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**Testimony of Marylou Sudders, Secretary  
The Executive Office of Health & Human Services  
Joint Hearing of the House and Senate Committees on Ways & Means  
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Good afternoon Vice Chair Friedman, Vice Chair Donato, and other distinguished members of the Joint Committee on Ways and Means. It is a privilege to be with you today to provide a high-level overview of Governor Baker's Fiscal Year 2022 (House 1) budget proposal for the Executive Office of Health and Human Services (EOHHS) and to continue to serve as Secretary of Health and Human Services.

More than a year ago, at the request of the Governor, the Command Center was stood up to serve as the Commonwealth's single point of strategic decision making and coordination for the Administration's comprehensive COVID-19 response. As individuals and as a Commonwealth, we have endured a year filled with trauma and loss, experienced a presidential election that challenged the fabric of our nation, and witnessed the exposure of deep systemic racism and xenophobic hate. We have felt the reverberations in the communities we serve and within our agencies. We are working to confront systemic issues, and we will continue to come together to condemn racism and violence in our communities.

House 1 maintains benefits, protects our most vulnerable children, people with disabilities, and older adults, starts the path of reforming behavioral health care, continues to combat the opioid crisis, and reforms the nursing home industry. My testimony provides an overview of the secretariat, how we responded to the COVID-19 pandemic, and the proposed investments in House 1.

## **EOHHS Overview**

The Executive Office of Health and Human Services is the largest secretariat in state government. Our services directly touch the lives of more than 1 in 4 residents of the Commonwealth – including some of our most vulnerable children, youth, adults, and older adults. EOHHS is comprised of 12 state agencies, the MassHealth program, and

the two soldiers' homes that are overseen by the Department of Veterans' Services. Our programs and services represent more than half of our state's budget and provide vital supports to residents, which offered a lifeline to many during the past year.

Throughout the secretariat, we are charged with improving health outcomes, building resilience and maximizing independence, contributing to improved quality of life for the residents we are privileged to serve. We provide access to medical and behavioral health care, long-term services and supports, and nutritional and financial benefits to those with little or no income. We connect older adults, individuals with disabilities, and veterans with employment opportunities, housing, and supportive services. We steer at-risk youth towards a more successful path and work tirelessly to keep those in our child welfare system safe. We offer safe haven to refugees and open doors of opportunity for immigrants. We support individuals who are developmentally or intellectually disabled, blind, deaf, or hard of hearing, and those with addictions, mental illness, or with a co-occurring illness. We are tasked with setting and executing policies on public health issues ranging from the COVID-19 pandemic response to overseeing the long-term care industry. In coordination with municipalities, we are preparing our state to serve our growing older adult population with grace and dignity. We are committed to providing sustainable solutions for the MassHealth program and for affordable health care in our state. We are creating a true system of behavioral health care in the Commonwealth, so that residents can access care where and when they need it.

I provide executive leadership to the EOHHS agencies and chair a number of councils and commissions, including the Massachusetts Health Connector Board, the Autism Commission, the Opioid Recovery and Remediation Fund, and I co-chair the Governor's Interagency Council on Housing and Homelessness and the Governor's Council on Optimal Aging. I am a member of the Health Policy Commission and the Governor's Council to Address Sexual Assault and Domestic Violence. I have also chaired time-limited legislatively created commissions, including the Nursing Facility Task Force.

I am privileged to work with a diverse and dedicated group of subject matter experts; our agency heads and staff reflect the richness that is our state's diversity. Out of 22,048 employees, 69% of our total workforce are women, including 68% of our managers. 42% of our total workforce are people of color including 25% of our managers. We will continue to promote diversity and inclusion throughout the secretariat and will work with our agencies to address structural racism and inequities.

## **EOHHS House 1 FY21 Budget**

As we approach our "new normal", House 1 focuses on stability and maintaining services during and beyond the pandemic, including our health and human services safety net.

Notably, the budget acknowledges the increases in enrollment in MassHealth, and maintains comprehensive benefits. There are no reductions in benefits nor changes in eligibility. Over the past year, the MassHealth caseload has increased to over 2 million individuals – a growth of 230,000 since February 2020. When House 1 was filed, the

budget was predicated on the Federal public health emergency remaining in effect through April 2021, resumption of redeterminations in May 2021, and enhanced FMAP revenue available through June 2021. The H1 budget included those assumptions and was filed with a decrease of -3.4% gross and growth of +7.2% net over FY21. However, in late January, the Biden-Harris Administration indicated the public health emergency would likely continue through the end of calendar year 2021. Working with ANF and the two Ways and Means Committees, we have reprojected the MassHealth budget to account for increased spending due to continued caseload growth, resumption of redeterminations in January 2022, and enhanced FMAP extending through December 2021. With the extension of the public health emergency the increased caseload is somewhat offset by the increased federal funding in FY22 on a net basis. After accounting for this update, the revised FY22 MassHealth budget is projected to increase 4.0% gross and 6.8% net over FY21.

House 1 funds the Executive Office of Health and Human Services at \$24.762 B, a \$735 M (-3%) decrease below the FY21 appropriation.

House 1 includes:

- Annualized funding for the new 75 bed, Men's Recovery from Addiction Program in Taunton.
- Preservation of MassHealth coverage for members since the start of the pandemic and restoration of the full dental benefit for adults.
- Support of Chapter 257 rates for human service programs, benchmarking wages to the Bureau of Labor Statistics median salary, continuing \$160 M added to human services rates in FY21 and adding \$79 M for rates up for review in FY22, resulting in more than \$548 M in rate increases since the Administration took office.
- Level funding for the Safe and Successful Youth Initiative at \$10 M.
- Full funding of the Turning 22 program for the 5<sup>th</sup> consecutive year.
- Authorization for MassHealth to directly negotiate rebate agreements for certain medical supplies and with drug manufacturers that do not participate in the Federal Medicaid Drug Rebate Program, building on the success of direct negotiation authority passed in 2019.

## **Protecting and Supporting Children**

House 1 continues the Administration's investments in system-wide changes to better support the child welfare system and the youth it serves, funding the Department of Children and Families (DCF) at \$1.088 B, a \$3.6 M increase above the FY21 appropriations. The proposal maintains the Administration's commitment to DCF frontline social workers and to the children and families DCF supports, as sustained investments are crucial to the work done by DCF.

The death of David Almond was tragic and should not have happened. The entire safety net failed him: education; health care; the courts; mandated reporters; and DCF. Some

of the decisions made at the local level are inexplicable. We will continue to strengthen the safety net for our most vulnerable children. The independent Office of the Child Advocate conducted a thorough and comprehensive review of David's death and the circumstances, making recommendations on how to build a stronger system to better protect children. We accept the recommendations and will implement them. Regardless of the ongoing and intentional reforms, the work of a child welfare agency is always a work in progress and never finished.

In 2015, DCF was debilitated by years of budget cuts, staffing reductions, high caseloads, and low morale. Since then, the Department has received \$269 M in new funding: a 33% increase from the prior administration's final budget. During this time DCF has:

- Added more than 650 staff positions, including 300 additional front-line social workers, more than 100 social worker technicians and 100 managers to increase oversight.
- Reduced the overall weighted caseload for DCF social workers to historic lows of 14.39.
- Decoupled area offices and re-established a regional office for Central Massachusetts.
- Licensed 100% of social workers.
- Transitioned approximately 4,000 frontline staff social workers from iPad technology to SurfacePros which allows greater access to the iFamilyNet system to facilitate direct care work in communities.
- Created first-in-history medical unit with staff that does not carry a caseload, enabling them to be responsive to DCF line workers and provider stakeholders regarding the complex medical and behavioral issues of children in DCF's care. The unit is led by a full-time medical director with expertise in pediatrics and foster care, staffed with pediatric nurses, medical social workers and specialty behavioral health social workers, and a part-time psychiatrist.
- Added dedicated recruiters to each of the 29 Area Offices to focus on increasing and retaining the number of licensed foster homes to keep children in their communities. Since the initial 15 recruiters began in 2017, DCF has a net gain of 250 foster homes.
- Increased annual foster parent payments every year, beginning with the FY16 budget.
- Increased kin placements by 75% statewide and 160% in offices with the family kinship pilot, "family find." In FY2020, 57% of all children in departmental foster care were placed with kin.
- Re-procured the after-hours Child-at-Risk hotline system which includes after-hours placement support for social workers to find emergency placements and maintains a centralized database of available foster homes after hours and on the weekend.

House 1 continues to support ongoing DCF reforms and includes:

- \$20 M increase to support a new congregate care network designed to achieve safety, permanency, and well-being outcomes for 2,000 DCF-involved children, adolescents, and young adults with the highest level of specialized treatment needs that cannot be managed within a home environment and align DCF services with requirements in the Federal Family First Prevention Services Act of 2018.
- \$8 M to support social worker staff, assumed to return to normal caseload patterns in FY22, and to provide clinical support and oversight to DCF social workers.
- \$1.4 M for Chapter 766 rates for placements of children in residential schools.

### **Supporting Individuals with Disabilities and Increasing Engagement**

The Baker-Polito Administration continues its record of supporting individuals with disabilities as they live and work in their communities. House 1 supports the creation of a new Disability Employment Tax Credit to support businesses that hire individuals with disabilities. This credit would be 30% of wages, up to \$2,000 per employee who works a minimum of 18 consecutive months and would be effective for hires on July 1, 2021 and for tax year 2023, furthering the Administration's commitment to improve employment opportunities and economic security for individuals with disabilities. We know that individuals with disabilities have among the highest rates of unemployment, not just in Massachusetts, but across the country. As of 2019, about 80% of individuals without disabilities in Massachusetts were employed, while just 38.2% of people with disabilities were employed. This credit is a win-win for individuals with disabilities who are eager to work and for businesses who have jobs waiting to be filled.

House 1 continues support for the Department of Developmental Services' Technology Forward efforts to leverage technology by promoting innovative services and supports that will decrease reliance on 24/7 group home care. House 1 includes \$500,000 in dedicated funding to scale use of assistive technology and remote supports that strengthen independence, community integration, and improve support at home.

House 1 maintains the \$530,000 FY21 investment at the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) to expand access to American Sign Language (ASL) interpreters. These funds will continue the Commission's work with higher education institutions that offer ASL to increase the interpreter workforce and develop a Communication Access Realtime Translation (CART) training and mentorship program. House 1 also includes \$1 M investment (\$300,000 at MCDHH and \$700,000 at EOHHS) to expand the production of video blogs in ASL and increase communication access for individuals who are deaf or hard of hearing.

Additionally, for the fifth consecutive year, House 1 fully funds the Turning 22 Program at DDS, Massachusetts Rehabilitation Commission, and the Massachusetts Commission for the Blind, supporting a class of over 1,300 young adults and continuing the Administration's commitment to fully support a program that was underfunded for nearly three decades.

## Supporting Older Adults

The Baker-Polito Administration continues its efforts to make communities in Massachusetts places where residents can age in a safe and healthy way, implementing the recommendations of the Governor's Council to Address Aging. We are working to make Massachusetts an Age and Dementia Friendly state, working with the Massachusetts Health Aging Collaborative and other community partners, and are making progress on these efforts. The Governor's Budget maintains support for services at the Executive Office of Elder Affairs (EOEA), preserves investments for the state's Home Care Program, which serves approximately 60,000 older adults across the Commonwealth, and increases funding by \$16.3 M for the Community Choices Program, which provides MassHealth-eligible elders with nursing facility levels of care with home care support, to support caseload increases and annualize rate increases. House 1 provides \$17.1 M to continue issuing grants of \$12 per elder to local Councils on Aging to ensure support of our older residents.

During the COVID-19 pandemic, Massachusetts' aging network adapted and pivoted to address new challenges and continues to provide necessary services and supports to older people across the Commonwealth. EOEA worked with its provider network to rapidly modify their programs to meet the needs of adults in the community, including restructured home care services and delivering 30,000 meals per day, instead of providing meals at congregate sites.

## Behavioral Health Reform and Ongoing Supports

House 1 furthers the Baker-Polito Administration's commitment to increasing access to behavioral health treatment. The Baker-Polito Administration has announced a *Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it*. Longstanding challenges in the mental health space have been exacerbated by the COVID-19 pandemic. Recent research has found that 40% of adults in the U.S. are struggling with behavioral health issues related to the pandemic, and Emergency Department boarding has increased in Massachusetts throughout the pandemic due to a number of factors. The Roadmap is a multi-year blueprint, based on listening sessions and feedback from nearly 700 individuals, families, providers, and other stakeholders who identified the need for expanded access to treatment, more effective treatment, and improved health equity.

A critical piece of the Roadmap is to create a "front door" to treatment—a new, centralized service for people or their loved ones to call or text to get connected to mental health and addiction treatment. In addition to this front door, the Roadmap proposes reforms to make outpatient assessment and treatment more readily available through several changes. These reforms do not replace or disrupt existing services or provider relationships—rather they aim to improve access to and delivery of these services. Together with our diverse stakeholders, EOHHS will continue to update this Roadmap—a living document—to ease the burden on individuals and families when accessing treatment by creating a front door

to care, ensuring readily available outpatient care in the community for people of all ages and backgrounds so that every resident can have their behavioral health care needs met.

We are grateful to the Legislature that the health care legislation signed by Governor Baker on January 1, 2021 contains several priorities initially included in the Baker-Polito Administration's health care legislation which was introduced in the fall of 2019, including requiring coverage of telehealth services and expanding the scope of practice for Advanced Practice Nurses, which will support increased access to behavioral health treatment.

In addition to these reforms, the Department of Mental Health's House 1 budget includes \$18.6 M for the annualized cost of operating the new Men's Recovery from Addiction Program in Taunton: 75 treatment beds for men who are civilly committed under Section 35. The new program will merge the existing 45 bed women's program (WRAP) and men's programs into one program, the Recovery from Addictions Program. The men's program will be operational by August 2021.

House 1 includes \$6.8 M from the FY20 GAA created Behavioral Health Access and Support Trust Fund for DMH's mental health and supports for adults seeking community services, client outreach, and community empowerment. This Trust, which was created through the FY20 GAA, appropriated \$10 M to promoted access to behavioral health services through work force promotion, creating a culturally competent network, and supporting the continuum of care from wellness screenings to behavioral health care. In addition to this Trust, the FY19 GAA created the Community Behavioral Health Trust from vaping revenues. Spending from the Community Behavioral Health Trust will be coordinated with the Behavioral Health Promotion and Prevention Commission to ensure the funds are to be used for evidence-based grants for programs that educate youth on addiction, substance misuse, and other risky behavior.

### **Combatting the Opioid Crisis**

In full partnership with the Legislature, the Baker-Polito Administration has made major investments to address the opioid epidemic, and with its FY22 budget recommends \$357.3 M in funding across several state agencies for substance misuse treatment and services. This funding includes \$157 M to the Department of Public Health, \$30 M for the Department of Mental Health, which includes \$18.6 M to support 75 treatment beds for men who are civilly committed under Section 35, \$105.2 M through a Section 1115 Substance Use Disorder (SUD) waiver from the federal government, \$2.6 M for education-related initiatives, and \$62.5 M in criminal justice investments. The estimated \$357.3 M in House 1 for substance misuse prevention and treatment is a \$22.1 M increase (7%) above estimated FY21 spending.

Additionally, the Opioid Recovery and Remediation Trust Fund, established in Chapter 309 in the Acts of 2020, is setup to hold claims arising from the manufacture, marketing, distribution or dispensing of opioids, as applicable in statute. In collaboration with the Attorney General's Office and the statutorily created Advisory Council, we will determine

appropriate expenditures from the Fund to mitigate the impacts of the opioid epidemic across the Commonwealth.

### **Addressing Sexual Assault and Domestic Violence**

House 1 provides \$96 M in total funding, a 48% increase from FY15, to ensure that survivors of sexual assault and domestic violence have access to critical services and supports. This includes \$50.3 M for the Department of Public Health to carry out domestic violence and sexual assault prevention and survivor services, as well as emergency and transitional residential services for victims and their children. Six million will support statewide sexual assault nurse examiner programs for adults and adolescents in hospital settings, and pediatric sexual assault nurse examiner programs in child advocacy centers. The proposal also includes \$1 M for the grant program focusing on promoting healthy relationships and preventing dating violence among youth.

### **Promoting Food and Economic Security**

The COVID-19 public health crisis has exacerbated food insecurity for individuals, families, and communities that have historically experienced resource inequities. Massachusetts continues to seize every opportunity to tackle food insecurity across the state, leveraging flexibilities and maximizing federal nutritional benefits for individuals and families including SNAP and WIC, as well as implementing new programs authorized through federal emergency action, including Pandemic EBT benefits for young children.

Federally-funded SNAP benefits administered by DTA have also seen significant caseload increases (450,000 households to 521,319 in September of 2020) requiring staff overtime and significant costs for systems changes. DTA has issued more than \$293.2 M in SNAP Emergency Allotments (EA) to more than 295,000 families and more than \$250 M in P-EBT food benefits. Last month, Massachusetts became the second state to receive federal approval to expand the Pandemic EBT (P-EBT) program to households with children under six years old who receive Supplemental Nutrition Assistance Program (SNAP) benefits. Additionally, all P-EBT benefit amounts were increased by 15%.

Massachusetts initially launched its P-EBT program in April 2020 when schools closed due to COVID-19. Massachusetts was one of a limited number of states to receive federal approval for September P-EBT benefits, and was the first state in the nation to receive approval to continue P-EBT through school year 2020-2021. To date, P-EBT has brought more than \$396 M in federal dollars into the Commonwealth, supporting families of over 500,000 students and local grocery retailers.

Through the COVID-19 Command Center's Food Security Task Force, the Commonwealth has invested more than \$56 M to support food security efforts, including increasing food supply and access in communities. This investment included \$5 M in additional money for the Healthy Incentives Program (HIP) to increase access in



underserved communities. House 1 funds HIP at \$5.0 M, in addition to remaining funding from the \$8 M increase in FY21.

The Governor's budget supports a projected 19% caseload increase in TAFDC benefits, a core support for individuals with little to no income, to pre-COVID levels as Unemployment Insurance benefits, which supported many families in FY21, will expire for many in spring/summer 2021 and will result in households returning to the caseload in FY22.

## **Nursing Home Industry**

The COVID-19 pandemic has laid bare the unique vulnerability of nursing homes and the need for reform to ensure the safety of residents and staff. Our state has just under 400 skilled nursing facilities serving 36,000 older adults, many with compromising medical conditions. The occupancy rate continues to decline and the number of facilities closing has increased. The Commonwealth of Massachusetts has provided unprecedented resources, supports, and oversight to protect nursing home residents and staff over the course of the past year, while also holding facilities accountable for infection control and quality of care.

In the face of a nursing home industry with long-standing challenges and building on the recommendations of the Nursing Facility Task Force, the Commonwealth created a series of Accountability and Supports packages in the spring and fall of 2020 that did not just infuse money, but held facilities accountable for infection control, staffing, and quality of care. The second round of reforms, announced in September, implemented long-term reforms to improve the quality of care by investing in the workforce, increasing standards of care, and providing targeted supports to ensure that residents and staff have the supports they need to stay safe.

Throughout the pandemic, the Commonwealth has committed over \$400 M in new funding to support nursing home residents and staff, in addition to over \$180 M in federal funding. In September, the Administration announced a comprehensive set of policy reforms and financial supports for nursing facilities, which built upon the measures taken during the spring and summer to hold facilities to high standards of care and infection control.

Many of these reforms include recommendations from the legislatively created Nursing Facility Task Force which culminated February 2020. Consistent with these recommendations, the Administration invested \$82 M in net new investments to restructured Medicaid rates to promote a high-quality and sustainable nursing facility industry. This new rate structure incentivizes high-quality, high-occupancy, and care for high-acuity special populations, which includes care for residents with substance use disorder and/or several mental health diagnoses, while ensuring the sustainability of high-Medicaid facilities. Additional reforms focused on strengthening staffing and the direct care workforce by requiring facilities to meet an Hours Per Patient Day (HPPD) staffing

minimum of 3.51 by January 2021 and further requiring that at least 75% of a facility's revenue be directed towards direct care staffing costs.

While nursing facilities were disproportionately impacted by COVID-19 and have suffered high case and death rates, we are beginning to see the light at the end of the tunnel. With almost 93% of residents and 72% of staff fully vaccinated, we have seen case rates decline by 92% since the beginning of January. On March 12th, we issued new guidance to support resident mental health and quality of life, allowing for expanded indoor visitation with loved ones and more activities like communal dining and playing games with their fellow residents.

EOHHS will continue to pursue financial, regulatory, and programmatic reforms to ensure access to high-quality skilled nursing care in the Commonwealth. We will continue our work to help shape a sustainable industry that meets the needs of Massachusetts residents, supports a sustainable and adequate workforce, and most importantly, provides quality care for residents. In tandem, we will continue our support of long-term services and supports in the community, for individuals who either do not need or desire to receive care in a nursing facility.

### **Information Technology and the Future of Work**

EOHHS has a consolidated information technology infrastructure which supports over 22,000 state employees across 154 sites serving the most vulnerable populations. Our IT services are not just computers and monitors, but many public facing applications which enable clients to apply for benefits, enable agencies to ensure benefits are being appropriately administered and monitored, and ensure that sensitive data is being stored securely. House 1 includes \$143 M, an increase of \$3 M from the FY21 GAA to support infrastructure to ensure the integrity of critical applications and services administered across EOHHS agencies and the two Soldiers' Homes.

Since March of 2020, EOHHS IT has worked alongside the Executive Office of Technology Services and Security (EOTSS) to quickly support the remote provision of critical services. This included deploying over 12,000 devices to ensure citizens of the Commonwealth were able to continue to obtain benefits and maintain access to caseworkers. We continue to work closely with EOTSS to deploy devices to our staff that replace our end-of-life Windows 7 machines. In FY22, we will deploy an additional 7,000 devices. This effort will significantly improve our security posture and enhance worker mobility across the secretariat, ensuring clients have uninterrupted access to services.

As a result of the pandemic, we have learned invaluable lessons about what the future of work will look like. Our workplaces will be impacted but the delivery of services to residents will not change. The Governor's Future of Work initiative incorporates lessons learned over the past year, including more regular and consistent teleworking, where possible. We are developing policies, tools, and practices to better support our residents. We are also taking a fresh look at the work environment, including redesigning workspaces, limiting use of individually assigned workstations, and implementing new

technology. We will communicate proactively to support these transitions and will continue working with unions throughout the process. EOHHS has had to revamp service delivery operations across the enterprise. These changes have resulted in significant increases to operations costs that we expect will continue. To support pandemic operations and the Future of Work initiative, EOHHS has distributed mobile devices to staff across our agencies to enable continued delivery of critical services to residents of the Commonwealth.

In preparation for staff return to offices and the reconfigurations expected as part of the Future of Work activities, EOHHS expects to incur additional IT infrastructure costs:

- There are significant infrastructure enhancements necessary to support a hybrid workforce. This includes updating our systems and moving to cloud-based technologies to allow staff secure access to information from anywhere. This work will also require updates to switches, enhanced wi-fi, and re-wiring of offices to support updated configurations.
- In order to maintain services to Commonwealth constituents and secretariat staff, EOHHS must migrate secretariat call centers to virtual call centers. This will enhance our ability to have call center agents located anywhere, and our ability to ramp up agents based on business needs.

The EOHHS IT budget makes investments in core infrastructure updates, including a planned migration of the Virtual Gateway to Amazon Web Services in FY22. The Virtual Gateway (VG) provides online access to and information about health assistance, food assistance, claims reimbursements, case management, and disability services for individuals, families, providers, and government. This upgrade will improve availability, reliability, scalability and security of these critical services.

## **Federal Landscape**

As the Biden-Harris Administration implements new policies, we are collaborating with our federal counterparts on changes that will impact Massachusetts residents. We were pleased that several policies have changed rapidly, including a reversal of the expanded public charge test, a belief in broad access to health care, and the cessation of years of legal challenges and attempts to dismantle the progress made by the Affordable Care Act, and a more welcoming environment for our immigrant communities.

Additionally, leading up to the summer of 2022, we will be renegotiating our Medicaid 1115 demonstration waiver, which provides federal flexibility for state Medicaid programs to test innovations to improve health care outcomes and reduce costs. This next 5-year waiver cycle is integral to ensuring the success and sustainability of MassHealth's delivery system restructuring and to secure continued funding for the Commonwealth's safety net. Our key goals for this next waiver include continuing the path of restructuring and re-affirming accountable, value-based care, making investments in primary care, behavioral health, and pediatric care, advancing health equity, and simplifying the MassHealth delivery system.

## **Conclusion**

As always, thank you for your commitment to the residents of the Commonwealth. It is an honor to work with you. It is a privilege to serve as Secretary of Health & Human Services.