

**Commonwealth of Massachusetts**

# **Department of Mental Health**

## **Annual Report**

**Fiscal Year 2013**



## 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.

## 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.

## 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.

## AUTHORITY

Massachusetts General Law: Chapters 19, 123

*"The Department shall take cognizance of all matters affecting the mental health of the citizens of the Commonwealth."*

Regulations: 104 CMR

DMH is also authorized/required to:

- Approve MassHealth prior authorizations on psychotropic drugs
- Add new diagnoses to the Mental Health Parity statute
- Monitor the Department of Corrections - Segregated Units
- Monitor the House of Corrections - Step-down Units

#### **GENERAL RESPONSIBILITIES:**

- Operates the state psychiatric facilities
- Funds an extensive community service system for qualifying adults and children
- Licenses all private psychiatric facilities and units of general hospitals, as well as community mental health programs providing residential services
- Establishes standards of care
- Provides mental health training and research
- Promotes recovery and self-determination
- Protects human rights

## Brief Description of DMH Services

<b>SERVICES</b>	<b>DESCRIPTION</b>
<b>Inpatient/Continuing Care System</b>	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.
<b>Community Based Flexible Supports (CBFS)</b>	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.
<b>Respite Services</b>	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.
<b>Program of Assertive Community Treatment (PACT)</b>	A multidisciplinary team approach providing acute and long term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served.
<b>Clubhouses</b>	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.
<b>Recovery Learning Communities (RLCs)</b>	Consumer-operated networks of self help/peer support, information and referral, advocacy and training activities.
<b>DMH Case Management</b>	State-operated service that provides assessment of needs, service planning development and monitoring, service referral and care coordination, and family/caregiver support.
<b>Emergency Services (ESP)</b>	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.
<b>Homelessness Services</b>	Comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
<b>Child/Adolescent Services</b>	Services include case management, individual and family flexible support, residential, day programs, respite care and intensive residential treatment.
<b>Forensic Services</b>	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 FY2013**

Marcia Fowler, Commissioner

Clifford Robinson, Deputy Commissioner, Mental Health Services

Kathy Sanders, M.D., Deputy Commissioner, Clinical and Professional Services

Joan Mikula, Deputy Commissioner, Child and Adolescent Services

Robert Menicocci, Deputy Commissioner, Management and Budget

Lester Blumberg, General Counsel

Liam Seward, 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 five divisions in addition to the Commissioner's office—Mental Health Services; Child and Adolescent 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 Recovery Center and 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 2013 Overview

After more than seven years of extraordinary collaboration, effort and hard work, an historic moment arrived for the Department, the Commonwealth and the citizens we serve. Under the Patrick-Murray Administration, **the Commonwealth invested \$302 million to build and open a new, world class public psychiatric hospital** for the first time in more than 100 years. The new state-of-the-art 320-bed Worcester Recovery Center and Hospital (WRCH) opened its doors to patients in August 2012 in Worcester. The capital bond-funded project was met with wide support and is the largest known non-road project in the history of Commonwealth. Not only an investment in infrastructure, the WRCH building design is the future of person-centered and recovery-focused care for individuals with serious mental illnesses and serves as a model nationally and internationally for the latest, cutting-edge psychiatric treatment.



An opening ceremony in mid-August 2012 for the new WRCH and shortly after that in early October patients and staff were transitioned to the new facility in the course of one day, representing a milestone in public mental health care and treatment for Massachusetts.

WRCH would not have been possible without the hundreds of individuals who worked together on a common goal over the course of years. We are proud of what we've accomplished together, all of us—the Patrick Administration, the

Division of Capital Asset Management, many state agencies, consumers, youth, family members and staff of DMH, unions, legislative leaders, designers, architects, builders and scores of stakeholders in the mental health community made WRCH possible. Since 2005, when the first meeting of the Department of Mental Health Facility Feasibility Commission took place, the guiding principles for this historic project focused on recovery for individuals with serious mental illness and Community First, which overwhelmingly supports a person's right to achieve recovery and independence with the right services and supports in communities of one's preference. We believe that recovery from mental illness is not only possible, it is real.

The Department's budget for FY2013 represented a strong acknowledgement and the achievement of our goals and objectives in our service to adults, children, adolescents and families living with serious mental illness. Governor Patrick, by including \$9.9 million to develop an additional 80 community placements this year, demonstrated his unwavering support for our Community First initiative. The FY2013 budget also allowed us to realign our continuing care inpatient bed capacity in a way that reinforces our commitment to moving away from institutional settings toward an environment that emphasizes community support and self-reliance for consumers.

All of our accomplishments and every milestone we reach are the result of the efforts of dedicated DMH employees who each play a crucial part—large and small—in the success of our initiatives. It has been a busy year with many successes.

We opened the state's first peer operated respite program and were awarded several grants such as those directed towards providing services to returning military veterans, training deaf and hard of hearing peer workers, and services to divert individuals away from the criminal justice system into much needed mental health treatment. We made significant strides increasing the number of persons with lived experience in our workforce.

We accomplished the realignment of the DMH inpatient system by opening WRCH; improved treatment for individuals in our care who need not only inpatient psychiatric care but also increased medical care by opening the 45-bed Medically Enhanced Units at Tewksbury Hospital; and successfully complied with the Legislative requirement of a capacity of 45 beds at Taunton State Hospital. This statewide realignment was an immensely challenging and complex undertaking and was accomplished because of the dedication, perseverance, skill and high degree of professionalism of the DMH workforce.

We continue to improve upon our services by moving forward with the implementation of the Six Core Strategies in our inpatient facilities in order to provide effective recovery-focused treatment and increase patient and staff safety



and we will expand that initiative to the community under development by DMH Staff Development called the Collaboration, Assessment, Recovery Environment curriculum, known as CARE. This is an interactive approach to treatment that is person-centered and team-based and you will be hearing more about this exciting training and treatment method in the coming months.

To ensure that our structure supports the Department's strategic goals and objectives, several organizational changes in Central Office supported moving forward with our mission.

We welcomed Kathy Sanders, M.D., as Deputy Commissioner for Clinical and Professional Services (CPS) and State Medical Director. In the interim, Debra Pinals, M.D., Assistant Commissioner for Forensic Service served in that role and very ably maintained continuity, leadership and responsiveness for the CPS Division. We thank Dr. Pinals for her leadership and double duty. Dr. Pinals has fully returned to her duties as Assistant Commissioner for Forensic Services. Additionally, Carol O'Loughlin joined the Mental Health Services Division as Director of Training.

In the Department's CPS Division, Eleanor Shea-Delaney, Assistant Commissioner for Program Development and Interagency Planning, joined CPS reporting to Dr. Sanders as did Beth Lucas, Director of Quality Improvement. The DMH Licensing Office remains within the CPS Division and is overseen by Assistant Commissioner Gary Pastva.

As part of the reorganization, the position of Director of Inpatient Services was eliminated and our hospital chief operating officers report to the Area Directors.

In May 2013, in which our community observes Mental Health Month and Children's Mental Health Week, Commissioner Fowler named Joan Mikula as Deputy Commissioner of Child and Adolescent Services for the Department of Mental Health and creating a discrete division in our organizational structure. Child and Adolescent Services was previously part of the Mental Health Services Division. This reflects that our commitment to the services we provide to children and families will have the greatest impact on people of all ages across the lifespan and for many individuals will interrupt the trajectory towards debilitating adult chronic mental health conditions. Many in the mental health community and among the child-serving agencies and organizations across the Commonwealth know Joan and her tireless dedication to children, youth and families living with serious mental illness and emotional disturbance.

Joan had served DMH as Assistant Commissioner for Child and Adolescent Services since 1985 and her accomplishments are many. She is a driving force on the Commonwealth's health care initiatives and reforms such as CBHI; the development of services for Transitional Age Youth (Emerging Adults); reducing the use of restraint and seclusion; including children and families in the design and delivery of services; and most recently on

the first-of-its-kind interagency procurement with the Department of Children and Families called Caring Together.

We know that approximately one in five children and adolescents experience the signs and symptoms of mental health disorders. We know that half of all lifetime mental illnesses begin by age 14 and three quarters of them by age 24. It is vital to the health and well being of the people of Massachusetts, beginning with our youngest citizens, that we concentrate on early detection, intervention and prevention of chronic adult mental health conditions. Joan's work in this area allows the Department to remain focused on the needs of children and their families.

Recovery, empowerment and peer support for individuals living with mental illness are vital guiding principles for the Department, shaping and informing the services and supports we provide to those who need them. It is a movement, a new way of approaching how we view mental illness, and we are proud that DMH and Massachusetts is on the leading edge of incorporating these principles into our policies, our services, and most importantly our workforce.

As we continue to transform our agency into a recovery oriented and person-centered environment, we welcomed Russell Pierce, J.D. as Director of Recovery and Empowerment, a new position within the Commissioner's Office.

Russell's expertise in peer support and programming, public policy and in engaging and bridging diverse stakeholders will help the Department continue to integrate recovery, consumer empowerment and the value of the lived experience perspective in all of our work, reinforcing our commitment to recovery from serious mental illness. His experience spans organizations such as the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA); the Center for Mental Health Services; and the National Institutes of Health, to name several, as a public health advisor, program and policy developer and community organizer.

The peer specialist movement is growing exponentially across the nation and is also firmly embedded in DMH and provider services and the workforce. The National Technical Assistance Center, the U.S. Department of Health and Human Services, SAMHSA and the National Association of State Mental Health Program Directors all support and promote peer services and the movement that it has become. In a recent report, they acknowledge that there is a "growing understanding that people can recover from mental illness and that peer support has an important role in the process."

Massachusetts is taking the lead in the peer and recovery movement in a number of ways. There are more than 300 Certified Peer Specialists in Massachusetts. Employment of peer workers and/or Certified Peer Specialists is contractually required in DMH Community Based Flexible Supports, Programs for Assertive

Community Treatment and in Emergency Services Programs. DMH funds six Recovery Learning Communities (RLCs), two in each DMH Area. These consumer-run RLCs initiate, sponsor and provide technical assistance to a wide variety of support, education and advocacy activities spread out across their respective regions of the state and continue to develop their capacity to sustain the growing peer workforce in Massachusetts.

Last year, DMH opened its first Peer-Run Respite in Northampton, one of only a dozen peer-run crisis alternatives in the country. Over time, we expect that Peer-Run Respite services will be an effective early intervention to prevent hospitalization and dependency on public mental health services through its focus on recovery and wellness.

Another promising DMH peer-related service we plan to implement is Peer Community Bridging services, which is modeled after a successful pilot conducted in the DMH Northeast division where individuals transitioning from Tewksbury State Hospital were matched with a peer bridge from the local RLC to support transition into the community. Although the pilot was limited to six people over a four-month period, it demonstrated the need for community bridging services and the benefits of having the support of someone who “has been there.”

Family Peer Support is an important component of our peer system and has become vital to families living with mental illness. Family Partners are peers who have worked through their own initial stages of understanding their child’s issues and are prepared to help others on their journey of recovery. The prevalence of Family Partners through the Executive Office of Health and Human Services Children’s Behavioral Health Initiative has put us on the map for our commitment to people with lived experience in the caregiving workforce. There are more than 240 Family Partners in our workforce and this will continue to grow as we move forward.

## **Commissioner's Fiscal Year 2013 Budget Testimony**

**Testimony of Marcia Fowler, Commissioner**

**Department of Mental Health**

**Joint Hearing of the House and Senate Committees on Ways and Means**

**February 22, 2012**

### **Introduction**

I would like to thank the honorable Chairs and members of the Joint Committee on Ways and Means for this opportunity to testify before you today. On behalf of the Department of Mental Health (DMH), we thank you for your continued support of the Department and we look forward to working with you to promote recovery and assure the provision of services that meet the needs of citizens with serious and persistent mental illness.

Our vision that mental health be fully integrated as an essential part of health care is reflected at the core of our mission. As the State Mental Health Authority, DMH assures and provides access to services and supports that are person-centered and recovery-focused to meet the behavioral health needs of individuals of all ages, enabling them to live, work and fully participate as valuable, contributing members of our communities. DMH establishes standards to ensure effective and culturally competent care to prevent illness and promote recovery. DMH 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 our sister state agencies, individuals, families, providers and communities.

With a statewide organizational structure, DMH operates three Area and 27 Site Offices, as well as state-operated hospitals and community mental health centers. This network provides services to approximately 21,000 individuals with severe and persistent mental illness across the Commonwealth, including children and adolescents with serious emotional disturbance and their families through a continuum of care. While some (approximately 10%) of these individuals will require inpatient services at any given time during the year, over 90% receive all or most of their services in the community.

All of the programs, services and functions of the Department are aligned with the Governor's priorities of reducing health care costs and ending youth violence, and support the Secretariat's goals to: promote access to health care; improve the health of individuals, families and communities; enhance health care quality; and improve care coordination for high-risk populations, including those with mental and behavioral disorders. The Department works very closely with our Secretariat partners to create innovative and genuine opportunities for individuals with mental

illness to participate fully and meaningfully in, and contribute to, their communities as valued members. It is our goal to continue to promote equality, empowerment and productive independence of individuals by enhancing and encouraging personal choice.

## **DMH Continuum of Care**

The Department's continuum of care for adults and adolescents includes both community and inpatient services. The Department's Community Services provide support to 21,000 individuals per year. Services include:

- **Community-Based Flexible Supports (CBFS) programs:** This is the cornerstone of the DMH community service system. CBFS provides 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.
- **Emergency Services Programs (ESP):** ESPs provide 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.
- **Assertive Community Treatment Programs (PACT):** PACT programs are a multidisciplinary team approach to providing acute and long term support; community based psychiatric treatment, assertive outreach and rehabilitation services to persons served.
- **Clubhouses:** Clubhouse Services provide skills 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.
- **Case Management Services:** These services provide an assessment of needs, service planning development and monitoring, service referral and care coordination, and family/caregiver support.
- **Crisis Stabilization Services**
- **Respite Services** or temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible.
- **Homeless Outreach Team Programs:** This program provides comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
- **Outpatient Treatment & Medication Management Services**
- **Mental Health Courts:** This mental health courts are an example of a Community First initiative that enhances services for mental health consumers who may have criminal justice involvement. To date, the participants have included both DMH and non-DMH clients and the

participating consumers have shown the ability to obtain work, avoid re-arrest, and remain engaged in treatment services.

- Partial Hospitalization: Partial Hospitalization services provide short term day/evening mental health programming available five to seven days per week. These services consist of therapeutically intensive acute treatment within a therapeutic milieu and include daily psychiatric management.

The Statewide Inpatient System consists of various components, largely in the private sector with some state-operated services.

- Acute inpatient psychiatric care provides short-term, intensive diagnostic, evaluation, treatment and stabilization services to individuals experiencing an acute psychiatric episode.
- There are more than 65 general hospital psychiatric units or private acute psychiatric hospitals licensed by the Department, including more than 360 beds in DMH licensed facilities in the Southeast. More than 70,000 individuals, most of whom are not involved with DMH, are admitted to inpatient psychiatric hospital settings each year.
  - There are 32 DMH operated acute inpatient psychiatric care beds at Community Mental Health Centers in the Southeast. These state-operated beds often allow slightly longer lengths of stay than can be provided in private psychiatric facilities, which can reduce the need for continuing care referrals. They provide enhanced linkages to Southeast Area services through the state operated network of community services in the region.
- Continuing inpatient psychiatric care provides ongoing treatment, stabilization and rehabilitation services to the relatively few individuals who require longer term hospitalization that are beyond the capacity of the acute inpatient system. These individuals are generally transferred to DMH after the conclusion of an acute inpatient course of treatment in a general hospital psychiatric unit or private psychiatric hospital licensed by DMH and admitted to the first available bed in a DMH-operated inpatient unit or state hospital.
  - There are 626 DMH adult continuing inpatient care psychiatric beds across the Commonwealth. Of the 626 DMH continuing care beds, 231 are on DMH units located within Department of Public Health Hospitals.
  - In addition to the 626 adult beds, there are two DMH contracted continuing care inpatient units for 30 adolescent beds are at Worcester State Hospital. These 30 beds will move to the new Worcester Recovery Center and Hospital.
- DMH contracts for six Intensive Residential Treatment Programs (IRTP) for adolescents (85 beds total). Two programs are located in Tewksbury, two in Worcester, one in Taunton, and one in Westborough. The two in Worcester will move to the new Worcester Recovery Center and Hospital. The Taunton IRTP, which is currently located on the grounds of Taunton State Hospital,

will be moved but DMH plans to keep the program in the Taunton area. IRTPs are locked residential treatment settings that provide intensive residential supports and often prevent the need for longer term inpatient hospitalizations.

- DMH also contracts for one Clinically Intensive Residential Treatment Program (CIRT) for children ages 6-12 (12 beds total). This service is located in Springfield and provides intensive treatment for children to help prevent longer inpatient care, transition from acute treatment and prepare for community-based care with their families.

In addition to the 21,000 individuals served, DMH provides forensic evaluation and treatment services to approximately 9,000 individuals each year that are referred to DMH by the Juvenile, District and Superior Courts. The Department also provides step-down treatment for persons coming out of Bridgewater State Hospital and re-entry supports for inmates with serious mental illness returning from incarceration. Further, the Department supports approximately 14 towns and police departments to provide supports for jail diversion services for persons with mental illness.

Research is also a critical part of the DMH mission and is one of the Department's statutory requirements. DMH conducts research into the causes of serious mental illness. The vitality and strength of research into serious mental illness in Massachusetts is an important and powerful tool in the treatment of these diseases. Our research community carries the message of hope - hope for more effective treatments and hope for an eventual cure for mental illness. The Department of Mental Health is committed to this vision and to putting research results into practice. At any given time, approximately 100 research studies are taking place at DMH-funded Research Centers of Excellence located in Boston and Worcester. This research is done in partnerships with some of the world's leading institutions, including Harvard Medical School, Beth Israel Deaconess and UMass Medical.

## **Department Accomplishments**

2012 marks an important watershed for DMH. Over the last 20 years, the Department has significantly increased the range and scope of community-based mental health services, resulting in decreased reliance on inpatient care and a spending shift in support of community-based services. 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. This commitment to Community First strengthens consumer choice; is client-centered, family-focused and driven by

client outcomes; relies on an extensive peer workforce; and focuses on recovery and enhanced ability to move through the community and inpatient systems of care.

In reflection of that commitment, since Fiscal Year (FY) 2004 and projected through FY 2013, DMH will have increased funding for adult community services by approximately \$60 million, including \$9.9M in funding contained within the Governor's FY 2013 House 2 budget. This investment will provide DMH with the annualized funding to fully support the cost of 80 additional community placement opportunities being developed in FY 2012.

While the Department is committed to serving those in the community, there are also individuals that need inpatient services. As part of our inpatient continuum of services, this year, we are opening the new, state-of-the-art Worcester Recovery Center and Hospital (WRCH). The opening of the new hospital is the culmination of nearly a decade of work and dedication on the part of our many partners, staff and consumers. We are grateful for the support of the Legislature throughout the development, planning, design and construction of a project of this magnitude. The Administration fully supports the Worcester Recovery Center and Hospital and the dignity, respect and opportunity for recovery that it will bring to citizens of the Commonwealth living with serious mental illness. The 320-bed recovery center and hospital will serve adults and adolescents through an innovative design, providing an unmatched environment for patients and staff. The final anticipated 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. The annual operating cost of WRCH is approximately \$60M.

The design of the Recovery Center and Hospital reflects stages of recovery from serious mental illness by using familiar environments, ranging from "house" to "neighborhood" to "downtown." The low-rise scale emphasizes the residential character of the new Center and strives to minimize the stigma often attached to psychiatric facilities. Other features that enhance care and support recovery include single bedrooms and bathrooms; the joining of "neighborhoods" to serve multiple units and support a more effective mix of professional skills in the staff; and village green and downtown activity areas which provide secure, safe rehabilitation areas for patients.

As the Department prepares for the new hospital to open, it must make some challenging decisions in order to complete the necessary re-alignment of inpatient capacity and identify the necessary operating dollars to support WRCH. Our priorities in devising a plan to identify those funds were to: maintain DMH's current statement capacity of 626 continuing care beds; stay within the operating funds



available for DMH facilities; and continue our efforts to expand the community system.

To achieve this, the Department will close Taunton State Hospital by December 31, 2012, and consolidate 124 of Taunton's beds into the new facility. Additionally, 45 beds will be transferred to Tewksbury Hospital. This option permits the Department to maintain its current capacity of 626 inpatient beds, while preserving the greatest amount of job opportunities for staff. All Taunton State Hospital employees will be offered new employment opportunities within the Department and all other community mental health services in Southeastern Massachusetts will be maintained.

The Governor's proposed FY13 House 2 budget addresses this transition, while offering the necessary financial support to both open the new hospital in Worcester and provide adequate community services. This plan emphasizes the Administration's Community First initiatives, and importantly promotes the necessary shift from an institutional residence in antiquated facilities to an emphasis on community supports. Finally, the Administration's decision will continue to allow the Department to use available funds for community placements, providing critical mental health supports to those that are living in our communities.

The Department understands that this will have an impact on the community of Taunton and the Southeastern region of the Commonwealth and we are committed to working collaboratively with city and state officials, local stakeholders and members of the statewide mental health community, during the transition. DMH will work closely with patients and guardians to ensure a smooth transition. Transfers to the community or alternative facilities will be based upon clinical determinations and the wishes of patients and their guardians, and assessments and transfers will occur throughout the closure process.

### **Preserved Programs and Services**

The Governor's budget offers responsible, balanced, and innovative solutions to address the ongoing fiscal challenges facing the Commonwealth. The Governor's FY13 House 2 budget recommends a total of nearly \$666 million for DMH, which is a 3.7% increase above projected FY12 spending, for the Department to continue to deliver cost-effective, high quality services. This budget supports the overall programmatic and operational needs to maintain the current levels of services delivered by DMH and its provider partners.

Additionally, the Governor's budget proposes an increase to the community mental health services account by \$9.9M or 3% from FY12 estimated spending levels,

while preserving funding for community placements for high acuity patients currently in DMH inpatient facilities.

House 2 will also allow DMH to maintain its inpatient bed capacity at 626 with an increase of \$6.69 million or 4.6% from FY12 estimated spending levels. This recommendation supports the full operation of the new Worcester Recovery Center and Hospital by December 31, 2012. Additionally, this budget preserves DMH Clubhouse services.

Finally, I want to stress my support for the many Administration initiatives that will lead to better services and improved quality for people with mental illness. House 2 supports several transformational initiatives that advance the Governor's goal of achieving real and lasting health care cost containment, including the Money Follows the Person (MFP) Demonstration Project, the Patient Centered Medical Home Initiative (PCMH), and the Duals Initiative. We know that providing integrated and coordinated care for patients leads to reduced health care costs and improved quality, which is especially critical for those with disabilities. We must continue to do everything we can to continue to reform the system and provide better health care to all in Massachusetts.

## **Conclusion**

I am proud to share that this department continues to do extraordinary things considering the extraordinary fiscal challenges we have faced as a Commonwealth. We are creating new opportunities for the public mental health system to be solidly grounded in recovery, resiliency, partnership and consumer choice. It is important to acknowledge that the Department's work reflects the vital principles of consumer voice, self-direction and recovery. Massachusetts has been a leader in caring for people with mental illness since it built the nation's first public asylum in Worcester in 1833. Since then, the DMH system has evolved into a community-based network of care. Clients and stakeholders in the mental health community have increased their participation in planning and policy development, helping us further our priority to create a client outcome-driven system that is supported through the use of data and focused on promoting full and productive life expectations for adults and children, including employment, housing and education.

I thank you for the opportunity to address this committee. I would be pleased to provide you with more detailed information or answer any questions you may have.

## Highlights of the Fiscal Year

### **GOVERNOR PATRICK AND LIEUTENANT GOVERNOR MURRAY CELEBRATE HISTORIC OPENING OF THE WORCESTER RECOVERY CENTER AND HOSPITAL**



*Governor Deval Patrick joined Commissioner Fowler and Merlin the assistance dog as they viewed the Adolescent Wing during the tour of WRCH.*

Governor Deval Patrick and Lieutenant Governor Timothy Murray officially opened the Department of Mental Health (DMH) Worcester Recovery Center and Hospital (WRCH) in August 2012, joining hundreds of stakeholders in the mental health community to celebrate an historic milestone in public psychiatric care and

treatment in the Commonwealth. The \$302 million, 320-bed 428,000 square-foot WRCH is built on the grounds of the former Worcester State Hospital.

"The new state-of-the-art Worcester Recovery Center and Hospital marks an important shift in how we deliver mental health services. WRCH's innovative and revolutionary design continues our commitment to ensure that all residents have access to quality, affordable health care," said Governor Patrick. "I am proud of our investment in this facility and know that it will serve the patients and families of our Commonwealth for generations to come."

"The Worcester Recovery Center and Hospital is a major achievement for the Commonwealth and most importantly the adults, adolescents and families who face the challenges of mental illness every day," said Lieutenant Governor Murray. "The community relies on us for service, and this new undertaking represents our commitment to bringing state-of-the-art mental health care to those most in need. As the largest non-transportation construction project we have undertaken in more than 50 years, today we join many partners and hundreds of stakeholders to celebrate the history of this site, the renewed architecture to support future service, and significant job creation this new facility will create for Worcester and the region."



This is the first time since the 1950s that the Commonwealth has built a new psychiatric facility. The state-of-the-art design by Ellenzweig Associates of Cambridge is a national model that fosters recovery and rehabilitation. The facility includes a 260-bed adult hospital, a 30-bed adolescent inpatient facility and 30 adolescent intensive residential treatment beds. General obligation bonds provided

through the Legislature and supported by the Patrick-Murray Administration provided the \$302 million in capital funding for construction of WRCH. The construction was managed by Division of Capital Asset Management (DCAM) and Gilbane, Inc. was the general contractor.

## **DMH Hosts First Annual Stephanie Moulton Symposium in Honor of Dedicated Mental Health Worker**

In December 2012, the mental health community came together for a day of remembrance and collective focus on staff training as more than 400 stakeholders gathered at the John F. Kennedy Library to honor and remember the late Stephanie Moulton, a passionate and dedicated mental health professional. It was the first annual Department of Mental Health symposium named in Stephanie's honor, convening persons with lived experience, direct care and mental health workers, providers and DMH staff.

"This is a time to honor Stephanie's work, her memory and her contribution to the care of individuals living with mental illness," said Commissioner Marcia Fowler, "I am grateful for the commitment shown by Stephanie's family to celebrating those within this honorable profession."

Sen. Frederick Berry, the Majority Leader of the State Senate and legislative champion for the bill that established the Stephanie Moulton Symposium, was also honored for his more than 30 years of leadership and support for the mental health community.

"This is an important day to remember the selfless life of Stephanie Moulton. I thank the Patrick-Murray administration and all attendees for their commitment to the implementation of best practices for the field," said Senator Berry. "I want to especially commend Stephanie's mother, Kim Flynn, for her unwavering pledge to pursue safety for all direct care workers."

The theme of the first annual Stephanie Moulton symposium was "Reconciliation and Moving On." The day-long event at the JFK Library included workshops focused on trauma response, healing, and lessons learned and concluded with a moving ceremony and tribute to Stephanie Moulton created by her peers and members of the mental health community. DMH will hold this event each year in Stephanie's honor to provide training for community-based mental health workers.

Participants also heard from keynote speaker Dr. James O'Connell, M.D., president of Boston Health Care for the Homeless.



DMH also established an annual award that is to be presented to a direct care worker who embodies the spirit, compassion and professionalism of Stephanie Moulton. The inaugural Stephanie Moulton Memorial Award was presented today to Josephine Roman, a residential counselor at Community Healthlink in Worcester. Ms. Roman's compassionate outreach to persons with mental illness and her forward-thinking approach serves as an example for direct care workers to follow.

## **DMH Research Conference Focuses on Recovery**

DMH and the DMH Centers for Research Excellence hosted their annual research conference at the University of Massachusetts Medical School in Worcester. This year's theme was "Relationships and Recovery: Advancing the Research." Attended by more than 100 providers, administrators, consumers, researchers and family members, the day began with welcome remarks from Commissioner Marcia Fowler and Interim Deputy Commissioner of Clinical and Professional Services Debra Pinals, M.D. After discussing the importance of consumer voice in research, researchers from the UMMS Center for Mental Health Services Research and the Harvard Commonwealth Research Center presented on the role of relationships in treatment settings and the value of peer relationships to recovery for adolescents and young adults.

This year's conference was particularly significant as it was the first time all planning, organization and execution of the conference was spearheaded by the Research Centers' Consumer Councils - the UMMS [MHE & You Community](#) and the Harvard Consumer Advisory Board

## **DMH Hosts 2013 Citizens Legislative Breakfast Series**

A 16-year tradition continued as DMH hosted its annual Citizens Legislative Breakfast series, an opportunity for members of the mental health community to meet with their legislators, thank them for their support and discuss how the Department helps people with mental illnesses recover and live independently in communities of their choice. It is traditionally an opportunity for consumers and family members to share good news and success stories about their life experiences.



Commissioner Fowler and the Rokosz Family

Tunefoolery warmed up the crowd at the Northeast region breakfast at the State House as emcees Ryan Murray and Annabelle Shestak led the program and eloquently introduced DMH Commissioner Fowler and Northeast-Suburban Area Director Susan Wing and legislative sponsors Senator Barry R. Finegold and Representative Theodore Speliotis. Two individuals and families with lived experience shared their stories--Mary Rokosz, who introduced her daughter Sophie Rokosz. Sophie is currently attending Westborough High School and is an avid book reader. She hopes to attend the University of Vermont to become a writer and a therapist specializing in Dialectical Behavioral Therapy and Cognitive Restructuring Therapy. Another speaker, Tori Frazier, is a goal oriented and selfless young woman with great perspective in her life and a desire to help people. She hopes to fulfill this desire by pursuing a career in psychology.



Advocates Music Jam Band woke up the crowd as returning emcee Alan Jensen led a heartfelt program at the Metro Suburban Communities Breakfast, held on Valentines Day. The legislative sponsors were Senator Karen E. Spilka and Representative Ruth Balser. Senator Spilka, *pictured above*, heard the personal stories speakers Mark Ethridge and family member Katie Harlow, and shared hew own personal experience growing up in a home where her family member lived with mental illness. Mark Eldridge, who receives CBFS supports through Eliot Community Human Services Inc., now lives in his own apartment. He has worked hard for many years to increase his independence and has met many personal goals.



The Central Communities breakfast was held for the first time in the Conference Center of DMH's Worcester Recovery Center and Hospital (WRCH). DMH Central-West Area Director Susan Sprung introduced legislative Sponsors Vice-Chairman of the Senate Committee on Ways and Means Senator Jennifer L. Flannigan, *pictured above with Commissioner Fowler*, and Representative James O'Day. Recovery perspectives were shared by Eric Vassar, Beth Griffin, John Trask and Meri Viano and her son Nico Viano. Both Beth Griffin and John Trask have pursued careers in the mental health field as Certified Peer Specialists and are currently employed at WRCH. Mr. Vassar participated in transitional employment and training through his local clubhouse and today works at Home Depot. He was recently awarded employee of the month for his outstanding work ethic and customer service. His employment has given him the opportunity to be independent and a connection to the community through the colleagues and friends he has made there.

"We have evolved and aligned our programs and services with the preferences of consumers and families who have told us over and over that people recover faster when they are reintegrated into the community and resume their relationships, work, education and life. Ultimately, it is a home, a job, an education, the



relationships and social connections that people living with mental illnesses want - it's what we all want - and that is what Community First is all about," said Commissioner Fowler.

The breakfasts continue to be a shining example that our legislative leaders are committed to supporting and funding mental health services to support consumers and families in achieving their goals.

## Department of Mental Health Fiscal Year 2013 Budget at a Glance

The Conference Committee report for FY2013 recommends \$681,353,922 for DMH including collective bargaining negotiated increases. This represents a 2% increase over the House 2 including collective bargaining.

Federal spending is recommended at \$2,901,353 and the budget's recommendation relies on DMH collecting \$106,513,597 in non-tax revenue.

Department of Mental Health Fiscal Year 2013  
Conference

Account Number	Account Names	FY2012 GAA	ANF Maintenance Including Collective Bargaining Reserves	House 2	House 2 Including Collective Bargaining Reserves	House	House Including Collective Bargaining Reserves	Senate	Conference	Variance: Conf vs. FY2012 GAA	Variance: Conf vs. FY2013 Maintenance incl CB Reserves	Variance: Conf vs. House 2 incl CB Reserves	Variance: Conf vs. House incl CB Reserves	Variance: Conf vs. Senate
50110100	Operations of the Department	26,747,749	27,750,030	27,565,416	27,750,030	27,093,862	27,278,476	27,373,198	27,373,198	625,449	(376,832)	(376,832)	94,722	-
50425000	Child/Adolescent Mental Health Services	71,773,509	77,979,597	77,878,882	77,979,597	77,571,631	77,672,346	76,816,757	76,816,757	5,043,248	(1,162,840)	(1,162,840)	(855,589)	-
50460000	Mental Health Services	332,285,802	343,326,085	342,427,150	343,326,085	343,168,578	344,067,513	343,927,150	344,027,150	11,741,348	701,065	701,065	(40,363)	100,000
50462000	Statewide Homelessness Support Services	20,134,424	20,134,424	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	125,000	125,000	-	-	-	-	-
50470001	Emergency Services and Acute Mental Health	35,122,197	35,242,300	35,202,850	35,242,300	35,249,301	35,288,751	35,242,254	35,242,254	120,057	(46)	(46)	(46,497)	-
50550000	Forensic Services	8,097,163	9,178,528	9,153,872	9,178,528	8,297,163	8,321,819	8,634,856	8,321,818	224,655	(856,710)	(856,710)	(1)	(313,038)
50950015	Hospital Services	146,732,857	156,803,897	153,488,321	154,577,647	161,488,321	162,577,647	160,138,321	159,313,321	12,580,464	2,509,424	4,735,674	(3,264,326)	(825,000)
50950017	Inpatient and Community	10,000,000	-	-	-	-	-	10,000,000	10,000,000	-	10,000,000	10,000,000	10,000,000	-
<b>TOTAL:</b>		651,018,701	670,539,861	665,975,915	668,313,611	673,128,280	675,465,976	682,391,960	681,353,922	30,335,221	10,814,061	13,040,311	5,887,946	(1,038,038)
70049033	Program for MH Clients	4,000,000	4,000,000	4,000,000	4,000,000	4,500,000	4,500,000	4,000,000	4,000,000	0	0	0	(500,000)	0

50950017 This funding is to support the transitional costs associated with the realignment of inpatient services, and any balance will be available for community services.

### Conference Analysis

#### Highlights of the Recommendations:

- Conference funds the 5095-0015 (Hospital Services) \$4,735,674 above House 2 including reserve draws. This is \$400K less than required to meet directives contained within the line item language. The line item language directives require the department to maintain not less than 626 continuing care inpatient beds in its system in fiscal year 2013, and of the 626 beds, 45 beds shall be continuing care inpatient beds on the campus of Taunton State hospital until the commission established in section 186 of the outside sections submits its report to the General Court. Further the department is directed to allocate \$100,000 for the purpose of hiring a consultant as established in section 186.

In addition within this line there is a directive requiring the secretary of housing and economic development, or a designee, and the commissioner of capital asset management and maintenance, or a designee, to meet jointly with affected municipal officials and produce a plan for the timely demolition of buildings, remediation of hazardous materials and future use of the property, including disposition by the commonwealth for redevelopment or conservation, 180 days prior to closing an inpatient mental health facility.

- The 5011-0100 (Operations of the Department) account is funded \$376,832 below House 2 recommendation including reserve draws. There is an additional \$100K reduction to meet the directive of the line item requiring that not less than \$100K be expended for the Stephanie Moulton Safety Symposium established in section 55 that amends chapter 19 of the general laws.

Included in this line item is the PAC'ing of the 5095-0017 account of section 2 of chapter 68 of the acts of 2011.

- Conference funds the 5042-5000 (Child Adolescent Services) \$1,162, 840 below House 2 including reserve draws. This recommended funding level is intended to fully fund Chapter 257 for FY2013.
- The 5046-0000 (Mental Health Services) account is funded \$701,065 above House 2 including reserve draws. This is \$300K less than required to meet the directive contained within the line item language. The line item language requires the department to allocate \$1M to clubhouses above fiscal year 2012 expenditures for clubhouse services.
- The 5055-0000 (Forensic Services) account is funded \$856,710 below House 2 including reserve draws. This reduction hampers the department's ability to address retention/salary equity issues within the contracted court clinic staffing.
- Conference, under the Department of Housing and Community Development budget, maintains funding for the DMH rental subsidy line item 7004-9033 at the House 2 recommended funding level of \$4,000,000.

#### **Outside Sections:**

**SECTION 55** - Amends Section 1 of chapter 19 of the General Laws, as appearing in the 2010 Official Edition, by adding that the department shall, on an annual basis, conduct a safety symposium known as the Stephanie Moulton Safety Symposium, which shall be a forum to discuss topics including, but not limited to, best safety practices and policies and risk management for community-based services.

**SECTION 186** - Establishes an advisory committee for the purpose of arranging for and evaluating an independent analysis of the public and private behavioral health care services available to the residents of the commonwealth.

Within this section the advisory committee members are defined, as well as the scope of the report, the timeframes for response to the legislature and other required directives. Specifically that the department must maintain inpatient beds on the Taunton Campus until the report is filed.