



The Massachusetts Health Policy Forum's Student Forum

January 8, 2020

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Commissioner

Massachusetts Department of Mental Health



Important Facts:

Epidemic of Premature Death

In the US the average life expectancy has increased steadily to
78.6 years (National Center for Health Statistics)

The average life span for SPMI ranged from 49 – 60 years
(National Institute for Mental Health-NIMH)

25-30 years shorter life span than the general public

Declining over the past 30 years

If substance use is factored in 10 years shorter

Disproportionate risk of death from preventable cardio
metabolic risk factors, common chronic illnesses and
cardiovascular disease

The average loss of life expectancy of all cancers combined is
15 years



Important Child/Adolescent Statistics:

- 21% of children and adolescents in the US meet diagnostic criteria for MH disorder with impaired functioning
- 50% of adult psychiatric conditions are diagnosable by a youth's 14th birthday and 75% by age 25
- 50% of adults in US with MH disorders had symptoms by the age of 14
- Children with chronic medical conditions have more than 2x the likelihood of having a MH disorder
- We know that people recover from mental illness...treatment works...social determinants of health influences recovery



DMH Statutory Mandate

DMH operates pursuant to Massachusetts state statute, Mass. Gen. L. ch. 19, ch 123 and DMH regulations CMR 104

DMH's statutory mandate: provide treatment and services to citizens with long-term or serious mental illness(es) and research into causes of mental illness

DMH

- Provides or arranges for DMH services for adults and children for whom services authorized,
- Establishes standards and policies to ensure effective and culturally competent care that promotes recovery and self-determination and protects human rights, and
- Supports mental health training and research



DMH Mission and Vision

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.



Community First

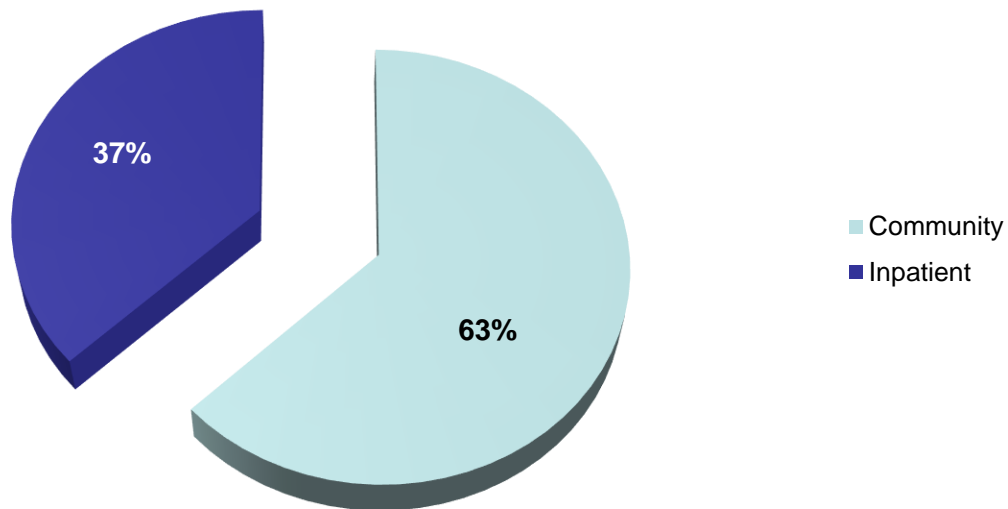
DMH is committed to its Community First vision and serving clients, staff and the community at large effectively and safely. Community First embraces the values of recovery, choice and self-determination and is guided by these principles:

- Empowering individuals with mental illness to live with dignity and independence in the community;
- Providing access to a full range of quality services and supports to meet their mental health needs;
- Enabling individuals to live, work and participate in their communities; and
- Implementing a consumer-centered, recovery-oriented system of mental health treatments and supports.



DMH Allocation of Funds: Majority for Community-based Services

2016 DMH BUDGET ALLOCATIONS





DMH Services

Community-based Services include:

- Adult Community Clinical Services (ACCS)
- Program of Assertive Community Treatment (PACT)
- Clubhouses
- Case Management
- Recovery Learning Communities
- Forensic - Court Clinic, Jail Diversion and Re-entry Services
- Respite Services
- Homeless Support Services
- Child and Adolescent Residential Services
- Child and Adolescent Flexible Supports
- Child and Adolescent After School/Weekend Therapeutic Services



DMH Private Facility Licensure

Facility Licensure:

- DMH oversees the licensure of 2,761 beds in 66 licensed inpatient facilities:
 - Freestanding acute psychiatric hospitals and
 - Psychiatric units in general hospitals
 - 4 Intensive residential treatment programs for children and adolescents totaling 80 beds
- DMH ensures that licensed hospitals are in compliance with regulatory requirements based on bi-annual licensing surveys, reviews of incidents, complaints, and random unannounced inspections. DMH Licensing also conducts Human Rights Trainings twice a year for licensed facility staff. A Restraint Prevention Conference is also provided annually for licensed facilities.



DMH Research Centers of Excellence

1. Department of Psychiatry-MGH; The Center of Excellence for Psychosocial and Systemic Research
 2. UMass Implementation Science and Practice Advances Research Center (iSPARC)
 3. Children's Behavioral Health Knowledge Center
- DMH Guiding Priorities for Research:
 - Culturally competent research and evidence-based practices
 - Consumer Involvement in Research
 - Dissemination of Research Finding to Accelerate the adoption of evidence-based practices

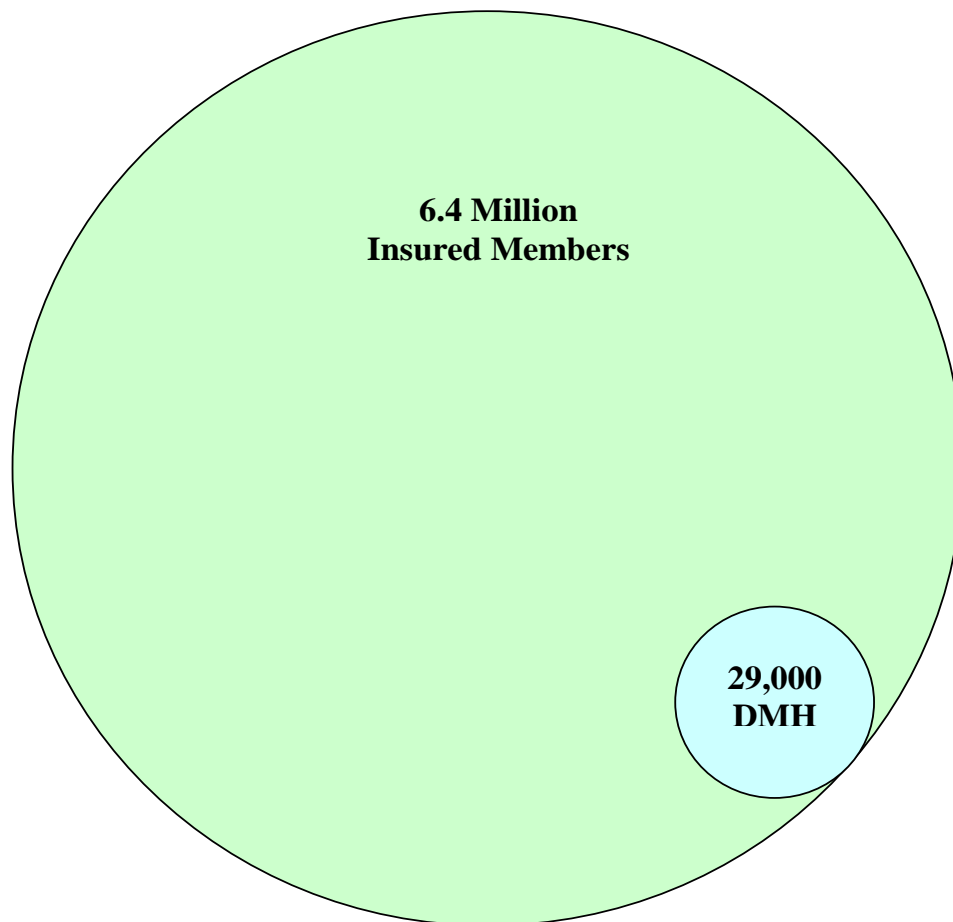


DMH Service Authorization

- DMH provides services for approximately 29,000 individuals
- Determining whether to authorize DMH services for an individual depends on an assessment of whether:
 - Individual meets the clinical criteria for DMH services;
 - Individual requires DMH services and has no other means for obtaining them;
 - DMH has available capacity.



Massachusetts Residents with Health Insurance (All Types) vs. Department of Mental Health Persons Served



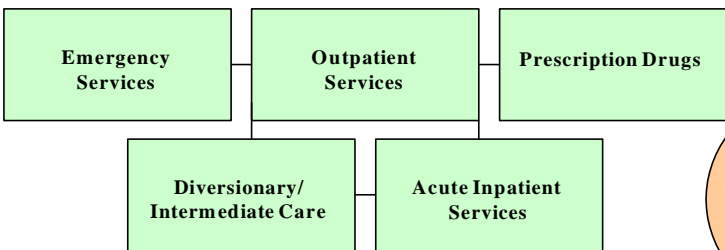


Person Driven Care

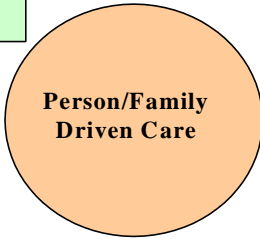
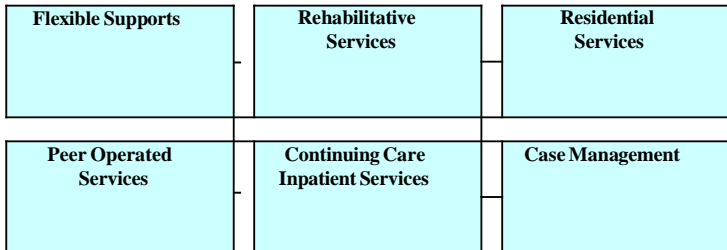
The Continuum of Mental Health Services

(Not a complete list)

Services covered by Public (e.g., MassHealth) and Private (e.g., Blue Cross Blue Shield) Health Payers
Approximately 6.4 million insured members



Services covered by the Department of Mental Health
Approximately 29,000 persons served



Criteria for Services

Any person with health insurance who meets clinical medical necessity criteria for covered mental health services.

Criteria for Services

Any adult with severe and persistent mental illness or child/adolescent with emotional disturbance who needs continuing care (longer term supports) that is not available from any other source. Individuals seeking Department of Mental Health services must apply and meet all clinical, functional impairment, and needs and means criteria.

Service Providers

Health payers contract with independent licensed mental health professionals (e.g., psychologists), community mental health clinics, acute residential facilities, and general hospital acute psychiatric units and freestanding psychiatric hospitals. There are 2,761 licensed psychiatric inpatient beds across Massachusetts, serving approximately 74,000 psychiatric inpatient admissions per year.

Service Providers

The Department of Mental Health contracts most of its services with private community mental health care providers. Services are designed to meet the needs of the individual/family and offered in the least restrictive setting. Services the Department contracts for include: Adult Community Clinical Services, Programs of Assertive Community Treatment, Clubhouses, Child/Adolescent Residential Programs, Flexible Family Supports, Recovery Learning Communities, Homelessness Services, Forensic Services, and Respite Services. The Department operates statewide 671 adult and 30 child/adolescent continuing care inpatient beds. On average, 1,400 adults per year are admitted to DMH for inpatient services. Approximately half of those admissions are court referred. The Forensics Division provides services to approximately 8,000 - 9,000 individuals through forensic transition teams and court clinics.



Person Driven Care

The Continuum of Mental Health Services

(Not a complete list)

Services covered by Public (e.g., MassHealth) and Private (e.g., Blue Cross Blue Shield) Health Payers

Must Meet Medical Necessity Criteria



Services covered by the Department of Mental Health

Must Meet Continuing Care Criteria

Person/Family Driven Care

Emergency Services
Provided by emergency services programs, at general acute hospitals & state operated in limited locations

- Crisis Intervention and Screening Services
- Crisis Stabilization Services

Diversiónary/Intermediate
Provided by community programs and at general acute hospitals

- Psychiatric Day Treatment
- Partial Hospitalization
- Community Based Acute Treatment

Outpatient Services
Provided by independent licensed mental health clinicians, at mental health clinics & state operated in limited locations

- Individual, Family, Group Therapy
- Medication Management
- Assessments

Prescription Drugs
Provided by pharmacies

- Prescribed Medications

Acute Inpatient Services
Provided by general hospital acute or free standing psychiatric hospitals & state operated in limited locations

- Inpatient treatment

Peer Operated Services
Provided by contracted community providers

- Respite Services
- Peer Support
- Recovery Learning Communities

Case Management
Provided by DMH

- Assessments
- Service Planning & Monitoring
- Coordination
- Referral

Continuing Care Inpatient Services
Provided by DMH

- Inpatient treatment focusing on rehabilitation & recovery/resiliency

Flexible Supports
Provided by contracted community providers

- Community Engagement
- Individualized youth and family services
- Tenancy Assistance
- Recovery Focused Activities

Rehabilitative Services
Provided by contracted community providers and DMH

- Assessments and Service Planning Development
- Skills Development
- Education & Employment
- Clinical Treatment

Residential Services
Provided by contracted community providers & state operated in limited locations

- Group Living
- Independent Living
- Supervision
- Medication Management



**Person
Driven
Care**

The Continuum of Mental Health Services

(Not a complete list)

Hospital Services covered by Public (e.g., MassHealth) and Private (e.g., Blue Cross Blue Shield) Health Payers

Who Provides
Health payers contract through emergency services programs and emergency room departments with general hospitals (e.g., Massachusetts General Hospital) to provide emergency/crisis services. In addition, health payers contract with general acute hospitals and free standing acute psychiatric hospitals (e.g., McLean Hospital) to provide acute inpatient care which provides short-term, intensive diagnostic, evaluation, treatment and stabilization services to individuals experiencing an acute psychiatric episode.

Admissions
Persons who meet health payers' medical necessity criteria and need acute hospital level of care are admitted to a general hospital acute psychiatric unit or freestanding psychiatric hospital. Approximately, 68,000 individuals are admitted to acute inpatient psychiatric hospital settings each year. Only 10% of those admitted are DMH clients. A typical course of treatment lasts 10 to 14 days but may be as long as 30 days.
Persons who do not meet acute hospital level of care may be referred to community crisis stabilization services which are also covered by health payers.

Licensed Acute Hospitals & Beds
There are 66 licensed inpatient facilities with 2,761 psychiatric beds licensed by DMH.



Hospital Services covered by the Department of Mental Health

Who Provides
DMH operates and contracts for continuing care inpatient services. Continuing inpatient psychiatric care provides ongoing treatment, stabilization and rehabilitation services to the relatively few individuals who require longer term hospitalization that are beyond the capacity of the acute inpatient system.

Admissions
Persons are either court referred or meet DMH continuing care hospital level of care criteria and generally transferred to DMH after the conclusion of an acute inpatient course of treatment in a general hospital psychiatric unit or freestanding psychiatric hospital licensed by DMH. Persons are admitted to the first available bed in a DMH-operated inpatient unit or state hospital. On average, 1,400 adults per year are admitted to DMH for inpatient services. Approximately half of those are court referred. On average, treatment for non-court referred admissions lasts 180 days but may be much longer.

DMH Continuing Care Hospitals & Beds
There are statewide 671 adult and 30 child/adolescent continuing care inpatient beds located at two state operated psychiatric hospitals (Worcester, Taunton), psychiatric units at two DPH hospitals (Shattuck, Tewksbury), psychiatric inpatient beds at Fuller Mental Health Center, and 30 contracted beds at a private hospital in Springfield.

**Person /Family
Driven Care**



Person Driven Care

Services covered by the Department of Mental Health

Apply for Community Services & Meet all Clinical, Functional, & Needs & Means Criteria

Person/Family Driven Care

Referral by the Courts or Acute General Hospital or Private Psychiatric Hospital & Meet Continuing Care Hospital Level of Care Criteria

29,000 Persons Served
Continuing Care Community Services
 Flexible Supports Rehabilitative Services Peer Operated
 Case Management Residential Services

Continuing Care Inpatient Services
 Clinical Treatment Rehabilitative Services
 Court Ordered Evaluations/Treatment

- | | | | |
|---------------------------------------|-----------------------------------------------|-------------------------|--------------------------------------------|
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| Adult Community Clinical Services | Program of Assertive Community Treatment | Clubhouse Services | Recovery Learning Communities |
| Child/Adolescent Residential Services | Individual & Family Flexible Support Services | After School Programs | Family Respite |
| Respite Services | Forensic Services Court Clinics | Jail Diversion Programs | Homeless Outreach Teams & Shelter Services |

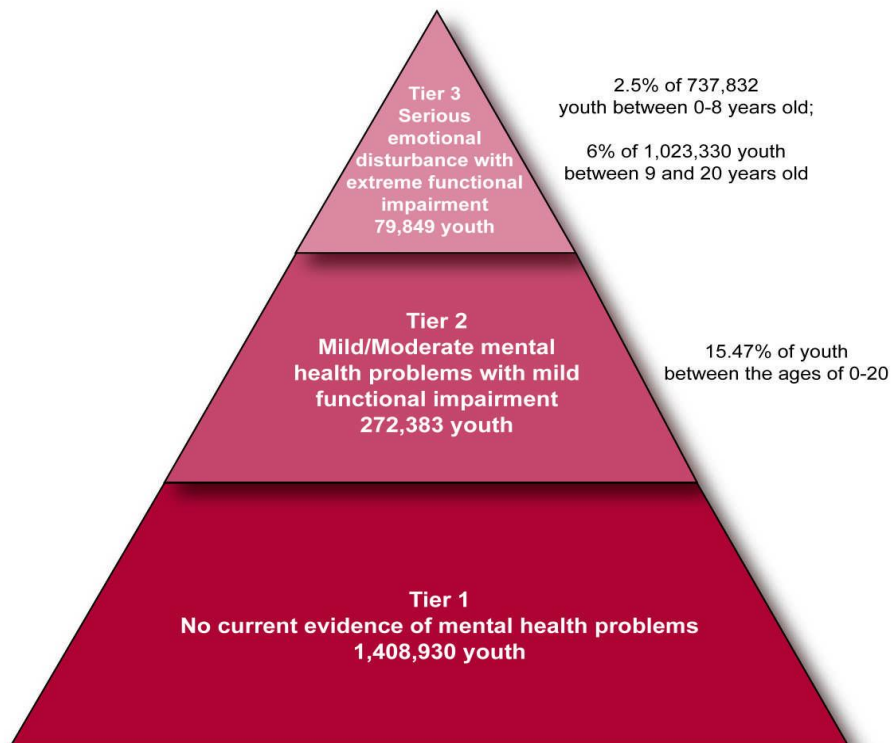
- Worcester Recovery Center & Hospital
- Taunton State Hospital
- Shattuck Hospital
- Tewksbury Hospital
- Fuller Mental Health Center
- Contracted Beds in Springfield



Who Needs Mental Health Services?

*Estimated Level of Need

Children, Youth & Young Adults (Ages 0-20)



An estimated 1,761,162 youth between the ages of 0 and 20 are living in Massachusetts (27.7% of the total population). Tiers 3 and 2 represent 20% of the youth in Massachusetts based on the Surgeon General's report of any diagnosable mental disorder during childhood and adolescence.

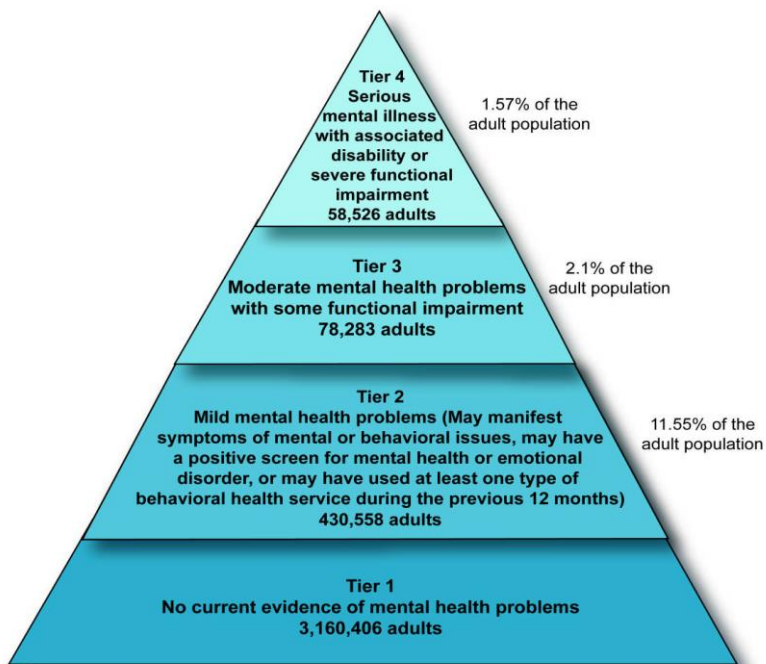
*Estimated Level of Need based on revised 2000 U.S. Census, prevalence data, and 2007 analysis of DMH and MassHealth eligibility and utilization data.



Who Needs Mental Health Services?

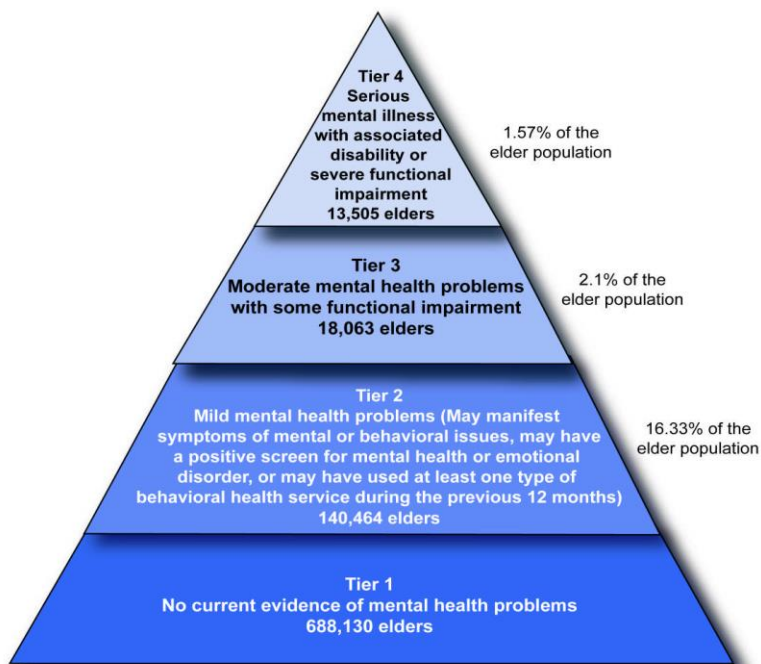
*Estimated Level of Need

Adults (Ages 21-64)



An estimated 3,727,773 individuals between the ages of 21 and 64 are living in Massachusetts (58.7% of the total population); 567,367 are potentially living with a mental illness (15.22% of individuals based on DMH prevalence estimates of adults with a diagnosable mental illness).

Elders (Ages 65 & Above)



An estimated 860,162 elders live in Massachusetts (13.5% of the total population); 172,032 are potentially living with mental illness (20% of elders based on the Surgeon General's estimates for individuals aged 55 and over who will experience mental disorders that are not part of normal aging).

*Estimated Level of Need based on revised 2000 U.S. Census, prevalence data, and 2007 analysis of DMH and MassHealth eligibility and utilization data.



DMH Services: *Brief Descriptions*

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.
Adult Community Clinical Services (ACCS)	ACCS is a comprehensive, clinically focused service that provides clinical interventions and peer and family support to facilitate engagement, support full community participation and maximize symptom stabilization and self-management of individuals residing in all housing settings. In addition, ACCS provides a range of provider-based housing options as treatment settings to assist individuals in developing skills, establishing natural supports and resources to live successfully in the community.
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.
Homelessness Services	Comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
Forensic Services	Provides forensic mental health assessments and consultations for individuals involved in the criminal justice system; court clinicians act as liaisons for court personnel on mental health issues in both adult and juvenile sessions.
Jail Diversion/Police Crisis Intervention Training	Supports 130 local communities to provide enhanced behavioral health intervention trainings to public safety personnel and to increase law enforcement's positive collaboration with local behavioral health service providers and other social and educational service entities. Training topics address people with behavioral health challenges of all ages, and for youth, focus on citizens with autism, emotional disturbance, substance use disorder, and the major mental illnesses.