Commonwealth of Massachusetts

Department of Mental Health

Annual Report

Fiscal Year 2012

Massachusetts Department of Mental Health
Recovery and Resiliency Through Partnership

What We Do

DMH is a person- and family-centered agency with the goal of involving people with lived experience and their families to support people recovering from mental illness by following their own individual paths. DMH provides consumers and families with services and supports for successful community living that includes social connections, physical and mental health, employment, education and above all, personal choice in the path to recovery We are all partners in this work– consumers, family members, DMH, providers and advocates.

VISION

Mental health care is an essential part of health care. The Massachusetts Department of Mental Health, as the State Mental Health Authority, promotes mental health through early intervention, treatment, education, policy and regulation so that all residents of the Commonwealth may live full and productive lives.

MISSION

The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health is an essential part of healthcare, the Department establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

Brief Description of DMH Services

SERVICES	DESCRIPTION
Inpatient/Continuing Care System	DMH-operated psychiatric inpatient facilities: two psychiatric hospitals; psychiatric units in two public health hospitals; five community mental health centers that promote treatment, rehabilitation, recovery.
Community Based Flexible Supports (CBFS)	The DMH community service system: Rehabilitation, support, and supervision with the goal of stable housing, participation in the community, self management, self determination, empowerment, wellness, improved physical health, and independent employment.
Respite Services	Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible.
Program of Assertive Community Treatment (PACT)	A multidisciplinary team approach providing acute and long term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served.
Clubhouses	Clubhouse Services provide skill development and employment services that help individuals to develop skills in social networking, independent living, budgeting, accessing transportation, self-care, maintaining educational goals, and securing and retaining employment.
Recovery Learning Communities (RLCs)	Consumer-operated networks of self help/peer support, information and referral, advocacy and training activities.
DMH Case Management	State-operated service that provides assessment of needs, service planning development and monitoring, service referral and care coordination, and family/caregiver support.
Emergency Services (ESP)	Mobile behavioral health crisis assessment, intervention, stabilization services, 24/7, 365 days per year. Services are either provided at an ESP physical site or in the community.
Homelessness Services	Comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
Child/Adolescent Services	Services include case management, individual and family flexible support, residential, day programs, respite care and intensive residential treatment.
Forensic Services	Provides court-based forensic mental health assessments and consultations for individuals facing criminal or delinquency charges and civil commitment proceedings; individual statutory and non-statutory evaluations; mental health liaisons to adult and juvenile justice court personnel.

DMH Leadership
FY2012

Marcia Fowler, Commissioner

Clifford Robinson, Deputy Commissioner, Mental Health Services

Debra Pinals, M.D., Interim Deputy Commissioner, Clinical and Professional Services

Robert Menicocci Deputy Commissioner of Management and Budget

Lester Blumberg, General Counsel

Regina Marshall, Chief of Staff

Department of Mental Health
Organizational Structure, Site Offices and Facilities

In Massachusetts, responsibility for providing public mental health services falls under the umbrella of the Executive Office of Health and Human Services (EOHHS). DMH is one of 14 EOHHS agencies.

DMH is organized into four geographic areas, each of which is managed by an Area Director. Each Area is divided into local Service Sites. Each Site provides case management and oversees an integrated system of state and provider-operated adult and child/adolescent mental health services. Citizen advisory boards at every level of the organization participate in agency planning and oversight. DMH allocates funds from its state appropriation and federal block grant to the Areas for both state-operated and contracted services.

The DMH Central Office, located in Boston, has four divisions in addition to the Commissioner's office—Mental Health Services; Clinical and Professional Services; Legal; and Management and Budget. It coordinates planning, sets and monitors attainment of broad policy and standards and performs certain generally applicable fiscal, personnel and legal functions.

A total of 28 DMH Area Site Offices serve adults, children, adolescents and their families throughout the state.

The Department operates the following facilities:

- Worcester State Hospital
- Taunton State Hospital
- The Hathorne Mental Health Units at Tewksbury State Hospital (a Department of Public Health hospital)
- The Metro Boston Mental Health Units at Lemuel Shattuck Hospital (a Department of Public Health hospital)

Community Mental Health Centers:

- Pocasset Mental Health Center, Bourne
- Massachusetts Mental Health Center, Boston
- Erich Lindemann Mental Health Center, Boston
- Solomon Carter Fuller Mental Health Center, Boston
- Corrigan Mental Health Center, Fall River
- Brockton Multi-Service Center, Brockton

Fiscal Year 2012 Overview

The year brought transition and change of leadership to the Department with the departure of Commissioner Barbara Leadholm on January 31, 2012 and the appointment in February 2012 of Deputy Commissioner of Mental Health Services Marcia Fowler to succeed her. Commissioner Fowler has an extensive background and expertise in public policy, and behavioral health service and budget management in both the public and private sectors. A lawyer and a clinician, Commissioner Fowler is committed to ensuring that DMH is focused on consumer voice, transparent government, and eliminating health disparities by working to achieve full social and economic inclusion of persons with disabilities in all aspects of society.

Below is the official statement of the Administration:

Mass. Department of Mental Health Commissioner Barbara Leadholm to Step Down

The Patrick-Murray Administration announced that Barbara Leadholm, Commissioner of the Department of Mental Health, will step down on January 31 to assume a new role as a Principal in the Boston office of Health Management Associates, Inc. In this new position, she will continue her efforts to improve the integration of behavioral health services into the health care system as the nation prepares to fully implement federal

health care reform. Deputy Commissioner for Mental Health Services Marcia Fowler will serve as Interim Commissioner.

Barbara Leadholm has served as Commissioner of the Department of Mental Health since 2007. Under her leadership, the agency has made significant strides in implementing the Community First initiative as part of its continuum of quality services for people with serious mental illness. In launching Community Based Flexible Supports (CBFS), the Department demonstrated its goal of supporting all consumers in their realization of achieving successful recoveries in the community. Along with the state's Division of Capital Asset Management, she also managed the design and groundbreaking of the new Worcester Recovery Center and Hospital, a 320-bed state-of-the-art facility that will help foster recovery and rehabilitation. Commissioner Leadholm's leadership and engagement with other child-serving agencies, including MassHealth, have helped realize the Children's Behavioral Health Initiative, an effort that allowed the state to reach beyond remedy services to achieve a shared vision of family and child voice in the design and implementation of community services for children with serious emotional disturbance and their families.

"It has been a privilege as Commissioner to lead Massachusetts's transformation of the mental health system to a recovery and community based system of services and supports," said Commissioner Leadholm. "I am proud of the Department's leadership team and line staff who developed community based flexible services and work every day with some of our most vulnerable residents. I will continue to carry my deep commitment to and understanding of the importance of hope to an individual's recovery and the key role that individuals with mental illness must play in the planning and implementation of federal health care reform as I assume this exciting new position where I will work to continue to improve the integration of behavioral health services into the health care system."

2012 Accomplishments of the Department

- The Department of Mental Health will achieve an historic milestone for the public mental health sector and the Commonwealth when it opens the **new state-of-the-art Worcester Recovery Center and Hospital in the summer of 2012**. The 320-bed LEEDS certified facility includes 260 adult continuing care inpatient beds; 30 adolescent continuing care beds; and a 30-bed adolescent Intensive Residential Treatment Program. The cost of the hospital is $305 million, making it the largest non-road state-funded building project in history. It has provided over 500 construction jobs and will result in 850 permanent jobs in the Commonwealth. WRCH is revolutionary as it is organized as a microcosm of the larger community to reinforce a normalized environment and a sense of community within a hospital setting. WRCH will serve patients from all across the state.

- Through a unique public-private partnership between DMH and the Brigham & Women's Hospital, **DMH reopened the Massachusetts Mental Health Center (MMHC) in the Longwood medical area in November 2011**, acknowledging the vision of Community First for individuals living with serious mental illness. MMHC will be a critical community resource in an urban setting that will keep people out of hospitals and other more restrictive settings. It will provide many individuals and families living with mental illness with a place to receive a variety of recovery-oriented rehabilitative services, in the community. The project, seven years in the making and in collaboration with Longwood residential associations, has resulted in a state-of-the-art urban community mental health center for DMH at no cost to the Commonwealth in addition to 136 units of new housing, 74 percent of which will be affordable.

- DMH-funded **Jail Diversion Programs, a collaboration among DMH, local police and provider agencies**, expanded to 15 communities in FY2012 and will increase further with expanded funding proposed in the Governor's House 2 FY2013 budget. This effort, part of DMH's Community First initiative, provides a means of diverting individuals with mental illnesses, substance abuse and other behavioral issues away from the criminal justices system when appropriate and safe toward psychiatric, social and community-based services. Since DMH's involvement and funding in 2007, jail diversion programs have responded to 5,521 law enforcement calls. **Of those calls, 1,360 involved the potential for arrest and of that number 1,140, or 84 percent, were diverted from arrest and linked to appropriate community-based services.**

- Over the last 20 years, DMH has significantly increased the range and scope of community-based mental health services, resulting in decreased reliance on inpatient care. We now see the vast majority of individuals served by DMH successfully living in their communities with most benefiting from critical Community Based Flexible Supports. It is the Administration's priority to ensure that all – across the full spectrum of care – have access to the community-living opportunities and supports required to live with dignity and independence. In reflection of that commitment, since FY2004 and projected through FY2013, **DMH will have increased funding for adult community services by approximately $60 million, including $9.9M in funding proposed by Governor Patrick's FY2013 House 2 budget.** This investment will provide DMH with the ability to fully support 80 additional community placement opportunities being developed this fiscal year.

- Continuing Massachusetts' leadership in maximizing its resources to support recovery and resiliency, **DMH has been expanding employment opportunities for peers in both hospital and community settings**. It is now well recognized that individuals with lived experience in behavioral health are often key in assisting their peers in achieving goals of recovery. Within CBHI – the Children's Behavioral Health Initiative, Family Partners are the next step. Supported by MassHealth, as well as by state appropriated funds, Parents and other adults with experience in navigating the world of children's behavioral health are a vital part of the integrated children's service system we are building.

Testimony of the Department of Mental Health
Fiscal Year 2012 Budget

The Department of Mental Health is pleased to present this written testimony concerning the FY2012 House 1 budget recommendation for the Department.

Over the course of any given year, the Department of Mental Health (DMH) provides services to approximately 21,000 individuals with severe and persistent mental illness, including children and adolescents with serious emotional disturbance and their families. The Department accomplishes this via number of ways. DMH operates two state psychiatric hospitals at Taunton and Worcester, inpatient units at Public Health Hospitals at Tewksbury and Shattuck, two inpatient units for adolescents, six Intensive Residential Treatment Programs (IRTP) for adolescents, and five community mental health centers, two of which have inpatient capacities. We provide forensic evaluation (statutorily mandated evaluations of competence to stand trial, criminal responsibility and aid in sentencing) and treatment services for the Juvenile, District and Superior Courts as

well as step-down treatment for persons coming our of Bridgewater State Hospital and re-entry supports for inmates with serious mental illness returning from incarceration. Through our licensing function we assure that high standards of care and life/safety conditions are maintained in the more than 65 private licensed psychiatric facilities under our supervision.

Below is a chart that describes DMH services:

Services	Description
Inpatient/Continuing Care System	DMH-operated psychiatric inpatient facilities: two psychiatric hospitals; psychiatric units in two public health hospitals; five community mental health centers that promote treatment, rehabilitation, recovery.
Community Based Flexible Supports (CBFS)	The DMH community service system: Rehabilitation, support, and supervision with the goal of stable housing, participation in the community, self management, self determination, empowerment, wellness, improved physical health, and independent employment.
Respite Services	Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible.
Program of Assertive Community Treatment (PACT)	A multidisciplinary team approach providing acute and long term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served.
Clubhouses	Clubhouse Services provide skill development and employment services that help individuals to develop skills in social networking, independent living, budgeting, accessing transportation, self-care, maintaining educational goals, and securing and retaining employment.
Recovery Learning Communities (RLCs)	Consumer-operated networks of self help/peer support, information and referral, advocacy and training activities.
DMH Case Management	State-operated service that provides assessment of needs, service planning development and monitoring, service referral and care coordination, and family/caregiver support.
Emergency Services (ESP)	Mobile behavioral health crisis assessment, intervention, stabilization services, 24/7, 365 days per year. Services are either provided at an ESP physical

	site or in the community.
Homelessness Services	Comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
Child/Adolescent Services	Services include case management, individual and family flexible support, residential, day programs, respite care and intensive residential treatment.
Forensic Services	Provides court-based forensic mental health assessments and consultations for individuals facing criminal or delinquency charges and civil commitment proceedings; individual statutory and non-statutory evaluations; mental health liaisons to adult and juvenile justice court personnel.

DMH supports children, adolescents and their families with services that include residential treatment, after school programming, and a range of community services to maintain youth at home and in school.

Research is also a critical mission of the Department of Mental Health. As a statutory requirement, research advances the treatment, rehabilitation, and recovery of individuals with serious and persistent mental illnesses. Research is conducted in a variety of settings across the state, mainly through DMH funding of two Research Centers of Excellence: the Commonwealth Research Center, located at Massachusetts Mental Health Center and through Beth Israel Deaconess Medical Center Department of Psychiatry and Harvard Medical School; and the Center for Mental Health Services Research, through the Psychiatry Department at the University of Massachusetts Medical School in Worcester. At any given time, approximately 100 research studies are taking place at DMH sites.

DMH has been engaged in transforming the delivery of mental health services in the Commonwealth into a more recovery oriented, person centered and community focused system of care. The CBFS services referenced above reflects a dramatic redesign of community services that gives providers flexibility and responsibility to provide services designed to meet the changing needs of consumers as they attain their recovery goals. The Department's initiatives strive to align the services and supports we provide with the needs and choices of consumers we serve.

DMH is committed to its Community First Vision. This means our service system strengthens consumer choice; is client-centered, family-focused and driven by client outcomes; relies on an extensive peer workforce; and enhances clients' ability to move through the community and inpatient systems of care.

Significant components of the DMH Community First Vision are:

Community Based Flexible Supports (CBFS)
A new model of mental health service delivery for the Commonwealth, the CBFS initiative is a striking and complete change in the DMH community system of care. Implemented in July 2009, CBFS is helping consumers realize the goal of successful recovery and community living. With less focus on purchase of individual programs and more attention to consumers' choice and preference, CBFS is driven by recovery and the participation of peers—persons with the lived experience of mental illness. CBFS is tightly integrated with our Community First Initiative, a necessary alignment and balance of the community and inpatient systems of care that DMH provides. Prior to the implementation of CBFS, the Department purchased programs that were not structured in a way to meet individual needs but required consumers to fit into the existing program models. CBFS services are designed to maximize flexibility and adjust as the needs of consumers change. CBFS offers a continuum of services that provide for integrated rehabilitation and minimize the need for consumers to change service providers. CBFS places a major emphasis on employment and consumer driven care delivered by mental health professionals and peer workers.

Children's Behavioral Health Initiative (CBHI)
The Children's Behavioral Health Initiative is an interagency initiative of the Executive Office of Health and Human Services. The family and the child are at the center of our service system, strengthening and integrating services for families and their children with emotional and mental health needs. Key Provisions are early identification and education through standardized screening and assessment tools; and enhanced community based services, including intensive case coordination and Wraparound model which at its core is designed to give children and families a lead voice in determining what services they will receive and in setting their own goals.

FY 2012 House 1 budget Impact
Since the economic collapse that began in 2009, the impact on state budgets has been significant and the implications of this continue in FY2012. We have had to make difficult and painful budget decisions, but it is important to remember that DMH continues to serve 21,000 with the services and support described above. We increased the range and scope of its community services, which has resulted in decreased reliance on inpatient care. Funding has shifted in support of community services, as approximately 97 percent of individuals served by DMH live in the community. Funding for community mental health services has increased by $56.7M since FY2002.

The FY2012 House 1 budget recommends $606,993,222 for DMH. This represents a 3.4 percent decrease below our FY2011 appropriation. The Department's overall reduction for FY2012 is $21.4 million, exclusive of

inflationary factors. In FY2011 the Department was funded for approximately 3,000 FTEs and contracted for approximately $400M of services from community providers. The FY2012 House 1 recommendation will require the elimination of 250 FTEs in the inpatient services account.

The FY2012 budget reflects a $16.4M reduction in our inpatient account, a $3M reduction in adult community services and $2M in children's community services. In considering budget realities for FY2012 and beyond, DMH continues its commitment to strengthening our community service system whenever possible. We are developing plans to expedite additional reduction of statewide inpatient capacity, and to transition inpatients ready for discharge to the community consistent with our Community First initiative.

The $21.4 million reduction in House 2 will require that the Department make cuts in services. We are committed to implementing these reductions in ways that will permit us to remain faithful to the fundamental principles mentioned earlier.

1. Reduction of Inpatient Services through Consolidation/Facility Closure:
The FY2012 House 1 funding will require that we close approximately 160 inpatient beds across our system. This will impact all remaining inpatient facilities, and may include the closure of an entire facility, as well as unit closures throughout the system. It is important to note that the Department is opening a new state-of-the-art hospital in central Massachusetts on the Worcester State Hospital campus in 2012. The new DMH hospital will have a total of 320 beds (260 adult inpatient; 30 child/adolescent inpatient; and 30 intensive residential treatment program beds). The operating costs of the new hospital are estimated at $60M annually. The funding for the new DMH hospital will be achieved through the reallocation of current facility beds, staffing, and support costs. In effect, this will require the closure and realignment of other DMH facilities. Transition to the new hospital will require an acknowledgement of one time costs to prepare staff to work within the new environment while managing parallel operations during transition to the new hospital.

This reduction in our inpatient system will, nevertheless, also impact our community service system. The individuals who will be discharged from the hospitals will generally require a high level of community support. Although we continuously manage the effective utilization of our community services system in a way that is individualized and flexible and that meets the rise-and-fall of intensity of need of mental illnesses, it will prove difficult to accommodate the individuals who will be newly discharged without a corresponding effect on community services. We are hopeful that we will be able to tap our experienced case management workforce to help mitigate this gap.

2. Reductions in some community services:

A $2M reduction in Child and Adolescent Mental Health Services will reduce Individual and Family Flexible Support Services by 15 percent. Approximately 175 children and their families currently served will no longer receive these services. A $3M reduction in Adult Mental Health Services will also result in loss of some Clubhouse services.

In addition to the opening of the new DMH hospital in 2012, the Department would like to acknowledge another major project which is underway and must be considered as we prepare to meet our budget realities in the coming next two fiscal years. The redevelopment of the Massachusetts Mental Health Center (MMHC) will make it possible for DMH clients with serious and persistent mental illness to receive care and treatment in an urban state-of-the-art facility. This project is part of a unique initiative of DMH, the Division of Capital Asset Management and Brigham and Women's Hospital/Partners Healthcare, and has been in the planning process for many years. The new MMHC will also contain a medical clinic, designed to improve access to medical care for a population whose mortality and morbidity rates are significantly higher than the general population. The Department will also be relocating MMHC staff and programs, currently located on the Lemuel Shattuck Hospital campus, back to the Longwood Medical Area. Construction is now underway and Phase 1 includes the new MMHC, scheduled to open in late fall of 2011. The MMHC will be built at no cost to the Commonwealth.

Despite the extraordinary fiscal challenges we have faced, we are still accomplishing extraordinary things. We are creating new opportunities for the public mental health system as it is solidly grounded in recovery, resiliency, partnership and consumer choice, reflecting the vital principles of consumer voice, self-direction, hope and recovery. Consumers and stakeholders in the mental health community continue their active participation in planning and policy development, helping us further our priority to create a consumer outcome-driven system. The collection and review of data, commitment to continuous quality improvement throughout the system and a focus on promoting full and productive life expectations for adults and children, including employment, housing and education are the foundation of our efforts.

FACTS ABOUT MENTAL ILLNESS

People with Mental Illness Enrich our Lives

Abraham Lincoln • Virginia Woolf • Lionel Aldridge • Eugene O'Neill • Ludwig van Beethoven
Leo Tolstoy • Vaslov Nijinsky • John Keats • Tennessee Williams • Vincent Van Gogh Isaac Newton Ernest Hemingway • Sylvia Plath • Michelangelo Winston Churchill • Vivien Leigh • Jimmy Piersall
Patty Duke • Charles Dickens

- One in 5 Americans has a diagnosable mental illness.
- Twenty-two percent of Americans ages 18 and older have a diagnosable mental disorder in a given year. Applied to U.S. Census figures, that's 44.3 million Americans.
- People with serious mental illness die 25 years earlier than people in the general population.
- Suicide is the 11th leading cause of death among Americans.
- Four of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders.
- Serious mental illnesses, which affect 6 percent of American adults, cost society $193.2 billion in lost earnings every year.
- More than 10 percent of all inmates in prisons and jails – 250,000 individuals – have schizophrenia, bipolar disorder or major depression, at an annual cost of $6 billion. **This is nearly 4 times the number of those cared for in hospitals.**
- Success rates for treating mental illnesses are high:
  - Treatment success rate for bipolar disorder: **80%**
  - For major depression: **65%**
  - For schizophrenia: **60%**
  - Treatment success rate for heart disease: **45%**

Massachusetts Department of Mental Health

COMMUNITY FIRST

Highlights of the Fiscal Year

Great Day, Greater Milestone with Opening of new Massachusetts Mental Health Center

The new Department of Mental Health Massachusetts Mental Health Center (MMHC), opened for business on Nov. 7. With a near 100-year history in the Longwood neighborhood, MMHC returned to its roots in two new, state-of-the-art buildings. A unique public/private partnership between DMH and Partners HealthCare/Brigham and Women's Hospital led to the much-celebrated redevelopment of the MMHC in Boston's Longwood Medical Area. The lease agreement between the Commonwealth and Partners HealthCare/Brigham and Women's Hospital includes the redevelopment and construction of the MMHC complex at no cost to the Commonwealth.

The two buildings, one at 75 Fenwood Road and the other at 20 Vining Street, together comprise the DMH facility. DMH Metro-Southeast Area Director Clifford Robinson praised the many individuals who worked diligently over the past 10-plus years to make this day a reality. "Especially the leadership of DMH and DCAM and our partners at Brigham and Women's Hospital," Robinson said. "And it will benefit not only the individuals who will be served by the new MMHC, but the neighborhood, the medical community and the City of Boston as well."

MMHC's clinical, training and research programs were temporarily housed at the Lemuel Shattuck Hospital and the Landmark Center and reunited on one campus when the new facility opened. The new main facility at 75 Fenwood Road is a six-story, 56,000-square-foot building that will provide clinical, research and administrative space. The 20 Vining Street facility, a three-story brick building, will house the Partial Hospitalization Program and the Fenwood Inn transitional shelter. Both buildings carry the prestigious Leadership in Energy and Environmental Design (LEED) for Healthcare silver certification, a rating system developed by the U.S. Green Building Council.

Certified Peer Specialist Role Evolves at DMH

The seminal 1999 Surgeon General's Report on Mental Health highlighted the role of peer-to-peer support in a person's recovery. Drawing on shared experiences, treatment can be more effective with the involvement of someone with similar perspectives who can, in turn, become a role model and a source of inspiration and hope. At DMH, the role of peers has expanded and evolved as an important one in a recovery-oriented system of care.

Deanna Bell, pictured here, is a Certified Peer Specialist (CPS) who is the peer liaison at Taunton State Hospital (TSH). Deanna first became aware of the peer liaison role while working at Worcester State Hospital as a nurse. "I found the role

of the peer liaison at Worcester, who is Deni Cohodas, to be helpful to both peers and staff. I was inspired by her work and became more interested in the role of peer liaison," said Deanna.

Deanna learned of the new peer positions posted in DMH Connections, the Department's newsletter. She applied and interviewed and was hired for the peer position at Taunton. After Deanna began working, she was encouraged by her supervisor Jane Musgrave to take a series of trainings to better serve the consumers at TSH. She completed a group facilitator training, Depression and Bipolar Support Alliance Facilitator training, WRAP facilitator training and training to earn the designation of Certified Peer Specialist.

As a peer liaison, Deanna is involved in many roles. She participates in restraint debriefings, is a member of the Recovery Integration Committee and co-chairs the DMH Statewide Restraint and Seclusion Elimination Sub-committee with Attorney Walter Nunes from the Disability Law Center. She is also a member of the Rehabilitation Department at TSH where she facilitates groups, participates in the vocational rehabilitation program and provides one-to-one peer support as needed. Deanna also participates in the morning hospital rounds and is often able to contribute a "peer perspective" to the discussion. Deanna says she is very excited to be a Person Centered Planning facilitator also.

Trainers Larry Fricks and Ike Powel join Metro Boston Director of Community Services Patty Kenny.

In September, Deanna joined fellow peer specialists at the Solomon Carter Fuller Mental Health Center for the Peer Whole Health and Resiliency (PWHR) training. This is the first two-day training developed collaboratively by DMH, the Massachusetts Behavioral Health Partnership (MBHP) and the Transformation Center on this topic to provide Certified Peer Specialists with the skills needed to help another peer develop, implement and sustain a whole health goal. PWHR is emerging as an exciting new role for peer specialists. The training was led by Larry Fricks, Deputy Director of the SAMHSA/HRSA Center for Integrated Health Solutions; and Ike Powell, a USPRA Certified Psychosocial Rehabilitation Practitioner (CPRP), certified by Mary Ellen Copeland to train in Wellness Recovery Action Plans. Deanna said she felt that the PWHR training was reinvigorating and reinforced the importance of peer participation and mentoring as it pertains to health and resiliency.

"It was wonderful to have this peer training, to see others in recovery and to be part of our peer workforce here in the Commonwealth," Deanna said. "I am always amazed by the talent, perseverance, kindness and professionalism of my peers. It makes me proud to be a CPS and proud to be a member of this community."

DMH Responds to Tornado Disaster

The tornadoes that cut a path of devastation through Western and Central Massachusetts this summer challenged many families, individuals and communities.

Volunteers from throughout the state responded to the work of rebuilding lives, homes, churches and schools for the affected communities. DMH and its partner mental health providers provided assistance to shelter sites, communities, local school systems, the Division of Transitional Assistance help centers and the Federal Emergency Management Administration (FEMA) Disaster Recovery Centers through July. Many DMH staff mobilized to respond to this extraordinary and rare disaster.

DMH assistance was requested by the American Red Cross to support their efforts in the Springfield area just hours after the tornado touched down in that city. Led by Rae Ann Frenette from DMH's Central-West Area Western Mass. office, the Department continued for as long as needed to assist in relief efforts to help citizens and communities recover. Rae Ann is also a volunteer with the Pioneer Valley Red Cross and is the local Emergency Management Coordinator.

From the first weekend after the tornadoes struck, DMH engaged the assistance of Riverside Trauma Center, which collaborated with the Behavioral Health Network and The Bridge of Central Mass. to provide crisis relief in Hampden and Worcester Counties. Both regions were declared federal disaster areas by President Obama. DMH and its provider partners deployed approximately 200 crisis counselors and logged more than 2,000 hours of disaster mental health assistance. DMH especially thanks the MassSupport Network's Disaster Behavioral Health Advisory Committee members, who helped mobilize trained crisis counselors to assist in the response efforts.

DMH is currently worked with FEMA and the U.S. Substance and Mental Health Services Administration to launch a Crisis Counseling Assistance and Training Program (CCP) to provide immediate services to impacted individuals and their families in their communities. The key principles of the CCP program are that the crisis outreach provided is:

- **Strengths Based**-CCP services promote resilience, empowerment, and recovery.
- **Anonymous**-Crisis counselors do not classify, label, or diagnose people; no records or case files are kept.
- **Outreach Oriented**-Crisis counselors deliver services in the communities rather than wait for survivors to seek their assistance.
- **Conducted in Nontraditional Settings**-Crisis counselors make contact in homes and communities, not in clinical or office settings.
- **Designed to Strengthen Existing Community Support Systems**-The CCP supplements, but does not supplant or replace, existing community systems.

Veterans Services: Multi-Agency Approach Is Key to Success

State House Forum Highlights Collaborations

In honor of Veteran's Day, Lieutenant Governor Timothy Murray, Attorney General Martha Coakley and Department of Veteran's Affairs Secretary Coleman Nee hosted a multi-panel "State of Veterans Services Forum" at the State House. With opening remarks from the hosts as well as Chief of Deployment Cycle Support of

the Massachusetts National Guard Major Michael Greene and President of the Massachusetts Veterans Services Officer Association Michael Sweeney, the forum was built around panel discussions on access to education, employment and workforce training, mental health and suicide prevention and the criminal justice system--critical topics to the overall well being of the Commonwealth's military veterans.

Debra Pinals, M.D., DMH Assistant Commissioner of Forensic Mental Health Services and Interim Deputy Commissioner of Clinical and Professional Services, and Attorney General Martha Coakley were among the participants on the Veterans & the Criminal Justice System panel.

Dr. Pinals, a principal investigator in a SAMHSA-funded demonstration project called Mission Direct Vet, thanked Dr. David Smelson, co-principal investigator and his team of the University of Massachusetts Medical School Department of Psychiatry and the Bedford Veteran's Administration as well as Secretary Nee and his SAVE team, Chief Justice Connolly of the District Court and Commissioner Corbett of Probation. "None of this would be possible without this seed of interagency collaboration," said Dr. Pinals.

The panel also included Worcester District Court Presiding Justice Judge Paul Loconto and Chief Probation Officer Maureen Chamberlain. Deputy Chief Craig W. Davis and Sarah Abbott represented the Framingham Police Department. Deputy Chief Davis praised the program as a helpful resource for the Framingham Police

Department and said the program is an asset to his officers who, with professional clinical resources, have diverted many individuals into treatment rather than arrest. He noted that every person who is arrested is asked if they are a veteran and if the answer is affirmative, they are automatically linked to Veteran's Services.

"The idea behind jail diversion is not about ignoring criminal conduct or taking a risk," said Dr. Pinals, "it's just the opposite. The idea behind it is based on getting people in the right door, taking a long view of an individual's needs and what brought them to the doors of the criminal justice system in the first place and understand and develop programs that will help them going forward."

Department of Mental Health
Fiscal Year 2012 Budget at a Glance

The Conference Committee report for FY2012 recommends $648,018,701 for DMH. This represents a 6.8% increase over the House I recommendation.

Federal spending is recommended at $3,045,947 and the budget's recommendation relies on DMH collecting $99,204,702 in non-tax revenue.

Account Number	*Account Names*	*FY2011 GAA and Supplemental*	*FY2012 Maintenance*	*House 1*	*House*	*Senate*	*Conference*	*Variance: Conf vs. FY2011 GAA*	*Variance: Conf vs. FY2012 Maintenance*	*Variance: Conf vs. House 1*	*Variance: Conf vs. House*	*Variance: Conf vs. Senate*
50110100	Operations of the Department	26,401,636	26,903,220	26,484,325	26,747,749	26,484,325	26,747,749	**346,113**	**(155,471)**	**263,424**	**-**	**263,424**
50425000	Child/Adolescent Mental Health Services	71,773,509	71,962,561	69,773,509	71,773,509	69,773,509	71,773,509	**-**	**(189,052)**	**2,000,000**	**-**	**2,000,000**
50426000	Mass Child Psychiatry Access Project	-	-	-	-	2,000,000	-	**-**	**-**	**-**	**-**	**(2,000,000)**
50460000	Mental Health Services	323,755,801	325,381,434	320,755,801	323,197,164	329,255,801	329,285,802	**5,530,001**	**3,904,368**	**8,530,001**	**6,088,638**	**30,001**
50462000	Statewide Homelessness Support Services	20,134,424	20,134,424	20,134,424	20,134,424	20,134,424	20,134,424	**-**	**-**	**-**	**-**	**-**
50464000	Choice Housing	125,000	125,000	125,000	125,000	125,000	125,000	**-**	**-**	**-**	**-**	**-**
50470001	Emergency Services and Acute Mental Health	34,122,197	34,214,489	34,122,197	35,122,197	34,214,489	35,122,197	**1,000,000**	**907,708**	**1,000,000**	**-**	**907,708**
50550000	Forensic Services	8,081,928	8,149,699	8,097,163	8,097,163	8,097,163	8,097,163	**15,235**	**(52,536)**	**-**	**-**	**-**
50950015	Hospital Services	143,900,803	148,232,857	127,500,803	128,500,803	146,732,857	146,732,857	**2,832,054**	**(1,500,000)**	**19,232,054**	**18,232,054**	**-**
50950017	Inpatient and Community	-	-	-	-	10,000,000	10,000,000	**10,000,000**	**10,000,000**	**10,000,000**	**10,000,000**	**-**
TOTAL:		628,295,298	635,103,684	606,993,222	613,698,009	646,817,568	648,018,701	**19,723,403**	**12,915,017**	**41,025,479**	**34,320,692**	**1,201,133**
70049033	Rental Subsidy Program for MH Clients	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	0	0	0	0	0

Conference Analysis

Highlights of the Recommendations:

- Conference funds the 5095-0015 (Inpatient Services) $19.2M above House 1. This funding will avoid the need to simultaneously close beds while taking the necessary actions to consolidate capacity and funding into the New Hospital. In addition the budget provides for a revenue retention account of $10M that can be transferred to support the transition costs associated with the opening of the New Hospital as well as support inpatient and community continuing care systems

- Conference restores the reductions within the 5046-0000 (Adult Mental Health Services) contained within House 1; in addition provides $3.9M in community enhancement funding above the restoration of cuts.

- Conference restores the reductions within the 5042-5000 (Child Adolescent Services) contained within House 1.

- Conference funds the 5047-0001 $1M above House 1 and $900K above Maintenance. This funding is to support community enhancement.

- Conference funds the 5011-0100 $263K above House 1 and the remaining accounts are in line with House 1.

- Conference, under the Department of Housing and Community Development budget, maintains funding for the DMH rental subsidy line item 7004-9033.

Appropriation Analysis

5011-0100 Operations of the Department: $ 26,747,749
Conference funded this account $263K above House 1 although $155K below Maintenance.
5042-5000 Child and Adolescent Mental Health Services: $ 71,773,509
Conference funded this account $2M above House 1 and $189K below Maintenance.
5046-0000 Adult Mental Health and Support Services: $ 329,285,802
Conference restores $4.6M reduction taken in House 1 and provides for a $3.9M investment for community enhancements.
5046-2000 Statewide Homelessness Support Services: $ 20,134,424
Conference funded this appropriation at the Maintenance level of funding as did House 1.
5046-4000 Choice Program Retained Revenue: $ 125,000
Conference funded this appropriation at the Maintenance level of funding as did House 1.
5047-0001 Emergency Services and Acute Mental Health: $ 35,122,197
Conference funded this appropriation $1M above House 1 and $900K above the Maintenance level. This funding is intended to support community enhancement.
5055-0000 Forensic Mental Health Services: $ 8,097,163
Conference funded this account in line with House 1 which is $52K less than Maintenance.
5095-0015 Inpatient Facilities and Community-Based Mental Health Services: $ 146,732,857
Conference funds this appropriation $19.2M above House 1, which is $1.5M less than FY2012 Maintenance. This funding will avoid the need to simultaneously close beds while taking the necessary actions to consolidate capacity and funding into the New Hospital.
5095-0017 Retained Revenue for Inpatient and Community: $ 10,000,000

- This funding is to support the transition costs associated with the opening of the New Hospital as well as support inpatient and community continuing care systems.

New/Revised Line Item Reporting Requirements or Directives:

5046-0000 Adult Mental Health and Support Services:
Requires that jail diversion programs in operation and receiving funding from the department of mental health as of June 1, 2011 shall continue to receive funding in fiscal year 2012.

5095-0015 Inpatient Facilities and Community-Based Mental Health Services:
Directs the department in order to comply with the decision in Olmstead v. L.E. 527 U.S. 581 and to enhance care for clients served by the department, the department shall discharge clients residing in the inpatient facilities to residential services in the community when the following criteria are met: (a) the client is deemed clinically suited for a more integrated setting; (b) community residential service capacity and resources available are sufficient to provide each client with an equal or improved level of service; and (c) the cost to the commonwealth of serving the client in the community is less than or equal to the cost of serving the client in inpatient care;

Requires that the department file a report with the secretary of administration and finance and the chairs of the house and senate committees on ways and means on or before December 31, 2011, detailing the procedure, implementation and timing for the closure of any existing inpatient hospital beds and shall include a determination of the capacity in the inpatient public mental health system to effectively and appropriately meet the needs of individuals suffering from mental illness and whether individuals are receiving timely access to state hospital beds.

5095-0017 Retained Revenue for Inpatient and Community:
Requires the department to file allocation plans prior to any transfer from this account to the house and senate committees on ways and means 30 days before any transfer; provided further, that the department of mental health shall submit a biannual report to the house and senate committees on ways and means and the joint committee on mental health and substance abuse detailing the services provided in this item, including but not limited to the number of clients who a) entered state inpatient facilities, b) were discharged from state inpatient facilities, and c) received community mental health services by service type; provided further, that all inpatient data shall be organized by facility; provided further, that the department shall submit the first report by February 1, 2012 and shall include data for the first six months of the fiscal year; and provided further, that the

department shall submit the second report by August 1, 2012 and shall include data for the second six months of the fiscal year.

Outside Sections:

SECTION 81. Chapter 111 of the General Laws is hereby amended by striking out section 25I, as appearing in the 2008 Official Edition, and inserting in place thereof the following section:-

Section 25I. The department, in conjunction with the board of registration in pharmacy and the division of medical assistance, shall establish and implement guidelines to reduce medication waste in facilities licensed by the department, the department of mental health and the department of corrections. The department shall establish such guidelines, based on its review, that are determined to be effective in reducing waste without imposing unreasonable costs on the health care delivery system. In establishing such guidelines the department may consider the following: (i) current technology, standards and reimbursement mechanisms for dispensing and distributing medications to facilities; (ii) requirements implemented in other states for limiting prescription drug waste and any cost-savings realized; (iii) the commonwealth's standards for the return and re-dispensing of patient-specific schedule VI prescription drugs; and (iv) possible incentive mechanisms to prevent prescription drug waste. The department shall promulgate regulations to implement this section.

SECTION 82. The fifth paragraph of section 70E of said chapter 111, as appearing in the 2008 Official Edition, is hereby amended by adding the following clause:-

(p) to obtain from the facility in charge of the patient's care, upon discharge, any bulk medications that were prescribed for the patient during the patient's stay including, but not limited to, aerosol inhalers, topical products such as creams and powders, eye drops, insulin and special order items; provided, however, these bulk medications are patient-specific and personal and would not otherwise be used in the treatment of another patient. Upon discharge from the hospital, these bulk medications shall be considered the personal property of the patient and the prescribing physician shall include in the patient's discharge orders directions for use of these bulk medications.
The department shall promulgate regulations to implement this clause.

SECTION 169. Notwithstanding any general or special law to the contrary, the comptroller shall, in consultation with the commissioner of mental health, transfer $10,000,000 from trust funds established pursuant to section 16 of chapter 19 of

the General Laws to the General Fund within 30 days from the effective date of this act.

SECTION 189. There shall be a special commission to study the commonwealth's criminal justice system, to consist of: the secretary of public safety and security, who shall serve as the chair; the attorney general or a designee; the chief justice of the supreme judicial court or a designee; the president of the Massachusetts Sheriffs Association or a designee; the president of the Massachusetts District Attorneys Association or a designee; the chief counsel of the committee for public counsel services or a designee; a representative from the Massachusetts Bar Association; a representative from the Boston Bar Association; a representative from the Massachusetts Association of Criminal Defense Lawyers; 3 members of the house of representatives, 1 of whom shall be appointed by the minority leader; 3 members of the senate, 1 of whom shall be appointed by the minority leader; and 3 persons to be appointed by the governor, 1 of whom shall have experience in mental health and substance abuse and addiction treatment, 1 of whom shall have experience in providing services or supervision for offenders, and 1 of whom shall have experience in juvenile justice…

SECTION 192. Notwithstanding any general or special law to the contrary, all secretariats, departments and agencies required to report under this act shall file their reports by the dates required in this act via electronic means to the chairs of any committees named as recipients as well as with the clerks of the senate and the house of representatives provided, however, that the house and senate clerks shall develop procedures and requirements for secretariats, departments and agencies for the preparation of the reports to facilitate their collection and storage and such reports shall be made available to the public via the general court's website.