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HEALTHCARE

## ABH Preliminary Analysis of the Final Senate FY 2016 Budget

May 28, 2015

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**To:** ABH Members  
**From:** Vic DiGravio, President/CEO  
**Re:** **Preliminary Analysis of the Final Senate Fiscal Year 2016 Budget Recommendations**

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The Massachusetts Senate concluded debate on its FY 2016 recommendations last week. The Senate's budget bill includes \$38.01B in total spending, an increase of 3.1% over FY 2015 spending. The budget does not draw from the Stabilization Fund.

The final Senate FY16 budget includes the following highlights. ABH will continue to keep you updated as we receive more clarity on the implications of the level of budget funding recommended.

### Department of Mental Health (DMH)

- DMH is funded at \$739,722,660, 1.7% above the Governor's proposal, but below the final House recommendation.
- The budget annualizes new FY15 community placements for individuals currently stuck in continuing care beds who are ready for discharge. It also includes an additional \$5 million for 50 new community placements.
- The budget requires DMH to maintain the current level of inpatient beds for kids and adults.
- It restores the Governor's proposed reductions to the Individual & Family Flexible Supports (IFFS) program that had the potential to impact 700 families.
- The budget supports the Governor's proposal related to the transfer of State Operated Emergency Services programs (ESP) in the Southeast.
- It provides a \$500K increase for the Department of Mental Health Rental Subsidy Program which will support about 80 rental subsidies.

### Bureau of Substance Abuse Services (BSAS)

- The Senate budget transfers \$10M to the Substance Abuse Services Fund to expand access to BSAS-funded services including detoxification, clinical stabilization, transitional support, residential services and outpatient treatment.
- It funds the Bureau of Substance Abuse Services (BSAS) at \$103,869,903 (not including the \$10 million Substance Abuse Services Fund transfer). Given account earmarking, the degree to which planned expenditures for new programming have not occurred, and the Substance Abuse Services Fund transfer, it is unclear whether or how current services are affected.
- The budget dedicates \$5 million in the primary BSAS line item for new clinical stabilization beds.
- It includes \$3.1M for Recovery High Schools, including \$1M to establish two new programs, in a distinct line item for youth with substance use disorders.



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### MassHealth

- The budget appears to have no cuts to MassHealth behavioral health services or changes to MassHealth eligibility.
- The MassHealth managed care line item (4000-0500) includes \$3 million for “providers in the primary care clinician mental health and substance abuse plan.” This language was added through an amendment offered by ABH. *Thanks to all of you who advocated on its behalf!*

### Additional Highlights

- The Senate budget funds the Chapter 257 rate reserve at \$30 million.
- It provides \$1.5M for grants to school districts to hire mental health and substance abuse counselors.
- The patient-centered medical home behavioral integration initiative (line item 1599-2012) is reduced from \$2 million to \$500,000.

### Next Steps:

Now that each chamber has approved its version of the budget, the Senate President and House Speaker have made appointments to a conference committee to resolve differences between the House and Senate spending bills and produce a final legislative budget known as a conference committee report.

The conference committee report will be voted either up or down (no amendments are permitted) by each chamber, and if approved, sent to the Governor who will have ten days to review the budget and return his vetoes and recommendations for amendment.



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### Department of Mental Health (DMH)

Line item/program	FY'13 Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
<b>5011-0100</b> Operations	\$27,035,141	\$27,275,844	\$27,275,845	\$28,098,283	\$28,048,283	\$28,720,221	\$28,720,222	<b>\$28,570,221</b>
<b>5042-5000</b> Child/Adolescent Services	\$74,926,757	\$85,222,740	\$85,222,740	\$87,567,266	\$80,420,672	\$80,420,672	\$86,422,266	<b>\$87,034,610</b>
<b>5046-0000</b> Adult Community Services	\$344,064,965	\$353,868,606	\$356,030,330	\$360,697,453	\$352,977,208	\$370,816,150	\$376,791,024	<b>\$374,590,785</b>
<b>5046-0005</b> Comm Placements	N/A	N/A	N/A	\$10,000,000	\$10,000,000	Consolidated To 5046-0000	\$4,000,000	<b>\$5,000,000</b>
<b>5046-2000</b> Homeless Initiative	\$20,134,424	\$20,134,424	\$20,134,424	\$20,134,629	\$20,134,629	\$22,134,979	\$22,134,979	<b>\$20,134,979</b>
<b>5046-4000</b> CHOICE RR	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	<b>\$125,000</b>
<b>5047-0001</b> Emergency/Acute Inpatient	\$34,742,257	\$35,526,443	\$35,526,443	\$36,416,490	\$31,402,706	\$24,258,428	\$24,258,428	<b>\$24,258,428</b>
<b>5055-0000</b> Forensic services	\$8,321,818	\$8,497,163	\$8,497,163	\$8,978,876	\$8,878,876	\$9,183,473	\$9,076,604	<b>\$9,183,472</b>
<b>5095-0015</b> State psych hosp	\$164,589,962*	\$173,116,512	\$175,616,512	\$183,883,536	\$182,773,537	\$191,466,966	\$191,466,966	<b>\$190,325,165</b>
<b>5095-1016</b> Occupancy Fees	N/A	N/A	N/A	N/A	N/A	N/A	\$500,000	<b>\$500,000</b>
<b>TOTAL</b>	<b>\$673,940,324</b>	<b>\$703,766,897</b>	<b>\$708,428,457</b>	<b>\$735,901,533</b>	<b>\$714,760,911</b>	<b>\$727,125,889</b>	<b>\$743,495,489</b>	<b>\$739,722,660</b>



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The Department of Mental Health is funded at \$739,422,660. This is a \$12.2 million increase over the Governor's Budget recommendations and a \$24 million increase over projected FY15 spending. It is approximately \$4 million less than the final House proposal.

**5011-0100 Operations.** The Senate Ways & Means budget includes an increase of approximately \$500,000 over projected FY15 spending. This amount is \$150,000 below the Governor's recommendations. DMH estimates that this will result in a loss of 17 FTEs. It remains unclear whether the recently-enacted Early Retirement Incentive Program changes this analysis.

**5042-5000 Child/Adolescent Mental Health Services.** This account includes an increase of approximately \$6.6 million over the Governor's recommendations and over FY15 spending. The line item includes an earmark of \$3.6 million to fund the Massachusetts Child Psychiatry Access Project (MCPAP), of which \$500,000 must be expended on MCPAP for Moms services to pregnant and postpartum women. It also continues the mandate that DMH assess commercial insurers if their members access MCPAP services. A \$55,000 earmark introduced in the House for a juvenile firesetter intervention and prevention program in Hampshire and Franklin Counties, the town of Athol and the city of Holyoke was included in this proposal. During debate, a \$150,000 earmark for Arlington Youth Counseling Center was added and the line item was increased accordingly.

In addition, there is language allowing DMH to "allocate funds from the amount appropriated to other departments within the executive office of health and human services" for funding services to discharge-ready children inappropriately remaining in acute settings due to lack of more appropriate placement. Finally, there is language prohibiting DMH from discharging or referring children to DCF until DMH "forwards its assessment and recommendation as to whether the child or adolescent is appropriate for foster care or, due to severe emotional disturbance, is more appropriate for group care."

Language was added by amendment requiring DMH to conduct an anonymous survey of all legal guardians of children or adolescents for whom services were provided in calendar year 2015 to inform program development, to identify service gaps and to "moderniz[e] the overall distribution of services to meet the needs of families instead of county structures." DMH is required to report to the Legislature by March 1, 2016 on the results of the survey and any changes DMH will need to address in FY17.

**5046-0000 Adult Mental Health Community Services & 5046-0005 Community Placements.** These two accounts are funded collectively at approximately \$379,590,785. This is \$8.8 million over the Governor's recommendations and \$16.6 million increase over projected FY15 spending. It is \$1.2 million less than the final House proposal. The Governor's budget had previously consolidated the new community placements line item (5046-0005) with the adult mental health community services line item (5046-0000).

**5046-0000** requires DMH to maintain the expansion community-based placements funded in FY16. In addition, DMH retains authority to transfer up to \$5 million from the inpatient account to the adult community account. The line item allocated \$1.3 million for jail diversion programming, and DMH is



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required to expend at least the same amount in FY16 as it did in 2015 for clubhouses. However, this line item falls \$409,000 short of maintenance funding, and it is unclear whether and how services previously proposed for reduction – Recovery Learning Centers, research contracts and court clinics – will be impacted.

During debate, a \$150,000 earmark for the “International Institute of New England” was adopted and the appropriation increased accordingly.

Finally, the account also allocates \$250,000 to “continue an assisted outpatient treatment pilot program that began in fiscal year 2015 to treat residents who suffer from serious and persistent mental illness and experience repeated interaction with law enforcement or have a high rate of recurring hospitalization due to their mental illness either through a voluntary agreement with the resident or by a court order.” DMH is required to report to the legislature on the results of the program and barriers and challenges to treatment by March 1, 2016.

**5046-0005** requires \$5 million to be spent on expanding community-based placements for discharge ready individuals currently in the department’s continuing care facilities.

**5046-2000 Homelessness Services.** This account is essentially level-funded versus FY15 projected spending, and it is funded approximately \$2 million less than the Governor’s and final House funding levels. The Governor had proposed an expansion of “housing first” options for homeless individuals.

**5046-4000 CHOICE Program Retained Revenue.** This line item is level-funded at \$125,000. This account allows DMH to retain up to \$125,000 of the revenue they collect from occupancy fees charged to participants in the CHOICE housing program. The fees must then be used for the routine maintenance and repair of CHOICE facilities.

**5047-0001 Emergency Services/Acute Inpatient.** This account is funded at \$24,258,428, a decrease of approximately \$7.1 million from projected FY15 spending, and equal to the Governor’s and final House’s budget recommendations. EOHHS had previously indicated they will convert the remaining state operated Emergency Service Programs to provider-operated programs. An amendment was proposed to prohibit the privatization of state-operated ESPs; however, the Senate redrafted the amendment and then adopted it as amended. The final language reads *“provided, that there shall not be a reduction in services in the Southeast area related to the alignment of state operated Emergency Services; provided further, that any change in state operated Emergency Services in the Southeast area shall comply with section 52 to 55, inclusive of chapter 7 of the General Laws”*.

This language is similar to language adopted in the final House budget and adds a requirement that any plan to privatize the current state-operated Emergency Service Program (ESP) teams in Southeastern Massachusetts comply with the state’s “Pacheco Law” which governs the process for privatizing state-operated services.



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**5055-0000 Forensic Services.** This account, funded at \$9,183,472 includes an increase of approximately \$300,000 from FY15 projected spending, and consistent with the Governor's recommendations. During debate, an amendment was adopted allowing for account funds to be spent on "juvenile court clinics."

**5095-0015 State Psychiatric Hospitals.** This line item includes an increase of \$7.5 million over FY15 projected spending and \$1.1 million below the Governor's and final House budget recommendation. According to DMH, this funding level represents the loss of 50 FTEs annually. Language in the line item requires DMH to maintain no fewer inpatient beds in FY'16 than operated in FY'15, and that DMH operate 260 adult continuing care beds at Worcester Recovery Center and Hospital.

Language was changed by amendment to require that DMH "operate no fewer continuing care inpatient beds than in fiscal year 2015 and of these" beds, 54 continuing care beds must be operated at Taunton State Hospital. The language prohibits DMH from taking action in FY 2016 to "reduce the number of state-operated continuing care inpatient beds or other state-operated programs on the Taunton State Hospital campus or relocate any administrative hospital services associated with the operation of the hospital off campus." In addition, DMH is prohibited from entering into "any new vendor-operated lease agreements, or agreements for expansion of existing vendor-operated programs" and is likewise prohibited from entering into new or expanding existing interagency agreements, programs or facilities until DMH and the Division of Capital Asset Management and Maintenance have developed a "comprehensive long term use master plan for the campus with appropriate community input that is consistent with maintaining publicly provided mental health services currently delivered on campus." The master plan must maintain existing affiliations with institutions of higher education to maintain the sustainability of said campus, but no earlier than March 2, 2016. The plan may not have elements inconsistent with maintaining the Taunton State Hospital campus "as a publicly run mental health facility, or prohibit the inclusion of behavioral health programs or publicly run pilot programs to meet the needs of servicing individuals with mental health, behavioral health and those dual-diagnosed on the campus." The plan must be submitted to the Executive Office for Administration and Finance, EOHHS, and the Legislature.

**5095-1016 Occupancy Fees Retained Revenue.** This new line item allows DMH to retain \$500,000 in revenue collected from occupancy fees charged to the tenants of the state hospitals.



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### Department of Public Health/Bureau of Substance Abuse Services (BSAS)

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
<b>4512-0200</b> BSAS Program & Operations	\$77,029,178	\$83,958,094	\$83,958,094	\$91,317,333	\$92,221,778	\$90,424,903	\$98,570,501	<b>\$94,569,903</b>
<b>4512-0201</b> Step-Down Services	\$4,800,000	\$4,800,000	\$4,800,000	\$4,800,000	\$4,800,000	\$4,800,000	\$8,387,220	<b>\$4,800,000</b>
<b>4512-0202</b> Jail Diversion	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	<b>\$2,000,000</b>
<b>4512-0203</b> Young Adult Treatment Program	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	<b>\$1,500,000</b>
<b>4512-0204</b> Naloxone for First Responders	N/A	N/A	N/A	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	<b>\$1,000,000</b>
<b>4512-0205</b> Sober Homes Accreditation	N/A	N/A	N/A	Earmarked In 4512-0200	N/A	N/A	Earmarked In 4512-0200	<b>Earmarked In 4512-0200</b>
<b>4512-0210</b> New Addiction Treatment Programs	N/A	N/A	N/A	\$10,000,000	\$10,000,000	\$10,000,000	\$0	<b>\$0</b>
<b>Substance Abuse Service Fund</b>	\$6,750,000*	\$4,000,000*	\$4,000,000*				\$0	<b>\$10,000,000**</b>
<b>SUBTOTAL</b>	<b>\$85,329,179</b>	<b>\$92,258,094</b>	<b>\$92,258,094</b>	<b>\$111,617,333</b>	<b>\$111,521,778</b>	<b>\$109,724,903</b>	<b>\$111,457,721</b>	<b>\$103,869,903</b>
<b>TOTAL</b>	<b>\$92,079,179</b>	<b>\$96,258,094</b>	<b>\$96,258,094</b>	<b>\$111,617,333</b>	<b>\$111,521,778</b>	<b>\$109,724,903</b>	<b>\$111,457,721</b>	<b>\$113,869,903</b>

\*This is carryover trust fund money from the FY12 allocation of \$10m. Original estimates said \$6.75m of this funding of the funding would be used in FY13 for the Section 35 expansion programs, and \$3.25 of the funding will carry forward past the current July 1, 2013 expiration. BSAS has indicated the funding has been rolled into the operating account for FY15.

\*\*This fund is housed within the Executive Office of Health and Human Services for expansion of BSAS-funded services.



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The Senate budget funds the Bureau of Substance Abuse Services (BSAS) at \$103,869,903 – not including the Substance Abuse Services Fund Transfer for FY16 – about \$8 million less than final FY15 appropriations. With the Senate’s \$10 million Substance Abuse Services Fund appropriation included, services are funded at \$113,869,903. This is approximately \$2.2 million more than final FY15 appropriations.

**4512-0200 BSAS Programming and Operations.** This account is funded at \$94,569,903, roughly \$2.2 million above the FY15 final appropriation for that line item. However, new earmarks have been added, so it is unclear whether other services are affected. As did the House budget, the Senate budget eliminates line item 4512-0210, but it is also transferred \$10 million to the Substance Abuse Services Fund for expanded access to BSAS-funded services. (See *line item 1595-4510 - Substance Abuse Services Fund on page 17 for more information about the expansion funds*). Given the amount of funding, the presence of earmarks, and the Substance Abuse Services Fund transfer, it is unclear whether addiction treatment programs funded in last year’s budget are funded sufficiently.

The line item allocates \$5 million for new clinical stabilization services beds and \$500,000 for the sober home accreditation program. There is language requiring that DPH “ensure that vendors providing methadone treatment shall seek third party reimbursement for these services.”

There is \$745,000 in programmatic earmarking:

- Decisions at Every Turn Coalition Ashland - \$20,000;
- Charlestown Against Drugs (CHAD) program - \$25,000;
- Drug Story Theater of the South Shore - \$25,000;
- Stoneham substance abuse coalition coordinator - \$50,000;
- Franklin substance abuse coalition - \$50,000;
- Addiction treatment program development and administration “by a community health center agency that has a 24 hours a day, 7 days a week emergency department licensed as a satellite emergency facility under 105 CMR 130” - \$75,000;
- Serenity House residential program for pregnant and postpartum women - \$100,000;
- Hopkinton Department of Youth & Families substance abuse prevention program - \$100,000;
- Gosnold Treatment Center recovery coaching - \$100,000;
- Gloucester “and not more than 2 additional and geographically diverse municipalities” police diversion pilot - \$100,000; and,
- Berkshire County Youth Development Project for youth intervention services - \$100,000.

**4512-0201 Step-Down Services.** This account for step-down recovery services “and other critical recovery services with severely reduced capacity” is level-funded at \$4.8 million, \$3.6 million below the final House appropriation.





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**4512-0202 Pilot Jail Diversion Program.** This account is level-funded at \$2 million. The account appropriates funding for jail diversion programs primarily for nonviolent offenders with OxyContin or heroin addiction. The line item retains language mandating that each program have at least 60 beds, provide clinical assessment services to the courts, inpatient treatment for up to 60 days and ongoing case management for up to one year. It has identical individual eligibility criteria, i.e., OxyContin, heroin or another substance use disorder and diversion is appropriate both in accordance with clinical and public safety criteria. \$500,000 is dedicated to “support the ongoing treatment needs of clients after 90 days for which there is no other payer.”

**4512-0203 Family Intervention, Care Management, and Young Adult Treatment Pilot Program.** This account is level-funded at \$1.5 million. The language states that this appropriation is “for family intervention and care management services programs, a young adult treatment program, and early intervention services for individuals who are dependent on or addicted to alcohol or controlled substances or both alcohol and controlled substances.”

**4512-0204 Naloxone Distribution Programs for First Responders.** The budget includes level funding for last year’s new line item which funds the purchase, administration and training of first-responders and bystander naloxone distribution programs. Funds may be spent on naloxone distribution to “not fewer than 10 first-responder pilot communities and 7 bystander distribution communities.” Program selection criteria include “need and high incidence of overdoses.” DPH is required to report to the Committees on Ways & Means on (i) the communities included in the pilot program expansion; (ii) the number of participants for each community; and (iii) the amount of naloxone purchased and distributed, delineated by community by October 1, 2015. There is funds transfer authority between this account and the main BSAS line item, provided that DPH file an allocation plan with legislature 30 days before any transfer.

**4512-0210 New Addiction Treatment Services.** As did the House budget recommendation, the Senate did not retain this line item. It is unclear whether the main BSAS line item has sufficient funding to support the programs funded through this account. However, the Senate budget does transfer \$10 million to the Substance Abuse Services Fund for expanded access to BSAS services. The funding assumptions relative to existing programming is not clear. *See line item 1595-4510 - Substance Abuse Services Fund on page 17 for more information about the expansion funds.*



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### Executive Office of Health & Human Services (EOHHS)/Office of MassHealth

Line item/program	Final FY'13 Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
<b>4000-0300</b> EOHHS Admin.	\$87,244,888	\$91,785,813	\$92,085,813	\$91,557,569	\$88,223,229	\$90,898,463	\$92,065,452	<b>\$91,073,463</b>
<b>4000-0328</b> State Plan Amend Plan	N/A	N/A	N/A	\$400,000	\$394,000	\$400,000	\$0	<b>\$400,000</b>
<b>4000-0500</b> MCOs	\$4,257,117,147	\$4,500,411,804	\$4,456,036,464	\$4,792,819,941	\$5,162,825,921	\$5,931,539,597	\$5,931,539,597	<b>\$5,934,539,597</b>
<b>4000-0700</b> Fee for Service Payments	\$1,819,111,138	\$2,196,315,039	\$2,160,941,377	\$2,381,458,986	\$2,558,152,397	\$2,489,792,092	\$2,498,792,092	<b>\$2,469,752,092</b>
<b>4000-0870</b> Basic	\$172,080,738	\$180,437,109	\$161,848,020	Program rolled Into 4000-0940	Program rolled Into 4000-0940	Program rolled Into 4000-0940	Program rolled into 4000-0940	<b>Program rolled into 4000-0940</b>
<b>4000-0940</b> ACA Expansion	-	\$448,000,379	\$470,668,500	\$1,702,696,743	\$1,569,631,096	\$1,712,110,508	\$1,712,110,508	<b>\$1,712,110,508</b>
<b>4000-0950</b> CBHI	\$179,743,708	\$203,200,101	\$203,000,000	\$207,371,693	\$211,389,021	\$221,798,049	\$221,313,901	<b>\$221,298,049</b>
<b>4000-1405</b> Essential	\$466,755,623	\$489,878,244		Program rolled Into 4000-0940	Program rolled Into 4000-0940	Program rolled Into 4000-0940	Program rolled into 4000-0940	<b>Program rolled Into 4000-0940</b>



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### MassHealth Proposals

- The Senate proposal does not change current MassHealth eligibility, and there are no proposed cuts to MassHealth behavioral health services.
- The MassHealth managed care line item (4000-0500) includes \$3 million for “providers in the primary care clinician mental health and substance abuse plan.” This language was added through an amendment offered by ABH.
- The Senate proposal includes a \$400,000 line item (4000-0328) to support new state plan amendments, state plan options and state waiver or demonstration requests under the Affordable Care Act that maximize community-based services and increase federal reimbursement. Specifically, EOHHS is authorized to pursue changes and amendments relating to the health homes state option, home and community-based services; and diagnostic, screening, preventive and rehabilitative services. EOHHS is directed to coordinate with Elder Affairs and the DPH to maximize opportunities to expand community-based services and increase federal reimbursement, including enhanced federal matching rates. EOHHS must report on submitted and pending applications, including projected fiscal impact, by September 30, 2015.
- The EOHHS administration account (4000-0300) includes language requiring MassHealth to coordinate with the Health Policy Commission “in the development of care delivery and payment models in the MassHealth program, including patient centered medical homes and accountable care organizations” to ensure model alignment with the HPC’s certification programs.
- EOHHS will be required by language in the administration account (4000-0300) to file an implementation plan with the legislature by October 1, 2015 detailing how it will “implement modern, digital integrated eligibility determination processes ... to achieve maximum federal reimbursement before December 2018.”
- EOHHS is prohibited by language in 4000-0300 from making expenditures that are not federally reimbursable except when required to ensure MassHealth Standard equivalent benefits for children in DYS and DCF care/custody; benefits to adult clients of DDS; and for “cost containment efforts, the purposes and amounts of which have been submitted to EOAF and the Legislature 30 days prior to making expenditures.”
- Language in the CBHI account (4000-0950) requires EOHHS to report on implementation of *Rosie D.* initiative including services, service utilization, geographic location and age of members receiving services, time between request for services and assessment, and time between assessment and commencement of services.
- The MassHealth Fee-for-Service line item (4000-0700) contains a requirement that at least \$6,000,000 be expended for emergency services “previously funded through [the DMH emergency services/acute inpatient line item] for MassHealth eligible clients.”



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### Department of Children and Families (DCF)

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
<b>4800-0015</b> Operations	\$67,251,557*	\$68,828,898	\$71,196,589	\$74,871,347	\$76,244,337	\$80,703,822	\$80,703,821	<b>\$81,023,822</b>
<b>4800-0025</b> Foster care review	\$2,943,098	\$2,995,812	\$2,995,812	\$3,028,757	\$3,125,044	\$3,247,347	\$3,226,629	<b>\$3,247,347</b>
<b>4800-0030</b> Lead Agencies	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$0	<b>\$6,000,000</b>
<b>4800-0036</b> Sexual abuse	\$697,508	\$698,740	\$698,740	\$698,740	\$698,740	\$698,740	\$698,740	<b>\$698,740</b>
<b>4800-0038</b> Child & Families	\$248,083,481	\$249,311,051	\$251,236,051	\$261,553,353	\$270,288,680	\$277,494,460	\$277,894,460	<b>\$278,219,460</b>
<b>4800-0040</b> Fam Supp Stab.	\$44,015,551	\$44,610,551	\$44,610,551	\$44,610,551	\$44,610,551	\$44,610,551	\$44,710,551	<b>\$45,610,551</b>
<b>4800-0041</b> Group care	\$193,128,991	\$206,488,950	\$208,488,950	\$216,417,590	\$243,802,414	\$249,564,682	\$253,323,682	<b>\$250,440,914</b>
<b>4800-0091</b> Social Worker	\$2,077,119	\$2,077,119	\$2,077,119	\$2,094,902	\$2,094,903	\$2,510,154	\$2,575,119	<b>\$2,510,154</b>
<b>4800-0151</b> Overnight place	\$1,004,678	\$1,028,388	\$1,028,388	\$504,388	\$504,388	\$504,388	\$504,388	<b>\$504,388</b>
<b>4800-0200</b> Family Resource Centers	\$0	\$0	\$0	\$5,227,963	\$5,228,000	\$7,393,000	\$7,398,054	<b>\$7,398,154</b>
<b>4800-1100</b> Social worker for case mgmt.	\$165,718,468	\$171,921,284	\$173,051,284	\$185,551,997	\$192,916,020	\$201,819,297	\$201,819,297	<b>\$203,819,297</b>
<b>TOTAL</b>	<b>\$730,920,451</b>	<b>\$753,960,793</b>	<b>\$761,383,484</b>	<b>\$800,559,588</b>	<b>\$845,513,441</b>	<b>\$874,546,441</b>	<b>\$872,854,741</b>	<b>\$879,472,827</b>



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**4800-0015 Operations Account.** This account is funded at \$81,023,822 which is an increase of approximately \$4.7 million over projected FY15 spending. The line item also includes language:

- Prohibiting DCF from accepting a child referred from DMH care until DMH forwards its assessment and recommendation as to whether the child or adolescent may be appropriately placed in foster care or if child is more appropriate for congregate care placement, and in general, requires DCF to prioritize family circle/kinship placements;
- Requiring DCF to spend at least the same amount on attorneys in SFY16 as it did in SFY15 and work to move toward an attorney caseload ratio of 60:1 statewide;
- Requiring DCF and DEEC to maintain a centralized list of the number of children eligible for supportive childcare services, the number of supportive slots filled and the number of supportive slots available and mandates that certain eligible children receive the services without having to be on a waitlist;
- Directing DCF to “maintain a timely, independent and fair administrative hearing system” and requiring extensive reporting on its hearing processes and outcomes by December 31, 2015 and then again by March 31, 2016;
- Requiring DCF to report by February 24, 2016 on
  - the number of medical and psychiatric personnel and their level of training currently employed by or under contract with DCF;
  - the number of foster care reviews conducted by the department and the average length of time in which each review is completed;
  - the number of contracts reviewed by the state auditor and the number of corrective action plans issued; and
  - the number of corrective action plans entered into by the department;
- Requiring DCF to report quarterly on its caseload, including:
  - the caseloads of residential placements, congregate care, foster care, therapeutic foster care, adoption, guardianship, 51A reports, substantiated 51A reports, the number of children who die in DCF care and custody, the number of children eligible for supportive childcare, the number of children receiving supportive childcare, and the number of medical and psychiatric consultation requests made by DCF social workers;
  - the number of approved foster care placements;
  - the number of children in psychiatric hospitals and community-based acute treatment programs who remain hospitalized beyond their medically-necessary stay while awaiting placement and the number of days each case remains in placement beyond that which is medically-necessary;
  - the number of children under DCF care and custody who are being served in medical or psychiatric care provided through other publicly-funded sources;
  - the number of children served by supervised visitation centers and the number of those children who are reunified with their families;
  - the total number of children served, their ages, the number of children served in each service plan, the number of children in out-of-home placements and the number of placements each child has had before receiving an out-of-home placement;



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### *Reporting Requirement Continued*

- for each area office, the number of kinship guardianship subsidies provided in the quarters covered by the report and the number of kinship guardianship subsidies provided in that quarter for which federal reimbursement was received;
- for each area office, the total spending on services other than case management services provided to families to keep a child with the child's parents or reunifying the child with the child's parents, spending by the type of service and the unduplicated number of families that receive the services;
- for each area office, the number of families residing in shelters, a list of where the families are sheltered, the total cost and average cost per family of those shelters and a description of how DCF determines who does or does not qualify for a shelter;
- for each area office, the number of requests for voluntary services broken down by type of service requested, whether the request was approved or denied, the number of families that are denied voluntary services and receive a 51A report, the reasons for denying the service and what, if any, referrals were made for services by other agencies or entities; and
- the number of families receiving multiple 51A reports within a 10-month period, the number of cases reopened within 6 months of being closed and the number of children who return home and then re-enter an out-of-home placement within 6 months; and
- the number of children within the care and custody of DCF whose whereabouts are unknown.
- Requiring DCF to report by November 3, 2015 any changes to rules, regulations or guidelines established in SFY'15 to carry out its statutory duties, including, but not limited to: criteria used to determine whether a child has been abused or neglected; guidelines for removal of a child from the home; and standards to determine what reasonable efforts are being made to keep a child in the home.
- Allowing DCF to transfer funds between specific line items for services only, when necessary, provided that detailed notification be provided 15 days in advance to the Legislature; and
- Dedicating \$500,000 for the DCF runaway unit "to help identify at-risk youth and provide preventative services and to implement a runaway recovery response policy."

**4800-0030 Service Coordination/Administration.** This account funds "lead agencies". The Senate bill restores and level funds the line item, which was not included in the final House budget.

**4800-0038 Services for Children and Families.** This account is funded at approximately \$278 million, which is an increase of approximately \$7.9 million over FY15 projected spending. Funding is for "guardianship, foster care, adoption, family preservation and kinship services." The language allows DCF to contract with provider agencies for the coordination and management of services, including flex services.



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**4800-0040 Family Support and Stabilization.** This account, which funds “family prevention and unification services”, is funded at \$45.6 million.

**4800-0041 Group Care.** The Senate budget funds this account at \$250.4 million. This is an increase of approximately \$6.6 million over projected FY’15 spending, but \$2.8 million below the Final House proposal. The language in the account permits the use of funds “to provide community-based services, including in-home support and stabilization services, to children who would otherwise be placed in congregate settings.”

**4800-0151 Placement for Juvenile Offenders.** This account was level-funded. This account funds “alternative overnight non-secure placements for status offenders and nonviolent delinquent youths to prevent the inappropriate use of juvenile cells in police stations for such offenders”.

**4800-0200 Family Resource Centers.** The Senate budget retains the Governor’s recommended increase of approximately \$2.1 million to the Family Resource Center line item.

**4800-1100 Social Worker Case Management.** This account is funded at approximately \$203.8 million which is an increase of \$10.9 million over the final FY15 appropriation after budget cuts. Language in the account directs DCF to work toward achieving a social worker caseload ratio of 18 to 1 statewide. Further, \$200,000 must be spent on new staff and operating costs for the DCF fair hearing system. DCF would be required to report to the Legislature monthly on the current average caseload for DCF social workers and many workers may need to be hired to get to a 15 to 1 caseload ratio for every worker. Finally, DCF would be required to “make efforts to expend funds on the hiring of social worker technicians.”



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### Post-Natal Care for Substance-Exposed Infants

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
Post-natal care for substance-exposed newborns (1599-1450)	--	--	--	--	--	--	\$600,000	\$0

**1599-1450 Substance-Exposed Newborn Post-Natal Care.** The Senate budget does not include this House-sponsored reserve to develop a pilot to “implement a fully integrated model of post-natal supports for families with substance exposed newborns, integrating obstetrics and gynecology, pediatrics, behavioral health, social work, early intervention, and social service providers to provide full family care” in up to three regional sites.

### Behavioral Health Triage Pilot - Quincy

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
Behavioral Health Triage (1599-2004)	--	--	--	--	--	--	\$500,000	\$0

**1599-2004 Behavioral Health Triage Pilot in Quincy.** The Senate budget does not include this House-sponsored reserve to develop and implement Quincy-based “a model of field triage of behavioral health patients under medical control by specially-trained emergency medical services providers, care for appropriate patients at home by such providers in coordination with behavioral health care providers, and transport of appropriate, non-medically complex patients to a behavioral health site of care for most effective treatment rather than to an acute hospital emergency department.”





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### Substance Abuse Services Fund Transfer

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
Substance Abuse Services Fund (1595-4510)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,000,000

**1595-4510 Substance Abuse Services Fund.** The Senate proposal transfers \$10 million to a Substance Abuse Services Fund to “increase the number of clients receiving substance abuse treatment” through BSAS. BSAS would be mandated to “utilize a range of treatment settings” including, but not limited to:

- detoxification services;
- clinical stabilization services;
- residential treatment services;
- outpatient treatment services;
- counseling;
- promoting primary care practitioner's access to available, trained and certified addiction specialists for consultation or referral; and
- educating primary care providers about addiction prevention and treatment and to encourage primary care providers to screen for signs of substance abuse.

In determining use of expansion funds, BSAS is directed to select settings that:

- prioritize treatment methods that are evidence-based and cost effective;
- ensure substance abuse treatment access to historically underserved populations; and
- ensure availability of a continuum of services and care for clients entering substance abuse treatment.

DPH would be required to report quarterly to the Legislature on:

- the way funds were spent in the previous quarter, including an itemized accounting of the goods and services that were procured;
- an accounting of substance abuse services provided by the fund, broken down by month and type of service, since 2011 through the current quarter;
- the number of clients served, by month and type of service;
- the number of new and returning clients, by service;
- amounts expended by type of service for each month in the prior quarter; and
- procurement and service goals for the subsequent quarter.



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### Chapter 257 Rate Reserve

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
Chapter 257 Rate Reserve (1599-6903)	\$0	\$0	\$0	\$15,013,791	\$15,013,791	\$30,000,000	\$30,000,000	<b>\$30,000,000</b>

**1599-6903 Chapter 257 Rate Reserve.** This line item is for the fiscal year 2016 costs of Chapter 257 of the Acts of 2008 rate implementation, including, but not limited to, costs associated with any court order or settlement between providers of services and the commonwealth related to the rate implementation process and allows for funds transfers to other items to effect these purposes. EOAF would be required to report to the Legislature quarterly on all transfers made from this line item, and the report must identify by line item and service class all transfers made as of the date of the reports and all transfers expected to be made prior to the end of SFY16. The Senate would require state agency contracts with provider organizations to include mandatory reporting provisions to garner data needed for a Chapter 257 report required under Outside Section 96. See page 22 below for more on Section 96.

### Human Services Salary Reserve

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
Human Services Salary Reserve (1599-6901)	\$20,000,000 (annualized)	\$11,500,000*	\$11,500,000	\$8,000,000	\$8,000,000	\$0	\$0	<b>\$0</b>

**1599-6901 Human Services Salary Reserve.** The Senate budget does not fund the salary reserve.



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### Other Line Items of Interest

Line item/program	Final FY'13 – Post 9C	FY'14 GAA	FY'14 Spending	FY'15 GAA	FY'15 Post 9C	FY'16 Governor	FY'16 Final House	FY'16 Final Senate
<b>3000-6075</b> Early Childhood Mental Health	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000	<b>\$750,000</b>
<b>4512-0103</b> DPH HIV/AIDS Program	\$32,101,023	\$32,108,793	\$32,275,996	\$32,229,847	\$32,229,848	\$29,911,301	\$32,193,620	<b>\$33,080,000</b>
<b>4512-0106</b> DPH HIV/AIDS Drug Assistance Program	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	<b>\$7,500,000</b>
<b>4512-0225</b> DPH Compulsive Gamblers	\$1,270,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	<b>\$1,500,000</b>
<b>4513-1026</b> DPH Statewide Suicide Prevention	\$3,839,455	\$3,863,305	\$3,863,305	\$4,000,000	\$3,855,239	\$3,953,741	\$4,350,000	<b>\$4,028,741</b>
<b>7004-9033</b> DHCD Rental Subsidies for DMH	\$4,000,000	\$4,125,000	\$4,150,000	\$5,125,000	\$5,048,125	\$5,048,125	\$5,048,125	<b>\$5,548,125</b>
<b>7010-0060</b> New grants for BH counselors in schools	N/A	N/A	N/A	\$5,000,000	\$0	\$0	\$0	<b>\$1,500,000</b>



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### Outside Sections

**SECTION 18. Health Information and Analysis Oversight Council.** This section would create a seven-member Health Information and Analysis Oversight Council to oversee the Center for Health information and Analysis (CHIA). Members would serve for five-year terms and appointees would be required to have experience in cyber security, health economics, healthcare delivery or management, finance and budgeting, “big data, open data and analytics.” The council would be required to meet quarterly and its duties would include preparation of the annual operating budget and expense management; implementation of “procedures for communications with the executive director”; development of annual research and analysis priorities; development of guidelines for uniform reporting and data preparation; and development of guidelines for the “collection, storage and maintenance of the payer and provider claims database.” There would be restrictions against members having government employment, being an employee or consultant to the any acute hospital, ASC, or surcharge payer.

**SECTION 27. Secure Vital Registry Trust Fund 1 and Municipal Naloxone Bulk Purchasing.** Of interest to ABH members, a provision in this section would create a Municipal Naloxone Bulk Purchase Trust Fund that would enable communities to purchase naloxone for municipal first responder agencies through a bulk purchasing program to mitigate costs. The trust would be funded through municipal payments; other public or private sources such as grants; and, monies authorized by the Legislature. The Commonwealth’s Office of Pharmacy Services would be directed to assist with purchasing and distributing the medication. DPH would be required to provide technical assistance and report on fund amounts and use in a detailed manner.

**SECTION 53B. Health Insurance Consumer Protections - Provider and Debt Collection Responsibilities.** This section would amend existing requirements under the state’s Health Insurance Consumer Protection law prohibiting any health care provider or agent or employee of a provider from providing information relative to unpaid charges for health care services to a consumer reporting agency while an internal or external review is pending or for 30 days following the resolution of a grievance. Further, no provider or provider’s agent or employee, including debt collectors, may initiate debt collection activities relative to unpaid charges for health care services while an internal or external review under this section is pending or for 30 days following the resolution of a grievance.

**SECTION 53D. Behavioral Health Care Denials.** This section would require the state’s Office of Patient Protection (OPP) to report overturned or partially overturned behavioral health care denials to the Division of Insurance (DOI), and DOI would be required to review each denial to determine whether federal and state mental health and substance abuse parity laws have been violated and investigate under its existing powers, if necessary. There would be a \$25,000 fine per violation, but if DOI determines an insurer has engaged in a clear pattern or practice of violating parity laws, an additional fine of at least \$100,000 per occurrence would be required. OPP would be required to report statistics about behavioral health reviews by insurer and plant type on its website, and DOI would be required to post information about any violations on its website. The section has patient privacy protections incorporated as well.



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**SECTION 61. MassHealth Dental Coverage.** This section, similar to language adopted by the House, allows EOHHS to determine the scope of dental services covered in its state plan of demonstration program as of January 1, 2002, but requires that adults be provided coverage at the same extent as covered on June 30, 2015. MassHealth would be required to file a report 45 days before any dental benefit restructuring. Language in the MassHealth Fee-For-Service line item (4000-0700) requires EOHHS to report to the Legislature on MassHealth dental coverage as of January 1, 2016 as it compares to dental coverage available on January 1, 2014. Further, EOHHS is directed to maintain fill-year coverage for adult dental fillings and dentures.

**SECTION 63. MassHealth Savings Report.** This section would require MassHealth to file a report by October 1, 2015 “identifying savings initiatives and cash management strategies” that EOHHS will pursue to ensure operation of the MassHealth program within current appropriations. MassHealth would be required to notify EOAF and the Committees on Ways & Means no fewer than 15 days before any deviation from the plan outlined in the report. ***EOHHS would be required to notify EOAF and Committees on Ways & Means no fewer than 45 days in advance of implementing any proposed rate cuts to providers or service cuts to members.***

**SECTION 89. Public Health Evaluation Grant.** This section would create a DPH-administered public health evaluation competitive grant program. Successful proposals must demonstrate substantial experience conducting evaluations of federal, state or local public health programs; focus on state-funded DPH programs, including but not limited to “school-based health centers, smoking cessation programs, HIV/AIDS prevention and treatment programs, obesity prevention programs and child nutrition programs”, identify data sets, ensure regulatory and policy compliance, and propose an evaluation to be completed within 24 months. The analysis must show the quantifiable effect of the program on the target population; an estimate of the cost to the commonwealth of the public health problems being addressed through the program; a comparison of the cost of the program and the estimated short-term and long-term benefits received by program recipients; data limitations; and recommendations for further study. DPH and grant recipients would be required to report to the legislature.



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**SECTION 96. Chapter 257 Implementation.** This section requires EOHHS to report to EOAF and the Committees on Ways & Means on the implementation of Chapter 257 of the acts of 2008 by March 1, 2016. The report must include:

- (i) spending and revenue for rates not yet promulgated as of July 1, 2015 by item, revenue source, service class and start date of implementation;
- (ii) spending and revenue for rates promulgated not later than June 30, 2013 that have not received a biennial rate review by item, revenue source, service class and start date of implementation;
- (iii) spending and revenue for rates due to be reviewed on July 1, 2015 by item, revenue source, service class and start date of implementation;
- (iv) estimated spending and revenue for rates to be reviewed between July 2, 2015 and June 30, 2016, inclusive, by item, revenue source, service class and projected start date of implementation; and
- (v) the extent to which each human service provider organization benefitting from rate increases under said chapter 257 has increased wages and benefits for its front-line human service employees.

**SECTIONS 105H and 105I. Hospital System Pilot.** This section would mandate that the Health Policy Commission (HPC) establish an up to \$5 million “1-year pilot program to increase efficiencies and align system-wide goals within 1 regional hospital system to improve the overall sustainability of the system.” The program must include measurable milestones in at least one of the following areas: (i) care coordination, integration and delivery transformations; (ii) electronic health record and information exchange advancements; (iii) increasing alternative payment methods and accountable care organizations; (iv) enhancing patient safety; (v) increasing access to behavioral health services; or (vi) increasing coordination between system hospitals and community-based providers and organizations. The criteria for hospital system selection are narrow. The section mandates a post-pilot report. In addition, 6 months after the grant award, the HPC must report on whether the selected hospital system to complete all measureable milestones within an HPC-set timeframe. If so, an “additional payment to the regional hospital system of \$5,000,000 within 30 days” is required.

**SECTION 105U. Vivitrol Study.** This section would mandate that the Division of Insurance (DOI), in consultation with BSAS, conduct a study of health plan pharmacy and medical benefit design for extended-release injectable naltrexone. Study elements are to include the average time from the issuance of a prescription to the delivery of the medication and policies to expedite delivery and reduce barriers to patient access in all settings of care. A report on findings must be made to the Legislature by October 1, 2015.



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**SECTION 105V. Fatal Overdose Study.** This section would require EOHHS in partnership with numerous public agencies to examine of the prescribing and treatment history of individuals who suffered fatal opiate overdoses in 2014 and to make a report in an aggregate and de-identified form on trends discovered through the examination. The report is to include findings and information about:

- instances of multiple provider episodes, meaning a single patient having access to opiate prescriptions from more than 1 provider;
- instances of poly-substance access, meaning a patient having simultaneous prescriptions for an opiate and a benzodiazepine or for an opiate and another drug which may enhance the effects or the risks of drug abuse or overdose;
- the overall opiate prescription history of the individuals, including whether the individuals had access to legal prescriptions for opiate drugs at the time of their deaths;
- whether the individuals had previously undergone voluntary or involuntary treatment for substance addiction or behavioral health;
- whether the individuals had attempted to enter but were denied access to treatment for substance addiction or behavioral health;
- whether the individuals had received past treatment for a substance overdose; and,
- whether any individuals had been previously detained or incarcerated and, if so, whether they had received treatment during the detention or incarceration.

The final report is due to the Legislature by February 1, 2016 with a status report and work plan due on October 1, 2015.