



ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

ABH Preliminary Analysis of the Senate Ways & Means Committee FY 2016 Budget

May 12, 2015

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

The Senate Ways and Means FY 2016 budget includes \$38.01B in total spending, an increase of 3.1% over FY 2015 spending. The spending plan relies on \$25.479B in total tax revenue as well as \$16.062B in federal reimbursements, departmental revenues, and operating transfers. The budget does not draw from the Stabilization Fund.

The Senate Ways & Means FY '16 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 \$739,422,660, 1.6% 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 Ways & Means 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 \$103,169,903 (not including the \$10 million Substance Abuse Services Fund transfer), a \$1.6 million increase versus projected FY15 spending, but below both the Governor's and House's proposals. However, given earmarking, the degree to which planned expenditures for new programming have not occurred and the 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. The executive summary to the budget states this will fund "over 150 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.

Additional Highlights

- The Senate Ways & Means 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:

Amendments are due by 5pm on Thursday, May 14th, and the budget will be debated next week. After each chamber has approved its version of the budget, the Senate President and House Speaker will make 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 SWM
5011-0100 Operations	\$27,035,141	\$27,275,844	\$27,275,845	\$28,098,283	\$28,048,283	\$28,720,221	\$28,720,222	\$28,570,221
5042-5000 Child/Adolescent Services	\$74,926,757	\$85,222,740	\$85,222,740	\$87,567,266	\$80,420,672	\$80,420,672	\$86,422,266	\$86,884,610
5046-0000 Adult Community Services	\$344,064,965	\$353,868,606	\$356,030,330	\$360,697,453	\$352,977,208	\$370,816,150	\$376,791,024	\$374,440,785
5046-0005 Comm Placements	N/A	N/A	N/A	\$10,000,000	\$10,000,000	Consolidated To 5046-0000	\$4,000,000	\$5,000,000
5046-2000 Homeless Initiative	\$20,134,424	\$20,134,424	\$20,134,424	\$20,134,629	\$20,134,629	\$22,134,979	\$22,134,979	\$20,134,979
5046-4000 CHOICE RR	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
5047-0001 Emergency/Acute Inpatient	\$34,742,257	\$35,526,443	\$35,526,443	\$36,416,490	\$31,402,706	\$24,258,428	\$24,258,428	\$24,258,428
5055-0000 Forensic services	\$8,321,818	\$8,497,163	\$8,497,163	\$8,978,876	\$8,878,876	\$9,183,473	\$9,076,604	\$9,183,472
5095-0015 State psych hosp	\$164,589,962*	\$173,116,512	\$175,616,512	\$183,883,536	\$182,773,537	\$191,466,966	\$191,466,966	\$190,325,165
5095-1016 Occupancy Fees	N/A	N/A	N/A	N/A	N/A	N/A	\$500,000	\$500,000
TOTAL	\$673,940,324	\$703,766,897	\$708,428,457	\$735,901,533	\$714,760,911	\$727,125,889	\$743,495,489	\$739,422,660



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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 \$6.4 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.

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."

5046-0000 Adult Mental Health Community Services & 5046-0005 Community Placements. These two accounts are funded collectively at approximately \$379,440,785. This is \$8.6 million over the Governor's recommendations and \$16.5 million increase over projected FY15 spending. It is slightly 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 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.



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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. There is no language in the line item preventing this transition.

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.

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 and up to 54 continuing beds at Taunton State Hospital. There is language prohibiting DMH from entering into new lease or interagency agreements for new vendor-operated programs until DMH in conjunction with the division of capital asset management and maintenance develops a new master plan detailing future uses “including but not limited to state-operated and vendor-operated programs for the Taunton State Hospital campus. The master plan must be developed with “appropriate community input” and be submitted to EOAF, EOHHS and the legislature by August 15, 2015.

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 SWM
4512-0200 BSAS Program & Operations	\$77,029,178	\$83,958,094	\$83,958,094	\$91,317,333	\$92,221,778	\$90,424,903	\$98,570,501	\$93,869,903
4512-0201 Step-Down Services	\$4,800,000	\$4,800,000	\$4,800,000	\$4,800,000	\$4,800,000	\$4,800,000	\$8,387,220	\$4,800,000
4512-0202 Jail Diversion	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
4512-0203 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	\$1,500,000
4512-0204 Naloxone for First Responders	N/A	N/A	N/A	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
4512-0205 Sober Homes Accreditation	N/A	N/A	N/A	Earmarked In 4512-0200	N/A	N/A	Earmarked In 4512-0200	Earmarked In 4512-0200
4512-0210 New Addiction Treatment Programs	N/A	N/A	N/A	\$10,000,000	\$10,000,000	\$10,000,000	\$0	\$0
Substance Abuse Service Fund	\$6,750,000*	\$4,000,000*	\$4,000,000*				\$0	\$10,000,000**
SUBTOTAL	\$85,329,179	\$92,258,094	\$92,258,094	\$111,617,333	\$111,521,778	\$109,724,903	\$111,457,721	\$103,169,903
TOTAL	\$92,079,179	\$96,258,094	\$96,258,094	\$111,617,333	\$111,521,778	\$109,724,903	\$111,457,721	\$113,169,903

*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 Ways & Means budget funds the Bureau of Substance Abuse Services (BSAS) at \$103,169,903 – not including the Substance Abuse Services Fund Transfer for FY16 - an increase of \$1.6 million over projected FY15 spending. With these funds included, services are funded at \$113,169,903.

4512-0200 BSAS Programming and Operations. This account is funded at \$93,869,903, a 2% increase versus projected FY15 spending, and a 4% increase over the Governor's proposal. However, new earmarks have been added, so it is unclear whether other services are affected. As did the final House budget, the Senate Ways & Means 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 15 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 \$245,000 in programmatic earmarking:

- Decisions at Every Turn Coalition Ashland - \$20,000;
- Charlestown Against Drugs (CHAD) program - \$25,000;
- Serenity House residential program for pregnant and postpartum women - \$100,000; and,
- Hopkinton Department of Youth & Families substance abuse prevention program - \$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.

4512-0202 Pilot Jail Diversion Program. This account is level-funded at \$2 million. The account appropriates funding for pilot jail diversion programs primarily for nonviolent offenders with OxyContin or heroin addiction. \$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."



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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." 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.

4512-0210 New Addiction Treatment Services. As did the House budget recommendation, the Senate Ways & Means Committee 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, Senate Ways & Means 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 15 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 SWM
4000-0300 EOHHS Admin.	\$87,244,888	\$91,785,813	\$92,085,813	\$91,557,569	\$88,223,229	\$90,898,463	\$92,065,452	\$90,898,463
4000-0328 State Plan Amend Plan	N/A	N/A	N/A	\$400,000	\$394,000	\$400,000	\$0	\$400,000
4000-0500 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	\$5,931,539,597
4000-0700 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	\$2,469,752,092
4000-0870 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	Program rolled into 4000-0940
4000-0940 ACA Expansion	-	\$448,000,379	\$470,668,500	\$1,702,696,743	\$1,569,631,096	\$1,712,110,508	\$1,712,110,508	\$1,712,110,508
4000-0950 CBHI	\$179,743,708	\$203,200,101	\$203,000,000	\$207,371,693	\$211,389,021	\$221,798,049	\$221,313,901	\$221,298,049
4000-1405 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	Program rolled Into 4000-0940



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MassHealth Proposals

- It appears the Senate Ways & Means proposal does not change current MassHealth eligibility.
- The EOHHS administration account 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 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 from making expenditures that are not federally reimbursable except when required to ensure MassHealth equivalent benefits for children in DYS and DCF care or custody; provision of dental benefits to adult clients of DDS; and for cost containment purposes.
- The Senate Ways & Means proposal includes a \$400,000 line item 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 must report on submitted and pending applications by September 30, 2015.
- Language 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 between assessment and commencement of services.
- The MassHealth Fee-for-Service line item 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.”
- There are no proposed changes to the current ConnectorCare subsidized health insurance program.
- There were no proposed cuts to MassHealth behavioral health services. EOHHS previously indicated most provider rates have been held at FY15 levels with some limited exceptions. Our understanding at this time is that there are not proposed rates cuts for behavioral health services.



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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 SWM
4800-0015 Operations	\$67,251,557*	\$68,828,898	\$71,196,589	\$74,871,347	\$76,244,337	\$80,703,822	\$80,703,821	\$81,023,822
4800-0025 Foster care review	\$2,943,098	\$2,995,812	\$2,995,812	\$3,028,757	\$3,125,044	\$3,247,347	\$3,226,629	\$3,247,347
4800-0030 Lead Agencies	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$0	\$6,000,000
4800-0036 Sexual abuse	\$697,508	\$698,740	\$698,740	\$698,740	\$698,740	\$698,740	\$698,740	\$698,740
4800-0038 Child & Families	\$248,083,481	\$249,311,051	\$251,236,051	\$261,553,353	\$270,288,680	\$277,494,460	\$277,894,460	\$277,894,460
4800-0040 Fam Supp Stab.	\$44,015,551	\$44,610,551	\$44,610,551	\$44,610,551	\$44,610,551	\$44,610,551	\$44,710,551	\$45,610,551
4800-0041 Group care	\$193,128,991	\$206,488,950	\$208,488,950	\$216,417,590	\$243,802,414	\$249,564,682	\$253,323,682	\$249,564,682
4800-0091 Social Worker	\$2,077,119	\$2,077,119	\$2,077,119	\$2,094,902	\$2,094,903	\$2,510,154	\$2,575,119	\$2,510,154
4800-0151 Overnight place	\$1,004,678	\$1,028,388	\$1,028,388	\$504,388	\$504,388	\$504,388	\$504,388	\$504,388
4800-0200 Family Resource Centers	\$0	\$0	\$0	\$5,227,963	\$5,228,000	\$7,393,000	\$7,398,054	\$7,398,154
4800-1100 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	\$201,819,297
TOTAL	\$730,920,451	\$753,960,793	\$761,383,484	\$800,559,588	\$845,513,441	\$874,546,441	\$872,854,741	\$876,271,595



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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;
- 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;
 - 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;



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- 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.
- 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 when necessary; 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 Ways & Means bill restores 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 \$277.8 million which is an increase of approximately \$7.6 million over FY15 projected spending. Funding is for “guardianship, foster care, adoption, family preservation and kinship services.”

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 Ways & Means budget funds this account at \$249.6 million. This is an increase of approximately \$5.8 million over projected FY'15 spending and identical to the Governor's recommendation. 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 Ways & Means 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 \$201.8 million which is an increase of \$8.9 million over projected FY15 spending.



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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 SWM
Post-natal care for substance-exposed newborns (1599-1450)	--	--	--	--	--	--	\$600,000	\$0

1599-1450 Substance-Exposed Newborn Post-Natal Care. The Senate Ways & Means Committee did 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 SWM
Behavioral Health Triage (1599-2004)	--	--	--	--	--	--	\$500,000	\$0

1599-2004 Behavioral Health Triage Pilot in Quincy. The Senate Ways & Means Committee did 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	SWM FY'16
Substance Abuse Services Fund (1595-4510)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,000,000

1595-4510 Substance Abuse Services Fund. The Senate Ways & Means 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 make quarterly reports on:

- the way funds were spent in the previous quarter;
- 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	SWM FY'16
Chapter 257 Rate Reserve (1599-6903)	\$0	\$0	\$0	\$15,013,791	\$15,013,791	\$30,000,000	\$30,000,000	\$30,000,000

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. The Senate Ways & Means language 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 19 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	SWM FY'16
Human Services Salary Reserve (1599-6901)	\$20,000,000 (annualized)	\$11,500,000*	\$11,500,000	\$8,000,000	\$8,000,000	\$0	\$0	\$0

1599-6901 Human Services Salary Reserve. The Senate Ways & Means 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 SWM
3000-6075 Early Childhood Mental Health	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000
4512-0103 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	\$33,000,000
4512-0106 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	\$7,500,000
4512-0225 DPH Compulsive Gamblers	\$1,270,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000
4513-1026 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	\$4,028,741
7004-9033 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	\$5,548,125
7010-0060 New grants for BH counselors in schools	N/A	N/A	N/A	\$5,000,000	\$0	\$0	\$0	\$1,500,000



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Outside Sections

SECTION 18. Health Information and Analysis Oversight Council. This section would create a 7-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 Naloxone Bulk Purchasing. Of interest to ABH members, a provision in this section would create a Naloxone Bulk Purchase Trust Fund that would enable municipalities to purchase naloxone for municipal first responder programs through a bulk purchasing program to mitigate costs. DPH would be required to provide technical assistance.

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.

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, 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.