

Commonwealth of Massachusetts

Department of Mental Health

Annual Report

Fiscal Year 2011



Massachusetts Department of Mental Health
Community First and Our Future
Delivering a Public Mental Health System Based in Recovery

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. We are all partners in this work—consumers, family members, DMH, providers and advocates.

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.

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.

FACTS AND FIGURES

Community First and Our Future

DMH: Delivering a Public Mental Health System Based in Recovery

- ✓ **Community First Initiative**
 - Strengthens consumer choice
 - Is client-centered, family-focused and driven by client outcomes
 - Relies on an extensive peer workforce
 - Focuses on recovery and enhanced ability to move through the community and inpatient systems of care
 - Over the last 20 years, the Department has significantly increased the range and scope of community mental health services resulting in decreased reliance on DMH inpatient care and a shift in support of community-based services. Nearly three-quarters of individuals served by DMH live in the community
 - DMH will continue to assure a spectrum of services and supports—from inpatient to community services—as individuals experience varying levels of need throughout their recovery

- ✓ **New State-of-the-Art Psychiatric Hospital**
 - In 2012, the Department will open a new 320-bed state-of-the-art psychiatric hospital located in Worcester.
 - The design of the new hospital is a national model that fosters recovery and rehabilitation.
 - The Department is in the process assessing its inpatient capacity as we prepare to open and move into the new DMH hospital

- ✓ **Department of Mental Health Redesign**
 - Designed to improve communication within our agency, promote stronger collaboration within and across divisions and advance the use of data and measures to monitor results
 - Consolidated the Area structure from six to three
 - DMH Site Offices continue to be the foundation of the DMH structure, offering a location for staff to meet with individuals and families, provide case management services and monitor the service delivery of providers that are responsible for contracted services
 - Reorganize DMH fiscal operations into a single Business Bureau

- ✓ **Physical and Medical Health**
 - Recent data from Massachusetts and other states show that those with psychiatric disabilities die from treatable medical illnesses at rates that are significantly higher than those without psychiatric illness, dying up to 25 years earlier than the general population from cardiovascular disease, respiratory illness, and lung cancer.
 - In 2009, DMH campuses and facilities joined the Executive Office of Health and Human Services (EOHHS) Tobacco-free Initiative. Smoking and the use of other tobacco products are not allowed inside or on the grounds of DMH campuses and facilities. By implementing a tobacco free-campus policy, we

are protecting employees, clients and visitors from secondhand smoke while promoting living a healthy life free from tobacco.

✓ **Consumer and Family Involvement**

- The Department established a consumer council, the Council On Recovery and Empowerment (CORE)
- CORE members are a diverse group of seasoned mental health advocates and those new to the consumer movement
- CORE helps inform the work of DMH through its input on projects, policies and when consumer voice and input is needed

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 FY2011

Barbara Leadholm, Commissioner

Marcia Fowler, Deputy Commissioner, Mental Health Services

Mary Ellen Foti, M.D., Deputy Commissioner, Clinical and Professional Services

Lawrence Behan, Deputy Commissioner, Management and Budget

Lester Blumberg, General Counsel

Regina Marshall, 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 six 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 four divisions in addition to the Commissioner's office—Mental Health 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 State 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 2011 Overview

Department Transformation and Redesign

The Department began strategic planning two years ago for the transformation and restructure of DMH, the priority focus was on the goals of supporting recovery, consumer empowerment and choice. Enormous fiscal challenges impacted us significantly as we implemented our plans. Our aggressive implementation schedule for the Redesign Initiative was also necessary to meet budget realities. The Governor has signed the FY2011 budget and we are facing larger reductions than originally anticipated. The General Appropriation for DMH is \$621,868,708. We continue to support the full spectrum of services, staff and organizational structure while living within our reduced appropriation.

The Department's new Area configuration is as follows:

Central-West Area – Theodore Kirousis, Area Director
Northeast-Suburban Area – Susan Wing, Area Director
Metro-Southeast Area – Clifford Robinson, Area Director

Business Bureau

A single Business Bureau will support all of the three Areas and will serve to manage all aspects of Area-specific business functions including contracting, fiscal and, eventually, facilities services. We are committed to maintaining a position that operates in a similar capacity as the current Operations Manager for each of the three Areas. These Area Administrative Directors will report to the Director of the Business Bureau while playing a critical role as a direct partner to the Area Directors and their senior staff.

The Business Bureau structure also includes senior staff for the functional units within the Bureau, overseeing finance, procurement, and business strategy and workforce development.

Forensic Services

As part of the DMH Redesign, an operational goal related to forensic services was to shift Forensic Transition Team (FTT) Services to meet the evolving needs of our clients who are re-entering the community from jails and prisons across the

Commonwealth. In doing so, we are transferring administrative supervision of FTT staff to Deputy Director of Forensic Operations. With that, FTT staffing assignments have been re-aligned based on a recent review of geographic trends for correctional releases of persons served by the Department of Mental Health.

The Redesign Initiative also acknowledged the major shifts that have occurred in the DMH inpatient system since the closure of Westborough State Hospital and Quincy Mental Health Center. After much study, we implemented the following:

- Forensic evaluation services will be consolidated to three inpatient sites.
- Effective July 19, 2010, all forensic evaluation admissions will take place at Taunton State Hospital, Worcester State Hospital and Solomon Carter Fuller Mental Health Center.

Tragedy in the Mental Health Community

In January 2011, the mental health community was shaken by the death of Stephanie Moulton, a mental health worker with our partner provider North Suffolk Mental Health Association. We all grieve her loss and are deeply saddened for her family, friends, co-workers and clients who knew and worked with her.

DMH Task Force on Staff and Client Safety

Because of the need to understand the factors in this very tragic death, Commissioner Leadholm convened the Department of Mental Health (DMH) Task Force on Staff and Client Safety. Over the subsequent three months, the Task Force assessed current policies and practices around safety and training for those who provide and receive Department of Mental Health services in the community.

The Department is committed to the safety of the dedicated workers who provide services and supports to DMH consumers in the community and in our hospitals and facilities. In light of recent events, Commissioner Leadholm strengthened this ongoing commitment and the importance of ongoing review and continual improvement of how the Department and providers do the work and meet the challenges in efforts to provide every opportunity for recovery for the individuals we serve.

The Department remained committed to the vision of Community First and promoting the dignity and rights of people with mental illness to live in communities of their choice. The vast majority of individuals served by DMH live

in the community. The Community First vision acknowledges that symptoms of mental illness rise and fall and the mental health system must be responsive to the changing levels of need that some individuals can experience. But ultimately, it is a home, a job, an education, relationships, social connections that people with mental illnesses want – it's what we all want – and that is what Community First is all about.

The Task Force was co-chaired by the Honorable Paul F. Healy, Jr., retired district court judge; and Kenneth L. Appelbaum, M.D., Professor of Clinical Psychiatry and the Director of Mental Health Policy and Research for the University of Massachusetts Center for Health Policy and Research.

Task Force members represented all areas of the mental health community that have influenced the DMH community service system. This group was charged with evaluating specific aspects of the Department's community system, including risk management practices, appropriate access to and utilization of criminal history information (CORI) and safety training and safety provision for provider staff. The Task Force will complete its review within three months and make recommendations for consideration.

The following individuals participated on the DMH Task Force on Staff and Client Safety:

Ira Packer, Ph.D., ABPP (Forensic), Clinical Professor of Psychiatry at University of Massachusetts Medical School and Director, Mobile Forensic Evaluation Service, DMH Central-West Area, central region

Derri Shtasel, M.D., M.P.H., Director, Adult Ambulatory Psychiatry, Massachusetts General Hospital (Massachusetts Psychiatric Society)

Eva Skolnik-Acker, LICSW, National Association of Social Workers, Massachusetts Chapter

Jessel Paul Smith, Consumer Youth Advocate for M-POWER

Tina Adams, Ph.D., DMH Central Office, Manager of Juvenile Forensic Services

Matthew Broderick, DMH North County Site Director

Jonathan Delman, J.D., M.P.H., Executive Director, Consumer Quality Initiatives

Vicker V. DiGravio III, President/CEO, Association for Behavioral Healthcare

Barbara (Babs) Fenby, Ph.D., DMH Northeast-Suburban Area, Director of Community Services

Ellen Flowers, Tewksbury Hospital, DMH Hathorne Units, Director of Nursing

Phil Hadley, Representative of the National Alliance on Mental Illness of Massachusetts

John Labaki, SEIU 509 Chapter President representing the Department of Mental Health

Nancy Mahan, Director of Mental Health Services, Bay Cove Human Services Inc

Regina Marshall, J.D., DMH Chief of Staff

Marilyn Wellington, Esq., Executive Director, Board of Bar Examiners

Michael Weekes, President/CEO, The Massachusetts Council of Human Service Providers, Inc.

Anne Whitman, Ph.D., President, Jonathan O. Cole Mental Health Consumer Resource Center Board of Directors

The Task Force also had legislative representation. Senate President Therese Murray and House Speaker Robert A. DeLeo each recommended a member of the Senate and the House of Representatives to serve on this group.

DMH staff supported the work of the group. We were very fortunate to have this group of expert and experienced individuals commit their time and energy in service to improving our system and ensuring that individuals with mental illness and the dedicated workers who provide care and services are of our highest priority.

Implementation of recommendations of the Department of Mental Health Task Force on Staff and Client Safety

DMH is grateful to the members of the Task Force for their work and for their thorough report and recommendations. Deputy Commissioner of Mental Health

Services Marcia Fowler and Acting State Medical Director Debra Pinals, M.D. convened a team of staff to evaluate, prioritize and implement the array of recommendations. DMH initiated a process of reviewing the report and its recommendations and used it to inform specific action steps that the Department undertook to promote safety for workers and consumers. These included:

- **Personal safety training:** DMH will develop and provide safety training for all DMH and vendor community staff. We anticipate that training will be available in 3 to 6 months.
- **Safety Plans:** DMH will ensure that client safety plans are up to date, as required by our service contracts.

Many of Task Force's recommendations involve activities that were underway by DMH and its providers, and the report informed our efforts to continue or complete them, including:

- **Risk Management:** Each DMH Area currently has regularly scheduled risk management meetings with its providers. As recommended by the Task Force, DMH will standardize this activity, taking best practices from each Area.
- **Partnering with police and other agencies:** DMH has been taking an active role in engaging with police and emergency service providers to learn and develop best practices to help manage acute issues in the community. We will continue these efforts.
- **Treatment Planning and Referrals:** Efforts are underway and will continue to ensure that providers receive appropriate information about individuals referred to them for services and that providers have sufficient time to plan for service provision.

The Department reviewed the recommendations and developed a detailed implementation plan that reflects further assessment of specific interventions directly related to improving worker safety and ways to ensure that the recommendations, once implemented, will lead to the desired improvements.

DMH agrees with the Task Force report that the vast majority of DMH consumers receiving community services live safely and successfully in the community. To that end, DMH will always continue to ensure that providers meet standards of excellence in their contracted services. Stigma is known to be the greatest barrier to individuals getting treatment for mental illness. We need to continually remind ourselves and the community that we must devote ourselves to combating the stigma of mental illness, so that individuals are no longer discouraged from receiving treatment.

**FY2011 Budget Testimony of Barbara Leadholm, Commissioner
Department of Mental Health
Joint Hearing of the House and Senate Committees on Ways and Means
February 19, 2010**

Good morning, Senator Fargo and Representative Sciortino and Ways and Means Committee members. Thank you for inviting the Department of Mental Health (DMH) to testify today.

The Department of Mental Health provides services to 21,000 individuals with severe and persistent mental illness, including 3,500 children and adolescents with serious mental illness and their families. These services include community supports through our newly procured system of Community Based Flexible Supports (CBFS), Clubhouses and Recovery Learning Communities (RLCs), and Programs of Assertive Community Treatment (PACT) that promote recovery, prevent homelessness and reduce criminal justice involvement.

DMH supports children, adolescents and their families with services that include residential treatment, after school programming, and a range of community services to maintain youth at home and in school. DMH operates the three state psychiatric hospitals at Westborough (which will be closed as of April 4, 2010), Taunton and Worcester, inpatient units at Public Health Hospitals at Tewksbury and Shattuck, two inpatient units for adolescents, and five community mental health centers, three of which have inpatient capacities. We provide forensic evaluation (statutorily mandated evaluations of competence to stand trial, criminal responsibility and aid in sentencing) and treatment services for the Juvenile, District and Superior Courts as well as step-down treatment for persons coming out of Bridgewater State Hospital and re-entry supports for inmates with serious mental illness returning from incarceration. Through our licensing function we assure that high standards of care and life/safety conditions are maintained in the more than 65 private licensed psychiatric facilities under our supervision.

Notwithstanding the fiscal crisis, during the last two and a half years, DMH has been engaged in transforming the delivery of mental health services in the Commonwealth into a more recovery oriented, person centered and community focused system of care. The CBFS procurement referenced above reflects a dramatic redesign of community services that gives providers flexibility and responsibility to provide services designed to meet the changing needs of consumers as they travel towards recovery.

Today I will discuss the Department's various redesign initiatives, how they align with what we provide for the needs and choices of consumers we serve and how our budget will help us accomplish this.

Several distinct yet integrated initiatives are driving this change in two fundamental ways:

As we move to a system that places more responsibility on our providers to deliver services that are tailored to the needs and desires of individual consumers, we are enhancing our role as an agency that sets standards, provides oversight, monitors and assures that the same level of quality services are being provided to those who receive them. We are creating a public mental health system that is based in recovery, resiliency, partnership and consumer choice.

DMH Community First Initiative

DMH is making great strides in creating opportunities in the community for consumers to have choice and achieve success in their recovery while providing the supports that create as full and productive a life as a consumer chooses. An ongoing review of the DMH inpatient system found that more than 200 individuals with serious mental illness could, with the right opportunities, supports and services, live independently in the community. The data demonstrate our success: every month, DMH updates the Community First Discharge Report and posts this report on our website. This initiative has exceeded our goals. By April 2010, DMH projects to reduce its inpatient bed capacity to 657 — a significant cost savings for the Commonwealth, and more importantly, a tangible acknowledgement of consumers' preference to live independently in communities of their choice as recommended in the Inpatient Commission.

Community Based Flexible Supports (CBFS)

A new model of mental health service delivery for the Commonwealth, the CBFS initiative is a striking and complete change in the DMH community system of care. Implemented in July 2009, CBFS is helping consumers realize the goal of successful recovery and community living. With less focus on purchase of particular programs and more attention to consumers' choice and preference, CBFS is driven by recovery and the participation of peers—persons with the lived experience of mental illness. CBFS is tightly integrated with our Community First Initiative, a necessary alignment and balance of the community and inpatient systems of care that DMH provides.

Children's Behavioral Health Initiative (CBHI)

The Children's Behavioral Health Initiative is an interagency initiative of the Executive Office of Health and Human Services. The family and the child are at the center of our service system, strengthening and integrating services for families and their children with emotional and mental health needs.

Key Provisions include early identification and education through standardized screening and assessment tools; and enhanced community based services, including intensive case coordination and Wraparound Model).

The initiative addresses the Rosie D Remedy and integrates policies, financing, and purchasing across agencies to meet the needs of children, adolescents and their families.

It is with these initiatives and priorities in mind that we turn to the FY2011 budget process. The Governor's FY11 budget recommends \$621,742,379 for DMH. This represents a 1.9 percent decrease below FY10 total available.

The FY 2011 budget preserves funding for CBFS and Clubhouses, both critical components of the Department's Community First initiative. The FY2011 budget also supports the annualization of \$15 million for community development related to the closure of Westborough State Hospital and the Quincy MHC inpatient unit. This funding is vital to sustaining a solid community system of care.

In considering budget realities for FY2011 and beyond, DMH continues its commitment to strengthening our community service system whenever possible. We are developing plans to expedite additional reduction of statewide inpatient capacity, to consolidate forensic evaluation services and to transition inpatients ready for discharge to the community consistent with our Community First initiative.

While House 2 will require that the Department make cuts in services, we are committed to implementing these reductions in ways that will permit us to remain faithful to the fundamental principles mentioned earlier.

1. Administrative realignment:

We are reviewing DMH's administrative and field structure. Recognizing the importance of our presence in the communities we serve, we seek to streamline our administrative structure to maintain a high level of community presence, while consolidating administrative and business functions that support the local sites. We will build on EOHHS' initiative to create cross-agency service centers, merging some offices and functions, while retaining the ability to serve our consumers in their communities.

2. Reduction of Inpatient Services through Consolidation/Facility Closure:

The fiscal realities require that we make difficult choices. The principles that drive us to maintain strength in the community system will mean we must accelerate the closure of inpatient beds at a quicker pace than perhaps we would without the budget pressures. It is important to recognize the direction and the future of the public mental health system is in furthering the development of supports and services in the community. For most, community services and supports are cost effective and help consumers realize their recovery and dreams. The House 2 funding will require that we close an additional 100 inpatient beds across our system. This will impact all remaining inpatient facilities including the DMH community mental health center of Corrigan, DMH state hospitals of Worcester and

Taunton and inpatient units in the DPH public hospitals at Shattuck and Tewksbury. Although for FY2010 we closed a campus to achieve the balance in the total system of care, our approach must spread reductions throughout the more expensive services.

3. Reductions in some community services:

Some of our community services are similar to services available through other community providers. Although providing valuable community services, we must eliminate programs including the Partial Hospitalization Programs at the Massachusetts Mental Health Center, Pocasset Mental Health Center and Corrigan Mental Health Center as well as outpatient clinic services at the Corrigan Mental Health Center to manage a much reduced budget. While the centers remain important fixtures in the communities they serve, we will need to work with our consumers and other community providers to identify alternative services. We acknowledge there is a difference between these services and others provided through the acute care system and other community providers.

4. Elimination of Contracts for Homeless Services Clinical Psychiatric/Psychiatry Staff in Boston.

As we prioritize our direct service dollars, we are unable to support contracts that provide clinical consultation and evaluation to homeless shelters in Boston. We will work to develop methods of referring individuals in shelters who require mental health services to appropriate community providers.

Despite the extraordinary fiscal challenges we have faced, we are still accomplishing extraordinary things. We are creating new opportunities for the public mental health system as it is solidly grounded in recovery, resiliency, partnership and consumer choice, reflecting the vital principles of consumer voice, self-direction and recovery. Consumers and stakeholders in the mental health community continue their active participation in planning and policy development, helping us further our priority to create a consumer outcome-driven system. The collection and review of data, commitment to continuous quality improvement throughout the system and a focus on promoting full and productive life expectations for adults and children, including employment, housing and education are the foundation of our efforts. 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.

FACTS ABOUT MENTAL ILLNESS

PEOPLE WITH MENTAL ILLNESS ENRICH OUR LIVES

Abraham Lincoln • Virginia Woolf • Lionel Aldridge • Eugene O'Neill • Ludwig van Beethoven
Leo Tolstoy • Vaslov Nijinsky • John Keats • Tennessee Williams • Vincent Van Gogh • Isaac Newton
Ernest Hemingway • Sylvia Plath • Michelangelo • Winston Churchill • Vivien Leigh • Jimmy Piersall
Patty Duke • Charles Dickens

- One in 5 Americans has a diagnosable mental illness.
- Twenty-two percent of Americans ages 18 and older have a diagnosable mental disorder in a given year. Applied to U.S. Census figures, that's 44.3 million Americans.
- People with serious mental illness die 25 years earlier than people in the general population.
- Suicide is the 11th leading cause of death among Americans.
- Four of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders.
- Serious mental illnesses, which affect 6 percent of American adults, cost society \$193.2 billion in lost earnings every year.
- More than 10 percent of all inmates in prisons and jails – 250,000 individuals – have schizophrenia, bipolar disorder or major depression, at an annual cost of \$6 billion. **This is nearly 4 times the number of those cared for in hospitals.**
- Success rates for treating mental illnesses are high:
 - ✚ Treatment success rate for bipolar disorder: **80%**
 - ✚ For major depression: **65%**
 - ✚ For schizophrenia: **60%**
 - ✚ Treatment success rate for heart disease: **45%**



Massachusetts Department of Mental Health

Highlights of the Fiscal Year

DMH Launches Council On Recovery and Empowerment (CORE)

The newly established Council on Recovery and Empowerment (CORE) gathered for its first meeting with DMH senior staff and Consumer and Family Project Team members. CORE has its roots in the Department's philosophy of including stakeholders in the policy and decision making processes. The Chief of Staff collaborated with the Office of Consumer Affairs to establish a Consumer and Family Project Team, which included persons with lived experience as well as DMH staff. From the work of this group, consensus was reached that CORE should be convened. The Council's objectives are:

- to understand consumer needs, preferences and perspectives to inform emerging and ongoing DMH policy, planning and programming initiatives;
- to provide DMH senior and other staff access to consumer input on a range of issues facing the Department; and
- to support consumer representatives in their dissemination of key DMH information statewide, regionally and locally.

CORE consists of a diverse group of members including representatives of The Transformation Center, the DMH Recovery Learning Communities (RLCs), clubhouses and Transitional Age Youth among others. Members will reach out to and represent the broad and diverse constituency of mental health consumers/psychiatric survivors/ex-patients in its work. CORE members are available and able to work collaboratively with RLCs in developing enhanced two-way communication between consumers/psychiatric survivors/ex-patients and DMH.

The kick-off meeting was an opportunity and celebration that brought together all members of CORE, the project team and DMH senior staff for introductions and discussion.

"I am most pleased that we have officially kicked off the first meeting of this most important Consumer Council," said Commissioner Leadholm. "In offering a new structure to hear directly from consumers their perspectives of the Department's services, supports and transformation of the system will enhance our ability to align our efforts. All levels of the organization are partnering with consumers and families to encompass consumer and family voice, embrace person-centered planning and shared decision making."

Community First Shines through at Mass. Mental Health Center Groundbreaking



State, city, community and hospital representatives participate in the ceremonial groundbreaking.

Years in the making, a unique public-private partnership between the Department of Mental Health and Brigham and Women's Hospital (BWH) proved that community is first during the development of the new and enhanced Massachusetts Mental Health Center (MMHC). The temporary MMHC is located at the Shattuck Hospital, and now the groundbreaking ceremony begins a new era for the facility as it returns to its roots.

Commissioner Leadholm was joined at the groundbreaking event by Executive Office of Health and Human Services Secretary JudyAnn Bigby, M.D.; Division of Capital Asset Management (DCAM) Commissioner David Perini; Boston Mayor Thomas Menino; BWH president Gary Gottlieb, M.D.; and Boston City Council President Michael Ross. Also attending was Sen. Sonia Chang-Díaz and Rep. Liz Malia. Those who spoke at the ceremony represented and acknowledged the many years of collaboration and hard work that led to the new MMHC.

"The Massachusetts Mental Health Center redevelopment project reflects our core values - that DMH consumers and their families are entitled to receive care and treatment in respectful, dignified, state-of-the-art environments," said Commissioner Leadholm. "There is no question that the new MMHC to be built on this site will ensure consumers have a choice in their road to recovery."

Enthusiastic applause went to Linda Larson, an MMHC service recipient and speaker at the groundbreaking event. Linda has been involved in the project since its inception and through her heartfelt words represented those who will benefit most from this project. All speakers highlighted the hard work and dedication that brought this project to fruition and the many benefits that the new MMHC will provide to DMH clients, the medical community and the neighborhood at large.

The MMHC Redevelopment Project is a unique initiative of DMH, the DCAM and BWH/Partners Healthcare. The idea for this project began in 1994, when it was determined that the nearly 100-year-old MMHC needed to be replaced. BWH, in partnership with the Roxbury Tenants of Harvard with the full support of DMH and DCAM, were selected as developers in 2003. The redevelopment of the site called for the construction of four buildings in a phased development. The first two buildings will be constructed for DMH and will allow the MMHC to return to the Longwood Medical Area. The scheduled completion date for the DMH buildings is mid-2012. The plans for the site also include a major affordable housing complex, to be owned and managed by the Roxbury Tenants of Harvard and a BWH clinical and research building. Because of the unique public-private partnership, the MMHC will be built at no cost to the Commonwealth.

Commissioner Leadholm Joins Statewide Public Engagement on Needs of Military Families, Children

Commissioner Barbara Leadholm participated with leaders from across the state next month in a first-ever public engagement in Massachusetts on the needs of military-connected children called *Living in the New Normal*.

She joined the Military Child Education Coalition, the Red Sox Foundation and Massachusetts General Hospital Home Base Program along with leaders from state government and the Massachusetts Congressional delegation, health care, child-serving organizations, education, business and the faith community in this initiative. For two days in May, the group used its collective insight, energy and creativity to identify and understand the unmet needs of military-connected children in Massachusetts and to develop a plan to address those needs as civilians, parents, neighbors and active community members.

The need is great. Currently, more than 13,000 children in Massachusetts have a parent who is serving in the United States military including the Massachusetts National Guard. But thousands more Massachusetts children have a parent or sibling who has been deployed during the past 10 years in Iraq and Afghanistan.

Because New England has a large contingency of National Guard and Reserve without a central base, military-connected children are often invisible in our communities. They may be having a tough time academically in school. They may not be able to participate in after-school activities because they can't get back and forth to practice or can't afford the school sports fee. They may be acting out, getting into fights at school or be the target of bullying. Military-connected children may be deeply affected emotionally or physically by separation from a family member, death, injury, or illness of a loved one in service to our country.

In January, President Obama announced a comprehensive Federal approach to supporting military families which called on all cabinet secretaries and other agency heads to support our military families. The agenda grew out of First Lady Michelle Obama and Dr. Jill Biden listening to service members and families and includes: enhancing the well-being and psychological health of the military family; ensuring excellence in military children's education and their development; developing career and educational opportunities for military spouses; increasing child care availability and quality for the Armed Forces.

There is a saying in military families, that when one family member chooses to serve - the entire family serves. *Living in the New Normal* is aimed at strengthening our communities and families, helping to supplement services provided by the military and the government, and doing what we can as a community to support the children of our men and women who serve.

Two DMH programs selected for Harvard Kennedy School's Top 25 Innovations Award

Two DMH programs were among the Top 25 selected by the Ash Center for Democratic Governance and Innovation at Harvard University's John F. Kennedy School of Government as part of the school's "Innovations in American Government" program. The Top 25 represent the nation's leaders in creative problem-solving at the local, state and federal levels and were chosen from a pool of more than 500 government applicants.

The Massachusetts Child Psychiatry Access Project (MCPAP) and the DMH Restraint/Seclusion Prevention Initiative were the DMH winners. MCPAP is a system of regional children's mental health consultation teams that help primary care providers meet the needs of children with behavioral problems. The program is funded by DMH and managed by the Massachusetts Behavioral Health Partnership. The DMH Restraint/Seclusion Prevention Initiative, launched in 2001, is a quality

improvement effort to transform care settings and promote recovery through the prevention and reduction of restraint and seclusion in programs and facilities.

Since its inception, more than 400 government innovations across all jurisdiction levels have been recognized in Harvard's Kennedy School competition and have collectively received more than \$20 million in grants to support dissemination efforts. Such models of good governance also inform research and academic study around key policy areas both at the Harvard Kennedy School and academic institutions worldwide. Past Innovations winners have served as the basis of case studies taught in more than 450 Harvard courses and over 2,250 courses worldwide.

Department of Mental Health Fiscal Year 2011 Budget at a Glance

The Conference Committee report for FY2011 contains two levels of funding in most line items, representing General Fund and **Federal Medical Assistance Percentages (FMAP)** funding.

The Conference budget **without FMAP** for FY2011 recommends \$622,208,070 for DMH. This represents a .07% increase over the House 2 recommendation.

The Conference budget **with FMAP** for FY 2011 recommends \$ 631,442,370 for DMH. This represents a 1.56 % increase over the House 2 recommendation.

Federal spending is recommended at \$3,905,120 and the budget's recommendation relies on DMH collecting \$102,921,919 in non-tax revenue.

We understand that this is a unique fiscal situation with many complexities. For ease of comparison, the Department is providing two separate analyses, one for displaying funding without **FMAP** and the other with **FMAP**.

Department of Mental Health Fiscal Year 2011 Conference

Fiscal Year 2011 Projections

Account Number	Account Names	FY2010 GAA and Supplemental	FY2010 9C	Projected FY2010 Spending	House 2	FY2011 House	FY2011 Senate	Conference without FMAP	Conference with FMAP
50110100	Operations of the Department	29,648,399	(975,580)	28,672,819	27,375,404	27,180,636	27,441,982	26,740,997	27,148,707
50425000	Child/Adolescent Services	72,199,953	(15,546)	72,184,407	72,173,509	72,183,596	72,173,509	71,773,509	72,173,509
50460000	Adult Mental Health and Support Services	310,058,591	(7,144,856)	302,913,735	325,755,802	325,755,802	325,755,802	323,755,802	325,755,802
50462000	Homelessness Services	20,134,424	-	20,134,424	20,134,326	20,134,424	20,134,424	20,134,424	20,134,424
50464000	Choice Housing	125,000	-	125,000	125,000	125,000	125,000	125,000	125,000
50470001	Emergency Service Programs and Acute MH Services	34,705,186	(796)	34,704,390	34,122,197	34,122,197	34,122,197	34,122,197	34,122,197
50550000	Forensic Services	8,148,410	(2,047)	8,146,363	8,081,928	8,081,928	8,081,928	8,081,928	8,081,928
50950015	Operation of Hospital Facilities	169,333,412	(2,199,701)	167,133,711	133,974,213	133,974,213	143,900,803	137,474,213	143,900,803
TOTAL:		644,353,375	(10,338,526)	634,014,849	621,742,379	621,557,796	631,735,645	622,208,070	631,442,370
70049033	Rental Subsidy Program for MH Clients	4,000,000		4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000

FY2011 Crosswalk to Consolidated 50460000 - House 2

Account Number	Account Names	FY2011 House2	FY2011 H2 Consolidated
50460000	Adult Mental Health and Support Services	325,755,802	380,012,325
50462000	Homelessness Services	20,134,326	
50470001	Emergency Service Programs and Acute MH Services	34,122,197	
TOTAL:		380,012,325	380,012,325

Conference Analysis: DMH without FMAP

Highlights of the Recommendations:

- Conference restores \$3.5M of the reductions within the 5095-0015 (Inpatient Service) contained within the House 2 and House Budget.
- Conference reduces the 5011-0100 by an additional \$634,407, 5042-5000 by \$400,000, and the 5046-0000 by \$2,000,000 below House 2, and funded the remaining DMH line items consistent with the House 2.
- Conference, under the Department of Housing and Community Development budget, maintains funding for the DMH rental subsidy line item 7004-9033.
- Does not contain earmarking within any of the DMH line items

Appropriation Analysis

5011-0100 Operations of the Department: \$ 26,740.997

The department anticipates that the Conference recommendation will result in additional reductions in operational staffing and supports costs, includes the House 2 transfer of \$31,979 to EOHHS for IT support and the reduction of \$136,811 for the new ANF savings.

5042-5000 Child and Adolescent Mental Health Services: \$ 71,773,509

Conference increases the reduction contained within H2 from \$426,205 to \$826,046 for Child/Adolescent community services and includes the \$10,898 reduction for the new ANF savings initiatives.

5046-0000 Adult Mental Health and Support Services: \$ 323,755,802

Conference reduces the adult community services an additional \$2,000,000 above the \$1,434,864 contained within House 2; also includes the operational staff and support reduction of \$1,799,758; and \$112,505 for the new ANF savings initiatives.

5046-2000 Statewide Homelessness Support Services: \$ 20,134,424

Conference restores the reduction taken in House 2 for the new ANF savings initiative.

5046-4000 Choice Program Retained Revenue: \$ 125,000

Conference funded this appropriation at the maintenance level of funding.

5047-0001 Emergency Services and Acute Mental Health: \$ 34,122,197

Conference funded this appropriation at the House 2 funding level which included a \$185,750 reduction.

5055-0000 Forensic Mental Health Services: \$ 8,081,928

Conference funded this account at the House 2 funding level.

5095-0015 Inpatient Facilities and Community-Based

Mental Health Services: \$ 137,474,213

Conference restores \$3.5M of the \$12.9M reduction taken within the House 2 funding level for inpatient and outpatient services and includes the reduction of \$552,737 for the ANF new savings initiatives.

Conference Analysis: DMH with FMAP

Highlights of the Recommendations:

- Conference restores \$9.9M of the reductions within the 5095-0015 (Inpatient Service) contained within the House 2.
- Conference reduces the 5011-0100 by an additional \$226,697 and funded the remaining DMH line items consistent with House 2.
- Conference, under the Department of Housing and Community Development budget, maintains funding for the DMH rental subsidy line item 7004-9033.
- Does not contain earmarking within any of the DMH line items

Appropriation Analysis

5011-0100 Operations of the Department: \$ 27,148,707

The department anticipates that the Conference recommendation will result in additional reductions in operational staffing and supports costs; includes the House 2 transfer of \$31,979 to EOHHS for IT support and the reduction of \$136,811 for the new ANF savings.

5042-5000 Child and Adolescent Mental Health Services: \$ 72,173,509

Conference is in line with the House 2 funding levels which reflect a reduction of \$426,205 to the Child/Adolescent Community Services and a \$10,898 reduction for the new ANF savings initiatives.

5046-0000 Adult Mental Health and Support Services: \$ 325,755,802

The Conference recommendation is in line with the House 2 which includes a reduction in adult community services of \$1,434,864; also includes operational staff and support costs reductions of \$1,799,758; and \$112,505 for the new ANF savings

5046-2000 Statewide Homelessness Support Services: \$ 20,134,424

Conference restores the reduction taken in House 2 for the new ANF savings initiative.

5046-4000 Choice Program Retained Revenue: \$ 125,000

Conference funded this appropriation at the maintenance level of funding.

5047-0001 Emergency Services and Acute Mental Health: \$ 34,122,197

Conference funded this appropriation at the House 2 funding level which included \$185,750 reduction.

5055-0000 Forensic Mental Health Services: \$ 8,081,928

Conference funded this account at the House 2 funding level.

5095-0015 Inpatient Facilities and Community-Based

Mental Health Services: \$ 143,900,803

Conference restores \$9.9M of the \$12.9M reduction taken within the H2 funding level for inpatient and outpatient services and includes the reduction for the \$552,737 for the ANF new savings initiatives.