



ABH Budget Priorities for the Fiscal Year 2015 Budget

Importance of Stability for Community Based Behavioral Health Services

- ABH strongly supports the philosophy of *Community First* – **that whenever possible, individuals should live and be served in community settings.**
- *Community First* focuses on decreasing hospitalizations and maximizing diversion from inpatient care through the use of community-based emergency service programs and alternative levels of care.
- **The community behavioral healthcare system continues to struggle.** Thousands of individuals and families are unable to access services and supports for mental health and/or substance use disorders.
- There is a crisis in Emergency Departments across the Commonwealth as children and adults are stuck for hours and/or days until the appropriate inpatient bed is located. **Lack of access to community-based services is one of the main causes of this system backup.**

Department of Mental Health

- **Governor Patricks' budget proposal is devastating to the Department of Mental Health (DMH)** and would require 215 kids and families and 250 adults to lose vital DMH services that allow them to live independently in their own homes and communities.
- We are asking the Legislature to restore DMH community placement funding **to preserve all existing DMH Services.** Additional funding is vital to ensuring that adults **(5046-0000: \$369 million)** and children with mental health needs are able to continue to have access to current services **(5042-5000: \$87.5 million).**
- DMH does not have sufficient funding to support community placements for approximately 100 individuals that remain in DMH inpatient facilities even though they are “discharge ready”. **We are also requesting an additional \$10 million in funding for new community placements for these individuals. (5046-0000: \$369 million)**
- By expanding access to community based services, **the Legislature can have a direct impact on the current Emergency Department Boarding Crisis.** These “discharge ready” DMH clients are currently occupying beds that when open, would help to alleviate the log jams that exist throughout the public and private psychiatric in-patient system.
- ABH supports House 2's plan to close Taunton State Hospital in order to fully open the Worcester Recovery Center and Hospital, but only if **DMH maintains some level of DMH-funded continuing care bed capacity in Southeastern Massachusetts** similar to the model they use in Western Massachusetts.
- **Fund all other DMH line items at House 2 levels** (5011-0100, 5046-2000, 5047-0001, 5055-4000, 5095-0015).

Bureau of Substance Abuse Services

- Fund the Bureau of Substance Abuse Services (BSAS) **main line item 4512-0200 at \$89.9 million.** This funding is essential to **restore the \$3 million cut recommended in the Governor's Budget.** Without this additional funding, BSAS will be forced to cut existing services.
- This funding level also includes **\$1.3 million in new funding proposed by the Governor** to support Section 35 programming, including a central intake system, addiction specialists placed in specific courts and expanding detoxification and post detox step-down services.
- **Fund the BSAS Jail Diversion line item equal to FY14 (4512-0202 - \$2 million), and reject Governor Patrick's proposed cut of \$300,000.** The loss of this funding would result in the closure of 11 jail diversion beds.
- **Level funding for the remaining BSAS line items** which fund clinical stabilization services (5412-0201 - \$4.8 million) and family and youth adult intervention services (4512-0203 - \$1.5 million)

MassHealth

- Fund MassHealth at the **maintenance level recommended by the Governor**, which preserves existing behavioral health services. Medicaid finances medically necessary behavioral health services for individuals and families, thereby ensuring the stability of some of the most vulnerable individuals in our society.
- **As the Legislature considers the FY15 budget, it must continue to address the issue of access to outpatient behavioral health services.** Increased access to outpatient services would help support individuals better in their homes and community, and prevent individuals from being forced to go to the Emergency Department (ED) to get care. Support for community-based outpatient services would help address the ED Boarding Crisis. In addition, without increased access to outpatient behavioral health services, we believe the important goals of primary and behavioral health integration, and the expansion of the ability of primary care providers to early identify, treat and refer individuals with behavioral health conditions will be unattainable.
- **Adequate funding for the Children's Behavioral Health Initiative is necessary to ensure ongoing successful implementation of the Rosie D. court order.** These services are absolutely essential to strengthening our community-based mental health system to better serve children living with Severe Emotional Disturbance (SED) in Massachusetts.