

**PRELIMINARY REPORT ON SERVICES**  
**Work Group #1: System Structure and Financing**  
**October 26, 2016**

Work Group #1 (System Structure and Financing) (the Work Group) was created to evaluate the existing publicly funded mental health service system, including the types of services provided by the publicly funded mental health service system, the organization and structure of the publicly funded mental health service system through which such services are provided, and the oversight and control of the publicly funded mental health service system, and to make recommendations for reform of the existing publicly funded mental health service system to ensure consistent delivery of a full array of high-quality mental health prevention, treatment, and recovery support services across the age range in a timely and effective manner throughout the Commonwealth.

**DESCRIPTION OF THE PROPOSED SERVICE SYSTEM**

**Service Components**

The Work Group believes that the public mental health service system in the Commonwealth should provide consistent access to the full array of comprehensive, high-quality mental health services to individuals of all ages regardless of their geographic location or their ability to pay. To most effectively serve individuals in need of mental health services, the Work Group believes that the Commonwealth's publicly funded mental health service system should include the following 10 components, identified in conjunction with the Department of Behavioral Health and Developmental Services (DBHDS):

- 1. Same day access to mental health screening and timely access to assessment, diagnostic, and treatment services** to increase engagement in treatment by reducing the time it takes to enter care and improving continuity of care for individuals in need of services. Individuals will receive screening services on the same day that they access the public mental health service system. Intake assessment will be completed within seven days of initial contact and psychiatric assessment within 14 days of initial contact. Individual, group, or family therapy services and specialized services will begin, or referral to an appropriate service provider will be made, within 30 days of initial contact.
- 2. Outpatient primary care screening and monitoring services**, including screening and monitoring of key physical health indicators and health risks such as by adult Body Mass Index (BMI) screening and follow-up services for individuals with high BMI, weight assessment and nutritional counseling, blood pressure monitoring, and other primary health care screening and monitoring services for individuals receiving mental health services. This component also includes developing linkages to primary health care providers when health risks are identified and assistance with overcoming barriers to access to primary health services.

3. **Crisis services**, including crisis intervention, screening and evaluation, triage, stabilization, short-term crisis counseling, disposition determination, and referral assistance for individuals experiencing a mental health crisis as well as crisis intervention and withdrawal management for individuals with substance use disorders. Services may be delivered through mobile crisis teams, crisis stabilization units, or other models.
4. **Person-centered mental health service treatment planning services** that engage the individual and family in treatment planning by emphasizing the individual's unique needs and right to self-determination and focusing on the individual's unique strengths. Services should be based on principles of wellness, recovery, and hope. Planning should include integration of prevention and treatment services, medical and behavioral health services, and safety and crisis planning to guide the individual, his family, and service providers.
5. **Outpatient mental health and substance abuse services** that are evidence based and include individual and group psychotherapy for the individual and his family, trauma-informed care, person-centered and family-centered care, and recovery-oriented care. Services may also include motivational interviewing, cognitive behavioral therapies, long-acting injectable prescription medications for treatment of mental health and substance use disorders, tobacco cessation services, and medication-assisted treatment for substance use disorders.
6. **Targeted mental health case management** to assist individuals in gaining access to medical, social, legal, educational, and other services and supports and sustaining recovery. Services may include identifying and connecting with individuals in need of services, assessing needs and planning services, linking individuals to service providers and supports, coordinating services with service providers, enhancing community integration, making collateral contacts, monitoring service delivery, and advocating for individuals in response to their changing needs.
7. **Psychiatric rehabilitation services**, including assessment, medication education, opportunities to learn and use independent living skills, development of social and interpersonal skills, family support and education, vocational and educational opportunities, and advocacy for individuals with mental health, substance use, or co-occurring disorders in a supportive community environment focusing on normalization. Specific services might include mental health skill building services, psychosocial rehabilitation services, and intensive in-home services as defined in the current State Plan for Medical Assistance. Services should emphasize strengthening the individual's ability to deal with everyday life.
8. **Peer support and family support services** for individuals and their families provided by peer specialists, recovery coaches, and peer counselors who are certified by DBHDS may include emotional support, informational support, instrumental support, and affiliational support services.

**9. Mental health services for members of the armed forces and veterans**, consisting of intensive community-based mental health care that adheres to the 10 guiding principles of recovery of the Substance Abuse and Mental Health Services Administration for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Administration medical facility.

**10. Care coordination services**, including coordination of services provided by the Department of Social Services, physical health care providers, schools, employers, and housing resources. The intensity of care coordination should be appropriate to the level of need and include the High Fidelity Wraparound model when appropriate.

### **Priorities for Implementation**

Transformation of the existing publicly funded mental health service system through implementation of the 10 service components described above will require a multiphase approach over a period of several years. At this time, the Work Group has identified the following priorities for implementation:

- **Same day access to mental health screening and timely access to assessment, diagnostic, and treatment services**
- **Outpatient primary care screening and monitoring services**

### **COST ESTIMATES FOR IMPLEMENTATION OF THE COMPONENTS OF THE PROPOSED SERVICE SYSTEM**

The following table presents information about the estimated cost of implementing the recommended services described above, based on information provided by DBHDS.

Figures for the first two service categories, identified as priorities by the Work Group, are based on detailed analysis of the needs of all 40 community services boards (CSBs) in the Commonwealth and the changes necessary to implement the services at each of those CSBs. The estimates set out below are the full cost of implementing the services identified, and do not take into account any amounts that may be paid through the Medicaid program. DBHDS notes that Medicaid can be expected to reimburse for at least a portion of the services provided, reducing the total cost of the service to the Commonwealth.

Figures for the remaining service categories were determined by multiplying by five the cost of implementation of the service at the eight CSBs originally identified for participation in the Certified Community Behavioral Health Center (CCBHC) grant process, to establish an estimated cost of implementation statewide. It is important to note that these amounts are less precise and therefore may change as more detailed analyses of the cost of implementation at each of the 40 CSBs in the Commonwealth are completed.

<b>Service</b>	<b>Estimated Cost to Implement Statewide</b>
Same day access to screening/timely access to assessment, diagnostic, and treatment services and referrals	\$1.5 million in FY 2017 \$12.3 million in FY 2018 \$17.3 million in each year thereafter
Outpatient primary care screening and monitoring services	\$3.72 million in FY 2019 \$7.44 million in each year thereafter
Crisis services	\$39,923,660
Person-centered mental health service treatment planning services	\$2,266,055
Outpatient mental health and substance abuse services	\$48,992,780
Targeted mental health case management services	\$8,075,525
Psychiatric rehabilitation services	\$6,130,225
Peer support and family support services	\$8,679,400
Mental health services for members of the armed forces and veterans	\$5,558,475
Care coordination services	\$18,407,360

**INFORMATION TECHNOLOGY AND INFRASTRUCTURE UPGRADES TO SUPPORT IMPLEMENTATION OF THE PROPOSED SERVICE SYSTEM**

Effective implementation of the 10 service components identified above will require some improvements to information technology (IT) and infrastructure at the 40 CSBs and DBHDS. As part of the CCBHC grant process, DBHDS evaluated the cost of necessary IT and infrastructure improvements at the eight participating CSBs. Extrapolating from those figures, DBHDS has estimated that it would cost \$20,770,090 to implement the necessary IT and infrastructure upgrades throughout the Commonwealth. However, it is important to note that this amount is an estimate and that the actual cost may change as more detailed analysis of the cost of implementation at each of the 40 CSBs in the Commonwealth is completed.