Mass Cares: Promoting Health, Resilience, and Independence

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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 22,000 employees, and nearly $31 billion in projected FY25 spending. 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 state.

The Healey-Driscoll Administration’s FY25 House 2 budget proposal recommends funding EOHHS at $9.760 billion, a $781.3 million (9%) increase over FY24 GAA, excluding MassHealth. This increase is driven by $217.0 million over FY24 GAA for the Ch. 257 reserve, $249.9 million to annualize FY24 provider rate increases, and $36.6 million for new targeted investments. For more information on MassHealth, please see the MassHealth budget brief.

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Note: FY23 Actuals and FY24 GAA for ORI include legislative earmarks not funded in House 2
Building Capacity and Supporting the Workforce

The FY25 House 2 budget recommendation includes a historic level of investment in Human Service rates via the Chapter 257 Reserve ($390 million) and an off-budget reserve ($95 million). This $485 million investment reflects benchmarking rates to the 53rd percentile of Bureau of Labor and Statistics wages to support our most critical human service providers. See mass.gov more information on the Ch. 257 Reserve and the rate setting process.

In addition, House 2 recommends targeted investments to expand our human service workforce in key areas that have experienced shortages, including nursing educators, Certified Nursing Assistants (CNAs), and American Sign Language (ASL) interpreters.

Reproductive and Postpartum Care

Massachusetts remains a national leader in reproductive rights and public health. However, room for progress remains in rates of complications and racial disparities in maternal health outcomes. The Healey-Driscoll Administration strives to protect and expand critical services, and the FY25 budget recommendation includes funding to address these challenges, including family planning services, reproductive health access grants, and reimbursement to public universities for abortion medications.

Doula services are considered a preventative healthcare measure, with evidence indicating that doula care offers significant benefits for maternal health outcomes, including reducing the number of cesarean deliveries, low birth weight (LBW) and preterm births, and rates of postpartum depression¹. According to a study by the National Library of Medicine, “doula-

¹ https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext
assisted mothers were four times less likely to have a LBW baby, [and] two times less likely to experience a birth complication involving themselves or their baby.”

The Massachusetts healthcare system is building off this growing body of research to expand access to doula care. FY25 House 2 recommends $1.0 million at DPH to establish the first certification program for doula providers in Massachusetts. The certification pathway will provide subsidized training and mentorship for prospective providers and work to expand community-based doula programs. In addition, the administration recently published a regulation to cover doula services for MassHealth members beginning in FY24. House 2 includes $1.1 million to support this investment in FY25 and provide doula services to an estimated 1,700 members.

As Massachusetts continues to combat the opioid crisis, the Department of Children and Families (DCF) caseload reflects the significant impact on children whose parents struggle with substance use disorders (SUD). DCF plays a critical role in helping identify SUD and supporting families with interventions to stabilize the family, promote child safety, and prevent removal of a child from their home. House 2 recommends investing $3.1 million in the development of Postpartum Care Services at DCF that will focus holistically on substance use disorder and child welfare to provide services to families and infants for a year after birth, one of the most critical periods in a child's development. This program would provide a range of services including respite care, postpartum doula services, and care coordination.

**High Need Youth and Adolescents**

Youth, adolescents, and young adults are cared for and served through a variety of EOHHS programs. The Department of Children and Families (DCF) and the Department of Youth Services (DYS) are two agencies at EOHHS that specifically focus on the well-being of this population by connecting them with the appropriate services and supporting them through adolescence and young adulthood.

**Projected Growth**

House 2 recommends fully supporting projected caseload placements across DCF services, including foster care, congregate care, guardianship subsidy, adoption subsidy, and support and stabilization services. Beginning in FY23, DCF has invested in increasing its Congregate Care Network (CCNET) capacity through historic rate increases with the goal of bringing 90 additional beds online. House 2 maintains this investment and recommends $69.1 million to support FY24 rate increases across all DCF Congregate Care Network providers. House 2 also builds on these investments further with targeted investments in foster care. When a child cannot live safely with their birth families, foster parents provide a loving and safe home. House 2 funds a 4% increase to foster care rates on top of annualizing the 7% increase funded in FY24.

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2. Impact of Doulas on Healthy Birth Outcomes - PMC (nih.gov)
DYS has experienced decreasing caseload over the past decade, supported in large part by diversionary practices through the development of programs such as the Massachusetts Youth Diversion Program (MYDP), as discussed further below under the Targeted Investments.

DYS’s dedication to and support of youth extends beyond their discharge from commitment through the Youth Engaged in Services (YES) program. Through the YES program, each youth who attains their statutory age of discharge from DYS is offered voluntary services, including case management and transitional support, until they turn 22 to reduce recidivism. Since its creation, the proportion of discharged youths that choose to opt into the YES program has steadily increased, with 67% of youth discharging in 2023 choosing to join the program and YES youth constituting nearly 45% of all youth served by DYS in 2023.
Targeted Investments

EOHHS agencies are committed to helping children and youth be healthy, safe, and to thrive. While agencies strive to serve children and youth in their homes or, if necessary, in community-based programs, some adolescents with complex medical conditions, certain disabilities, or behavioral health challenges need a specialized residential setting that does not currently exist in the continuum of care. House 2 includes $10.0 million at EOHHS to develop innovative, evidence-based, and trauma informed service models to meet the needs of youth with intensive behavioral health issues, including those in crisis. In developing these services, the goal is to identify and address service gaps, not duplicate existing services. Models of care include short term crisis intervention treatment programs to stabilize youth and prevent unnecessary emergency room utilization, intensive positive behavior-oriented treatment to address challenging behaviors, and step-down programs to support successful transitions from higher level of care.

Other notable investments recommended in House 2 include:

- $3.1 million at DCF for Postpartum Care Services, as discussed further in the Reproductive and Postpartum Care section
- Continued support for the establishment of Achieving a Better Life Experience (ABLE) accounts for children in DCF custody
- $2.1 million at DYS to administer the Massachusetts Youth Diversion Program (MYDP) to divert youth out of the juvenile justice system
  - Recommended at $1.1 million over FY24 GAA to expand MYDP to three new locations
  - 70% of youth diverted through MYDP had no further involvement with the juvenile criminal justice system

Preparing for an Aging Population

Massachusetts’s population is aging, and the Healey-Driscoll Administration recognizes the benefits of investing in older adults’ ability to live independently and in community. The FY25 House 2 budget maintains key investments that support older adults and invests in making aging more affordable. House 2 recommends $5.0 million to eliminate copays for over 10,000 low-income home care services clients. This will ease the financial burden of these needed services, while also helping clients remain in their homes. In line with this commitment, House 2 also includes $1.9 million to annualize the Community Transitional Liaison Program (CTLP) that was previously funded off-budget. This program supports older adults and people with disabilities to reside in the most appropriate, least restrictive setting based on their needs and health. House 2 also maintains FY24 investments to expand Council on Aging (COA) formula grants to $14 per older adult. The local COAs provide various services to their communities, including outreach, counseling, nutritional assistance, and wellness programs. House 2 also maintains the $3.1 million FY24 investment for additional sites for the Supportive Senior Housing Program.

Empowering Citizens with Disabilities

The members of the disability community have highly individualized needs. The Department of Developmental Services (DDS), the Massachusetts Rehabilitation Commission (MRC), the
Massachusetts Commission for the Blind (MCB), and the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) all strive to deliver high-quality care to meet the needs of each individual. The largest of these is DDS, which serves approximately 36,000 adults and 11,000 children with intellectual and developmental disabilities, including Autism Spectrum Disorder (ASD). MRC provides services that empower people with physical disabilities and injuries to live independently through training and employment programs. MCB and MCDHH provide the same for the blind and deaf communities, while MCDHH also provides support and training for ASL interpreters throughout Massachusetts.

**Turning 22 (T22)**
The Turning 22 programs were created to support young people with disabilities as they leave special education services and transition to adult services offered through DDS, MRC, and MCB. This process begins years prior to an individual leaving public special education services. For example, at DDS the conversation begins around the age of 14. For each case where an individual is determined eligible for DDS adult services, a DDS Area Office and Transition Service Coordinator are assigned to work with the individual, parents or guardians, school districts, residential schools (if applicable), outpatient providers, and others to develop an individualized transition plan and adult service plan. Multiple domains around health and safety, functional capacities, clinical and medical needs, and other factors are all considered when developing the least restrictive and most inclusive community supports available.

House 2 recommends increasing funding for DDS’s Turning 22 program by $18.5 million over FY24, an increase of 17%, to fully fund the FY24 and FY25 classes. FY24 is the largest Turning 22 class in the program’s history, and FY25 is projected to be consistent with FY24. This growth reflects an increase of individuals in need of DDS services and greater awareness of the services available to neurodiverse adults. Since 2019, DDS has also tracked a 20% increase in the number of individuals aging into their programs, a large proportion of which are adults with Autism Spectrum Disorder (ASD). The majority of these adults with ASD are below the age of 26 and 78% identify as male. The ASD population within DDS’s services has grown rapidly over the past decade and continued growth is expected in the coming years. Below is a chart that tracks the growth in Turning 22 caseload over the past decade in both DDS’s traditional clients with intellectual disabilities (ID) and those with ASD.
Other notable investments and recent accomplishments in disability services across EOHHS include:

- Maintaining the FY24 investment in additional social counselors at the Massachusetts Commission for the Blind (MCB) to respond to increased need as the population ages
- Expanding the After-Hours Emergency program and investing in ASL interpreter workforce development at the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) to improve access to necessary services
- Rebranding the Massachusetts Rehabilitation Commission (MRC) to MassAbility to better represent the agency’s mandate to promote pride, self-determination, rights, and equal access for people with disabilities
  - This measure is currently pending in the Legislature

**Behavioral Health**

The Healey-Driscoll Administration has made historic investments over the past year to expand the ecosystem of inpatient and community-based services across Massachusetts. FY25 House 2 maintains these initiatives and continues to expand behavioral health infrastructure.

The Department of Mental Health (DMH) is undergoing a multi-year capacity expansion initiative that is projected to bring an additional 35 inpatient beds and between 275 and 300 community placements online by the end of FY25 in an effort to decrease wait times for inpatient services by up to 60%. FY25 House 2 includes $17.0 million to support these expansions.

FY25 House 2 invests $6.1 million over FY24 at the Department of Public Health (DPH) for 988, the national 24/7 suicide prevention and crisis line, including support to implement a new texting component aimed at increasing access to services. House 2 also maintains an FY24 investment for school-based behavioral health providers in 147 public school districts.

**Investing in Economic Empowerment and Resilience**

Through direct economic and nutrition assistance, as well as workforce training opportunities, the Department of Transitional Assistance (DTA) is pivotal in Massachusetts’ efforts to
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empower some of its most vulnerable residents to meet their basic needs and achieve long-term economic self-sufficiency. FY25 House 2 maintains investments funded in FY21-FY23 that increased average benefits by 30% in the Emergency Aid to the Elderly Disabled and Children (EAEDC) and Transitional Aid to Families with Dependent Children (TAFDC) programs. Prior to FY21, these benefits had not been increased in 20 years. The below chart summarizes these recent changes and the dates on which the increases went into effect.

The past few years have also seen an increase in the need for cash and food assistance programs. To respond to this need, House 2 recommends increases of $51.6 million for TAFDC and $20.1 million for the Healthy Incentives Program (HIP) relative to FY24. For more information on HIP, please see the Food Security budget brief. Additionally, DTA has been looking for ways to address the lack of security of the traditional SNAP benefit payment method. House 2 recommends investing $974,000 in the Mobile Electronic Benefits Transfer (EBT) Pilot program to support the development and adoption of more secure payment technologies for SNAP and cash assistance clients that will help reduce benefits theft.

Improving Access to Services
Information Technology is a critical component of human service delivery, and several projects are ongoing to improve the technological infrastructure of state benefits agencies. The Integrated Eligibility and Enrollment Readiness initiative aims to improve the integration and interoperability of key benefits platforms by creating a common application, communication, and noticing portal for human service, housing, and early education programs. In addition, the Electronic Health Records Modernization program aims to improve the delivery of care at DPH and DMH inpatient facilities by creating a new system for patient health data. These projects are funded through a combination of operating, capital, and federal funding.

For more information on the ongoing IT initiatives and the recent IT Bond Bill filed by the administration, please see the Investing in Digital Services budget brief.