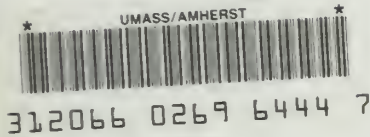


MASS. HS40.2: D 44/2

GOVERNMENT DOCUMENTS
COLLECTION

June 1, 1998

JAN 6 2000



Department of Mental Health
Facts and Figures

University of Massachusetts
Depository Copy

The Department of Mental Health is providing responsive, high quality, cost effective services to people with mental illness. In this ongoing process, the Department is expanding community-based programs while meeting continuing care needs of individuals in public psychiatric facilities.

The critical components of a strong public mental health system have not changed despite continued changes in the health care world. These components include: flexible community-based programs, cost efficient state hospitals and community mental health centers, and high quality continuing care and acute inpatient and diversionary services. These services must be accessible, clinically appropriate, and cost effective and are best received when noncoercive and voluntary.

Through the years, the Department has made optimum use of modest increases in budget dollars to address unmet need. After a budget reduction of \$26.7 million in FY'91, DMH has experienced moderate budget growth through this fiscal year -- FY'92 -- \$461.9M; FY'93 -- \$489.6M; FY'94 -- \$507.2M; FY'95 -- \$507.4M; FY'96 -- \$516.3M; FY'97 -- \$527.5M; FY'98 -- \$537.7M. During the last two fiscal years, the Department has met increased demand for service expansion through the restructuring and reallocation of base funding.

Since FY'89, the Department has received \$20.1 million in new funds for growth. Of the \$20.1 million, \$17.1 million was earmarked specifically for the homeless mentally ill, which leveraged \$57.6 million in federal housing support. The remaining \$3 million expanded adult, forensic and kids services over the past 9 years.

Yet, the Department has expanded community services, and to a lesser extent, inpatient services, beyond the \$3 million. It is through redirected base resources, such as savings from the DMH/Division of Medical Assistance (DMA) initiative, the transfer of inpatient beds at Solomon Mental Health Center in Lowell to the Hathorne Units at Tewksbury Hospital, and the ability to maintain a retained revenue account, that we have met the needs of kids and adults with serious mental illness.

For the current fiscal year (FY'98), the Legislature approved the Department's use of \$6 million in retained revenue generated from maximizing federal financial participation (FFP) for emergency screening services and inpatient acute care from the DMH/DMA initiative. We will not fully realize the revenue until FY'99, although we will meet our general fund revenue target.

Through the DMH/DMA initiative, \$2.8 million in initial start-up funding has been used to start the \$6 million program development. In FY'98, the Department has expanded statewide the successful interagency Collaborative Assessment Program with DSS; hired seven forensic mental health coordinators to provide assertive and intensive community-based monitoring of people with serious mental illness as they are released from county correctional facilities back into the community; created services for young adults who are turning 22-years-of-age; and, in conjunction with DPH, enhanced services for individuals with mental illness and co-occurring substance abuse disorders. The Department is also spending \$2 million, annualizing to \$3 million, to provide expanded housing support services to people with mental illness who are homeless. These programs, plus the development of a Mental Health Information System, will annualize to \$10 million in FY'99.

In FY'97, the Department strengthened rehabilitation services and developed programs for people with mental illness and a co-occurring diagnosis of substance abuse with \$9 million in savings realized through the DMH/DMA initiative. We have a long way to go in these areas in FY'98 and beyond, but our start has produced some encouraging results.

DMH still has more clients than service availability. Each month since June 1997, the Department found an average of 207 new clients eligible for services -- a total of 1,656 new applicants through January. These individuals receive one or more services from the Department's array of continuing care services, but we cannot meet residential and case management needs. By mid-February, 412 clients were awaiting case management services.

At any point in time, the Department has about 100 individuals ready to be discharged from inpatient settings into the community, but residential services are unavailable. In addition, since July 1, approximately 100 clients had turned 22 years-of-age and were no longer eligible for Department of Education services. By the end of this fiscal year, DMH will be providing services to eight clients referred by the Department of Youth Services. Overall, 1,400 individuals await some level of support from the Department.

Acute Care

Interagency Service Agreement with DMA

In lieu of operating four facilities (Metropolitan -- 1/92, Danvers -- 6/92, and Northampton -- 8/93, state hospitals and the Gaebler Children's Center -- 9/92), DMH initially contracted with 10 fully certified and accredited public, private and general hospitals in the community to provide acute and continuing inpatient care. Since July 1, 1996, acute or short-term care has been provided in a network of general hospitals with psychiatric units and private psychiatric hospitals across the state. These hospitals are

under contract to the Massachusetts Behavioral Health Partnership (MBHP), a proprietary managed care organization. MBHP, managed by Virginia-based FHC Options Inc., is in turn responsible to the Division of Medical Assistance/Medicaid. DMH purchases acute inpatient hospitalization and emergency services through an interagency service agreement with DMA and holds Medicaid responsible for this care.

This purchasing initiative, covering Medicaid recipients and non-Medicaid DMH priority clients, strengthens both acute and continuing care services by expanding the vendor network, solidifying emergency services for people in crisis, and providing greater coordination between agencies. The DMA/DMH partnership replaced DMH acute care replacement beds and designated emergency treatment programs.

DMH/DMA Savings/Service Expansion

DMH utilized \$9M in savings in the first year (FY'97) to expand continuing care. The Department distributed \$7.8M to its Areas for program development; the remaining \$1.2M was used for one-time expenses to prevent program reductions. Residential services were increased by more than \$3.4M, allowing for the placement of 70 adults from state hospitals; the development of specialized community programs, such as services for individuals with dual diagnosis; and improved residential supports and respite for 55 other clients. Day and clinical support services were increased by nearly \$2.5M, allowing clients to live in the community through expanded mental health programs, medical treatment, medication monitoring, and support, educational and employment opportunities. Case management was increased by \$192,000 to extend the Department's ability to effectively manage the care of clients discharged from state facilities. Assessment and extended inpatient services were increased by \$268,000 to provide specialized assessments to determine appropriate levels of care. Residential and respite services for children were increased by \$600,000 to expand respite capacity and residential treatment for 120 seriously emotionally disturbed children and adolescents. After-school and clinical support day services for children were increased by \$1M, allowing 350 seriously emotionally disturbed youngsters to remain with their families through in-home treatment.

Continuing Care

State Hospitals/CMHCs

DMH continues to directly operate 13 facilities statewide, (four continuing care state hospitals and nine community mental health centers): The Department's four continuing care state hospitals include Medfield (147 beds); Worcester (176 beds); Westboro (221 beds -- 30 are for adolescents); and Taunton (185 beds -- 16 are for adolescents), for a **total of 729 continuing care beds in state hospitals;**



Digitized by the Internet Archive
in 2014

Three of the five community mental health centers (CMHCs) outside Metro Boston have 16-bed acute care inpatient units (Quincy, Corrigan in Fall River, and Pocasset on Cape Cod) for a **total of 48 beds**. Two centers, Brockton Multi-Service Center and Solomon in Lowell, do not provide acute or continuing inpatient care.

In the Metro Boston Area, three of the four CMHCs provide both acute and continuing inpatient care (Lindemann 40 beds, Solomon Carter Fuller 36 beds, Bay Cove/Shattuck Hospital 125 beds (about 25 of the 125 beds are used for acute care). The Massachusetts Mental Health Center has 12 beds, with statewide access, for research and evaluation. **Total of 213 beds.**

Total CMHC Beds = 261

Total State Hospital Beds = 729

Total State Hospital/CMHC Beds = 990

DMH contracts with Olympus Hospital in Springfield to provide continuing inpatient care for 30 adults in Western Massachusetts while the same type of care is offered in 180 beds in the Hathorne units at Tewksbury Hospital in the Northeast Area. For children ages 5 through 13, DMH contracts for a 16-bed continuing care unit at Westwood Lodge. **A total of 226 beds.**

Total State Hospital, CMHC, Contract Beds Capacity = 1,216

Inpatient Care/Children

To replace the intensive services previously provided by the Gaebler Children's Center in Waltham for children ages 5 through 13, DMH contracts with Westwood Lodge (16 beds) for continuing inpatient care. In addition, Westboro State Hospital has two child/adolescent units with 30 continuing care beds (four dedicated to forensic patients) -- operated by the University of Massachusetts; Taunton State Hospital has one child/adolescent unit with 16 continuing care beds (two dedicated to forensic patients) -- operated by Charles River Health Management.

Total Hospital Inpatient Beds/Children = 62.

Child/Adolescent Continuing Care Residential Programs

DMH contracts for two secure Clinically Intensive Residential Treatment programs (CIRTs) for children (ages 5 through 12) : The Brighton Center for Children and Families (10 beds) operated by Charles River Health Management in Boston; and Three Rivers (10 beds) operated by Northampton Center for Children in Holyoke. **Total of 20 beds;**

Intensive Residential Treatment Programs (**IRTPs**) for adolescents (ages 13 through 18) include: Centerpoint (12 beds) operated by Justice Resource Institute in Tewksbury; Chauncy Hall (16 beds) operated by Northeastern Family Institute at Chauncy Hall/Westboro State Hospital; the University of Massachusetts Intensive Residential Treatment Program (12 beds) at Worcester State Hospital; Charles River Intensive Residential Treatment Program (16 beds) operated by Charles River Health Management at Taunton State Hospital; Solomon Carter Fuller Mental Health Center (16 beds) operated by Westwood Lodge/Boston Network. **Total of 72 beds.**

Total Child/Adolescent Inpatient & Secure Residential Beds = 154

Step-down Programs/Adolescents

Pathways Residential II (6 beds), an IRTP graduate program operated by Health & Education Services at Westboro State Hospital, and Swansea Wood School (5 beds), a staff secure residential program for ED/MR adolescents operated by Justice Resource Institute in Swansea, are two DMH step-down programs for adolescents.

Community Services

Child/Adolescent Initiatives

A network of community-based services, which provides both early intervention and intensive programs to reduce the need for out-of-home placements, enables children to make treatment gains and to function in community settings. The following initiatives have been undertaken: development of short-term crisis stabilization services and after-school programs for latency-age children; expansion of school-based contracts to include violence prevention programs; expansion of home-based intervention contracts; broadening of existing interagency teams, and earmarking of resources to purchase “wraparound” services -- that is, services tailored to meet a child and family’s needs;

The **Collaborative Assessment Program (CAP)**, a pilot with the Department of Social Services (DSS) in the Southeastern Area, operationalized an interagency restructuring of services for children and adolescents to create a unified case management system, provide prompt assessments of the needs of children and their families, eliminate duplication of services and define each agency’s role and funding responsibilities. Of the assessments on the first 69 different families, only 16 youths, or 23%, of those referred with an initial issue of “in need of residential” placement were recommended for such placement. The pilot has been expanded statewide in FY’98. When fully implemented, the CAP will serve 300 to 350 families annually;

Massachusetts is working under a four-year grant of \$2.8M from the **Annie E. Casey Foundation** to provide early intervention and prevention services and supports to 7,000 urban children “at risk” of mental health problems and their families. This

involves a partnership of the state, the City of Boston, and a neighborhood governing board from the Boston neighborhoods of Lower Roxbury, Mission Hill and Highland Park-Washington Park. DMH continues to be the lead state agency. Results in FY'97 included: the successful return of 28 out-of-home children and the diversion of 259 at-risk children from out-of-home placements; a family satisfaction score of 89% from a survey of 185 families; a decrease in the depression, post traumatic stress disorder, arrests, abuse and crisis incidents; an increase in overall child and family functioning using CAFAS and CBCL scales (Child Adolescent Functional Assessment Scale and Children's Behavioral Checklist).

JCAHO Network Accreditation

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), a national organization, surveys facilities to ensure that high quality services are provided and evaluated in relation to national standards. For the first time in decades, all DMH operated public psychiatric facilities now meet JCAHO standards. The Solomon Carter Fuller and the Erich Lindemann Mental Health Centers in Boston were the final DMH facilities to receive accreditation in FY'96. Earlier in the fiscal year, Worcester, Westboro and Medfield State Hospitals received accreditation

The Southeastern Area has received JCAHO Network Accreditation for its entire continuum of care (including state and vendor-provided emergency/crisis, acute and continuing, inpatient and outpatient, residential, etc.). It was the first mental health network in the nation to receive this type of accreditation and the first Area in the state to achieve this status.

Health Care Financing Certification (HCFA):

In FY'91, only 22 percent of DMH beds were certified; all beds in DMH facilities are now certified by the Health Care Financing Administration (HCFA). This national agency oversees all providers certified to administer Medicare and Medicaid programs. Inpatient beds must be certified by HCFA to qualify for federal financial reimbursements under Medicaid.

Adult Community Living

Since 1992, the Department has invested \$70M of \$74M saved since restructuring and consolidating facilities. The funds helped DMH to expand community-based services. More than 65% of the Department of Mental Health's \$537.7 million FY '98 budget is committed to community-based care, up from 49% in FY '91.

DMH developed 2,395 new residential beds in the community between FY '91 and FY'97. The DMH residential capacity for adults (5,811) and children (92) now stands at 5,903, which includes access to 304 beds through a DMH/DMR set aside agreement with MHFA. The Department has 350 residential programs housing four or more clients; 61 of these group homes have been developed with local housing authorities as partners.

In FY'97, the Department brought 226 new residential units on line, including 156 for homeless people with mental illness. DMH expects to add another 203 units by the end of FY'98. In addition, the Department assists clients in locating apartments in the open rental market. More than 800 individuals live independently in the community. Housing opportunities have been expanded from a system serving 2,100 people with mental illness in 1988 to a system that serves more than 5,900 today. DMH has 239 residential contracts and will spend \$151.8M on residential services in FY'98. Approximately 1,430 individuals are waiting for residential support services.

Mixed Housing Services

An original service project at six pilot locations, which funded service coordinators on site at local housing authority developments for the elderly and disabled, was expanded through legislation to nine additional housing authorities in 1995. This program is centered on service coordination from field managers who are based on site and provide daily consultation and referrals. In an evaluation conducted by the McCormack Institute at UMass Boston, this program initiative was rated very favorably. Also, affiliation agreements have been established with many local housing authorities to facilitate the accessibility of DMH services to the housing community, including public housing tenants;

The same legislation is funding an innovative rental assistance program called the Alternative Housing Voucher program. It provides up to 800 rental subsidies to younger people with disabilities who are on waiting lists for state-aided public housing. Of these 800 vouchers, 15% may be allocated to younger people with disabilities currently living in state-aided developments for the elderly and disabled.

Employment

Employment services provided by DMH have evolved over time to reflect the growing emphasis on providing community-based, integrated services to clients. The Department provides a mix of services ranging from placements in enclaves and work crews to supports in finding and maintaining competitive, independent employment. In addition, clubhouses, which offer psychosocial rehabilitative support services, provide an important link to employment available to DMH clients.

In FY'97, DMH issued a request for proposals for a major new program initiative, **Services for Education and Employment (SEE)**, which emphasizes consumer choice in selecting, obtaining and maintaining jobs as well as educational placements. The program encourages career planning, typically in pre-placement counseling sessions, and offers flexible and individualized supports that enable individuals to maintain employment and educational placements. A critical piece of the SEE program is the network of linkage developed between SEE providers and mainstream providers of employment, education and job training programs. Twenty-nine SEE contracts totaling \$5.1 million were awarded statewide.

Linkage between mainstream providers of employment/job training, and education services are valued because clients will be served in an integrated setting, alleviating the isolation often experienced by the mentally ill, and accessing mainstream resources represents a more effective use of limited state funding. Whenever possible, DMH service dollars are used to provide support services to individuals utilizing resources paid for by generic employment and educational programs available to all residents of Massachusetts.

Two successful examples of this model currently operate statewide and serve the homeless mentally ill. They involve partnerships with the Division of Employment and Training (DET) for career planning, job development, and placement services for DMH consumers.

Employment Connections, which began serving Metro Boston Area clients in FY'96, has resulted in 209 placements in full-time, part-time, temporary, and on-call jobs. The average wage is \$7.63 an hour. This program is funded through state homeless dollars, and serves individuals who have mental illness and are homeless and/or at-risk of homelessness. Department of Mental Health funding is used to purchase designated DET staff time allocated exclusively to DMH clients. Support services are provided by natural service site personnel. The budget for this program in FY'98 is \$160,125. Individualized DET services will be provided to 200 clients; half of whom will be placed in full or part-time jobs during the fiscal year.

Employment Connections II began serving clients in early FY'97. This program, an expansion of the Boston pilot, has resulted in 114 placements in full-time, part-time, temporary and on-call jobs. The average hourly wage per placement is \$6.78. This three-year program is funded through a \$2.1M grant from HUD's Stuart B. McKinney Homeless Assistance Fund. The FY'98 budget for DMH services provided through this program is \$374,250. Located in seven sites across the state -- Lowell, Lynn, Framingham, Hyannis, Springfield, Quincy, and Worcester -- this program serves a more restricted pool of homeless and mentally ill individuals. Therefore, many enrolled clients require an initial period of stabilization services to ready them for the job search process. Employment Connections II's program design accommodates this restriction by funding DMH provider staff that links program participants to appropriate services. Like

Employment Connections, this program has designated DET staff to work exclusively with DMH clients providing individualized employment services in an integrated setting. A total of 114 placements have been made since the program was expanded in August 1996. The average hourly wage per placement was \$6.78.

Clubhouses

Consumer clubhouse -- community support programs offering housing, vocational training, temporary, part-time job placements, meals and social contacts -- funding was increased from \$11.3M in FY '91 to \$15.4M in FY'98. An additional \$1.5M is allocated for drop-in centers and social clubs for a total of \$16.9M. This is an increase of \$5.6M since FY'91.

Case Management

DMH has expanded case management, supervisory and support staff for adults and children. By the end of FY'96, case management, supervisory and support staff totaled 507; by the end of FY'97, this had been increased to 523. By comparison, there were 327 case managers in FY'91. A total of 11,156 adults, children and adolescents were assigned case managers during FY'97, including 2,166 new assignments. The breakout: 9,746 adults; 1,410 children and adolescents. A total of \$15.9M was expended for direct case management in FY'97.

POS Contracts

DMH has oversight responsibilities for 832 purchase of service contracts worth \$310.6M in FY'98.

Revenues

DMH has increased reimbursements to the state's General Fund:

FY '89 = \$5.4M

FY '91 = 22.1M

FY '92 = 36.8M

FY '93 = 47.5M

FY '94 = 56.9M

FY '95 = 55.7M

FY '96 = 61.2M

FY '97 = 98.1M

Client Initiatives



For the past six years, the DMH Office of Consumer and Ex-Patient Relations in Central Office has set aside grants for clients to develop and operate small innovative businesses. For FY'98, a total of \$94,000 has been earmarked for 11 projects. They include: Express Yourself, Peabody, \$15,000; Maxwell's Coffee House, Wakefield, \$15,000; Tunefoolery Concert Ensembles, Medford, \$15,000; Consumer Legal Education Network, Waltham, \$10,000; Voices Theatre Company, Pittsfield, \$10,000; Caring and Sharing Telephone Line Enterprise (CASTLE), Newton Highlands, \$7,500; Grocery Express, Northampton, \$7,500; Roots of Healing, Quincy, \$5,000; Dual Recovery Newsletter, Haverhill, \$4,000; Metro Suburban/East Suburban Consumer Warm Line, Waltham, \$4,000; Dance Antics, Cambridge, \$1,000. In addition, the Western Mass. Area is supporting 14 projects with \$60,000 in funding; the Metro Suburban Area is allocating \$76,000 for three projects; and the Southeastern Area is supporting five initiatives with \$13,000.

Special Populations

Homeless Mentally Ill

DMH operates a special initiative for people with mental illness who are homeless with \$17.1M annually in state appropriated funds for statewide service projects. Through this initiative alone, more than 3,500 people with mental illness who are homeless received support services from FY'92 through FY '97. An additional 200 mentally ill people who are homeless were helped through other DMH efforts. Since FY'92, the state's homeless mentally ill initiative has been used to develop or provide access to more than 650 new housing units and place a total of 1,166 clients in new or existing housing units with support services.

For FY'98, DMH received \$2 million from the legislature for expansion of the homeless mentally ill initiative. The legislature also designated an additional \$1 million from DMH/Division of Medical Assistance (Medicaid) retained revenue, to be generated from maximizing federal financial participation for emergency screening services and inpatient acute care, for the homeless mentally ill. The total: \$3 million in expansion funding. The \$3M in expansion dollars will allow the Department to leverage \$11.1M in additional federal and state funds and to create up to 170 additional residential slots for homeless mentally ill individuals. Appropriated dollars for this initiative are annualized in the DMH budget.

DMH homeless initiative dollars are used primarily to provide clinical and residential services and to leverage federal resources to fund development or to access housing units (bricks and mortar). DMH dollars also are used to fund outreach programs to homeless mentally ill individuals in transitional housing (shelters), on the streets, and in rural areas



The DMH discharge policy is aimed at preventing homelessness. The policy states that the Department will not discharge a client from a state-run facility to a shelter or to the streets and that every effort will be made to help the client find adequate, permanent housing. DMH has instituted an enhanced discharge protocol for its Metro Boston Area, the area with the highest number of homeless people in the state (about 1,200 of an estimated 2,000 statewide.) Boston operates a Homeless Services Unit which, among other things, monitors the discharge process and identifies supportive housing options for clients. All individuals discharged from state-operated facilities participate in individual service planning. This includes a hospital treatment team and case manager who determine residential and support needs as well as eligibility for entitlements.

Forensic Mental Health/Court Clinics

The forensic mental health system performed 8,005 adult and 2,486 child/adolescent court clinic evaluations in FY'97 and provided mental health services to 11 county correctional facilities and to women prisoners at MCI Framingham. This represents about 40% of the total number of evaluations performed. Most inpatient evaluations are done in state hospitals. In addition, consultation and evaluation services were provided to the state parole board and mandatory forensic reviews were done at inpatient facilities to help determine privileging and patient discharge.

For seriously mentally ill persons in county correctional facilities, DMH provided the following services: (a) initial assessment and follow-up; (b) crisis intervention; (c) evaluation and transfer functions; (d) psychiatric evaluation and treatment (medication); (e) release planning and liaison to community mental health services. In addition, consultation and training regarding the identification and management of seriously mentally ill persons was provided to correctional and medical staff.

Measuring Performance

Quality Management

The Department has a quality agenda and Quality Councils in all Areas. In FY '94, DMH's quality management training efforts were expanded to include line staff, family members and clients who were working on specific problem identification and problem-solving activities. Quality management performance standards and performance outcome measures are in place for providers. They call for providers to participate on local site Quality Councils, to serve as quality team members, to have a written quality improvement plan, and to document findings from their quality management activities. These activities have led to reductions in restraint and seclusion, improved treatment of the dually diagnosed, reduced hospital readmissions, and a reduction in readmissions of the same patient to multiple hospitals;



In FY'95, quantifiable data concerning licensing, medical records, critical incidents, and the like was used for the first time in the history of the Department in an RFP process to rate provider performance. This would not have been possible without an established management program directed at the Area Office level. These programs did not exist before 1991.

Licensing

All Areas now meet the Department's licensing mandate with 10 full time equivalent licensers to address DMH's community residential licensing needs. The Department of Mental Health is up to date with its Central Office licensing responsibilities for 56 general hospital psychiatric units and private psychiatric hospitals.

Research

Centers for Excellence

DMH funds two Research Centers of Excellence overseen by a statewide Research and Advisory Board, chaired by the Deputy Commissioner of Clinical and Professional Services, and comprised of members from the Centers of Excellence, clients and family members not associated with the research centers. These centers apply the best minds and talent in Massachusetts to advance treatment and rehabilitation modalities for chronic, persistent and severely psychiatrically ill patients. The two centers are *The Center for Psychosocial and Forensic Services Research*, affiliated with the University of Massachusetts Medical School, which concentrates on behavioral and forensic sciences, and *The Commonwealth Research Center*, affiliated with Harvard Medical School, which focuses on clinical neuroscience and neuropharmacology. A portion of the Psychiatric Residency and Psychology Internship Training programs at medical schools in Massachusetts is also funded by the Department.

Technology

Mental Health Information System

The Department has been continuing the expansion of the statewide telecommunications network. Currently, all area offices and most of the local service sites are connected to the wide area network. This structure improves internal communication at the Department, but more importantly, it is the communication foundation for the Mental Health Information System (MHIS).



The need for an integrated MHIS has been driven by the following questions regarding DMH's accountability for its clients:

- Who receives DMH services?
- What services do they receive?
- Where do they receive services?
- What is the cost of these services?

The MHIS will be a client information system that enables the Department to register consumers, record their eligibility and service utilization, handle billing functions related to those services, and eventually maintain clinical and service management information with built-in safeguards regarding client confidentiality.

The goals include:

- Provide registration/enrollment, service delivery/billing and clinical/service management;
- Develop and follow a carefully planned implementation and roll-out;
- Implement a long-term solution with the support of a viable vendor;
- Be usable across all six geographic areas;

An RFR has been completed and vendors evaluated. A contract is scheduled to be awarded in 1998.

Did You Know

- **1833:** Worcester State Hospital, the first public mental health facility in the country, opens;
- **1879:** State Board of Health, Lunacy and Charity created;
- **1898:** State Board of Insanity created;
- **1912:** Boston Psychopathic Hospital, later known as Massachusetts Mental Health Center, opens; pioneers concept in treatment of mental illness, includes on-site training of psychiatrists and research;
- **1916:** Massachusetts Commission on Mental Diseases, later known as the Department of Mental Diseases, created;
- **1938:** Department of Mental Diseases reorganized following Special Commission's Report -- Department of Mental Health created;

- **1948:** Dr. Erich Lindemann establishes the first community mental health center in the U.S. -- the Human Relations Service, Inc., in Wellesley.
- **1961:** Joint Commission on Mental Illness and Health issues findings and recommendations; leads to development of community-based services in Massachusetts
- **1963:** Massachusetts Mental Health Planning Project created; results in creation of Mental Health Area Boards;
- **1978:** Western Mass. Brewster consent decree initiated; DMH disengaged in 1992;
- **1984:** Executive Order 244 signed -- prohibits children/adolescents under 19 from being treated on adult inpatient units;
- **1985:** Governor's Special Message on Mental Health -- a long-range plan to dramatically improve and expand the mental health service system; expanded case management and emergency services; proposed 2,500 new residential units;
- **1986:** Ch. 599 split DMH/DMR and created new mission for DMH, effective 7/1/88;
- **1987:** \$340M Capital Plan approved to upgrade and staff state hospitals and fund 2,500 new housing units;
- **1989:** Inclusive process to produce new DMH policy on priority clients;
- **1991:** Governor's Special Commission on Facility Consolidation; report issued in June 1991; recommended that DMH close three state hospitals (Metropolitan 1/92, Danvers 6/92, and Northampton 8/93); Gaebler Children's Center later recommended for closure.
- **1992:** Commonwealth establishes a first-in-the-nation Medicaid behavioral health contract for mental health and substance abuse with Mental Health Management of America; implemented as a result of a federal waiver.
- **1993:** Center for Mental Health Services publishes new definitions of serious mental illness (adults) and serious emotional disturbance (children) in Federal Register.
- **1994:** Massachusetts awarded a \$3M Annie E. Casey Foundation Mental Health Initiative for Urban Children.
- **1997:** All DMH inpatient facilities are JCAHO accredited and HCFA certified.



Status of State Hospitals/Facilities

	<u>Open</u>	<u>Closed</u>
Worcester	1832	<i>open</i>
Westboro	1884	<i>open</i>
Taunton	1854	<i>open</i>
Medfield	1896	<i>open</i>
Grafton	1877	1973
Gardner	1902	1972-74
Foxboro	1889	1974
Boston	1884	1981
Metropolitan	1929	1992
Danvers	1877	1992
Gaebler	1954	1992
Northampton	1858	1993

Inpatient Census

*1910 - 10,400
*1940 - 21,000
*1953 - 23,560
*1955 - 22,218
*1960 - 20,258
*1965 - 16,669
*1970 - 12,571
*1975 - 4,969
*1980 - 2,213
*1985 - 2,019
1990 - (7/90) - 2,276 (state hospitals, CMHCs, child/adolescent)

1997 - (6/97) - 1,139 (state hospitals, CMHCs, child/adolescent, contract units, DMH
units in DPH hospital)

1998 - (1/98) - 1,123 (state hospitals, CMHCs, child/adolescent, contract units, DMH
units in DPH hospital)

* State hospitals only

