

Commonwealth of Massachusetts

Department of Mental Health

Annual Report

Fiscal Year 2014



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

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 FY2014

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

Patricia Mackin, Deputy Commissioner of 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 2014 Overview

Organizational Changes and Transitions

It has been several years since the Department underwent significant organizational and administrative transformation in combining our previous six Areas into three and in that time, we learned a great deal about the operational and administrative needs of all of our unique Areas and communities of the Commonwealth. This helped us develop a thoughtfully considered plan and decision to return the Metro-Southeast Area back to its original Metro Boston and Southeast Areas, effective October 1, 2013. As of that date, the Area configuration for the Department is: Metro Boston; Southeast; Central-West; and Northeast-Suburban. The reorganization addressed the unique natures of Metro Boston and Southeast Areas and create a more effective and responsive statewide structure to best deliver services to the adults, children, adolescents and families that rely on us every day.

On October 1, 2013, Howard (Buddy) Baker-Smith was named the DMH Southeast Area Director. Mr. Baker-Smith comes to this position with an extensive background and tenure in delivering mental health services in the Southeast Area. He served as the Director of Community Services for the Southeast Division of the formerly combined Metro-Southeast Area. He also worked as the Southeast Area Housing Coordinator and has been an integral member of the Southeast Area management team since joining the Department in 1988.

The Department extends its appreciation to Patty Kenny for serving as the Metro-Southeast Area Director for the past year and a half, a period marked by enormous changes and challenges in Southeast Area facilities and Metro Boston and Southeast Area community programs. She resumed her position of Metro Boston Area Director on October 1, 2013.

On Jan. 1, 2014, Commissioner Fowler appointed Patricia Mackin as Deputy Commissioner for Management and Budget, replacing Robert Menicocci. For the past 25 years, Ms. Mackin has held a number of high-level positions, including Interim Commissioner of our agency and Chief of Staff. She also served in the DMH Division of Management and Budget, where she spent 12 years as Director of Contract Administration, Audit and Systems; and Assistant Commissioner for Administration and Finance overseeing the administrative operations of the Department. Her depth of knowledge of DMH brings continued stability to the operational aspects of our agency. Patricia possesses a high level of institutional knowledge and experience in the administrative and fiscal aspects of DMH's operations, and will play a vital role as we move forward with the critically important initiatives that will bring greater efficiency, continuity and accountability to our agency.

Because of tireless work of the DMH staff in service to adults, youth and families living with serious mental illness, we reached many accomplishments, including

- continuing a 12-month downward trend in the average restraint/seclusion rates with the lowest rate of the past year in November 2013 (5.0 restraints/1,000 patient days, 47 percent lower than that reported in November 2012. And further, 25 percent of our continuing care/acute units reported no restraints this past November;
- advancing the integration of behavioral health and primary care through enhancements to the Massachusetts Child Psychiatry Access Project (MCPAP) that expand pediatrician capabilities to respond to the care for children and youth with behavioral health needs and their families;
- assigned DMH Liaisons to every psychiatric hospital and psychiatric inpatient unit in the Commonwealth to facilitate patients return to home communities, where we know people can recover and achieve their hopes, dreams and independence;
- and with the wide reaching group of stakeholders, DMH held the first of what I hope will be many Community Conversations across the Commonwealth about mental illness. With our “Many Faces of Mental Health: Sharing Our Stories” event held in September in Boston, DMH joined President Barack Obama’s National Conversation on mental health which promotes mental wellness, prevention of mental illness and recovery for all ages, cultures and socio-economic groups. The 2014 DMH Annual Citizens Legislative Breakfasts also adopted the theme “Recovery: It starts with a conversation.” The Citizens Legislative Breakfasts are opportunities for consumers and family members to share good news and success stories about their life experiences. Sharing stories is the most powerful tool we have in the recovery toolkit. At the DMH Citizens Legislative Breakfasts, we hear the courageous and compelling personal stories of adults, youth and families living with mental illness and thriving in the face of their challenges.

The DMH 2014 Strategic Priorities

Commissioner Fowler established the Department's Strategic Priorities, which follows below. These priorities evolved from a statewide meeting of DMH leadership including Area Directors, Site Directors, facility directors as well as the leadership teams of all DMH disciplines. It is a working document produced with much consideration and planning and a number of these initiatives were already underway.

Strategic Priority I. Advance the Principles of Community First by promoting mutual safety and respect throughout all levels of the service system through models of trauma-informed care. Emerging research highlights the prevalence of trauma in mental health settings and DMH acknowledged the significant need to provide trauma-informed care across its service system that is evidence based and embedded in the culture of care.

Priority I Tasks:

A. Implement the Six Core Strategies an evidence based practice to reduce the use of restraint and seclusion throughout the DMH inpatient system, improving safety for patients and staff.

1. DMH has established three subcommittees to address a) HR/staffing/training; b) creating safe environments for recovery; and c) peer/consumer roles
2. Engage national experts to provide consultation and education to subcommittees and DMH facility leadership.
3. Analyze restraint and seclusion data by facility and unit, producing a monthly summary of analyses to the Commissioner's senior executive team for review and action.

B. Provide Mental Health First Aid (MHFA) Training to DMH contracted vendors and to first responders throughout the four DMH Areas. The goal is to enhance community safety and access to mental health services by increasing community capacity to recognize, respond to and provide early intervention to individuals in the community who are in emotional and/or psychiatric distress.

1. Adopt the SAMSHA-defined Mental Health First Aid Training model for application across DMH service system and ensure the DMH field staff is aware and engaged in MHFA.
2. Develop Massachusetts-specific measures to determine the effectiveness of the program.

3. Develop an inventory of the number of trainings, the groups that have been trained and the curriculum used and then develop a comprehensive plan to maximize resources and identify priority groups within the community (e.g. police, educators, religious leaders) that could benefit from future training.

Strategic Priority II. Continue to develop effective measures, monitoring and continuous evaluation systems for contract management for community based adult and child and adolescent services.

Priority II Task:

A. Establish Adult and Child and Adolescent Performance and Contract Management Teams for all DMH regional areas which will create, manage and oversee a statewide system for monitoring and ensuring contract compliance and program transparency through data collection and analysis. This includes:

1. Conducting a statewide inventory of resources (Site, Area, Central Office, Adult and Child/Adolescent), of staff, tools and processes for contract management and set out recommendations to improve coordination.
2. Establishing a strategy to ensure effective communication and full implementation of all Performance and Contract Management Team decisions, tools and systems.
3. Incorporating Adult and Child/Adolescent performance contract and management team frameworks to align performance review practices across age groups.

Strategic Priority III. Increase developmentally appropriate mental health prevention and early intervention strategies for children and adolescents and increase health management activities for adults served by the DMH. Data firmly establishes that 50% of chronic adult mental health conditions present themselves prior to age 14 and 75% prior to age 24. It is imperative to increase activities to interrupt the trajectory of mental illness when possible. The data also has shown that adults with severe and persistent mental illness die 25 years younger than those in the general population with an average life expectancy of 53 years of age, with causes of early mortality primarily from preventable and treatable chronic physical illnesses.

Priority III Tasks:

A. Establish the Children's Behavioral Health Knowledge Center which will serve as an intermediary entity connecting community-based and institutional service providers, public and private payers, consumers and consumer advocacy groups,

research and training centers and state agencies that comprise the Massachusetts children's behavioral health system. Activities include:

1. A formal launch of the Children's Behavioral Health Knowledge Center.
2. Establishing a web presence on www.mass.gov/dmh that contains a wealth of information about the Center and resources related to children's behavioral health.
3. Developing a series of informational webinars and a core curriculum for trainings.

B. Train 110 DMH Peer Support Whole Health Coaches and Peer workforce members among DMH's contracted providers in the use of the recently released U.S. Substance and Mental Health Services Administration Whole Health Action Management (WHAM) curriculum which is designed to reduce health disparities among individuals living with mental illness. The goal is to expand WHAM training to all DMH Area, Site Offices and facilities.

Office of Recovery and Empowerment (ORE) Review of Activities

ORE has been very busy over the course of the past year. The office has improved its outreach into the broader community and has developed strong working relationships within DMH as the system strives to increase peer and consumer voice across all operations affecting policy, services, supports and design. This development would not have taken place without the continued support of Commissioner Fowler, who has long been a champion of increasing not only the peer presence in the workforce but also into operations of the Department.

Staff are increasingly involved in the awareness and support of communities including members of the LGBT community, youth and older citizens. ORE Director Russell Pierce and staff Rob Walker, Sian Mason Phillips, Steve Holochuck, and our Transitional Age Youth Coordinator, formerly Allison Hunt and now Tori Frazier, have all contributed to a robust office addressing issues related to trauma informed care, suicide prevention, addiction and the recovery process in general.

Staff are also telling their own recovery stories across the Commonwealth, distilling both triumphs and adversities that impacted life before and after diagnosis. Significantly, ORE reached out to the youth population and the general community through our popular Certified Peer Specialist trainings, as well as the newer Peer Employment Training, which gives individuals mentoring and other supports as they

pursue careers in and beyond the mental health services delivery system.

We have more than 350 certified peer specialists trained by the Transformation Center, which is supported by DMH funds, and is nationally recognized for its efforts to reach out to minority communities including the deaf and hard of hearing. The Center has developed a rich repository of resources for both those seeking the CPS credential and those who will likely supervise them.

A particular area of focus for us has been in realm of health. We have worked with our stakeholders and Recovery Learning Communities to address whole health, in terms of better nutrition, connectedness, spirituality and physical activity, especially given the twenty-five year difference in life expectancy for a vast majority of mental health service users. Significantly, we will be addressing the addiction of smoking more comprehensively as this is the leading preventable cause of death affecting mental health peers.

Behavioral Health Integration Task Force

In Fiscal Year 2014, DMH Commissioner Fowler successfully led the Behavioral Health Integration Task Force, established by Chapter 224, and submitted recommendations to the Legislature. The report's contents hold much potential for the early intervention, prevention and improved outcomes for behavioral health and physical health as well as for achieving health care cost savings;

Section 275 of Chapter 224 of the Acts of 2012 established a Behavioral Health Integration Task Force to examine the behavioral health (mental health and substance use) service delivery system; the integration of behavioral health and primary care; reimbursement systems; unique privacy factors; and education. The statute specifies the membership of the Task Force (consumers, legal advocates, providers, hospitals, licensed clinicians, etc.) and names the Commissioner of DMH as its chair. Section 275 requires the Task Force to submit its report by July 1, 2013, to the Health Policy Commission and the State Legislature.

Representation on the Task Force was broad and diverse and reflected a significant variety of opinions on the recommendations put forth in the Report. While the members did not agree on each individual recommendation, the report was unanimously approved by the membership.

In concept, DMH is supportive of the recommendations which provide a framework for improvements that could be made to the behavioral health system. The Commonwealth is already undergoing implementation of some of the recommendations, many of which reflect new and innovative practices that DMH, MassHealth and DPH are engaging in.

Among key recommendations for behavioral health is addressing improving collaboration between separate providers and achieving medical-provided behavioral health care. One example of this has been underway in Massachusetts since 2005. The successful *Massachusetts Child Psychiatric Access Project (MCPAP)* has established a system of regional children's mental health consultation teams designed to help primary care providers meet the needs of children with psychiatric problems. Funded through DMH, MCPAP assists providers in treating children by providing telephone access to child psychiatrists, clinical nurse specialists, licensed therapists and care coordinators. Primary care clinicians may use MCPAP to obtain information necessary to treat children with behavioral health needs effectively or receive advice on appropriate referrals.

Commissioner Fowler noted that we are grateful to have had the opportunity to participate in a process that holds great potential for the early intervention, prevention and improved outcomes for behavioral health and physical health as well as for achieving health care cost savings. The recommendations demonstrate the thoughtful approach and commitment of the Task Force members in addressing these important health issues. Any recovery-oriented healthcare system must develop a consumer-driven vision of integrated care. It is vital that we continue to engage consumers, families and other advocates in the development of new policies and systems that will truly integrate behavioral health and physical health to the betterment of all citizens of the Commonwealth.

Some significant facts about the Task Force proceedings and recommendations:

- Members represented a broad range of stakeholder perspectives and the Commissioner of DMH served as chair.
- The Task Force held nine meetings from December 2012 through June 2013.
- The process was transparent and open: Issued a Request for Information, held public forums, and invited input from select individuals and organizations, including the Children's Behavioral Health Advisory Council.
- The report provides the legislature and the Health Policy Commission with 29 recommendations for consideration.
- While much has been written in the past several years about the need for behavioral health integration in the primary and physical health care setting, the Task Force provided a unique platform for meaningful engagement around this important issue.

- We know that behavioral health problems are 2-3 times more common in patients with chronic medical conditions such as diabetes, chronic pain and heart disease. Untreated behavioral health disorders lead to complications with physical health care issues and result in higher health care costs.
- We also know that individuals with serious mental illnesses live 25 years less than those in the general population in part due to treatable medical conditions such as smoking, obesity, substance use and inadequate access to medical care.
- Most behavioral health treatment is provided in primary care settings. To truly serve the whole patient, it is important for primary care physicians to have the capacity to identify and treat or refer individuals with behavioral health needs.
- The Task Force, in its work and recommendations, strove to address persistent system barriers to integration of behavioral and physical health care. These include reimbursement issues; privacy concerns; access to behavioral health treatment; the need for updated regulations that reflect a more integrated system of care; and the need for significant training and education for both primary care and behavioral health providers.
- The Task Force was guided by several principles, the most important being that integrated behavioral health services should include a continuum of all prevention, assessment, diagnosis, support, care management, recovery self-management, consultation and treatment services which can be reasonably provided within any care, community or recovery-oriented setting.

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 28, 2013

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 people with serious and persistent mental illness.

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.

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 investments in mental health services and the responsible revenue enhancements contained in Governor Patrick's budget proposal will enable us to further advance these goals to the benefit of all citizens of the Commonwealth. 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 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. With a statewide organizational structure, DMH operates three area and 27 site offices, as well as our two state-operated hospitals, our two mental health units in DPH-operated hospitals and five community mental health centers. While approximately ten percent of the individuals we serve will require

- inpatient services at any given time during the year, more than 90 percent receive all or most of their services in the community.
- 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.
- DMH funds and/or operates:
 - o Inpatient continuing care system (671 beds funded FY13)
 - o Comprehensive community service system, including:
 - Community Based Flexible Supports for approximately 12,000 individuals (CBFS)
 - Program of Assertive Community Treatment (PACT) teams across the state serving 476 individuals
 - 32 Clubhouses
 - Respite services, including the first Peer Respite in the Commonwealth, serving 262 adults and 68 children and adolescents
 - 6 Recovery learning communities/Peer-operated programs
 - DMH case management services for nearly 4,800 adults, children and adolescents
 - 21 contracted emergency service programs and 4 DMH-operated emergency services programs
 - Homeless services that include a DMH-operated Homeless Outreach Team in Boston; DMH-operated West End Transitional Shelter (60 beds), Parker St. West Women's Shelter (20 beds) both in Boston; and contracted

homeless outreach and shelter beds in the Boston, Southeast and Central Divisions

- Child and adolescent services for approximately 3,500 including individual and family Flexible Support Services (IFFSS) and residential and day services
 - Parent support groups and activities across the Commonwealth for any parent whose child is experiencing mental health challenges
 - Training and psychiatric consultation to other EOHHS child serving agencies
 - Forensic services, including court clinic operations, specialized risk management, and collaborative programs with police and law enforcement and re-entry services
- Since 2009, DMH has engaged in a significant redesign of its adult and youth serving community systems and a realignment of its inpatient system to transform DMH services into a system of care that is recovery oriented, person- and family-centered and supportive of consumer and family choice, community living and health. Milestones include:
 - Procurement of new CBFS adult service delivery model
 - Establishment of the state's first adult peer-run respite program
 - Re-design of individual and Family Flexible Support Services
 - RFRs released for interagency (DCF/DMH) Caring Together services and for adult clubhouse services
 - Opening of the Worcester Recovery Center and Hospital
 - Opening 45 medically enhanced beds at Tewksbury State Hospital

In addition to the approximately 21,000 clients served, DMH provides forensic evaluation and treatment services to approximately 8,000 - 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.

The Department also supports 19 towns and police departments to provide supports for law enforcement working toward jail diversion services for persons with mental illness, two mental health courts, re-entry services for inmates with serious mental illness returning to their communities, numerous community-focused trainings related to justice-involved individuals with mental illness, and receives federal funding related to additional mental health and public safety initiatives.

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 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 partnership with some of the world's leading institutions, including Harvard Medical School, Beth Israel Deaconess Medical Center and UMass Medical School.

STRATEGIC GOALS

- Design service system to promote recovery, resiliency and positive outcomes
- Implement and promote use of evidence based and best practices
- Promote mutual safety and respect within the service system
- Effectively measure and monitor the service system
- Facilitate appropriate transitions throughout the DMH service system
- Expand and promote a peer and parent workforce
- Partner with EOHHS and other state agencies to coordinate planning and activities that promote mental health in the Commonwealth

FY2013 AND 2014 IMPLEMENTATION PLANS TO ACHIEVE THE STRATEGIC GOALS

- Expand and enhance community-based services to promote recovery, resiliency and positive outcomes
 - o Procurement of Clubhouse services
 - o Support the development of the medical clinic at the Massachusetts Mental Health Center (MMHC) as a comprehensive primary care clinic
 - o Procurement of Caring Together jointly with DCF utilizing a "system of care" model
 - o Expand capacity to provide diversionary services, including deaf/hard of hearing respite and police and court-based jail diversion services and other strategies as appropriate alternatives to incarceration
- Strengthen recovery based practices in DMH inpatient facilities, promote optimal lengths of stay and facilitate transitions to the community
- Enhance existing contract management infrastructure by creating dedicated positions for contract management in the adult and youth systems and develop practices and systems to ensure effective fiscal, programmatic and quality improvement oversight

- Expand and promote a peer and parent workforce by increasing peer and family positions, integrating a family partner model into Caring Together services, and implementing additional supports for peer and family staff and their supervisors

Department Accomplishments

DMH accomplished the realignment of the DMH inpatient system by opening the Worcester Recovery Center and Hospital, a national model of person-centered and recovery focused treatment that exemplifies dignity and respect for individuals living with serious mental illness in a state-of-the-art facility that promotes dignity, respect and the goals of recovery.

As we increase opportunities for health care integration, we established 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.

We successfully complied with the Legislative requirement for an inpatient capacity of 45 beds at Taunton State Hospital.

This statewide realignment was an immensely challenging and complex undertaking. Through this effort and with the help of our sophisticated multi-disciplinary teams, we continue in our work to adapt best practices across all inpatient settings and continue to provide high quality services for all individuals whose mental illnesses and personal journeys require a stay at one of our continuing care units for a period of time.

More and more, we are involving persons with the experience of living with mental illness as peers to help others in their recovery and we are proud to have opened the state's first peer operated respite program in 2012. We have also made significant strides increasing the number of persons with lived experience in our workforce.

The importance of early identification and intervention is highlighted by the fact that 50 percent of all mental illness is diagnosed before a youth's 14th birthday and 75 percent by the time they turn 25. As a recipient of a one year planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the Children's Behavioral Health Initiative (CBHI), DMH implemented approaches to increase access and positive outcomes for older adolescents and young adults transitioning from the child to the adult service systems. As a result of this grant, DMH is creating a comprehensive training program for both child and adult DMH and CBHI staff, increasing the number of young adult peer mentors in the DMH and CBHI service systems and developing

support groups and advisory councils to encourage engagement and involvement of young adults in the design of their services in both DMH and CBHI.

Preserved Programs and Services

The Governor's budget fully supports the delivery of cost-effective, high quality services that are critical to the mission of the Department. The House 1 budget for FY2014 totals \$696,471,926 for DMH. This is a 3.3 percent increase above Projected FY2013 Spending.

Governor Patrick understands that mental illness is a condition that can be treated, and that we all benefit when the appropriate services and supports are available for people who need them. These are still challenging budget times, but following years of deep cuts and meaningful reforms, the Governor has made significant investments in Health and Human Services programs across the board in his growth budget proposed for this year. And to pay for these necessary investments, his responsible revenue proposal, aimed to help balance state collections, will result in a more progressive, equitable and transparent tax structure that puts less reliance on the sales tax and more reliance on the income tax.

The Governor further still has made an important investment in mental health programs and services with House 1 and as part of a broader gun safety legislation package. While we know that people with mental illnesses are far more likely to be victims of violence and crime, we also know that mental illness is a disease that can be treated, and our communities are safer for everyone when the appropriate services and supports are available for people who need them.

Included in the 3.3 percent increase is \$5 million to fund the following programs that have the greatest impact on prevention, intervention and public safety:

- \$2 million for the Emergency Services Program (ESP) supporting Secure Mobile Capacity and Technology: Mobile Crisis teams travel to locations with individuals in crisis and provide specialized mental health services from trained responders. The increase to the personnel and technology budget will improve and expand the Commonwealth's Mobile Crisis outreach capacity, while enhancing staff safety and response times. The goal of each Mobile Crisis unit is to prevent potential harm or violence by helping individuals with mental health needs connect with treatment. This increase can fund 1 FTE clinician or 1.5 FTE bachelor level mental health worker at each of the 21 contracted ESP sites statewide as well as the 4 DMH-operated ESPs, significantly increasing ESP capacity for outreach and off-site evaluations.
- \$1 million for Mental Health Training and Consultation to School Systems: Middle and high school personnel will receive training and ongoing technical assistance to recognize symptoms of mental illness in students and to learn

how to effectively address and support students with mental illness effectively.

- \$900,000 for Crisis Intervention Training (CIT): This increase more than doubles the Department's current crisis intervention training budget for law enforcement and other community-based first responders. Responders trained in CIT can better recognize, de-escalate and intervene with individuals who are in emotional distress or suffering from a mental illness and divert them to treatment they need.
- \$500,000 for the Massachusetts Child Psychiatry Access Project: Most mental illnesses begin in childhood and early diagnosis and treatment can help keep children healthy and prevent psychiatric disability in adulthood. The Massachusetts Child Psychiatry Access Project provides access to psychiatric consultation to pediatricians for medication, treatment and referral for children who exhibit signs of behavioral or mental health concerns during pediatrics visits.

In addition to enhancing these critical services, the Governor's budget will seek to increase funding by \$100,000 for the Center for Early Detection and Response to Risk (CEDAR) program and provide \$500,000 for a public education campaign to increase knowledge that treatment is effective and available, while reducing the stigma associated with accessing mental health services.

The Governor's FY14 budget sustains the Community First Principles of giving every opportunity to individuals living with and recovering from mental illness access to appropriate services in communities of their choice, remaining with family, friends and the natural supports that promote a meaningful and full life. To that end, the Governor's budget supports the long planned closure of Taunton State Hospital, which would cost the state more than \$12 million to operate in FY14 for only 45 beds. Plans will be carried out for all patients to facilitate their transition to community settings or the new state-of-the-art Worcester Recovery Center and Hospital or other DMH facilities. This will allow us to advance the Governor's Community First Principles by moving away from institutionalized care and towards community settings. The budget will also allow DMH to transfer the remaining 45 patient beds out of Taunton by July while maintaining patient safety and access to high quality mental health services across the state. DMH will maintain its existing bed capacity of 626 across Massachusetts. Cost per bed per year at Taunton is \$380,000; Cost per bed per year at WRCH is \$389,000.

Conclusion

I am proud to say that the Department of Mental Health continues to do extraordinary things. 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, we have one of the most state-of-the-art public psychiatric hospital and recovery centers in the country, if not the world, while at the same time the DMH system has given so many opportunities to individuals and families whose lives have been interrupted by mental illness. 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

CBH Knowledge Center Officially Launches



DMH officially launched its Children's Behavioral Health Knowledge Center on May 7, 2014 at an event held at the Worcester Recovery Center & Hospital (WRCH). The First Annual Symposium was attended by over 150 leaders, partners, and stakeholders from state agencies, provider organizations, and advocacy groups across the Commonwealth.

Dr. William Beardslee, *pictured right*, from Children's Hospital Boston, delivered a lecture on "The Power of Conversation" in honor of the life and work of long-time leader and advocate Gailanne Reeh. Dr. Beardslee talked about the importance of conversations in reducing stigma, intervening early to address emerging mental health concerns, and engaging children, youth, and families in effective treatment and support services.



The lunch keynote speaker, Dr. Kenneth Hardy *pictured left*, talked about racial trauma and its impact on youth who feel disconnected from healthcare systems. Two panel sessions shared a wide array of projects that are building the skills and knowledge needed to engage youth and families in effective treatment.

In conjunction with the Center's launch, its website is available at www.mass.gov/dmh/cbhknowledgecenter. Materials from the May 7 event can be found there.

Community Bridgers: Creating Connections Between Hospital Stays and Returning to the Community

The Department's Community First agenda reflects a commitment to empower and support people with mental illness to live with dignity and independence in the community by expanding, strengthening and integrating systems of community-based long-term supports that are person-centered, high in quality and provide optimal choice. Aligned with this mission, DMH is supporting a new resource—Community Bridgers.

The purpose of the Community Bridger is to help individuals who are in DMH hospitals and other restrictive settings connect to their natural community. The Northeast Recovery Learning Community (RLC) and Tewksbury Hospital piloted a program in 2012, helping people who were hospitalized make connections in the community they were returning to. Examples of connections include providing resources such as the location of the nearest supermarket, how to use the bus system, where to go fishing, how to get a Y membership as well as assistance purchasing gym clothes. Bridgers were all individuals who have lived experience of a mental health diagnosis and were able to share their recovery stories with the people returning to community living.

The pilot was so successful that DMH incorporated Community Bridgers at each of the six RLCs. For individuals who have been hospitalized for any length of time, their community has undergone change, or they are transitioning to a new community, Bridgers have proved a valuable resource. Research shows that when people feel connected to their community, potential for re-hospitalization decreases and they report more overall satisfaction with their lives.

DMH has also supports two Elder Peer Bridgers who work closely with the local Aging Services Access Points to help older citizens connect with their community and the local programs and services. Elder Peer Bridgers are also persons with lived experience who share their experiences with the older adults they work with. It was also noted that young adults of transition age have their own idea of connecting with the community, and also have a number of resources specifically for their age group. DMH also supports a transitional age youth Community Bridger who works with young adults at Tewksbury Hospital and the Worcester Recovery Center and Hospital.

DMH Deaf/Hard of Hearing Services Celebrates 25 Years

DMH celebrated the 25th anniversary of providing specialized Deaf/Hard of hearing/Deafblind Services in a DMH state hospital. The event was held at Worcester Recovery Center and Hospital (WRCH) as the country observed Deaf Awareness Month in September.

Members of the Deaf and hard of hearing community gathered at WRCH conference center with Commissioner Marcia Fowler, WRCH Chief Operating Officer Anthony Riccitelli and Massachusetts Commission for the Deaf and Hard of Hearing Deputy Commissioner Ford to celebrate our support of and commitment to DMH's unique and critical Deaf Services.

"And where we are today has much to do with the partnership and collaboration among Deaf community members, Deaf professionals and their hearing allies. Everyone came together, a need was identified, a task force established and people got to work. This is a terrific example of sharing responsibility and taking positive action," said Commissioner Fowler.

Massachusetts is a leader in providing appropriate services for Deaf and hard of hearing individuals with human services needs and especially those living with serious mental illness. Some examples are Deaf accessible domestic violence services run by volunteers and a Deaf-specific wraparound service. And DMH offers specialized CBFS services, has Deaf case managers and recently opened a Deaf/hard of hearing specialized respite program.

The event was organized by Lucille Traina, DMH Director of Community Projects and Initiatives, Central Office; Jésus Remigio, Communication Specialist, Deaf Services, WRCH; with lots of help from many others. Emceed by Jésus, the event captured the spirit of the Deaf community and celebrated the deep community and family involvement, collaboration and partnership that have become hallmarks of this pioneering program.

Commissioner Fowler honored several individuals at the celebration including Sherry Zitter and Kim Grebert, both former DMH Deaf Unit Directors in its early days. Both spoke about the challenges of such a new and unique venture. Dr. Neil Glickman, Jackie Woodside and Bill Olivier, previous Unit Directors, were also recognized for their contributions.



Commissioner Fowler also presented a citation to Sue Jones, Rehabilitation Counselor, Deaf Services, WRCH, *pictured here*. Sue began her association with the DMH Deaf Unit nearly 19 years ago as an interpreter. Before long she was taking on other tasks that supported the daily operation of the unit. After she earned her master's degree and began to focus on rehabilitation counseling for

people living with serious mental illness, she was quickly drawn back into providing treatment within Deaf services. A champion of the person-centered, evidence-based approach to skills development, Sue is passionate about her work helping patients and staff to understand one another and advocates tirelessly for maintaining a culturally affirmative service.

Michael Krajnak (Mikey), former Communication Specialist for the Deaf services unit, was also honored for his unique contributions. He pioneered the Communication Specialist position and is well known and appreciated for the hundreds of drawings he made to enhance communication with patients. These lively figures are used by many today.

Marilyn Levin, a former DMH staff person, was honored for her hard work and tenacity on the task force 25 years ago that brought to fruition the Deaf services unit.

DMH Staff Participate in Veterans Policy Academy

Representatives from DMH were part of a statewide team to begin a dialogue on how best to serve veterans from all eras and their families at a recent U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Policy Academy focused on services members, veterans and their families. DMH staff included Commissioner Marcia Fowler, who co-led the Academy; DMH Assistant Commissioner for Forensic Services Debra Pinals, M.D; and Director of the DMH Office of Recovery and Empowerment Director Russell Pierce.

DMH joined a diverse Massachusetts team that included an array of agencies and departments representing education, the judiciary, veteran's affairs, labor, public health, National Guard, University of Massachusetts Medical School, the National Guard Family Program and the Mission Direct Vet Diversion Program. The overall goal of the SAMHSA Service Members, Veterans and their Families (SMVF) Policy Academy process was to strengthen statewide behavioral health care systems and services for military veterans through ongoing collaboration at the federal, state and local levels.

Among the themes were: infrastructure and leadership; needs assessment, data and information sharing; service system design and best practice integration; workforce development and capacity building; and financing and sustainability. It is known that veterans and their families often have challenges accessing services and that far too many are turned away because of less-than-honorable discharge. Another factor that often impedes access to services is stigma and discrimination among peer-veterans.

Massachusetts Department of Veterans Services Secretary Coleman Nee, who served as co-lead for the Policy Academy, noted that we as Americans have an obligation to assist our military veterans because of their extraordinary sacrifice. There is a social contract that we must uphold with professionalism and excellence, as part of the Massachusetts mission statement developed and refined at the Academy. The final day of the Academy began and ended with remarks by Kathryn Power, SAMHSA regional director, sharing with the group that health care is a critical issue and urged states to keep an eye on how healthcare reform might impact veterans and their families.

The work of the Academy is not over and the process calls for developing a state-specific strategic plan. Both Academy co-leads Commissioner Fowler and Secretary Nee noted that Massachusetts is well underway in this arena, given its history of providing services and supports to military veterans, and will continue to sustain that momentum on behalf of military veterans and their families.

DMH Citizens Legislative Breakfasts Series for 2014

DMH hosted its annual series of Citizens Legislative Breakfasts, an opportunity for members of the mental health community to meet with their legislators, thank them for their support and discuss how DMH helps people with mental illnesses recover and live satisfying lives in communities of their choice. It was also an opportunity for consumers and family members to share good news and success stories about their life experiences.

Sharing stories is the most powerful tool we have in the recovery toolkit. At the DMH Citizens Legislative Breakfasts, we hear the courageous and compelling personal stories of adults, youth and families living with mental illness and thriving in the face of their challenges.



At the Southeast breakfast, returning co-hosts Robert Rousseau and Frances Sokoll *pictured with Commissioner Fowler* enthusiastically revved up the crowd as they welcomed the Commissioner and Legislative sponsors Sen. Michael J. Rodrigues and Rep. Patricia A Haddad who both pledged their commitment to mental health and to their constituents. Guest speakers included Janet Ransom, the director of the Recovery Community Center in Brockton; Michael Montagano of New Bedford; and Gail Matem, a parent from Plymouth.



A stormy winter day didn't stop staff, consumers and family members from filling the Great Hall of the State House for the Metro Suburban breakfast. New emcee Jackie Edwards joined returning emcee Alan Jensen as they introduced Commissioner Fowler and Legislative Sponsors Sen. Michael Barrett and Rep. Ronald Mariano, *pictured above with Commissioner Fowler*. The legislators said they were impressed by turnout which further confirmed to them that mental health is a priority for many citizens. Guest speakers included Deborah Napolitano of Hudson; David Berkeley, a member of Eliot Clubhouse in Needham; and Marisol Marcy of Littleton.

Department of Mental Health Fiscal Year 2014 Budget at a Glance

The Conference budget for FY2014 recommends \$703,766,897 for DMH. This represents an increase of 1.04% above House 1 and a 4.24% increase above the FY13 projected spending.

Account Number	Account Names	FY2013 GAA	Projected FY2013 Spending	DMH FY2014 Maintenance	ANF FY2014 Maintenance	House 1	House	Senate	Conference	Variance: CONF vs. Projected FY2013 Spending	Variance: CONF vs. House 1	Variance: CONF vs. House	Variance: CONF vs. Senate
50110100	Operations of the Department	27,373,198	27,035,141	28,767,137	28,259,490	28,075,844	27,532,107	27,275,844	27,275,844	240,703	(800,000)	(256,263)	-
50425000	Child/Adolescent Services	76,816,757	74,926,757	87,762,754	86,284,967	86,284,967	84,622,740	85,222,740	85,222,740	10,295,983	(1,062,227)	600,000	-
50460000	Adult Mental Health and Support Services	344,027,150	344,064,964	356,016,125	353,357,152	354,162,452	348,868,606	353,921,665	353,868,606	9,803,642	(293,846)	5,000,000	(53,059)
50462000	Homelessness Services	20,134,424	20,134,424	20,134,644	20,134,589	20,134,589	20,134,424	20,134,589	20,134,589	165	-	165	-
50464000	Choice Housing	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	-	-	-	-
50470001	Emergency Services Progs and Community	35,242,254	34,742,254	35,494,277	34,946,042	36,742,254	34,910,632	36,142,254	35,526,443	784,189	(1,215,811)	615,811	(615,811)
50550000	Forensic Services	8,321,818	8,321,818	8,795,857	8,687,108	8,321,818	8,497,163	8,321,818	8,497,163	175,345	-	175,345	-
50950015	Operation of Hospital Facilities	159,313,321	164,589,962	173,164,574	163,250,002	162,625,002	172,216,512	173,495,002	173,116,512	8,526,550	10,491,510	900,000	(378,490)
TOTAL:		671,353,922	673,940,320	710,260,368	695,044,350	696,471,926	696,907,184	704,638,912	703,766,897	29,826,577	7,294,971	6,859,713	(872,015)
70049033	Rental Subsidy Program for MH Clients	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,250,000	4,125,000	4,125,000	125,000	125,000	(125,000)	0

Note: FY2013 Spending includes the Prior Appropriation Continued of \$10M and the 9C Reductions of (\$7.4M)

The Conference revenue target for FY2014 is \$96,436,508, which is \$6M or 6.2% above the House 1 target.

Highlights of the Conference Recommendations as Compared to House 1:

- Conference reduces the 5011-0100 Operations of the Department base by \$300K resulting in a further erosion in operational staff and does not support the H1 investment for a public awareness education campaign (\$500K).
- Within the 5042-5000, Conference reduces the base by \$162K and does not provide funding for the mental health training and consultation to school systems (\$1M) as part of the Governor's expansion initiative. However, Conference provides an additional \$600K for the Massachusetts Child Psychiatry Access Project (MCPAP), which is \$100K above the Governor's recommendation, and includes language allowing for the assessment of surcharges to payors for accessing MCPAP. Additionally, Conference's budget supports \$6.9M to sustain current levels of services as a result of 257 for "Caring Together" (a joint procurement between DMH and DCF).
- In the 5046-0000, Conference reduces this account by (\$294K) from House 1. This is the result of a \$275K earmark for Heywood Hospital to support the expansion of suicide prevention services in North Central Massachusetts, and a reduction to the Governor's \$1M expansion initiative for the CEDAR program and law enforcement collaboration of (\$569K). In addition, Conference budget includes earmarking that requires the Department to expend no less than the FY2013 expenditure amount for clubhouses; that requires that funds shall be expended at the same level as the prior fiscal year for jail diversion programs in

municipalities that provide equal matching funds from other public or private sources; and that the department shall expend not less than the amount expended in fiscal year 2013 for programming for early detection, assessment and response to risk for psychotic illness.

- Within the 5047-0001 Emergency Services Appropriation, Conference supports \$785K of the Governor's \$2M investment to improve and expand emergency services programs to enhance public safety and help address emergency room boarding.
- Conference budget recommends \$175K above the H1 funding level for 5055-0000.
- Conference recommendation increases the 5095-0015 Operation of Hospital Facilities by \$10.49M above House 1; however, Conference requires DMH to maintain 45 inpatient beds at Taunton State Hospital through June 30, 2014, which is estimated to cost \$12.8M. The maintenance of these beds results in a bed capacity in excess of need (avg. census in 570 range over last 6 months). The Independent Consultant report supports closure of inpatient beds and expansion of community and emergency services. The Conference budget earmarks an additional \$100K for the consultant. Additional language states that the independent consultant report will be due on March 1, 2014 and the scope of the consultant has been expanded to include a recommendation on the potential future use of the Cain building at Taunton State Hospital or somewhere in the southeast for a number of possible services.
- Conference budget increases the DMH Rental Subsidy Appropriation by \$125K above House 1 recommendation. This funding will help support an additional 25 rental subsidies for persons with mental illness.

It is important to note that in FY2013 DMH did not take annualized cuts to compensate for the 9C actions of \$5.524M; therefore, DMH will need to take the 9C reductions to spending in FY2014 above what the Conference budget contains.