means
- The Honorable Adrian Madaro, Chair, Joint Committee on Mental Health, Substance Use and Recovery
- The Honorable John Lawn, Chair, Joint Committee on Health Care Financing
- The Honorable Denise Garlick, Chair, Joint Committee on Education
- Joseph Masciangioli, General Counsel and Senior Policy Advisor, Speaker of the House
- Blake Webber, Chief of Staff, House Committee on Ways and Means
- Brian Donahue, Budget Director, House Committee on Ways and Means
- Stephen Coakley, Deputy Budget Director, House Committee on Ways and Means
- Tim Sheridan, Legislative Director, House Committee on Ways and Means
- Molly Conneely, General Counsel, House Committee on Ways and Means
- Jacee Cox, Fiscal Policy Analyst, House Committee on Ways and Means
- Gloribel Rivas, Chief of Staff, Office of Rep. Adrian Madaro
- Jessica Bresler, Counsel, Joint Committee on Mental Health, Substance Use and Recovery
- Amanda Graff, Research Director, Joint Committee on Mental Health, Substance Use and Recovery
- Jared Magee, Chief of Staff, Office of Rep. John Lawn
- Erika Sweet, Deputy Chief of Staff, Office of Rep. John Lawn
- Timothy O'Neill, Committee Director, Joint Committee on Health Care Financing
- Collin Fedor, Chief of Staff, Office of Rep. Denise Garlick
- Dennis Burke, Legislative Director & General Counsel, Joint Committee on Education
- Zachary Crowley, Chief of Staff, Joint Committee on Education