



In 2006, Massachusetts' mental health care system received a grade of C, barely above the national average. Three years later, its grade has risen to B. This improvement coincided with a relatively calm economy, but the Commonwealth has now hit turbulent times. The test of true progress will come in crisis management.

Massachusetts has a proud history of innovation in mental health services. The nation is watching to see whether the state's 2006 Health Care Reform Act can successfully mandate universal health care. This ambitious health care reform initiative has exceeded expectations for enrollment—and cost. Massachusetts now has the lowest rate—3.7 percent—of uninsured citizens of any state in the nation.

At the same time, Massachusetts came up short by more than a billion dollars in September 2008. Another \$1 billion shortfall has been projected for the rest of the fiscal year. Resulting budget cuts have heavily impacted the state's Department of Mental Health (DMH). DMH received the deepest mid-year cuts of any of the state's human services agencies.

Since 2006, Massachusetts has made several noteworthy strides. An improved parity law will go into effect in July 2009, adding alcohol and substance use disorders, eating disorders, posttraumatic stress disorder (PTSD), and autism to private health insurance coverage. The state also continues to be a national leader in developing alternatives to the use of restraints and seclusion—in both public and private hospitals.

Emergency rooms overseen by the Department of Public Health (DPH) still routinely use restraints. Thus far, DPH has failed to disclose emergency room restraints data—which is critical to correct a significant problem, align the overall public health system, and reduce individual trauma.

The state has developed six peer recovery learning centers, which also represent a hopeful cultural change, but more are needed across the state.

The for-profit Massachusetts Behavioral Health Partnership (MBHP), which provides the behavioral health care carve-out for Medicaid, is a far-sighted model for providers to make money by meeting clinical standards rather than denying services. Connecting mental health care consumers to primary care and arranging follow-up appointments after hospitalizations makes good business sense—as well as common sense.

Innovations

- Comprehensive health care reform efforts
- State parity law expansion
- National model for reduction of use of restraints and seclusion
- Clinical performance measures for Medicaid carve-out

Urgent Needs

- Restore funds for supported employment and day services
- Restore funding and expand jail diversion programs
- Address prison suicide crisis

Consumer and Family Comments

- *"I would not be alive if it were not for the help of services here."*
- *"The service system is stretched to the breaking point."*
- *"Lack of continuity of care . . . we go from crisis to crisis."*
- *"Services are inadequate, but ACT is the most help."*

The cuts in DMH to date have eliminated supported employment, outpatient day treatment, and almost all jail diversion programs. Cutting day treatment will strain resources for consumer clubhouses, which are expected to absorb many people who lose other day programs. The impact on individuals and the pressures on inpatient and correctional facilities will be felt quickly.

Massachusetts' prison population has reached an all-time high, and prison suicides are at crisis levels—the state has one of the highest rates of inmate suicides in the nation. DMH needs to exert leadership in working with the Department of Corrections to attend to this crisis.

It is uncertain how the state's financial problems will impact two important DMH building projects in the planning stages: the rebuilding of Worcester State Hospital and a public-private collaboration to rebuild the Massachusetts Mental Health Center in Boston. Both facilities are sorely needed as a critical foundation for the state's mental health care system.

Given its resources and commitment to universal health care, Massachusetts has the potential to be a leader in the transformation of the nation's health and mental health care system. Whether it can meet that challenge will depend on choices made by the governor and legislature over the next three years.