

Testimony of Joan Mikula, Commissioner
Department of Mental Health
Joint Hearing of the House and Senate Committees on Ways and Means
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Introduction

Good morning. I am Joan Mikula. I am proud to serve as Commissioner of the Department of Mental Health (DMH). I would like to thank the honorable Chairs and members of the Joint Committee on Ways and Means for this opportunity to testify before you today. On behalf of the Baker-Polito Administration and Executive Office of Health and Human Services Secretary Marylou Sudders, we thank you for your continued support of the Department. We look forward to working with you to ensure the provision of services that meet the needs of citizens with serious and persistent mental illness and children and adolescents with emotional disturbance and promote treatment, resiliency, and recovery.

Our vision that mental health be fully integrated as an essential part of health care is reflected at the core of our mission. Our focus has been our active engagement in the design of a behavioral health system in Massachusetts. Our priorities, as the State Mental Health Authority, are to ensure that residents of the Commonwealth can access public mental health services; receive integrated behavioral health services that serve the entire person and all their needs including services for individuals with co-occurring substance use disorders; provide appropriate, affordable and stable housing opportunities; and contribute to employment pipelines for individuals served and for those interested in working in behavioral health settings. We are committed to helping people with mental health challenges to navigate throughout the behavioral health system so that treatment and services most appropriate for their needs are available to achieve the goal of recovery.

The Department is engaged in a significant effort to redesign how ambulatory behavioral health care is delivered in the Commonwealth. In collaboration with other EOHHS agencies and the Secretariat we are working to create a treatment system that presents a no-wrong-door point of entry with same-day access, integrates addiction and mental health services, provides community-based crisis response, meets the unique needs of children and youth and upholds consistent evidence-based standards. Work is underway to align payments and policies to streamline licensure, credentialing and regulations. Over the next year, we will engage closely with stakeholders, including consumers and advocates, providers, plans and other experts.

Many of you have heard the statistics before: Fifty percent (50%) of all mental illness is diagnosed before a youth's 14th birthday and 75% by age 24. Adults with chronic mental health conditions have a life expectancy of just 53 years. For those with co-occurring substance use disorders, life expectancy is 10 years shorter than that. It is critical that we take steps to interrupt this trajectory towards early death. In partnership with our sister state agencies, individuals, families, providers and communities we are designing services that promote early intervention and prevention, along with sustained clinical services that support individuals in their recovery and enable the people we serve to live, work and fully participate as valuable, contributing members of their communities. Key to our success is building bridges with services and supports outside of the DMH system so that individuals can flow into progressively less restrictive and more independent living and work environments.

The Governor's budget supports several initiatives that advance the Governor's goal of creating a behavioral health system within the Commonwealth. We know that providing integrated and coordinated care leads to reduced health care costs and improved quality of life.

Fiscal Year 2020 Governor's House 1 Budget

The Governor's FY 2020 House 1 budget funds DMH at \$886.8M, which is a \$5.1M (+0.6%) increase above projected FY 2019 spending. This budget supports the Department's overall programmatic and operational needs at the current levels of services, including the Commonwealth's historic \$84M investment in the redesign and implementation of Adult Community Clinical Services in FY2019:

- **Continuation of \$64.3 M** to fully implement an increase to provider rates and improve client oversight and vendor performance for delivering the clinically strengthened ACCS model.
- **\$14 M transfer to MassHealth** to continue to provide consumer access for care coordination services through MassHealth's Behavioral Health Community Partners (BHCP).
- **\$4.5 M transfer to the Mass Rehab Commission (MRC)** to implement employment delivery system changes via MRC's Integrated Resource Team (IRT) to determine the best employment service match, which can include Competitive Integrated Employment Services (CIES) or other MRC paid services, projected to benefit 1,200 DMH clients.
- **\$2M for housing supports** including \$1M appropriated to the Department for residential subsidies and \$1M appropriated to DHCD, collectively projected to generate 175 newly leased units and critical for promoting recovery and client flow through the system.

The Governor's budget recommendation also supports contractually required collective bargaining increases and other payroll-related costs, contractual purchase-of-service costs related to the leap day in 2020, annualization of FY19 Ch.257 increases, and annual COLA and other inflationary adjustments for things such as residential food costs, drug costs, and space leases.

Background on DMH Continuum of Care

DMH operates within five geographic areas statewide, 27 Site Offices, as well as state-operated hospitals and community mental health centers and a network of contracted and state operated community services. This network provides services to approximately 29,000 individuals with severe and persistent mental illness across the Commonwealth, including children and adolescents with serious emotional disturbance and their families, through a continuum of care. While approximately 10% of these individuals require inpatient services, over 90% receive all or most of their services in the community.

The Department's continuum of care for children, youth and adults includes both community and inpatient services. The Department's community services for children, youth and families include case management, therapeutic afterschool programs, flexible supports for the child and family, respite care and intensive in-home treatment services. In partnership with the Department of Children and Families, DMH purchases a range of intensive services for children and youth. These include the Continuum, a model of clinically intensive home-based services, and several types of group care.

The Department's community services for adults include case management, Adult Community Clinical Services (ACCS) programs, Programs of Assertive Community Treatment (PACT), Respite, Recovery Learning Communities (RLC), Clubhouses and Homeless Outreach Services.

DMH also has responsibility for the Commonwealth's inpatient psychiatric facilities, which are divided between acute and continuing care services. DMH has licensing authority over private inpatient psychiatric facilities which provide acute care including short-term, intensive diagnostic, evaluation, treatment and stabilization services to individuals experiencing an acute psychiatric episode. These services are provided almost entirely in private psychiatric facilities and general hospitals with psychiatric units. DMH licenses 2,945 acute psychiatric beds within 67 facilities which handle approximately 70,000 admissions annually. In addition, there are 32 DMH operated acute inpatient psychiatric care beds at Community Mental Health Centers in the Southeast (Pocasset and Corrigan MHC).

Continuing inpatient psychiatric care includes ongoing treatment, stabilization, and rehabilitation services to the relatively few individuals who require longer term hospitalization. DMH operates 663 adult continuing care inpatient psychiatric beds at two DMH state hospitals [Worcester Recovery Center and Hospital (WRCH) and Taunton State Hospital], two Department of Public Health hospitals (Shattuck and Tewksbury), Solomon Carter Fuller Mental Health Center, and 30 contracted inpatient beds in Western Massachusetts.

DMH also contracts for 30 adolescent continuing care inpatient beds operated at WRCH, 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) in locations across the Commonwealth.

DMH provides forensic evaluation and treatment services to nearly 12,000 individuals each year who are referred to DMH by the Juvenile, District, Boston Municipal and Superior Courts. In FY 18, our data shows that DMH court clinicians completed 18,249 evaluations requested by the court. Of these, 16,290 were for adults and 1,959 were for juveniles. Additionally, there were 759 adults and 12 juveniles admitted to DMH facilities for inpatient forensic evaluations. The Department also provides step-down treatment in DMH facilities for persons coming out of Bridgewater State Hospital and community re-entry supports for inmates with serious mental illness returning from incarceration. DMH admitted 102 Bridgewater State Hospital step-down patients to its facilities in FY18. Further, the Department supports approximately 140 towns and their police departments (in varying degrees of participation) in the provision of training, collaboration, and personnel dedicated to diverting individuals with mental illness from arrest and incarceration and into treatment. Presently, the Department is providing over 60 grants to communities and organizations and continues to accept new applications from interested communities on a rolling basis for this program.

The Women's Recovery from Addictions Program (WRAP) at Taunton State Hospital continues to see success in treating women with mental health conditions. In FY18, 411 women were admitted into the program and received treatment. Over this time, the average length of stay was 37 days and only 11 individuals were readmitted during the year. A key component of treatment at the WRAP are the aftercare services. The aftercare services provides a bridge between inpatient and community, helping to stabilize the transition to the community with support and direction. They provide coordination of all aspects of client's community treatment and guidance to clients to move in a positive direction through the recovery process. Over 90% of all clients choose to participate in aftercare at discharge. The development of the Women's Recovery from Addictions Program was instrumental in the elimination of civilly

committing women, under Section 35, to MCI Framingham and is being seen as the model of care for this population.

Research is also a critical part of DMH's work. DMH seeds an array of significant research into best practices and evidence based treatments for those with severe mental illness and serious emotional disturbance. Funding from DMH, supports two Research Centers of Excellence: The Center of Excellence for Psychosocial and Systemic Research at the Massachusetts General Hospital and the Implementation Science and Practice-based Advances Research Center (iSPARC) at the University of Massachusetts Medical School. Additionally, DMH provides support for an Early Psychosis Research program at MMHC which is a partnership between BIDMC and DMH, and the Children's Behavioral Knowledge Center. The Knowledge Center fills a gap in the children's behavioral health system by serving as an information hub through its Annual Symposium, website, workshops, and webinars. The DMH Research Centers utilize implementation science in order to translate and disseminate the results of research to ensure ready access to best practices throughout the behavioral healthcare delivery system.

Focusing on the Commonwealth's children's mental health delivery system, the Children's Behavioral Health Knowledge Center provides strategic, high quality programming to improve the quality of children's mental health services. The Knowledge Center draws on the implementation science framework developed by the National Implementation Research Network (NIRN) at the University of North Carolina. Drawing on the best available scientific evidence, the Knowledge Center supports trainings and learning communities for provider agencies on a variety of topics.

Department Highlights & Accomplishments

Adult Community Clinical Services (ACCS) Program (Innovating Behavioral Health Services through Strengthening Alignment and Integrating DMH, MassHealth and Massachusetts Rehabilitation Commission (MRC) Delivery Systems)

During this fiscal year, DMH implemented a redesigned Adult Clinical Community Services (ACCS) which is integrated with the healthcare system and meets an increased demand for services. July 1, 2018, as the start date for both ACCS and Behavioral Health Community Partner Contracts, was a major milestone for DMH and MassHealth. The Governor's FY'19 House 2 budget dedicated \$84M to build this system; FY'20 House 2 maintains full support for this initiative which serves 11,000 DMH clients annually. The goal of the redesign is to offer active and assertive

engagement which will improve health and behavioral health outcomes of the individuals we serve. ACCS offers clinical and rehabilitative services that are integrated with the health care system through care coordination functions delivered by MassHealth's Behavioral Health Community Partner program (BHCP), One Care Health Homes, and DMH Case Management.

One of the more significant ACCS outcomes thus far is that 92% of the people who received ACCS clinical services maintained living in the community without interruption of hospital admissions or other institutional admissions (e.g. nursing homes). Within the first two quarters of implementing ACCS 41 people were moved from DMH inpatient continuing care facilities into ACCS programs; and 37 people were moved from supervised group living environments and other temporary staffed locations to apartments supported by DMH rental assistance opportunities. One of the intentional delivery system design features of ACCS includes continuity of clinical teams across living arrangements which means that individuals who move into apartments retain their relationship with the clinical team that supported them in achieving the recovery milestones toward greater independence. Another intentional delivery system design included integration of addiction treatment specialists within the ACCS clinical teams. These resources include substance use counselors and recovery coaches along with certified peer specialist. With a fully integrated behavioral health clinical model, DMH is endeavoring to assertively impact co-occurring Mental Health and Substance Use Disorders that have often gone undertreated or have required individuals and families to navigate more than one system of care.

Last fiscal year DMH received \$2M in rental assistance for individuals who are clinically ready for independent community living. As of February of this year, 60 units have been rented with an average of new leasing for 12 units a month. The challenges of accessing affordable housing throughout all communities of the Commonwealth has been well documented. To impact access to affordable units, DMH is working with its provider partners to bring new property owners and property managers into the affordable market. DMH is also actively encouraging property developers to consider submitting Facility Consolidation Fund (FCF) capital proposals. Approved FCF projects align housing units with DMH tenant prioritization.

Employment is an Anchor to Recovery

For many individuals living with a mental health diagnosis, employment represents not only the result of recovery, but also the pathway to it. Employment has been shown to lead to improved mental and physical health for all persons; an improved standard of living; strengthened community ties; a sense of meaning and purpose for

each person; and a structure for day-to-day life – all things critically important for people on the road to recovery, as for all of us.

The Massachusetts Rehabilitation Commission (MRC) is a key partner to the ACCS program, through a \$4.5M ISA (included in the \$84M referenced above). This vital partnership with MRC strengthens opportunities for consumers of ACCS to achieve education and employment goals through the expertise of MRC and its contracted partners. Individuals will have access to a broader continuum of MRC vocational rehabilitation services, clubhouse and other employment resources in a coordinated manner that leads to better outcomes. DMH is working closely with MRC to complete all of the integration planning necessary to realize a July 1, 2019 launch of the integrated employment delivery model.

Our consumers, even those not enrolled in ACCS, are also reaching their employment goals. The Department continues to have success with our partners at the Clubhouses to meet the Department's goal of 25% competitive employment for those served. All 35 clubs utilize a unique model of support proven effective for individuals with mental health challenges. At the end of the first two quarters of FY19, more than half of the clubs (18) had already met the 25% employment goal with others very close. Currently the competitive employment rate for clubhouse members statewide is 23.25%, (or 1,082 people), this is a nearly 2% increase from a year ago. Over the course of FY19, 1,259 people have to-date worked for employers in mainstream jobs, having received support through DMH to find, keep, or advance in their chosen field.

DMH Forensics Partnerships

It is a priority of the Department to assist our partners in public safety to recognize when people need behavioral health interventions rather than criminal ones. So often our first responders – police, fire, EMTs – are called into situations involving an individual in emotional or psychiatric crisis. The Governor's budget continues to support DMH's public safety partnerships, providing support for municipalities establishing police-based jail/arrest diversion programs. These programs improve our first responders' ability to recognize signs of mental illness and to adopt strategies to de-escalate those crises, resulting in fewer arrests, better engagement in treatment and increased public safety.

Participation in our jail diversion grant program has increased to over 60 grantees across the Commonwealth and a total of 140 communities directly and indirectly impacted by these grants through shared resources, training, and access to clinical professionals. Between July 1, 2017 and June 30, 2018, 816 officers were trained as a

result of this grant program. During this same period, over 6,800 police diversion events occurred as reported by departments that received DMH jail diversion program grants; and of those call outs where arrests could have occurred about 85% were diverted from arrest to treatment in FY18.

Expedited Psychiatric Inpatient Admissions Policy (EPIA)

Emergency Room Boarding, when individuals in need of inpatient psychiatric hospitalization wait in hospital emergency departments for inordinately long periods of time, is a national crisis that has not spared Massachusetts. With the support of Secretary Sudders, DMH has taken the lead in the Commonwealth's efforts to combat this crisis. Together with our partners at MassHealth, DPH and the Division of Insurance, DMH convened a broad-based stakeholder group to develop an initiative which tracks real time information on the numbers of people boarding, with the goal of reducing the time individuals in psychiatric crisis wait for an appropriate discharge from emergency departments.

In February 2018, the Expedited Psychiatric Inpatient Admission Policy (EPIA) developed by the stakeholder group went into effect. The policy establishes clear steps and responsibility when placement has not been achieved in a reasonable period of time and a protocol for escalating cases to senior clinical leadership at insurance carriers, inpatient psychiatric units, and ultimately to DMH in order to achieve placements for the most difficult to place patients. In the first 12 months of implementation, DMH has received 481 requests for assistance for patients who had waited at least 96 hours. During this first year, we observed some emergency departments improve their practice to reduce boarding time, in addition several hospital systems have improved their admission practices to include a wider range of individuals admitted to their inpatient facilities. Although this number represents a small fraction of the nearly 70,000 acute inpatient psychiatric admissions each year, we are committed reducing both the number and length of boarding episodes even further. We are actively engaged with our partners in government and in the private sector to improve our data collection and to strengthen the policy to achieve that goal.

As part of the effort to reduce the time individuals board in emergency departments, I am excited to report that we anticipate 242 new acute inpatient psychiatric beds to be licensed in the coming year. In addition, the Department of Mental Health has begun exercising the new authority granted to it in Chapter 208 of the Acts of 2018 – the Care Act, to assure that psychiatric facilities licensed by DMH are granted licenses that meet the needs of the Commonwealth. We have promulgated regulations that prohibit discrimination in admissions against individuals with public insurance. Having identified the need for children's inpatient beds, we have required new licensees to provide such capacity. We have issued bulletins establishing base line

competencies for treating complex patients, and requiring senior level scrutiny of admissions decisions so that facilities cannot “cherry pick” patients for admission, but must accept patients of all levels of need, within the scope of their license.

Reducing the Gap Between Youth and Adult Services

The Department of Mental Health has led the way in Massachusetts in focusing on the specific needs of emerging adults age 18-25. While this stage of life marks many changes and firsts, it is also a high-risk period in which nearly all serious mental disorders begin to present symptoms. As a result, early and sustained intervention is essential. The DMH has responded to assist these populations navigate and flow into services.

Over the past two years, the Department has re-procured all of its community-based services. These procurements have incorporated best practices in data collection, service models and the ability to provide individualized care. This year, we completed the redesign and procurement of our largest category of community-based services “Flexible Services and Supports.” Drawing on an effective model used by the Department of Developmental Services (DDS), the Flex contract allows DMH to build specialized clinical teams to meet specific needs in each area. Examples include teams with expertise to serve youth with emerging psychosis; youth with mental health conditions and substance use disorders; and youth with co-occurring Autism Spectrum Disorders and mental health conditions.

Recognizing that emerging adults have needs that evolve as they mature into full adulthood, DMH has taken steps to ease the transition between its Child, Youth, and Family and adult service systems. First, DMH extended service authorization criteria for Child, Youth, and Family Services from age 18 to 22. Next, DMH changed the service authorization process to incorporate the expertise and resources of both Adult Mental Health and Child, Youth, and Family Services. This makes it easier for the Department to directly address the individual needs of young adults living with behavioral health challenges in the Commonwealth.

Additionally, DMH has worked to provide services which meet the needs of young adults through “low-barrier” Access Centers. The Centers are open to anyone between the ages of 16 and 25, and are a welcoming place for young adults to get “back on track” with their life goals, connect to resources for jobs, education, healthcare and housing; and meet peers with similar lived experience. Access Centers are specifically designed to attract young adults who aren’t connected to formal services and, because of stigma, avoid “mental health” services. They do not have to “register” or be formally “enrolled.” Access Centers reach marginalized young adults

including those who are homeless, isolated, have substance abuse issues and/or may have grown up in the child welfare system. The Department has added new centers in Lawrence, Haverhill, Worcester and Springfield. The Lawrence and Haverhill Centers opened in 2016 and hosted 168 young adults, with 146 becoming involved in ongoing services through the Center in FY18. The Worcester and Springfield Centers opened in June, 2018 and from June through January served 385 young adults.

Conclusion

The FY20 proposed budget for DMH allows us to continue to strengthen the larger behavioral health system. The budget continues the Department's legacy of leadership and innovation in caring for people living with mental illness. 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.