

Association for Behavioral Healthcare– 251 West Central St., Suite 21, Natick, MA 01760 508-647-8385
Children’s Hospital Boston - 300 Longwood Ave., Boston, MA 02115 617-355-6000
Children’s League of Massachusetts – 101 Tremont St., Suite 1000, Boston, MA 02108 617-695-1991
M-Power 98 Magazine Street Roxbury, MA 02119
Massachusetts Association of Behavioral Health Systems – 115 Mill St., Belmont, MA 02478 617-855-3520
Massachusetts Association for Mental Health, Inc. - 130 Bowdoin St., Suite 309 Boston, MA 02108 617-742-7452
Massachusetts CLUBHOUSE Coalition - 15 Vernon St., Waltham, MA 02453 781-788-8803
Massachusetts Mental Health Counselors Association – 17 Cohasset St. Foxboro, MA 02035 508-698-0010
Massachusetts Psychiatric Society – 40 Washington St., Suite 201 Wellesley, MA 02481 781-237-8100
Massachusetts Society for the Prevention of Cruelty to Children - 99 Summer St., Boston, MA 02110 617- 587-1500
National Alliance on Mental Illness of Massachusetts - 400 West Cummings Park, Suite 6650, Woburn, MA 01801 781-938-4048
National Empowerment Center, Inc. - 599 Canal St., Lawrence, MA 01840 978-685-1494
Nurses United for Responsible Services, P.O. Box 920711 Needham, MA 02492 617- 332-0422
Statewide Mental Health Advisory Council – 161 Main St. Lakeville, MA 02347 508-947-7964

February 12, 2010
 (By hand)

Hon. Therese Murray, President
 Massachusetts Senate
 State House
 Boston, MA 02133

Hon. Robert A. DeLeo, Speaker
 MA House of Representatives
 State House
 Boston, MA 02133

Dear President Murray, Speaker DeLeo and members of the Massachusetts Senate and House of Representatives,

As you prepare your respective FY 2011 budget proposals, we urge that you restore funding and maintain critical community-based services for children, adolescents, adults and seniors with severe and persistent mental illnesses in order to: (1) reduce the risk of costly hospitalizations of DMH clients already living in the community; and (2) ensure that as additional DMH clients are discharged from inpatient facilities and programs, the services exist to allow them to successfully live in the community.

As the leading organizations advocating for and representing children, adolescents and adults with behavioral health disorders, their families, and service and treatment providers, we strongly support the integration of DMH clients into the community. Individuals who are “discharge ready” should not languish in state hospitals or continuing care facilities because of a lack of community placements and supports. Accordingly, we supported the expansion of community based programs as recommended by the Department of Mental Health Inpatient Study Commission, in its June 30, 2009 Report to JudyAnn Bigby, M.D., Secretary of the Executive Office of Health and Human Services. **Moreover, the Commission itself emphasized the critical importance of investment in the community from any savings resulting from its recommendations.**

While HOUSE 2 does provide approximately \$15 Million for the annualized costs of community placements resulting from the closure of Westborough State Hospital and a conversion of a 16-bed unit at Quincy Mental Health Center, it (1) closes other essential community based services; (2) annualizes the 9C cuts and elimination of yet other community based services; and (3) does not provide funding for community-based placements made during FY 2011.

We believe the cuts already made and those proposed by House 2, all as outlined below, have left community-based services ill-equipped to provide the continuum of services people with severe and persistent mental illnesses need and we are setting DMH clients up for failure.

As a result of lowered budgets and multiple 9C cuts, by the end of the current fiscal year, more than 850 people at DMH will have been laid off, taken a voluntary lay-off or retirement. If you compare the numbers back to FY 2009, the number of people lost increases to 1,000. Additionally, hundreds of staff for community-based provider organizations have been laid-off over the past two years due to funding and program cuts.

To further illustrate our point, the following community-based services have been either eliminated by 9C cuts, are targeted for elimination by FY 2010 9C cuts not yet announced or proposed for elimination by HOUSE 2:

- Two PACT (Programs for Assertive Community Treatment) Teams, (Western Mass and Metro Boston) were eliminated by a FY2010 9C cut
- Partial Hospitalization Program Mass. Mental Health Center (Proposed for a yet to be announced FY 2010 9C cuts and zero funded in HOUSE 2)
- Partial Hospitalization Program at Pocasset Mental Health Center (Proposed for a yet to be announced FY 2010 9C cuts and zero funded in HOUSE 2)
- Partial Hospitalization Program at Corrigan Mental Health Center (Proposed for a yet to be announced FY 2010 9C cuts and zero funded in HOUSE 2)
- Outpatient Program at Corrigan Mental Health Center (Zero funded in HOUSE 2)
- Funding for Community Based Flexible Supports (CBFS) was reduced by \$8.4 million in FY 2010 through DMH’s procurement process.

We did not include the FY 2009 9C cuts that eliminated Services for Education and Employment (SEE), Day Rehabilitation and Drop-In Centers, reduced community and school therapeutic supports and staff reductions in case management, which reduced services to thousands of DMH consumers.

We know the Commonwealth's fiscal crisis continues and some have predicted additional and significant cuts for FY 2011. We are also aware that absent an additional appropriation or reauthorization by the Congress, funds under the American Recovery & Reinvestment Act (ARRA) may not be available. But we firmly believe the cuts to community-based, public mental health services, outlined above, coupled with no funding for community placements occurring in FY 2011, all occurring at the same time DMH clients are being discharged into the community is a recipe for failure, re-hospitalizations and additional costs well above any perceived savings.

Further, we are informed a proposed \$10 million cut to the DMH Hospital Services account in H2 may result in the closure of an additional 60-100 beds; which on top of the closure of 175 DMH beds in FY 10 may result in extraordinary pressures to meet the needs of the severely mentally ill. Although the private hospitals and the community resources to date have been able to absorb the closures, we are extremely concerned with the additional possibility of bed reductions and request your support in this area.

For people with severe and persistent mental illnesses to live successfully in the community there needs to be a variety of community based services including the Department's Community Based Flexible Supports (CBFS), clubhouses, Program for Assertive Community Treatment (PACT), partial hospitalization and outpatient programs, including those funded by MassHealth, peer mentoring and other peer directed programs. We all know funding for mental health services is both cost-effective for the state as well as consistent with the core principles of a humane, civilized society.

We hope you will do all that you can to provide funding for the community-based programs and services we outlined above without imposing reductions to other equally important DMH accounts. We urge that you maintain the current level of behavioral health benefits in the MassHealth Program as these services are also essential for this population and they reduce the risk of hospitalizations.

Thank you for your consideration and attention to this request.

Respectfully,

Bernard J. Carey, Jr., Executive Director
MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH, INC.

David R. DeMaso, M.D., Psychiatrist-in-Chief & Chairman of Psychiatry
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