

The Massachusetts Health Policy Forum's Student Forum

January 13, 2015

Marcia Fowler

Commissioner

Massachusetts Department of Mental Health

Recovery from mental illness is the guiding principle that supports the mission of the Department of Mental Health.

- As the State Mental Health Authority under Massachusetts General Law Chapters 19 and 123, *“the Department shall take cognizance of all matters affecting the mental health of the citizens of the Commonwealth.”* Our regulations 104 CMR support this vital mission and require DMH to operate the state psychiatric facilities; fund an extensive community service system for qualifying adults and children; license all private psychiatric facilities and units of general hospitals, as well as community mental health programs providing residential services; establish standards of care; provide mental health training and research; protect human rights; and promote recovery and self-determination.

DMH Statutory Mandate

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

DMH General Responsibilities

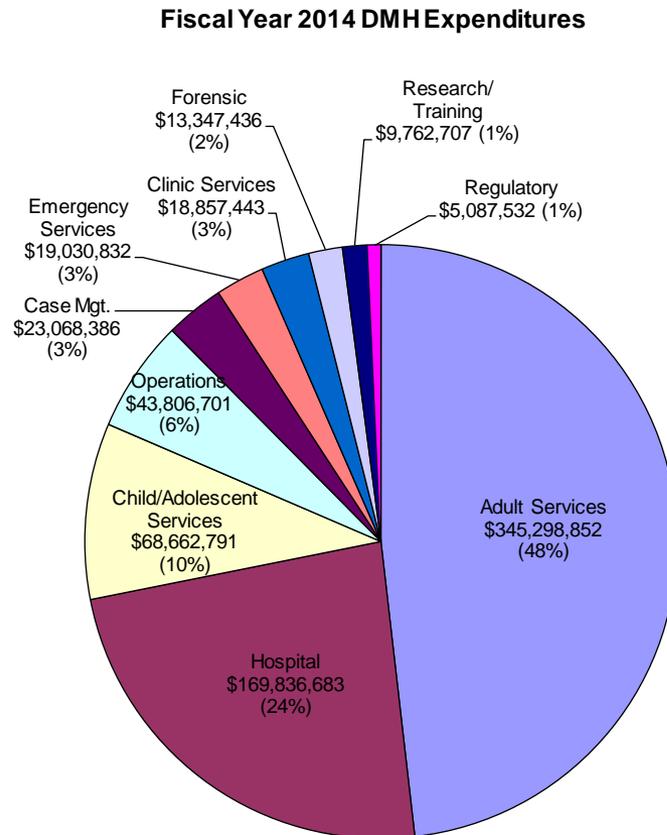
- Operates the state psychiatric facilities
- Funds an extensive community service system for qualifying adults and children
- Licenses all private psychiatric facilities and units of general hospitals, as well as community mental health programs providing residential services
- Establishes standards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

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 care.

DMH Allocation of Funds: Majority for Community-based Services



DMH Services

Community-based Services include:

- Community Based Flexible Supports (CBFS)
- 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

DMH 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. These individuals are generally transferred to DMH after the conclusion of an acute inpatient course of treatment in a general hospital psychiatric unit or private psychiatric hospital licensed by DMH and admitted to the first available bed in a DMH-operated inpatient unit or state hospital.
- DMH also contracts for five Intensive Residential Treatment Programs (IRTP) for adolescents (75 beds total) and one Clinically Intensive Residential Treatment Program (CIRT) for children ages 6-12 (12 beds total).

DMH Private Facility Licensure

- The DMH Licensing Division licenses and monitors all acute private and general hospitals with inpatient psychiatric units in the Commonwealth. The Division also licenses and monitors the Intensive Residential Treatment Programs (IRTPs) for adolescents throughout the state. This function is authorized by DMH Regulations 104 CMR 27; 32; 33
- DMH licenses as total of 2,466 private psychiatric beds statewide. Since 2012, Massachusetts hospitals have increased the number of private psychiatric beds by 34.

Included in the Licensing Division's authority are:

- Licensing Applications
- Incident Notification
- Patient Rights/Reporting a Complaint

DMH Research Centers of Excellence

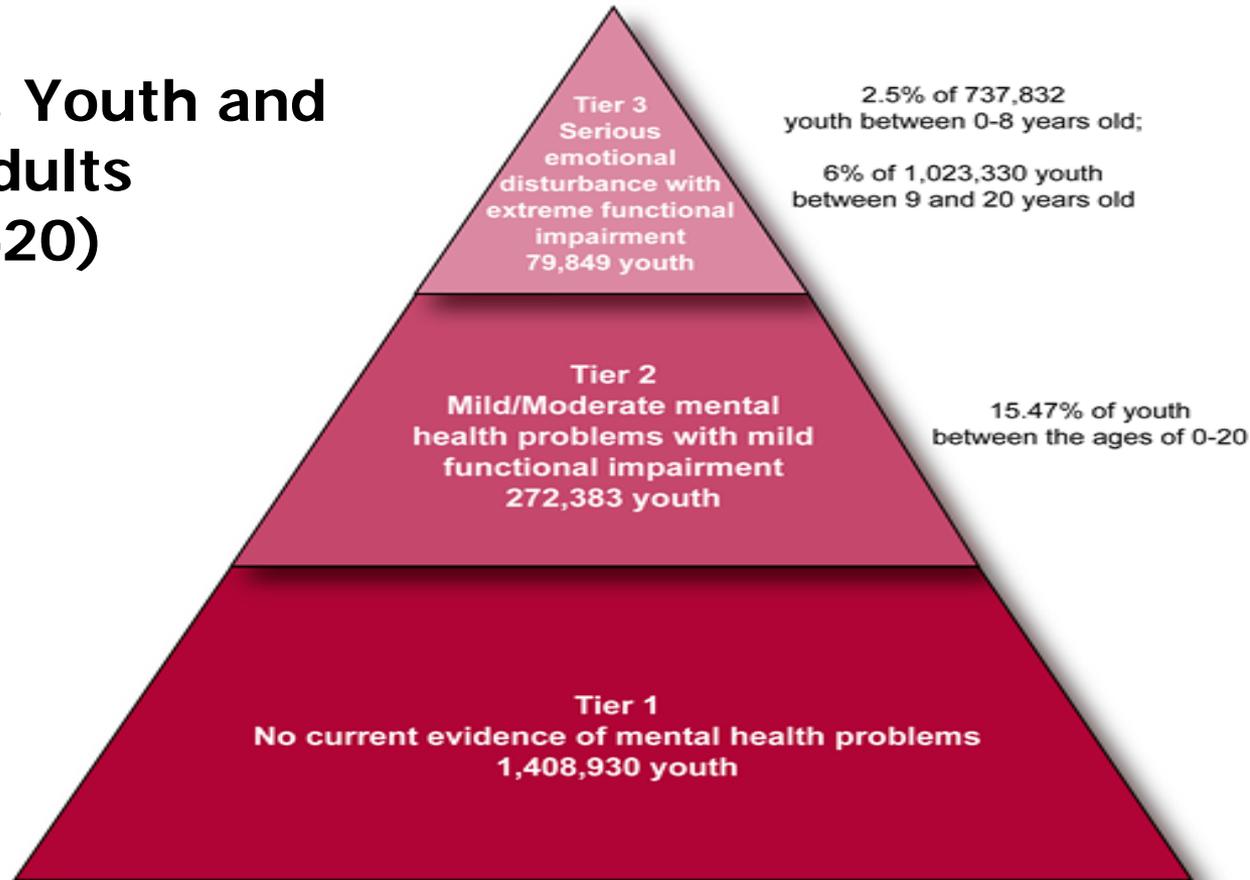
1. UMASS: Center for Mental Health Services Research
 2. BIDMC: Commonwealth Research Center for clinical neuroscience and psychopharmacological research
- DMH Guiding Priorities for Research:
 - Culturally competent research and evidence-based practices
 - Consumer Involvement in Research
 - Dissemination 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.

Who are the patients with mental health disorders?

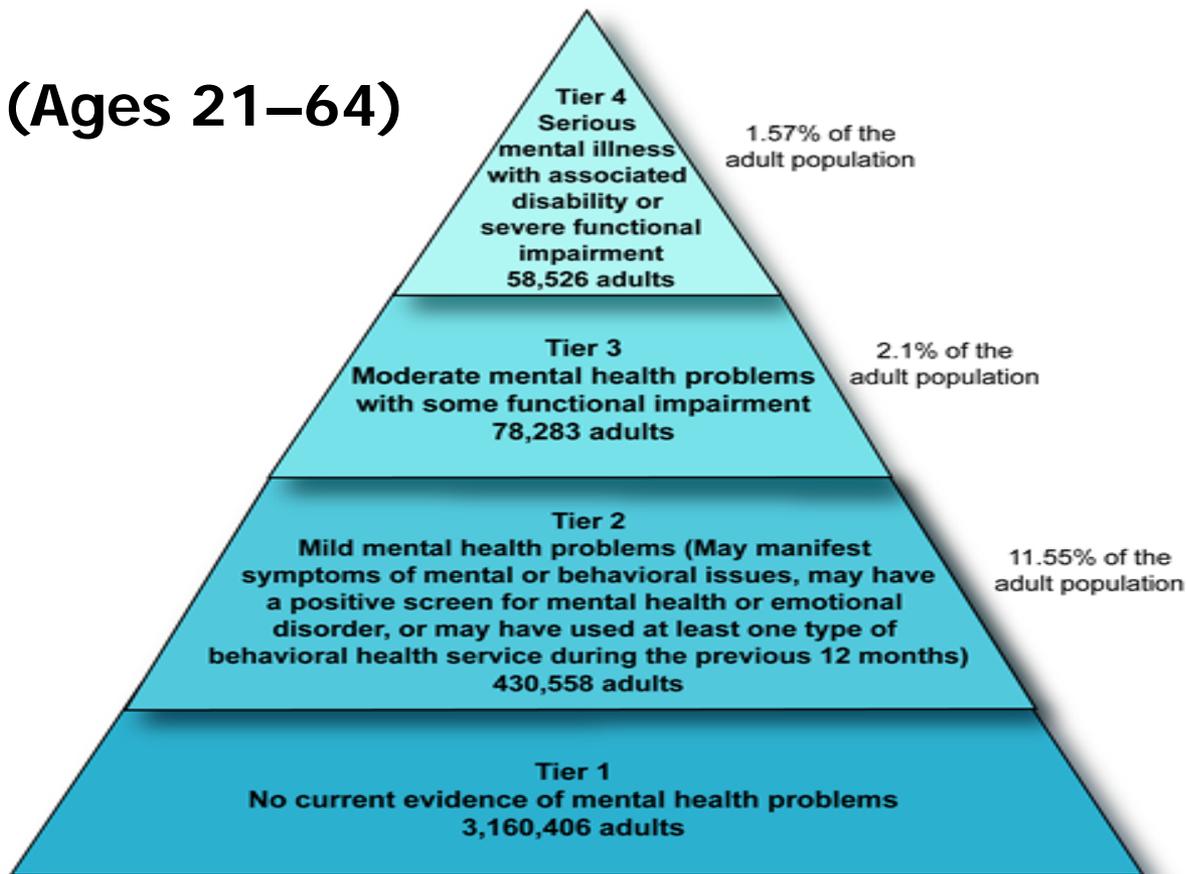
Children, Youth and Young Adults (Ages 0–20)



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.

Who are the patients with mental health disorders?

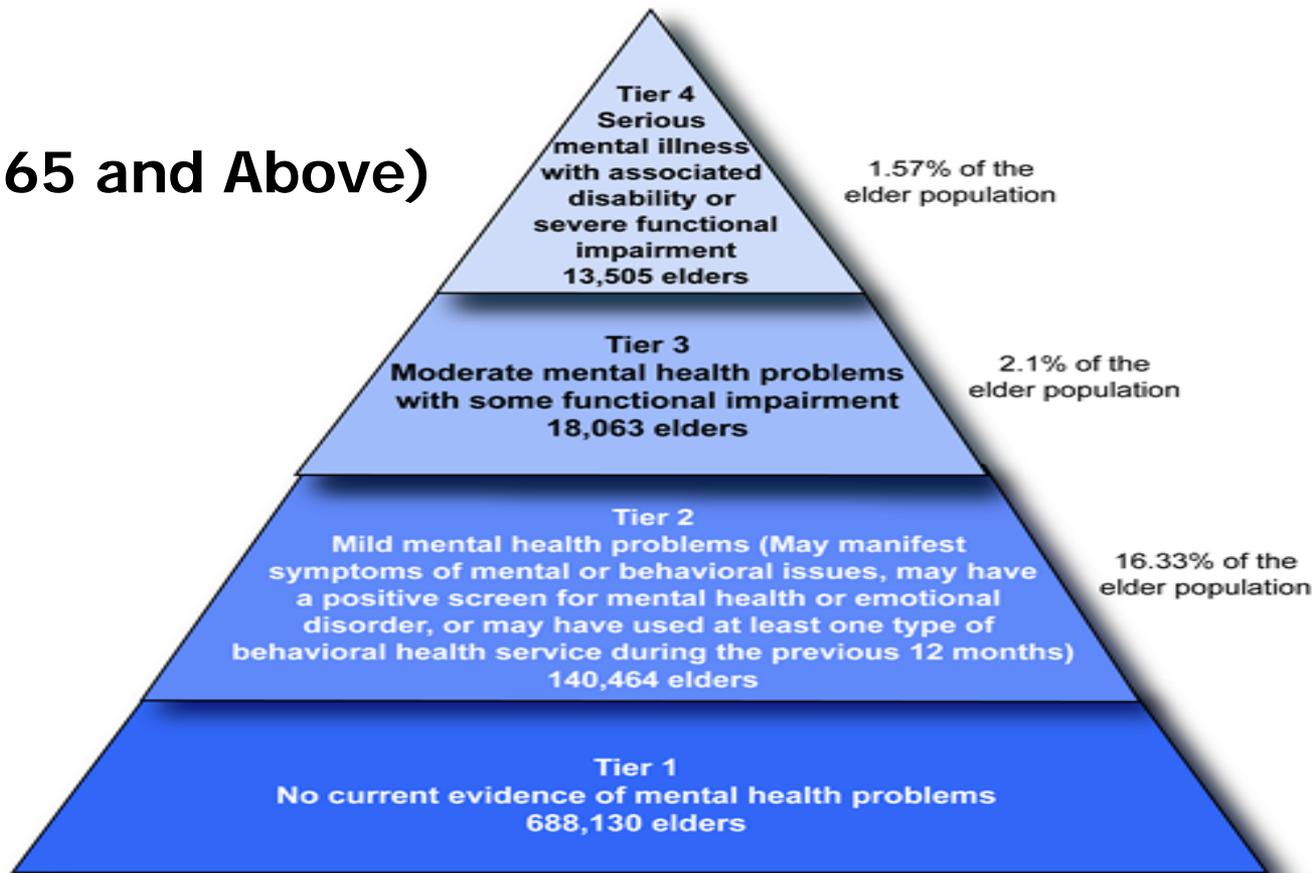
Adults (Ages 21–64)



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).

Who are the patients with mental health disorders?

Elders (Ages 65 and 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).

Who cares for patients with behavioral health disorders?

- 90 percent of patients with behavioral health disorders (mental health and substance use) are cared for in the primary care setting.¹
- Massachusetts has the largest rate of primary care physicians per 100,000 population than any other state.²
 - 132 per 100,000 compared to a median of 91 per 100,000
- Remaining 10 percent of patients may receive care through an outpatient behavioral health provider or not at all.

1. Kathol, Roger et al. "General medical and pharmacy claims expenditures in users of behavioral health services." *Journal of General Internal Medicine*. 2005, 160-167.

2. 2011 State Physician Workforce Data Book. *Association of American Medical Colleges*

Policy Priorities

Prevention and Behavioral Health and Primary Care Integration

- Significant work is in progress partnering across agencies (MassHealth, DPH, EOHHS, DOI, CHIA) to advance Chapter 224 of the Acts of 2012, to assist with Affordable Care Act implementation and to support implementation of Chapter 258 of the Acts of 2014, through behavioral health and primary care integration and through prevention efforts.
- DMH efforts support smoking cessation, suicide prevention, and the adoption of clinical programs in the prevention, early detection, and treatment of psychosis; launched Wellness and Recovery Medicine (WaRM) Clinic, which integrates primary care with mental health services provided to individuals served at the DMH Massachusetts Mental Health Center.

Why Is This So Important and What Are the Opportunities?

- 21% of children and adolescents in the US meet diagnostic criteria for MH disorder with impaired functioning
- 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

Epidemic of Premature Death

In the US the average life expectancy has increased steadily to 77.9 years

The average life span for SPMI is 53 years

25-30 year shorter life span than the general public

Declining over the past 30 years

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

Policy Priorities

Restraint and Seclusion Prevention Initiative

- Since 2001, DMH has committed to a strategic and clinical priority to reduce and eliminate the use of restraint and seclusion as part of a trauma-informed, person-centered and recovery model of care for the mental health care delivery system in Massachusetts.
- Over the last 10 years, starting with State Block Grant funds, DMH has consistently applied the Six Core Strategy[©] approach to implement, oversee and monitor our efforts to reduce restraint and seclusion.

Policy Priorities

Children's Behavioral Health (CBH) Knowledge Center

Launched in May 2014 and established by Chapter 321 of the Acts of 2008, An Act Relative to Children's Mental Health, the CBH Knowledge Center's mission is to ensure that:

- the workforce of clinicians and direct care staff providing children's behavioral health services are highly skilled and well trained,
- the services provided to children in the Commonwealth are cost-effective and evidence-based, and
- the Commonwealth continues to develop and evaluate new models of service delivery.

Policy Priorities

Helping Youth Navigate Transition to Adulthood and Recovery.

- Since 2005, the DMH Transition Age Youth (TAY) Initiative has helped young people embark on a positive life path into adulthood and toward the goals of personal stability, community housing and employment and positive youth and family relationships.
- The focus is on young adults between the ages of 16 and 25 who are transitioning out of child/adolescent agency services and into adults services or into the community, including young adults entering the DMH adult service system for the first time, as well as those aging out of foster care or juvenile justice.