

RESPONSE OF MHPI, INC. TO INFORMATIONAL SURVEY

MHPI, Inc. is a non-profit provider of subsidized, service-enriched housing for very low-income seniors and persons with mental disabilities. Among our projects are several which consist of independent apartment units (as opposed to congregate living facilities) housing clients of the Massachusetts Department of Mental Health. These tenants receive services from DMH under the Community Based Flexible Supports (CBFS) program. As might be expected, we have observed that as they age in place they, like the general population, develop an increasing array of medical issues, frequently compounded in their case by past lifestyles and lack of general medical care. Therefore, we took particular note of the statement in the “Overview” section of the Survey that one of the goals is to “support efforts to integrate mental health...services with overall medical care.”

2. Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were not already included in the list of services on page 6? Please describe with as much specificity as possible. Please indicate how they can be addressed through health resource planning.

RESPONSE—As we have pointed out above, as our tenants age in place, they increasingly develop medical problems. The mental health delivery system must seek the means to address these issues, especially in view of the decreased frequency of contacts between the clients and clinicians under CBFS, as compared to DMH’s pre-CBFS service delivery system. Under CBFS, clients are seen by clinicians on an “as-needed” basis, rather than at regularly scheduled appointments, which seems to result in fewer contacts. This issue might be addressed under the rubric of “Long Term Services and Supports,” but we feel strongly that medical issues must be dealt with as an integral part of any mental health service program which involves community living.

3. Given the importance of prevention and also “post-acute” services for mental health and substance abuse, what critical evidence-based services are available, should be expanded, or need to be developed? Are there specific models you suggest we study?

RESPONSE—One program which we have found to be promising is Group Adult Foster Care (GAFC), which is funded by MassHealth (Medicare). Under GAFC, assistance with Activities of Daily Living and Instrumental Activities of Daily Living is provided, on a daily basis, by home care aides in the client’s own apartment. Additionally, each client is visited on a regular basis by a nurse or social worker, in order to assess the client’s progress and provide supervision to the aide. Aside from assistance with ADLs and IADLs, GAFC causes the client to be seen regularly by clinicians who can observe and report on medical problems, as well as coordinate behavioral and medical services.