

FY 2024 BUDGET RECOMMENDATION BUDGET BRIEF

Maura T. Healey, Governor | Kimberley Driscoll, Lt. Governor

Caring for Our Commonwealth

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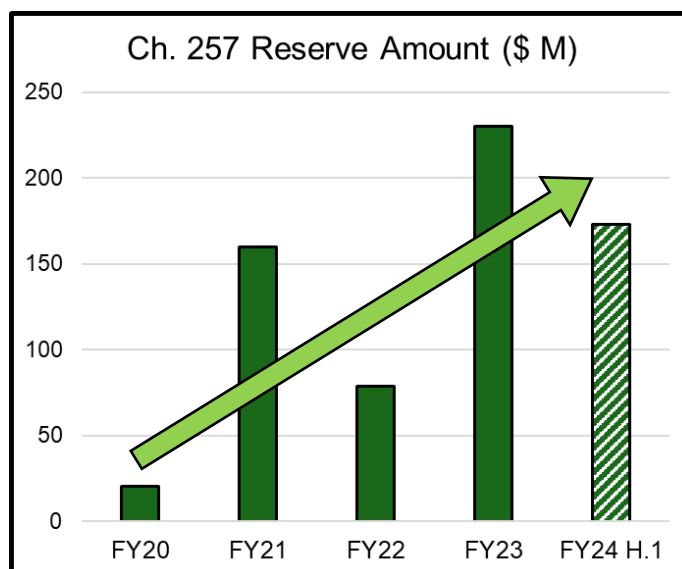
Introduction

The Executive Office of Health and Human Services (EOHHS) is the largest secretariat in state government, with 11 agencies, over 21,000 employees, and nearly \$30 billion in spending, including MassHealth. Its efforts are focused on the health, resilience, and independence of the residents of Massachusetts, and its public health programs touch every community in the Commonwealth. The Healey-Driscoll administration's FY24 H.1 budget proposal recommends funding EOHHS at \$28.6 billion, a \$905.2 million (3%) increase over FY23, excluding supplemental payments to hospitals. This represents a \$568.1 million (7%) increase over FY23 aside from MassHealth. For more information on MassHealth, please see the [MassHealth budget brief](#).

	FY22 Actuals	FY23 GAA	FY24 H.1 Rec.	H.1 vs. GAA	
Executive Office of Health and Human Services	423,248,377	436,546,319	428,040,103	(8,506,216)	-2%
Chapter 257 and Human Service Reserve	-	230,000,000	173,000,000	(57,000,000)	-25%
Department of Elder Affairs	662,542,684	720,432,554	711,389,886	(9,042,668)	-1%
Department of Public Health	867,958,463	938,273,734	860,448,594	(77,825,140)	-8%
Department of Children and Families	1,150,007,816	1,195,705,610	1,357,574,572	161,868,962	14%
Department of Transitional Assistance	823,417,538	955,185,376	1,049,980,264	94,794,888	10%
Department of Developmental Services	2,454,171,947	2,440,474,902	2,791,833,658	351,358,756	14%
Department of Mental Health	1,040,892,311	1,018,768,861	1,115,045,360	96,276,499	9%
Department of Youth Services	179,460,048	176,407,198	182,589,541	6,182,343	4%
Massachusetts Rehabilitation Commission	70,046,962	78,565,787	88,915,562	10,349,775	13%
Massachusetts Commission for the Blind	26,359,647	29,105,904	27,075,530	(2,030,374)	-7%
Commission for the Deaf and Hard of Hearing	7,791,423	8,579,332	9,941,371	1,362,039	16%
Office for Refugees and Immigrants	15,405,624	1,758,019	2,036,958	278,939	16%
HHS Total (non-MassHealth)	8,354,047,222	8,229,803,596	8,797,871,397	568,067,801	7%
MassHealth Programmatic	19,921,657,910	19,479,753,150	19,816,887,922	337,134,772	2%
Subtotal (w/ MassHealth)	28,275,705,132	27,709,556,746	28,614,759,318	905,202,572	3%
MassHealth Supplemental Payments	922,629,156	667,309,276	570,968,000	(96,341,276)	-14%
Total	29,198,334,288	28,376,866,022	29,185,727,318	808,861,296	3%

Building Capacity and Supporting the Workforce

Chapter 257 of the Acts of 2008 laid the groundwork for a new biennial rate review process for human service providers, with each rate going through a period of development, analysis, public hearing, finalization, and promulgation. For any given rate, projected costs are either funded in a central Chapter 257 reserve (line item 1599-6903) ahead of that process—to provide flexibility for potential changes throughout the rate review process—or built into agency line items once that process is complete. Two of the largest rates (Adult Long-Term Residential Services, or ALTR, and Adult Community Clinical Services, or ACCS) are both reviewed ahead of “odd” years, and all else being equal, the size of the reserve is typically smaller in “even” years like FY24.



The FY24 H.1 budget proposal reflects historic increases to ensure wages for human service providers do not fall below at least the 50th percentile according to the Bureau of Labor Statistics. This funding level is more than double the amount funded in the last “even” year of Chapter 257 rate reviews, directly investing in the Commonwealth’s human services workforce and allowing those who provide critical care for some of the most vulnerable individuals to continue to do so. An additional \$125 million appropriated in the FY22 Economic Development Bill will further increase rates to the Bureau of Labor Statistics’ 53rd percentile in both FY24 and FY25.

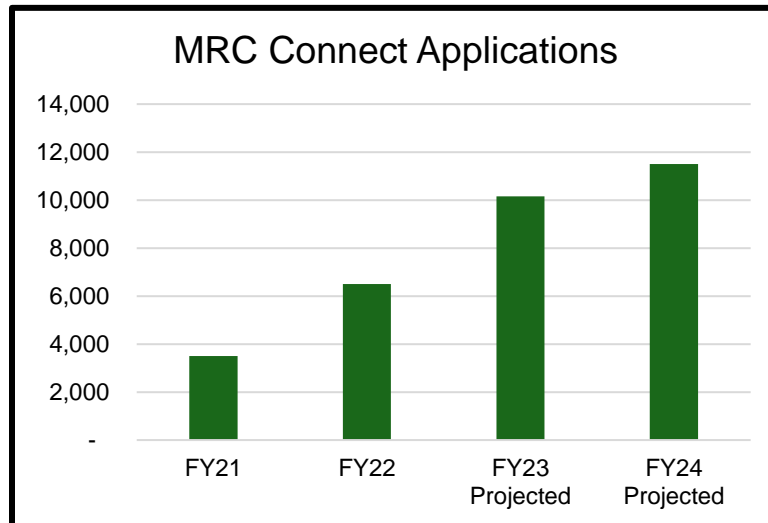
In addition, H.1 recommends significant investments in its Congregate Care Network (CCNET) and in emergency beds to address capacity issues: H.1 includes \$56.5 million for supporting and expanding the CCNET capacity through process improvements and increasing rates. Every child should have a bed to sleep in. This funding will help expand access to an estimated 220 beds. H.1 also recommends a \$16 million increase for family support and stabilization services to promote family stability and preservation, reunification, and service coordination. Finally, H.1 invests \$6.9 million to raise foster care rates by 7% to further support families caring for some of the Commonwealth’s most vulnerable children at a time when the cost of living is higher than ever.

H.1 also makes critical investments in expanding capacity throughout the behavioral health continuum of care. For more details, please see the **Behavioral Health budget brief**.

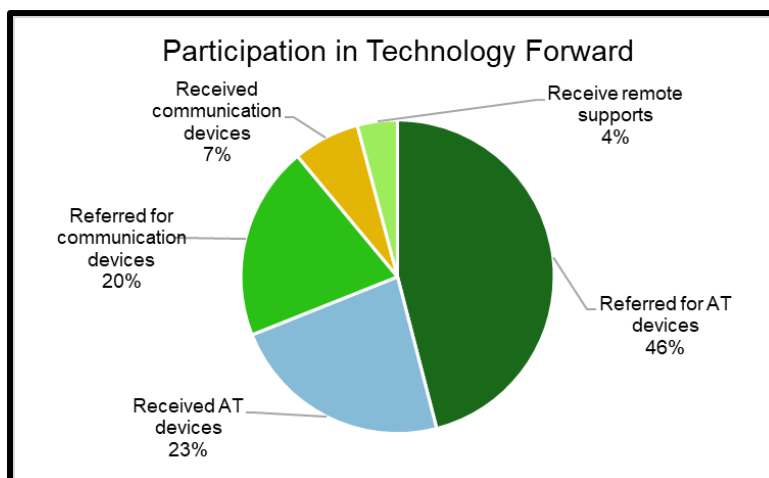
Innovative Program Investments

The FY24 H.1 budget recommendation includes an additional \$347,000 for the After-Hours Emergency Services Program within the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) that keeps interpreters on standby in the case of an emergency outside of regular operating hours, such as emergency domestic violence issues and emergency hospital stays, which require access at any hour of any day. This program coordinates the deployment of interpreters into the field to meet this critical need.

H.1 also recommends increasing funding and staffing for MRC Connect, an application portal for the public to apply for programs within the Massachusetts Rehabilitation Commission (MRC). The portal was launched in late 2020 to address two issues with MRC's process: first, that caseworkers were spending hours on administrative work, which took away time from their duties to provide effective care for the consumer and second, that consumers were sometimes unknowingly eligible for multiple programs. Because applying to MRC programs has been streamlined, applications grew from 6,500 in FY22 to a projected 10,152 in FY23. H.1 recommends an additional \$810,000 to meet the increasing need associated with MRC Connect.



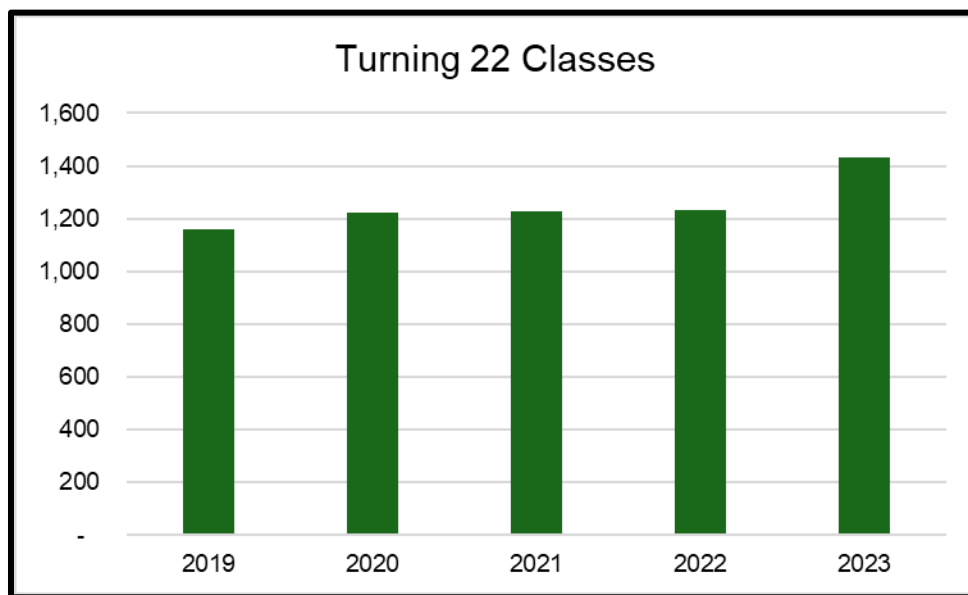
H.1 also supports innovative programs at the Department of Developmental Services (DDS). In 2019, DDS launched a task force on Assistive Technology (AT), which produced Technology Forward, a program that provides AT services, remote supports and monitoring, and innovative funding. Over 300 people have been referred to AT professionals to help assist and identify solutions to achieve their own personal goals or gain greater independence. 117 people have received assistance with finding the means for them to communicate effectively, and 30 of these people have been supported with devices and solutions thus far while the others are in different stages of searching for what will best work for them.



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H.1 recommends funding Technology Forward at \$2.75 million in FY24 to expand the program to help more independent individuals get supports they need. Some of the assistive strategies will be integrated with the new 24/7 alternative care model being piloted in FY24 to promote independence in their long-term consumers. This pilot proposes to use coordinated care teams to support independent living coupled with assistive technology to avoid long-term residential placements and maintain the independent agency of the consumer.

This is in addition to fully funding this year's Turning 22 class across all of the EOHHS disability agencies. Turning 22, whose DDS class this year is historically large, helps transition a person from the supports provided by the education system into the supports provided by EOHHS agencies including DDS, MCB, and MRC. H.1 supports the addition of 1,431 new clients, over 200 higher than the usual average class size of 1,200.

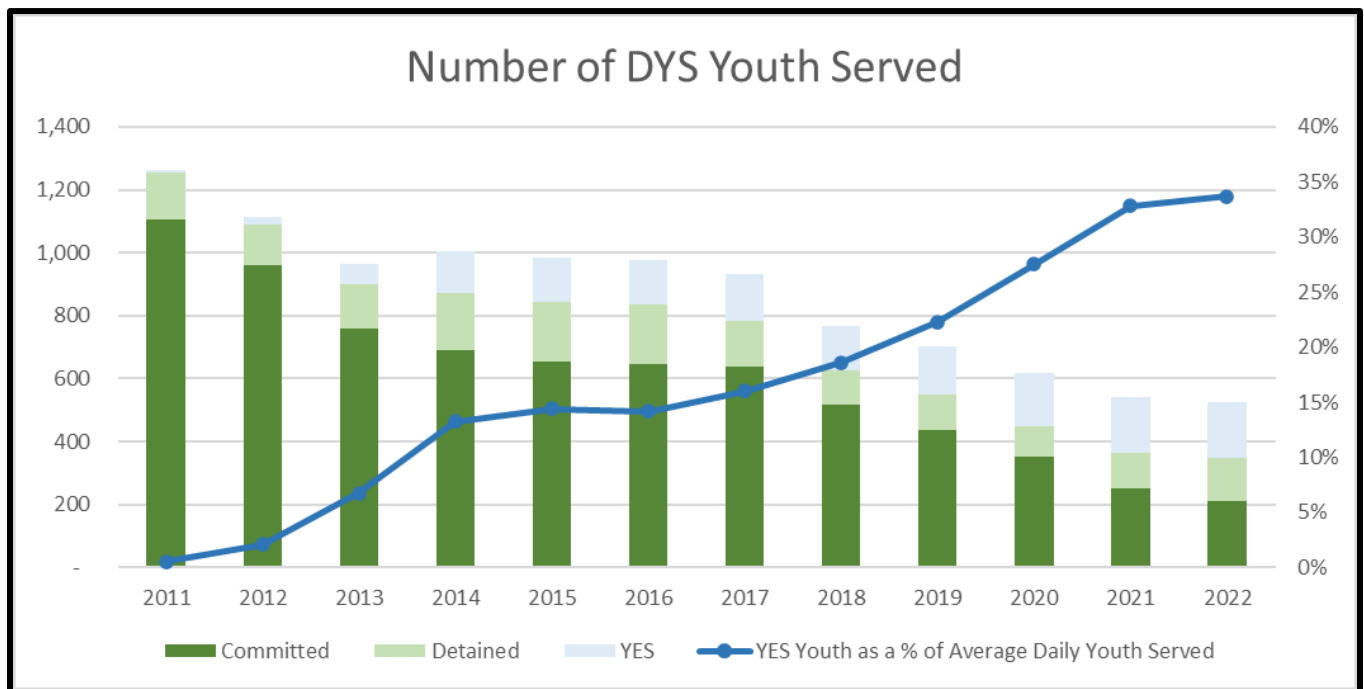


DCF is also committed to supporting youth as they age out of their system. The FY24 H.1 budget recommendation includes \$1.5 million for a Tangible Housing Supports Unit to supplement federal resources and help those who are ineligible for federal supports. This investment would help provide financial assistance to youth for payments such as first and last month's rent and security deposits to help secure housing and reduce the risk of young adult homelessness. This investment is supported by an additional \$1 million for Unaccompanied Homeless Youth Services at EOHHS to assist DCF's initiatives with case management and warm hand-offs. For more on the Healey-Driscoll Administration's approach to housing, please see the **Housing & Homelessness budget brief**.

Finally, H.1 also proposes investing in children through the Department of Youth Services (DYS), which is dedicated to creating positive change in youth involved in its Juvenile Justice system. Over the past several years, DYS researched innovative ways to be more equitable, culturally competent, and gender-sensitive towards the youth in their custody while teaching skills that set them up for success when leaving DYS. The fruition of this work resulted in \$4.5 million dedicated to targeted investments that will improve the quality of life for the youth served, and the staff that works with them every day. This includes:

- \$2.6 million for quality-of-life investments in youth served and staff to restructure the girls programming to create an environment unique to their experience and needs, invest in food, clothing, hygiene products, exercise equipment, and staff respite spaces
- \$934,000 for Workforce Development, Retention, and Safety
- \$655,000 for Vocational Education to expand opportunities for youth
- \$228,000 for Racial Equity and Inclusion trainings

DYS's support of youth extends beyond their discharge from commitment through the Youth Engaged in Services program (YES). Each youth who attains their statutory age of discharge from DYS is offered voluntary services including case management and transitional supports to reduce recidivism. These supports are available to youth until their 22nd birthday. Although the committed population at DYS has gone down, the YES program continues to be successful with a stable census; on a year-over-year basis, a larger proportion of youth are opting into these supports. FY24 H.1 includes an outside section to allow the youth enrolled in the YES program to engage with the department beyond 90 days after discharge, as well as expand the services offered to include transitional supports.



Engaging Our Most Vulnerable

Supporting Transitional Assistance

Through direct economic assistance and SNAP benefits, as well as workforce training opportunities, DTA is pivotal in supporting some of Massachusetts's most vulnerable residents. The past few years have also seen an increase in the need for cash assistance programs, and H.1 reflects the rising caseload by recommending an increase of \$46.8 million for Transitional Aid to Families with Dependent Children (TAFDC) and \$46.7 million for Emergency Aid to the Elderly Disabled and Children (EAEDC). H.1 also supports automating Crib and Layette payments to TAFDC recipients with an infant under six months of age, relieving responsibility

off new parents and ensuring every eligible family is receiving the financial support without adding extra administrative burden. These payments can go towards cribs, mattresses, or infant clothing.

In addition, H.1 creates Family Advisory Boards comprised of TAFDC recipients who would be provided with training and compensation for their time and expertise. These boards will provide feedback on the agency's operational and policy development and serve as partners in decision making.

Supporting Refugees and Immigrants

The Office for Refugees and Immigrants (ORI) provides services to immigrants and refugees settling in Massachusetts in a manner that is sensitive to their cultural and linguistic needs. Demand for these services has increased, and the funding level proposed in the FY24 H.1 budget recommendation will ensure ORI is prepared for the continuing need. This includes a \$500,000 increased state investment to expand in-house policy expertise, program development, and monitoring to support an expanded focus on immigration, in addition to services for refugees typically funded by the federal government. The recommendation also funds the Citizenship for New Americans Program (CNAP) for over 1,700 refugees and immigrants, including services such as:

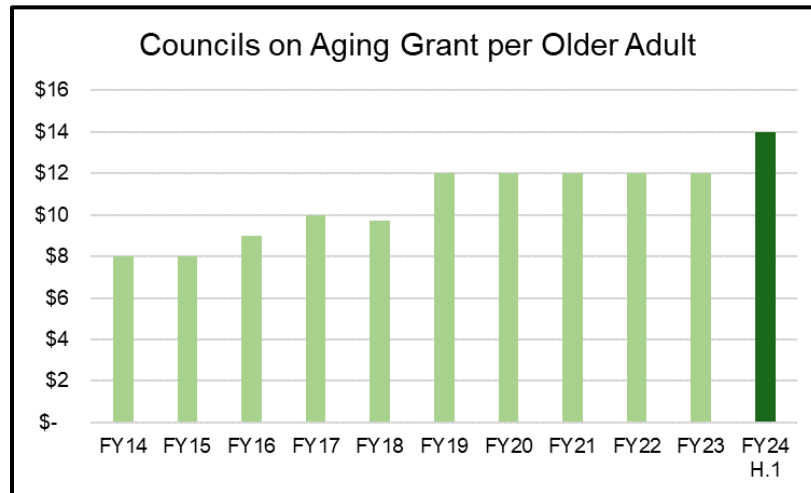
- English for Speakers of Other Languages/civics classes
- Citizenship application assistance
- Interview preparation
- Interpretation and referral services

ORI works in partnership with DTA for the portion of the Employment Services Program (ESP) that is dedicated to serving refugees and immigrants. Since 2020, this program has tripled in size, and FY24 H.1 includes a \$1.5 million investment over FY23 to help keep up with demand. The ORI ESP program assists with employment readiness and training, workshops, job fairs and placements, all in the primary language of the client as they develop their English skills.

Additionally, the FY24 budget recommendation includes \$1.8 million to expand mental health services for international evacuees resettled in the Commonwealth. The Department of Public Health (DPH) Refugee Health Assessment Program (RHAP) funds providers and collaborates with resettlement agencies, community health centers, refugee-serving community organizations, and refugee community representatives to offer an early point of entry into US health care via RHAP. These funds will allow RHAP sites to provide virtual refugee Wellness and Integration assessment and support.

Councils on Aging

H.1 recommends an increase to the grant formula for the 350 local Councils on Aging from \$12 to \$14 per older adult, the first increase of its kind since FY19. This funding level will help the Councils on Aging deliver services including information and referral, outreach and counseling, nutritional assistance, and wellness programs.



To learn more about additional investments the Healey-Driscoll administration is recommending in public and mental health, please see the [Reproductive Health budget brief](#) and the [Behavioral Health budget brief](#).