The Department of Mental Health

Overview of DMH

As the State Mental Health Authority, DMH assures and provides access to services and supports that are person-centered and recovery-focused to meet the behavioral health needs of individuals of all ages, enabling them to live, work and fully participate as valuable, contributing members of our communities. With a statewide organizational structure, DMH operates three Area and 27 Site Offices, as well as state-operated hospitals and community mental health centers. This network provides services to approximately 21,000 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 some (approximately 10%) of these individuals will require inpatient services at any given time during the year, over 90% receive all or most of their services in the community.

The Department’s continuum of care for adults and adolescents includes the following:

- The Department’s **Community Services** provide support to 21,000 individuals per year. Services include:
  - Community-Based Flexible Supports (CBFS) programs
  - Emergency Services Programs (ESP)
  - Assertive Community Treatment Programs (PACT)
  - Clubhouses
  - Case Management Services
  - Crisis Stabilization Services
  - Respite Services
  - Homeless Outreach Team Programs
  - Outpatient Treatment & Medication Management Services
  - Mental Health Courts
  - Partial Hospitalization Programs

- The **Statewide Inpatient System** consists of various components, largely in the private sector with some state-operated services.
  - **Acute inpatient psychiatric care** provides short-term, intensive diagnostic, evaluation, treatment and stabilization services to individuals experiencing an acute psychiatric episode.
    - There are 32 DMH operated acute inpatient psychiatric care beds at Community Mental Health Centers in the Southeast. These state-operated beds often allow slightly longer lengths of stay than can be provided in private psychiatric facilities, which can reduce the need for continuing care referrals. They provide enhanced linkages to Southeast Area services through the state operated network of community services in the region.
  - **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.

- There are 626 DMH adult continuing inpatient care psychiatric beds across the Commonwealth. Of the 626 DMH continuing care beds, 231 are on DMH units located within Department of Public Health Hospitals.

- In addition to the 626 adult beds, there are two DMH contracted continuing care inpatient units for 30 adolescent beds at Worcester State Hospital. These 30 beds will move to the new Worcester Recovery Center and Hospital.

  - DMH contracts for six **Intensive Residential Treatment Programs** (IRTP) for adolescents (85 beds total). Two programs are located in Tewksbury, two in Worcester, one in Taunton, and one in Westborough. The two in Worcester will move to the new WRCH. The Taunton IRTP, which is currently located on the grounds of Taunton State Hospital, will be moved but DMH plans to keep the program in the Taunton area. IRTPs are locked residential treatment settings that provide intensive residential supports and often prevent the need for longer term inpatient hospitalizations.

  - DMH also contracts for one **Clinically Intensive Residential Treatment Program** (CIRT) for children ages 6-12 (12 beds total). This service is located in Springfield and provides intensive treatment for children to help prevent longer inpatient care, transition from acute treatment and prepare for community-based care with their families.

  - There are more than 65 general hospital psychiatric units or private acute psychiatric hospitals licensed by the Department (including more than 360 beds in DMH licensed facilities in the Southeast). More than 70,000 individuals, most of whom are not involved with DMH, are admitted to inpatient psychiatric hospital settings each year.

In addition to the 21,000 individuals served, DMH provides forensic evaluation and treatment services to approximately 9,000 individuals each year that are referred to DMH by the Juvenile, District and Superior Courts. The Department also provides step-down treatment for persons coming out of Bridgewater State Hospital and re-entry supports for inmates with serious mental illness returning from incarceration. Further, the Department supports approximately 14 towns and police departments to provide supports for jail diversion services for persons with mental illness.
Commitment to Community First

- The large majority of DMH clients (more than 90 percent) are served in the community. Our Community First initiative has resulted in an expansion of community services such that we are able to rely much less heavily on institutional settings such as state hospitals. Advancement in our community service system means that more individuals are living and working in the community, contributing to the fabric of our society, as they experience recovery.

- Since Fiscal Year (FY) 2004 and projected through FY 2013, DMH will have increased funding for adult community services by approximately $60 million, including $9.9M in funding contained within the Governor's FY 2013 House 2 budget. These funds have made it possible to support the transition to the community of more than 500 patients who were identified as being ready for discharge from DMH facilities. The FY13 investment will provide DMH with the annualized funding to fully support the cost of 80 additional community placement opportunities being developed in FY 2012. The Department anticipates 22 of these new community placements will be in the Southeastern region of the state.

Community Development Spending from FY2004 through FY2013

Mental Health Supports in Southeastern Massachusetts

- The Department is committed to ensuring that residents in Southeastern Massachusetts have continued access to a variety of mental health supports including:
  - 12 Community Based Flexible Supports (CBFS) programs: This is the cornerstone of the DMH community service system. CBFS provides 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. Approximately 1,600 people are served by the five state operated programs in Taunton (on hospital grounds), Fall River, Brockton and Cape Cod and the seven vendor operated programs are in Fall River, Taunton/Attleboro (2), New Bedford, Plymouth and Cape Cod (2).

- **4 Emergency Service Programs** (ESP): ESPs provide 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. Programs are in Brockton/Norton, Fall River, Plymouth/New Bedford and Cape Cod.

- **5 Programs of Assertive Community Treatment** (PACT) programs: PACT programs are a multidisciplinary team approach to providing acute and long term support; community based psychiatric treatment, assertive outreach and rehabilitation services to persons served. These programs provide services to 280 people in the Southeast area and are in Brockton (2), Taunton/Attleboro, New Bedford and Cape Cod.

- **8 Clubhouses**: Clubhouse Services provide skills 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. The Clubhouses are located in Taunton, Fall River, New Bedford, Plymouth and Cape Cod (4, including 1 on Martha’s Vineyard).

- **Case Management** services are available at DMH sites in Brockton, Taunton, Fall River, New Bedford, Plymouth, and in Hyannis, where it is co-located with other EOHHS agencies as an “HHS Center.”

- **Crisis Stabilization Services**: Located in Brockton/Norton, (13 beds), Cape Cod (10 beds), and Plymouth/New Bedford (6 beds.)

- **Homeless Outreach Team program**: This program provides comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters. This program is on Cape Cod.

- **DMH PATH grant** service that provides shelter outreach in Brockton, Taunton, Fall River, New Bedford, and the Cape, as well as street outreach in Brockton, Taunton/Attleboro, Fall River, and New Bedford.

- **Outpatient treatment and medication management** services are provided directly by DMH at the Brockton Multi-Service Center and Corrigan Mental Health Center (Fall River) which are two of only three locations in the Commonwealth where such services are state-operated (the 3rd is in Boston).

- In FY11, DMH began providing funding for the Commonwealth's **mental health court** located at the Plymouth District Court. This mental health court is an
example of a Community First initiative that enhances services for mental health consumers who may have criminal justice involvement. To date, the participants have included both DMH and non-DMH clients and the participating consumers have shown the ability to obtain work, avoid re-arrest, and remain engaged in treatment services.

- **Taunton police jail diversion program services** via the Taunton Community Crisis Intervention Training (CCIT) program, funded via DMH. Jail diversion programs are designed and funded to have service providers working with police and courts to identify individuals with mental illness who can be linked to services in lieu of criminal justice involvement when appropriate and safe.

- **Partial Hospitalization** services are available at Corrigan and Pocasset Community Mental Health Centers. Partial Hospitalization services provide short term day/evening mental health programming available five to seven days per week. These services consist of therapeutically intensive acute treatment within a therapeutic milieu and include daily psychiatric management.

### The Decision to Build a New Hospital

- Later this year, the Department will open the new Worcester Recovery Center and Hospital, a 320-bed state-of-the-art facility that will promote recovery and resilience for adults and adolescents with mental illness from across the Commonwealth.

- In 2004, in a report to the General Court, DMH recommended the consolidation of Worcester State Hospital (expected to close in July 2012) and Westborough State Hospital (closed in 2010) and the construction of a new facility.

  - To engage stakeholders in this process, in 2005, the Legislature convened the “DMH Facility Feasibility Commission,” comprised of legislators, consumers and family members of DMH clients. In 2006, the Commission recommended that the new hospital be sited on the existing Worcester State Hospital campus.

  - Construction on the new hospital began in the spring of 2009.

- The final anticipated cost of the hospital is $305 million, making it the largest non-road state-funded building project in history. It has provided over 500 construction jobs and will result in 850 permanent jobs in the Commonwealth.

- The annual operating cost of WRCH is approximately $60M.

### Benefits of the Worcester Recovery Center and Hospital (WRCH)

- WRCH is revolutionary as it is organized as a microcosm of the larger community to reinforce a normalized environment and a sense of community within a hospital setting.
• The facility reflects stages of recovery from serious mental illness by using familiar environments, and allowing patients to move from small to larger group interactions as their conditions improve – in ways that cannot be accomplished in most other facilities.

• WRCH will serve patients from all across the state, including Southeastern Massachusetts.

Closure of Taunton State Hospital

• As the Department prepares for the new hospital to open, it must make some challenging decisions in order to complete the necessary re-alignment of inpatient capacity. The operating budget for the current Worcester State Hospital is $36M, leaving approximately $24M of additional funds that need to be identified.

• Our priorities in devising a plan to identify those funds were to: maintain DMH’s current state capacity of 626 continuing care beds; stay within the operating funds available for DMH facilities; and continue our efforts to expand the community system.

• The hospital will close by December 31, 2012. As part of the closure of the facility, it is important to note that:
  
  o The number of adult DMH continuing care inpatient beds across the state will be maintained at the current total of 626.
  
  o TSH currently has 169 continuing care inpatient beds.
    • 124 beds from TSH will be consolidated into the new Worcester Recovery Center and Hospital, and
    • 45 beds will be transferred to Tewksbury Hospital.

  o All TSH employees will be offered new employment opportunities within the Department.
    • Approximately 36% of the current TSH employees reside in Taunton. However, TSH employees commute from areas throughout the region, including Franklin, Lexington, Millis and Norfolk.

  o All other community mental health services in Southeastern Massachusetts will be maintained.

Impact on Patients and Families

• DMH operates a statewide system of inpatient hospitals. While the location of a patient’s home community is taken into consideration for placement, patients are placed where there are available beds. Currently, there are 57 patients that come from the Southeast Area or Cape Cod in the Department’s other state operated facilities across the Commonwealth. At Taunton State Hospital, 61 of the current patients come from areas outside of Southeastern Massachusetts and Cape Cod.
The patients’ families reside across the state. Of the current patients at TSH, only 5% of their family members reside in Taunton. Some family members commute from as far as Beverly, Lawrence, Lowell and Pittsfield to see their loved ones at TSH.

It is important to note that the Department admits and discharges patients every day.

Since the average length of stay for our patients is less than 180 days, the large majority of patients who are currently at Taunton will not be there at the end of the year. In fact, it is estimated that only 10-20 of the current patients may still be at the facility at the time of closure. In 2011, there were 271 discharges from Taunton State Hospital. Approximately 15% (42 patients) were from Taunton.

Transfers to the community or alternative facilities will be based upon clinical determinations and the wishes of patients and their guardians. Assessments and transfers will occur throughout the closure process. DMH will work closely with patients and guardians to ensure a smooth transition.

Working with Stakeholders

The Administration understands that this closure will have an impact on the community of Taunton and we are committed to working collaboratively with the city during implementation. To mitigate the impact, the Administration has committed to the following:

- DMH is considering the expansion of community programs, if funding is available.
- The Division of Capital Asset Management (DCAM) will coordinate the formation of a committee to consider the reuse of portions of the TSH campus that can potentially be utilized for state needs. The commission members will include appropriate state as well as Taunton elected officials. The committee will consider the options in the context of the Administration’s other efforts in Taunton.
- DCAM is working with executive offices and agencies of the Commonwealth to identify state uses that might relocate to Taunton.
- The Administration will continue to engage with state and local stakeholders, along with members of the statewide mental health community, during the transition.

Contact Information

- **Department of Mental Health:**
  - Stephen Cidlevich, Director of Constituent Services, 617-626-8140, Stephen.Cidlevich@state.ma.us

- **Executive Office of Health and Human Services:**
  - Suzanne Cray, Legislative Director, 617-573-1608, Suzanne.Cray@state.ma.us