

Reforms to strengthen and improve behavioral health care for adults

Executive Office of Health & Human Services

January 17, 2018

Behavioral health: the facts about serious mental illness

- 1 in 5 citizens will experience a mental illness in their lifetime.
- 50% will be identifiable by age 14 and 75% by age 24.
- Individuals with serious mental illness have a life expectancy of 25 years less than the general population. For individuals with co-occurring disorders, the life expectancy is 35 years less.
- Individuals with serious mental illness can significantly improve the quality of their lives with the right intensity of services, supports and evidenced based treatments.
- Majority of individuals with mental illness can be effectively treated through evidence based outpatient treatment, medications and support.
- Individuals with more severe symptoms need intensive treatment and often specialized living environments until their symptoms are manageable and they can function more independently in the community.
- The Department of Mental Health is the state mental health authority charged with providing treatment and supports to adults with serious mental illness and for children with serious emotional disturbance.
- At \$110.33, Massachusetts ranks 23rd in per capita spending on mental health services, less than the U.S. average (\$119.62), and that of neighboring Maine, Vermont, New Hampshire, Connecticut, and New York.^[1] (this does not include MassHealth spending).

[1] National Association of State Mental Health Program Directors Research Institute, Inc (NRI), <http://www.nri-incdata.org/>. Table 1: SMHA Mental Health Actual Dollar and Per Capita Expenditures by State (FY2013). (Medicaid Revenues for Community Programs are not included in SMHA-Controlled Expenditures)

Summary of behavioral health reforms and investments

It is a priority of the Baker-Polito administration to strengthen and reform the behavioral health system in the Commonwealth.

- **Policy reforms across DMH, MassHealth and MRC to improve health outcomes and quality of life for individuals with serious mental illness:**
 - MassHealth is restructuring into Accountable Care Organizations that integrate behavioral and physical health care and align with DMH services.
 - MassHealth’s restructuring includes the creation of Behavioral Health Community Partners (BH CPs) to coordinate care across medical, behavioral, disability and social service needs for its most vulnerable members with serious mental illness and/or addictions.
 - As the state mental health authority, DMH delivers specialized, high intensity services to individuals with the most serious mental illness that complement MassHealth funded services and support these individuals to live fully in the community.
 - The redesigned DMH Adult Community Clinical Services (ACCS) program will integrate with the healthcare system; deliver evidence based, clinically strengthened interventions, and support access to services to assist with competitive employment
 - Massachusetts Rehabilitation Commission (MRC) provides vocational rehabilitation services to assist individuals with disabilities -- including individuals with mental illness -- in securing, maintaining, or advancing in competitive employment.

(continued)

Summary of behavioral health reforms and investments

- **Unprecedented level of investment by the Baker Administration into the BH system:**
 - \$83M proposed investment in FY19 DMH funding:
 - \$62.3M to support the adult community system re-design, enhanced clinical model and to fully implement Chapter 257 service rates;
 - \$16M for MassHealth to provide consumers access to care coordination services through BH CP;
 - \$4.5M for employment services;
 - \$1M to expand the existing rental voucher program with Department of Housing and Community Development.
 - Over \$600M in investments across 5 years from MassHealth commencing FY 2018
 - \$219M over 5 years in expanded Substance Use Disorder (SUD) services through the SUD waiver
 - \$401M over 5 years for BH CP
 - Over \$60M annualized of other rate enhancements and expansion of inpatient psychiatric beds for ID/ASD
- **Expected impact of strengthening and re-designing the behavioral health delivery system:**
 - Medical, behavioral health, disability and social service needs will be integrated and coordinated to support the Commonwealth's most vulnerable members with serious mental and/or addiction needs

(continued)

Summary of behavioral health reforms and investments

- **Expected impact (continued):**
 - DMH’s ACCS program will deliver evidence based interventions within the context of a standardized, clinically focused model to promote:
 - Active engagement and assertive outreach to prevent homelessness;
 - Clinical coverage 24/7/365 days a year
 - Consistent assessment and treatment planning
 - Risk assessment, crisis planning and prevention
 - Skill building and symptom management,
 - Behavioral and physical health monitoring and support
 - Addiction treatment support;
 - Family engagement;
 - Peer support and recovery coaching
 - Reduced reliance on emergency departments, hospitals and other institutional levels of care.
 - DMH will closely monitor the delivery system to assure that the appropriate level of care is provided as individuals’ assessments demonstrate treatment goal achievement and movement toward greater independence.

- **The re-designed healthcare system supports continuity at all levels of care through:**
 - Continuity with BH CP, One Care, DMH Case Management and outpatient services (including medication management)
 - All 11,000 current CBFS members will be engaged with a care coordination resource (BH CP, One Care, DMH Case Management).
 - Individuals remain connected to DMH services.

- **Restructuring of CBFS to the Adult Community Clinical Services (ACCS) program**
- How this fits together: MassHealth, DMH and MRC reforms to strengthen and improve behavioral health care for adults

DMH's Current Primary Adult Community Service: Community Based Flexible Supports (CBFS)

- Community Based Flexible Supports (CBFS) is DMH's largest community service program, providing care to an estimated 11,000 adults with long term, serious mental illnesses on an annual basis. CBFS offered non-Medicaid services that ranged from low intensity coordination to high intensity supervised residential group living.

- **CBFS was developed in response to budget cuts in 2009.**
 - Funding was reduced and several adult community services, including residential, employment (except for clubhouses) and community supports were combined.
 - There was no consistent or standardized staffing or funding, no mechanisms for assuring quality or monitoring movement of individuals through levels of care, and no capacity to integrate behavioral health and physical health to improve outcomes and enhance recovery.
 - Services were not evidence based.

- **Funding for adult community based services has not kept pace with overall statewide spending**
 - Overall state spending FY07- FY16 grew on average 3.9% each year; DMH spending grew on average 1.1% annually over the same period
 - Average annual increase in Community Adult Mental Health spending FY07- FY16 = 1.8%
 - Average annual increase in Inpatient Services spending FY07-FY16 = 0.5%

The Case for Redesign: Shortcomings of Current System

Fragmented Care Delivery

- Medical and behavioral health care are fragmented and poorly coordinated, leaving members with serious mental illness and complex behavioral health needs struggling to access appropriate care.
- As a result, people often experience disrupted care and over-reliance on Emergency Departments and hospitals.
- Individuals with serious mental illness die on average 25 years earlier than their non disabled counterparts. They often suffer with (and die from) preventable illnesses: cardio-pulmonary disease, diabetes, obesity.

Misaligned Incentives within CBFS

- Nearly 50% of individuals who were in Group Living Environments (GLEs) when CBFS started are still in GLEs.
- CBFS lacks consistent approaches to ensure individuals achieve symptom management and greater self sufficiency and transition to other levels of care as they progress or as their needs change.
- Responsibility for determining appropriate level of care transitions became the responsibility of the provider and contributed to the log jam in the system.

Change in DMH service demographics requires change in delivery model

- Today, 55% of new enrollees are 18-37 years old, compared to 23% in 2009.

Current model unable to meet the increasing demand for services

- Reduced inpatient length of stays, resulting in increased demand and acuity shift to community-based services.
- Since 2009, the DMH inpatient system has seen a 40% increase in court referrals, 14% increase in Bridgewater step-downs, thus resulting in a 52% decrease in admissions from acute care hospitals that contributes to the log-jam.
- ED boarding, days in acute care hospitals, and wait-lists to discharge individuals from DMH inpatient to the community further contributed to the log jam.

The Case for Redesign: Aligning Services Across EOHHHS

Coordination Among EOHHHS Agencies to Improve Health Outcomes for Individuals with Serious Mental Illness

- MassHealth is restructuring into Accountable Care Organizations that are designed to integrate behavioral and physical health care and align with DMH services.
- MassHealth's restructuring includes the creation of Behavioral Health Community Partners (BH CPs) to coordinate care across medical, behavioral, disability and social service needs for its most vulnerable members with serious mental illness and/or addiction needs.
- As the state mental health authority, DMH delivers specialized, high intensity services to individuals with the most serious mental illness that complement MassHealth funded services and support individuals to live fully in the community.
- DMH and MassHealth have worked collaboratively on redesigning the current DMH service and the BH CP.
- It is the Department's responsibility to authorize and enroll individuals with the most serious mental illness and the most significant functional impairments into its services and to level of care.
- The redesigned service (Adult Community Clinical Services – ACCS) will integrate with the healthcare system and meet an increased demand for services.

The Case for Redesign: Historical Underfunding

CBFS Rates and Requirements Under Chapter 257

- Between 2009 - 2015 there has been no adjustments to the CBFS base budget to reflect inflation.
 - As a result, providers reduced investments in staff because fixed costs (e.g. mortgage, rent, insurance, utilities, maintenance) consumed more of the budget*.
- If DMH had provided a Cost Adjustment Factor (CAF) ** from 2009 to 2015, the FY18 base budget would be \$308M instead of \$284M.
- The Commonwealth did not establish fair and reasonable service rates and the Commonwealth was sued. The Secretary of EOHHS settled the lawsuit in 2015 and specific to CBFS:
 - Agreed to set a rate in compliance with Chapter 257 of the Acts of 2008.
 - Agreed to a CAF (\$24M over 3 years) in FY2015 – 2018.
 - EOHHS and DMH negotiated a one year delay in the CBFS rate setting in order to redesign the program and align it with the MassHealth ACO program.
- Under the settlement we must establish the rate, finalize the regulation, procure and implement ACCS by July 1, 2018.

* \$48M for specialized placements (approximately 200) and enhanced staffing following the murder of Stephanie Moulton in 2011

** Equal to the Global Insights data

New Model: Key Features and Changes

	ACCS	CBFS
✓ Team Structure/ Engagement	<ul style="list-style-type: none"> • Standard clinical staffing model with licensed clinical staff • Assign all clients a primary clinician – accountable for all service components provided by the team • Defines clinical staff responsibility as 24/7/365 coverage • Standards require family focus approach and emphasize role of peer supports 	<ul style="list-style-type: none"> • No requirements regarding team composition • No requirements regarding clinical responsibility beyond screening, assessment, and treatment planning
✓ Treatment for Co-Occurring SUDs	<ul style="list-style-type: none"> • Team model includes licensed substance abuse counselors and recovery coaches • Housing first, harm reduction approach • Contractors must utilize standardized screening and assessment tools for risk and substance use 	<ul style="list-style-type: none"> • No standard approach to treatment or required staffing • No standard form for screening
✓ Healthcare Integration	<ul style="list-style-type: none"> • Integrate with the healthcare delivery system through care coordination entity • DMH and MassHealth developing information-sharing capabilities to support process for shared management and oversight • Align assessment and treatment planning activities with care coordination entity 	<ul style="list-style-type: none"> • Wellness promotion • Support in accessing psychiatric and medical care, collateral contacts
✓ Rates	<ul style="list-style-type: none"> • Rate accounts for all clinical, direct care and peer staff needed to fulfill RFR requirements • Model expenses are accounted for, including geographic adjustment • Per c.257, rates are adjusted for inflation 	<ul style="list-style-type: none"> • Contract-specific rates est. based on historical resource base • Every contract has a different rate and expected to deliver same service
✓ Performance/ Outcomes Measurement	<ul style="list-style-type: none"> • DMH re-institutes its authority to apply consistent clinical criteria to determine enrollments and level of care • Standardize approach to contract monitoring, w/ focus on key measures: engagement rates, community tenure, etc. • Data sharing w/ MassHealth to monitor utilization patterns of DMH clients • Continue measurement of community tenure, w/ 90% target • Vendors will have access to real time information from care coordination entities 	<ul style="list-style-type: none"> • Extensive list of outcome measures - difficult to collect, analyze and use • No consistent approach to site-level contract monitoring • Data reported to DMH by vendors is based upon ability to gather info.

The Case for Redesign: Behavioral Health Reform Across EOHHS

Adult Community Clinical Services creates a comprehensive system of care and supports for adults with serious mental illness to learn the skills for symptom management and greater self sufficiency to support full participation in the community.

Clinical Team Structure

- Each individual is assigned a primary clinician and works with an integrated team composed of licensed clinicians, peer/recovery specialists and others to meet their needs.
- The team stays with individuals across all living situations.
- Coverage is provided 24/7/365 days a year.
- The team provides active engagement and assertive outreach.

Supported Housing From Tenant Based Rental Subsidies To High Intensity Group Living

- Expands the rental subsidy program (DMH/RSP) by \$1m to support an additional 87 units of affordable housing.
- Provides group living environments from low to high intensity for approximately 2900 individuals.

Partnerships Across EOHHS Agencies

- MassHealth – for integration and coordination of healthcare services.
- Mass Rehabilitation Commission – for employment services.

Maximizing ACCS & Behavioral Healthcare Resources

Care Coordination

- All clients will receive care coordination either through a MassHealth Behavioral Health Community Partner (BHCP), OneCare or DMH case management.
- Assures continuity of care of behavioral and physical health care.

DMH Responsibility

- Monitor active client engagement and participation in service.
- Monitor progress toward improved symptom management.
- Authorize levels of services as supported by improvement in assessed needs.
- Support levels of care through:
 - Continuity with BH CP and outpatient services (including medication management).
 - Use of DMH Case Management.
- Access MRC vocational rehabilitation services, Clubhouse and other employment resources.

The Case for Redesign: DMH-Adult Community Clinical Services

ACCS Clinical Services

- Active Engagement and Assertive Outreach to prevent homelessness
- Clinical coverage 24/7/365 days a year
- Consistent Assessment and Treatment Planning
- Risk Assessment, Crisis Planning and Prevention
- Skill Building/Symptom Management
- Behavioral and Physical Health Monitoring and Support
- Medication Administration
- Co-occurring treatment Interventions including evidence based treatment such as motivational interviewing

Other ACCS Service Expectations

- Integration with Care Coordination
- Peer Support and Recovery Coaching
- Family Engagement and Support
- Support Employment and Education with MRC
- Connect with Community Services

The Case for Redesign: ACCS Outcome Measurement

ACCS - Person Level Measures:

1. Initial and sustained engagement and participation in services
 - Percentage of new referrals with a face-to-face contact within 3 days
 - Percentage of Individuals with four or more face-to-face Encounters per month
2. Preventing homelessness through maintaining housing permanency in independent settings
 - Percentage of Individuals who move into Independent Housing
 - Percentage of Individuals who remain in Independent Housing for six months or greater
3. Community tenure without interruption by hospitalizations, incarceration or other institutional setting
 - Percentage of Individuals with continuous community tenure for six months or greater
 - Percentage of Individuals with a hospitalization that receive a face-to-face contact within 2 days of discharge

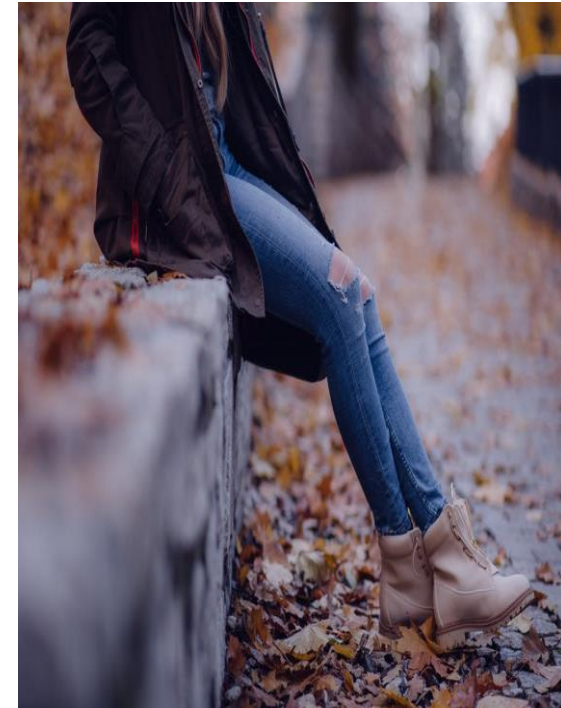
ACCS - System Level Measures:

1. Increased movement through the service
 - Average Length of Stay in Supervised Living Environments
 - Percentage of Individuals who move from Supervised Living Environments to more independent settings
2. Improved integration with healthcare and employment services
 - Percentage of Individuals enrolled in a Care Coordination Entity
 - Percentage of Individuals with an annual primary care visit in the last 15 months
 - Percentage of Individuals receiving employment services through MRC or a Clubhouse provider
 - Percentage of Individuals who are competitively employed

The Story of Amy

Amy is 22 years old and lives with her adoptive parents and two brothers. She has experienced periodic hospitalizations since she was 12. She has been in the hospital three times in the last several months after suicide attempts. She is diagnosed with Bipolar Disorder and is also using alcohol more frequently. She graduated high school and has worked intermittently in retail but has lost several jobs because of agitated behavior toward co-workers and customers. Amy's family is concerned that she is becoming more isolated, staying in her room for days at a time and having outbursts when they approach her. Amy states she wants to live on her own and is frustrated with family rules.

Amy was referred to DMH during her last hospitalization. She has not followed up with her therapist or psychiatrist since her discharge last month and is not taking her medications. DMH approved her for Adult Community Clinical Services, including a residential program serving other young adults.



ACCS Supports Amy by Providing:

Clinical Team Structure

- Using evidenced-based approaches to engagement (Motivational Interviewing), Amy's team meets with her frequently and assures all clinical needs are assessed and coordinated across the system.
- Collaborating with her outpatient clinic providers and BH CP.
- Identifying the skills Amy needs to live independently (cooking, paying bills, cleaning).
- Setting life goals (school, work, health, friendships).
- Teaching strategies for symptom management.
- Engaging Amy's family to assist them in supporting Amy as she develops these skills.

Supported Housing

- Amy lives in a supervised residential setting to provide daily skill building and is assessed as symptoms improves and skills are enhanced.
- DMH authorizes transition to an affordable apartment supported with DMH rental assistance. The clinical team meets with Amy daily at first, then weekly as she continues to progress in developing independent life skills.

Partnership across EOHSS agencies

- ACCS connects Amy with MRC for employment services.
- Amy begins working as a pharmacy technician and considers enrolling in community college.
- DMH and MassHealth monitor to ensure that Amy remains engaged in ACCS and outpatient services.

Care Coordination

- Amy receives care coordination from a BH CP.
- BH CP care coordinator ensures Amy keeps appointments with her therapist and doctor.
- BH CP continues to set health and life goals with Amy.

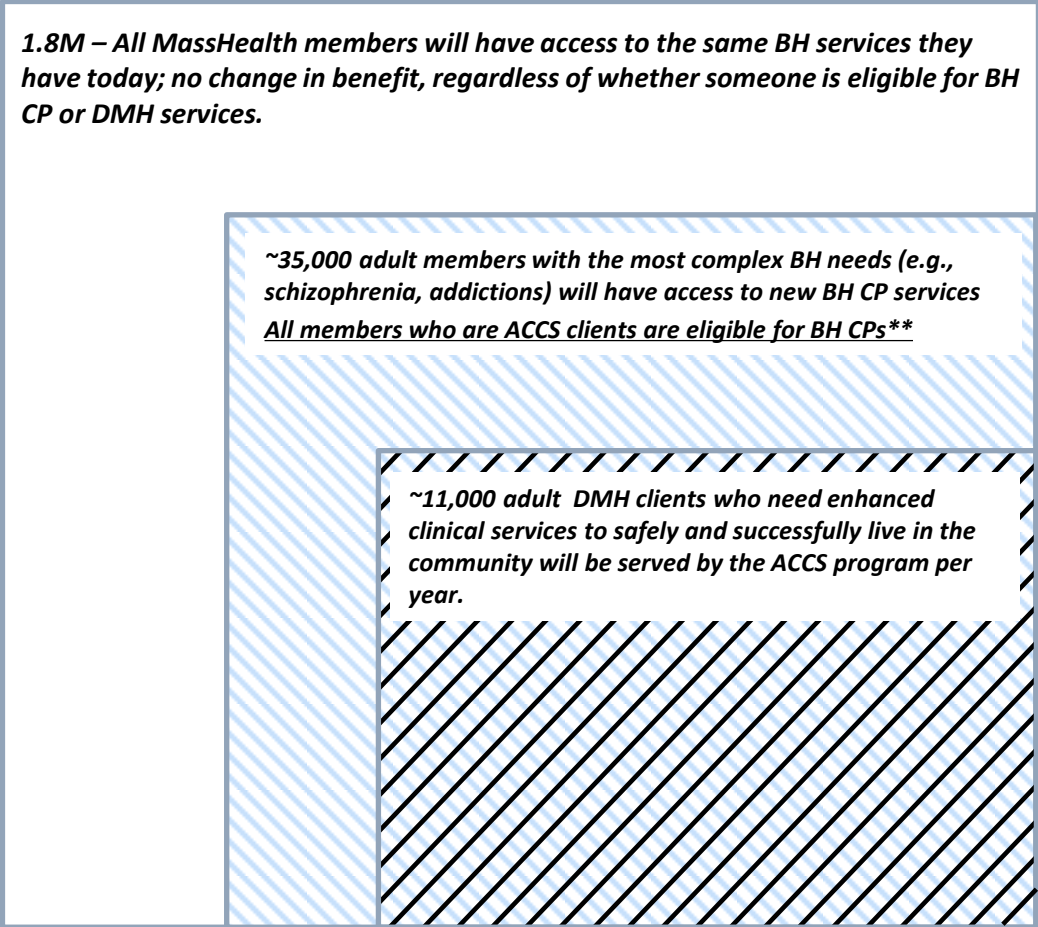
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- How this fits together: MassHealth, DMH and MRC reforms to strengthen and improve behavioral health care for adults


We are strengthening treatment and supports for individuals with behavioral health needs by:


- 1 Making significant investments through MassHealth in the behavioral health system**
 - Over \$600 million in new funding over five years to address treatment gaps (e.g., ED boarding) and to increase service rates
 - Significant expansion of capacity for addiction treatment
- 2 Improving care coordination and health outcomes for MassHealth members with serious mental illness and/or addiction treatment needs through the creation of Behavioral Health Community Partners (BH CP), launching in June 2018**
 - Provides enhanced care coordination and navigation across all aspects of care – physical, behavioral, disability, social services
- 3 Restructuring and strengthening the Department of Mental Health’s Adult Community Clinical Services (ACCS) program (formerly known as CBFS) starting in July 2018**
 - \$83M of new investments in FY19 for DMH

MassHealth covers behavioral health services for all members, with enhanced services through BH CP and ACCS for members with complex needs



-  **Behavioral Health services covered by MassHealth**
 - Community and inpatient mental health services
 - Behavioral Health medication
 - Substance use disorder treatment
 - All other services currently covered by MassHealth

-  **MassHealth Behavioral Health Community Partners (BH CP)**
 - Supports to help individuals and families coordinate and navigate care across the full spectrum of medical, behavioral, long-term services and supports, and social services

-  **DMH ACCS program***
 - High-intensity model
 - Clinical services, peer support, recovery coaching, family engagement, employment supports (with MRC) and supportive housing.

*DMH continues to operate its other programs such as PACT, Clubhouse services, etc.
 ** One Care and Senior Care Options (SCO) members are not eligible for BH CP services but receive similar services through One Care or SCO.

Pathways for MassHealth adult members to access BH services

If I am...	How do I access MassHealth behavioral health services?	If I need additional behavioral health support and care coordination?	If I need even more support?
<p>A MassHealth member in a managed care plan (MCO) or accountable care plan (ACO)</p>	<ul style="list-style-type: none"> ▪ MassHealth covers a broad set of mental health and addiction treatment services ▪ Members can receive services from a range of providers in their plan’s network 	<ul style="list-style-type: none"> ▪ Your health plan or ACO may offer you enhanced care coordination and navigation through a Behavioral Health Community Partner (BH CP) 	
<p>A MassHealth member in the PCC Plan</p>	<ul style="list-style-type: none"> ▪ PCC Plan members access all MassHealth behavioral health services through MBHP, a health plan specifically for behavioral health services 	<ul style="list-style-type: none"> ▪ PCC Plan members are not eligible for the BH CP program ▪ MBHP provides care management support for members with complex needs 	
<p>A MassHealth member who also has Medicare</p>	<ul style="list-style-type: none"> ▪ Members with MassHealth and Medicare can enroll in a One Care or Senior Care Options (SCO) plan, which offer extra behavioral health benefits and care coordination 	<ul style="list-style-type: none"> ▪ One Care and SCO provide extra support and care coordination for members who need it ▪ Members in DMH’s ACCS who are <u>not</u> enrolled in One Care/SCO will get support from a BH CP 	
<p>A DMH client with MassHealth (may not be sure which plan)*</p>	<ul style="list-style-type: none"> ▪ Your DMH case manager or provider can help you get connected with the right set of services at MassHealth and other state agencies 		

Your health plan, accountable care plan or providers may refer you to DMH for additional services, e.g. clubhouses, case management.

* Individuals do not have to be enrolled in MassHealth to be eligible for DMH services.

MassHealth Behavioral Health Community Partners (BH CP): what it is

~35K MassHealth members with the most complex BH needs will have access to an enhanced set of care coordination and navigation services through BH Community Partners (CPs)

- Behavioral Health Community Partners (BH CPs) are **community behavioral health organizations with experience** providing services and supports to MassHealth **members with serious mental illness and/or addiction**.
- The BH CP care team may include Registered Nurses, licensed BH clinicians, social workers, community health workers, care coordinators, peer support specialists and recovery coaches.
- The BH CP care team will:
 - Conduct active outreach and engage eligible members in their health care;
 - Assess the member’s physical and behavioral needs, long term services and support (LTSS) needs and social services needs and work with the member to develop and maintain a care plan to address those needs;
 - Coordinate care (together with the member’s ACO), helping the member connect to their health care providers (including PCPs, BH providers, LTSS providers*, and other specialists) and to navigate the health care system;
 - Provide health and wellness coaching and support the member transitioning between health care settings
 - Provide counsel on options for care, including information and assistance in accessing existing community resources and social services;
 - Coordinate with other state agencies and their programs, such as DMH’s ACCS program.
- A BH CP will not:
 - Restrict member choice of services
 - Perform prior authorization activities

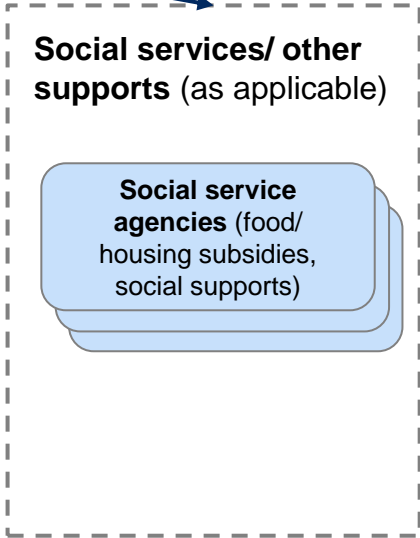
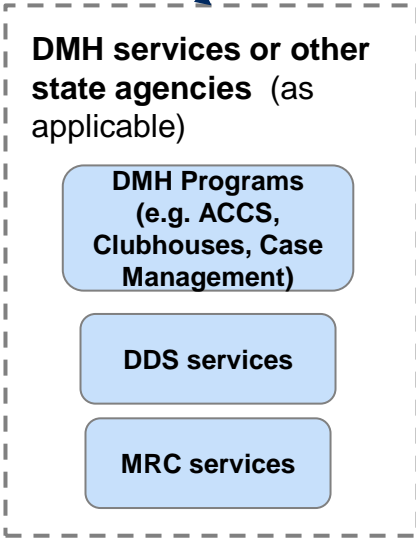
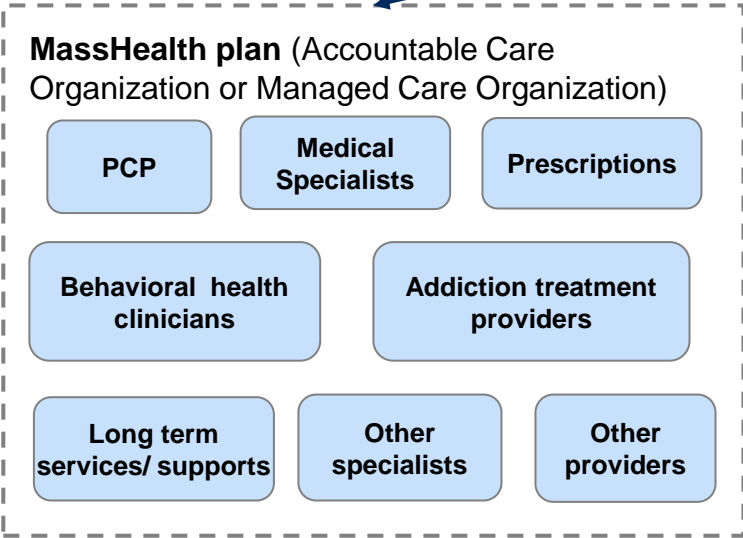
*If a member has both complex BH needs and complex LTSS needs, they will receive all CP services through the BH CP and will not be enrolled in an LTSS CP

Behavioral Health Community Partners (BH CP): how it helps MassHealth adult members and family members navigate and coordinate care



What the BH CP is doing:

- Actively outreach and engage individual/ families
- Assess needs, provide options and refer to services
- Coordinate with individual and providers to develop and maintain a care plan
- Help navigate medical, behavioral health, disability, social services



MassHealth contracts with Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) to help manage care. ACOs and MCOs are required to work with BH CPs

Behavioral Health Community Partners (BH CP): who is eligible and how MassHealth adult members are enrolled in a BH CP

Who is eligible for BH CP?

- **MassHealth members are eligible for BH CP services if they are:**
 - Enrolled in an Accountable Care Organization (ACO) or managed care plan (MCO)
 - Among ~35,000 of the most complex MassHealth members with serious mental illness (e.g., schizophrenia) and/or addiction treatment needs
 - MassHealth identifies members who are eligible for BH CP; ACOs, MCOs and providers may identify to MassHealth additional members as potentially eligible
 - Members who are identified as eligible for both BH CP and Long Term Services and Supports –Community Partner (LTSS CP) services will receive all CP services from the BH CP
 - Members can ask their ACO or MCO if they are eligible for BH CP supports
- **In addition, all MassHealth members who are in DMH’s ACCS program will receive BH CP services, unless they are enrolled in One Care or SCO***
 - Continuity with BH CP will remain as service needs change

How are eligible members enrolled in a BH CP?

- Eligible members will be assigned to a BH CP in the member’s area
- Members have the right to request a different BH CP in their area or may opt out of the program at any time
- Once a member is identified as eligible for BH CP, the member’s ACO or MCO will have 30 days to ensure they are enrolled in a BH CP, unless the member opts out

** DMH ACCS clients who have MassHealth and Medicare and **who enroll in a One Care or SCO plan receive similar enhanced care coordination and supports through One Care or SCO instead of a BH CP***

Members ages 21-64 with Medicare and MassHealth can access enhanced care management and behavioral health services through One Care

What is One Care?

- One Care is an integrated care option for members ages 21 to 64 (at the time of enrollment) who have both MassHealth and Medicare (“dual eligibles”).
 - One Care plans cover all Medicare and MassHealth benefits, including primary, acute, and specialty care, behavioral health, prescription drugs, dental and vision services, and additional community support benefits, at no cost to the member.
 - Every member gets a Care Team that will work with them to create a Personal Care Plan to address their individual health and support needs and goals.
-

How does One Care address behavioral health needs?

- One Care covers the same continuum of behavioral health services members in MCOs, ACOs, and the PCC Plan receive (mental health services, addiction treatment).
 - One Care also covers additional behavioral health services (peer supports, including Certified Peer Counselors).
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How do One Care plans coordinate care?

- All One Care members get a care coordinator (or a clinical care manager for members with complex BH needs) to help them get the benefits and services that are right for them.
- Members with BH needs can also choose a Long-Term Supports (LTS) Coordinator from a Recovery Learning Community (RLC). LTS Coordinators can help members learn about and connect to resources and services in their community to support their wellness, independence, and recovery goals.
- One Care plans and Care Teams will coordinate with state agencies (including DMH) for members who get services (such as ACCS) from them.

Members age 65+ with Medicare and MassHealth can access enhanced care management and behavioral health services through Senior Care Options (SCO)

What is SCO?

- SCO is a health plan option specially designed for seniors. SCO serves individuals who are age 65 and older and who have either MassHealth Standard or both MassHealth Standard and Medicare (“dual eligibles”).
 - SCO plans cover Medicare and MassHealth benefits, including primary, acute, and specialty care, behavioral health, prescription drugs, dental and vision services, and additional community support benefits, at no cost to the member.
-

How does SCO address behavioral health needs?

- SCO covers virtually all of the behavioral health services available to members in MCOs, ACOs, and the PCC Plan (mental health services, addiction treatment).
 - SCO plans are required to assure that all of a member’s needs, including behavioral health needs, are addressed in a fully coordinated and integrated manner.
-

How do SCO plans coordinate care?

- Every member gets a Care Team that includes a Geriatric Services Support Coordinator (GSSC). That team works with each member to create a Personal Care Plan to address their individual physical health, behavioral health and long-term services and supports goals.
- SCO plans and Care Teams are required to coordinate with state agencies (including DMH), social service agencies, community organizations, and federal agencies to assure that members needs are being addressed in a holistic manner.

Adult Community Clinical Services (ACCS) Program: what it is

DMH is redesigning and strengthening its largest adult community service program to better meet the needs of the ~11,000 adults with long-term, serious mental illness enrolled in the program annually.

- Key features of the redesigned ACCS program (formerly known as CBFS):
 - **Clinical Integration**
 - Require services that are clinically focused and anchored with an integrated team that provides clinical coverage 24/7/365.
 - Partner with MassHealth’s BH CP and One Care programs to integrate clients’ mental health care with their other health care needs (primary and specialty care, hospital, long-term services and supports, etc.).
 - Align assessment and treatment planning activities; focus on improved healthcare outcomes.
 - **Individualized Care**
 - Require family focus and emphasize role of peer supports.
 - Be responsive to the treatment needs for individuals with co-occurring addiction treatment needs through the inclusion of a licensed substance abuse counselor and recovery coach in the integrated team models.
 - Adjust to meet changing needs across the adult life span, with specific attention to young adults and persons who are aging in place.
 - **Focus on Achieving Greater Self-Sufficiency**
 - Integrate services with Mass Rehab Commission (MRC) and other available employment resources to achieve higher rates of job placement and education completion.
 - Individuals remain connected with DMH.

Adult Community Clinical Services (ACCS) Program: who is eligible and what are the enrollment criteria?

Who is eligible for DMH Adult Services & ACCS?

- The Department of Mental Health (DMH) service delivery system is accessed through application to DMH.
- DMH services are prioritized to meet the needs of adults living with the most serious mental illnesses and significant functional impairments.
- Applicant must meet the need for a service provided by DMH; these services are often outside those covered through other health insurance programs (public and private) and require approval by DMH.
- Adults (18 and older) may be authorized for ACCS services if they meet criteria outlined below.

What are the criteria for enrollment in ACCS?

- Adults (18 and older) may be authorized for ACCS services if they meet DMH's clinical criteria and demonstrate the need for intensive clinical services to safely and successfully engage in community living.
- Examples of demonstrated need include, but are not limited to: high rates of psychiatric inpatient admission, poor self-care, or loss of housing.

DMH Clients who are enrolled in ACCS will receive a BH CP through MassHealth unless enrolled in One Care or SCO, which provide a similar level of enhanced care coordination and supports. DMH Clients enrolled in ACCS may also receive DMH Case Management when indicated.

Massachusetts Rehabilitation Commission (MRC): who is eligible and what are the enrollment criteria?

Who is eligible for vocational rehabilitation services offered by MRC?

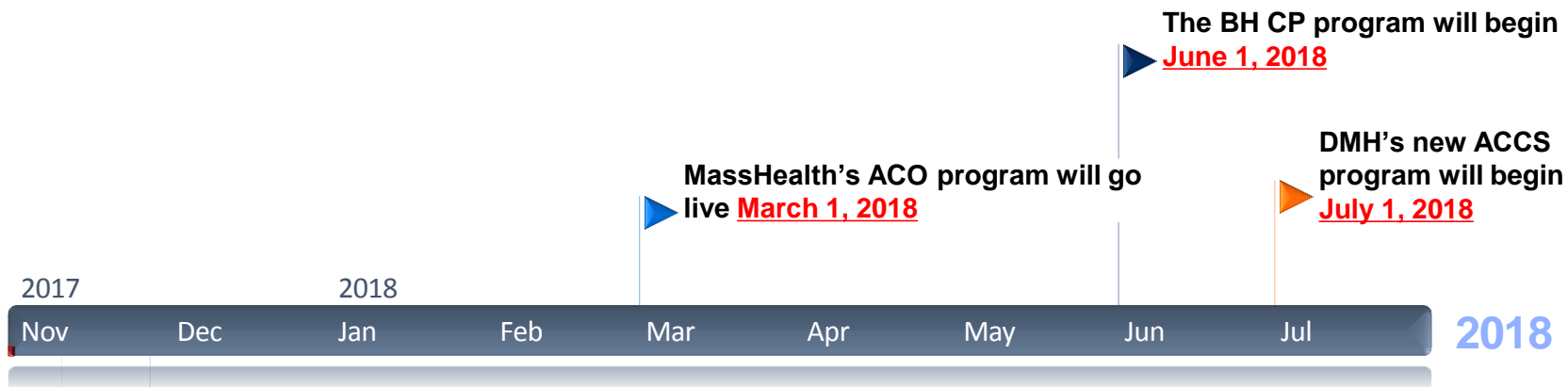
- Individuals may be eligible for MRC Vocational Rehabilitation (VR) services if they have a disability which is a barrier to employment, and are interested in work.
- Services for eligible consumers are individualized based on consumer need, and may include assessment, counseling, guidance, job placement, training, and employment supports.
- The Massachusetts Rehabilitation Commission (MRC) provides an array of vocational rehabilitation services to individuals with disabilities across the Commonwealth of Massachusetts with the goal of assisting consumers in obtaining and maintaining employment.

What are the criteria for enrollment into the MRC Vocational Rehabilitation Program?

- In order to be approved for MRC Vocational Rehabilitation services, individuals must have a documented disability which is an obstacle to securing, maintaining, or advancing in competitive employment.
- Through an assessment, MRC determines if a person can benefit from vocational rehabilitation services in terms of achieving an employment outcome.
- After determination of eligibility, consumers are enrolled and develop an individualized employment plan with a MRC counselor outlining a specific job goal and the services to be delivered to assist in achieving their employment goal.

DMH Consumers who are enrolled in ACCS will be eligible for referral to MRC for Vocational Rehabilitation services. ACCS will remain active to assist with engagement and support throughout the MRC service delivery experience and to support continuity post MRC service completion. MRC is committed to joining the effort to create an integrated service delivery system.

IMPLEMENTATION TIMELINE



EOHHS will host bimonthly stakeholder meetings on an ongoing basis and will issue additional communications throughout implementation.

Appendix: Full list of CPs Contracted

The following is a list of the entities that have been selected as MassHealth Behavioral Health Community Partners (1/2)

#	Bidder	Consortium Entities	Affiliated Partners (<i>Partnership Name, if applicable</i>)	Region: Service Area
1	South Shore Mental Health Center, Inc.	N/A	<ul style="list-style-type: none"> Spectrum Health Systems, Inc. 	Greater Boston: Quincy
2	Boston Health Care for the Homeless Program, Inc.	N/A	<ul style="list-style-type: none"> Bay Cove Human Services, Inc. Boston Public Health Commission Boston Rescue Mission, Inc. Casa Esperanza, Inc. Pine Street Inn, Inc. St. Francis House Victory Programs, Inc. Vietnam Veterans Workshop, Inc. 	Greater Boston: Boston Primary
3	Community Counseling of Bristol County, Inc.	N/A	N/A	Southern: Attleboro, Brockton Taunton
4	Southeast Community Partnership, LLC	<ul style="list-style-type: none"> South Shore Mental Health Center, Inc. Gosnold, Inc. 	<ul style="list-style-type: none"> FCP, Inc. dba Family Continuity 	Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham
5	Stanley Street Treatment and Resources, Inc.	N/A	<ul style="list-style-type: none"> Greater New Bedford Community Health Center, Inc. HealthFirst Family Care Center, Inc. Fellowship Health Resources, Inc. 	Southern: Attleboro, Barnstable, Fall River, Falmouth, New Bedford, Oak Bluffs, Orleans, Taunton, Wareham
6	Northeast Behavioral Health Corporation, dba Lahey Behavioral Health Services	N/A	N/A	Northern: Beverly, Gloucester Haverill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn
7	Lowell Community Health Center, Inc.	N/A	<ul style="list-style-type: none"> Lowell House, Inc. Mental Health Association of Greater Lowell, Inc. 	Northern: Lowell
8	The Bridge of Central Massachusetts, Inc.	N/A	<i>Central Community Health Partnership/BH</i> <ul style="list-style-type: none"> Alternatives Unlimited, Inc. LUK, Inc. Venture Community Services 	Central: Athol, Framingham Gardner-Fitchburg, Southbridge, Worcester
9	Community Healthlink, Inc.	N/A	N/A	Central: Gardner-Fitchburg, Worcester
10	Behavioral Health Network, Inc.	N/A	N/A	Western: Holyoke, Springfield, Westfield
11	The Brien Center for Mental Health and Substance Abuse Services, Inc.	N/A	N/A	Western: Adams, Pittsfield

The following is a list of the entities that have been selected as **MassHealth Behavioral Health Community Partners (2/2)**

#	Bidder	Consortium Entities	Affiliated Partners (<i>Partnership Name, if applicable</i>)	Region: Service Area
12	Innovative Care Partners, LLC	<ul style="list-style-type: none"> Center for Human Development, Inc. (CHD) Gandara Mental Health Center, Inc. ServiceNet, Inc. 	N/A	Western: Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
13	High Point Treatment Center, Inc.	N/A	<ul style="list-style-type: none"> Brockton Area Multi Services, Inc. (BAMSI) Bay State Community Services, Inc. Child & Family Services, Inc. Duffy Health Center Steppingstone, Inc. 	Greater Boston: Quincy
				Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Plymouth, Taunton, Wareham
14	Eliot Community Human Services, Inc.	N/A	N/A	Greater Boston: Revere, Somerville
				Northern: Beverly, Gloucester, Lowell, Lynn, Malden, Salem, Woburn
				Central: Framingham, Waltham
15	Riverside Community Care, Inc.	N/A	<ul style="list-style-type: none"> Brookline Community Mental Health Center, Inc. The Dimock Center, Inc. The Edinburg Center, Inc. Lynn Community Health Center, Inc. North Suffolk Mental Health Association, Inc. Upham's Corner Health Center 	Greater Boston: Boston Primary, Revere, Somerville, Quincy
				Northern: Lowell, Lynn, Malden, Woburn
				Central: Framingham, Southbridge, Waltham
16	Eastern Massachusetts Community Partners, LLC	<ul style="list-style-type: none"> Vinfen Corporation Bay Cove Human Services, Inc. Bridgewell, Inc. 	N/A	Greater Boston: Boston Primary, Revere, Somerville, Quincy
				Northern: Haverill, Lawrence, Lowell, Lynn, Malden, Salem
				Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham
17	Clinical Support Options, Inc.	N/A	N/A	Central: Athol
				Western: Adams, Greenfield, Northampton, Pittsfield
18	Behavioral Health Partners of Metrowest, LLC	<ul style="list-style-type: none"> Advocates, Inc. South Middlesex Opportunity Council Spectrum Health Systems, Inc. Wayside Youth and Family Support 	<ul style="list-style-type: none"> Family Continuity (FCP), Inc. 	Northern: Beverly, Gloucester, Haverill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn
				Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, Worcester