HOUSE DOCKET, NO. 366 FILED ON: 1/10/2013

HOUSE . . . . . No. 1805

The Commonwealth of Massachusetts

PRESENTED BY:

James J. O'Day

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying:

An Act relative to creating a community based flexible supports oversight commission .

PETITION OF:

NAME:	DISTRICT/ADDRESS:
James J. O'Day	*14th Worcester*
Denise Andrews	*2nd Franklin*
Denise Provost	*27th Middlesex*
James B. Eldridge	*Middlesex and Worcester*
Carolyn C. Dykema	*8th Middlesex*

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HOUSE . . . . . No. 1805

By Mr. O'Day of West Boylston, a petition (accompanied by bill, House, No. 1805) of James J. O'Day and others relative to creating a community based flexible supports oversight commission . Mental Health and Substance Abuse.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
HOUSE
, NO. *1429* OF 2011-2012.]

The Commonwealth of Massachusetts

An Act relative to creating a community based flexible supports oversight commission .

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Whereas, The Department of Mental Health shall establish a Community Based Flexible Supports (CBFS) Oversight Commission. The Commission shall oversee all matters that relate to CBFS concerning behavioral health, detoxification, homeless mentally ill, hospital discharge, community tenure, provider contracts, and all other matters related to CBFS. The Commission will provide inclusive and transparent oversight through genuine partnership and collaboration with a diverse group of stakeholders, including meaningful participation by consumers, family members of adults and children, legal and program advocates, providers, other state agencies, mental health professionals and professional organizations, legislators, representation from employee unions and members of racial, cultural and linguistic minority groups.

The CBFS commission will encourage public/private partnerships to pursue every opportunity to maximize available revenue sources, including but not limited to federal grants and maximization and capture of federal Medicaid match dollars, and these revenue sources will be reinvested in CBFS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The Commission shall have oversight to ensure outcomes measures, that were within the original CBFS RFR, are being collected and made publicly available.

18 (a) Increase in the percentage of clients who move to a less restrictive living
19 arrangement

20 (b) Increase in the percentage of clients who achieve their individualized discharge
21 criteria and are discharged from CBFS in accordance with their discharge plan

22 (c) Increase in the amount of third party revenues collected (e.g., food stamps, fuel
23 assistance, community nursing services)

24 (d) Increase community tenure (e.g., reduction in psychiatric hospitalizations, number
25 of hospital days, jail stays)

26 (e) Increase in the percentage of clients who are non-smokers

27 (f) Increase in the percentage of clients who participate in wellness and fitness
28 activities

29 (g) Increase in the percentage of clients who are employed

30 (h) Increase participation in self help groups for addictions

31 (i) Increase in the percentage of clients who report satisfaction with their level of
32 participation in their treatment planning.

33 SECTION 2. In addition the Commission shall have the ability to expand oversight to
34 other measures, such as the ones listed below, that are relevant to evaluating CBFS.

35 (j) Actual numbers of clients that have success in each of the above outcomes (both
36 at beginning of time period and end) so that we can understand trends over time

37 (k) System wide data on suicides and serious incidents.

38 (l) Include complaint/investigation data that are informative.

39 (m) Worker data such as trainings, worker turnover, vacancy durations, and worker
40 injuries.

41 (n) Caseload measures, paper work requirements, face to face contacts, Medicaid
42 billings, and third party revenues at different CBFS agencies.

43 (o) An accurate inventory of services provided, which is essential to fully
44 understanding the CBFS delivery model.

45 SECTION 3. The Chair of the Commission and the members will be appointed by the
46 Governor. The CBFS Commission shall meet at least quarterly. Reporting of outcomes will also
47 be available quarterly. The Commission may meet and report more frequently as needed, but

48 there will be a maximum of 8 meetings and a minimum of 4 meetings per year. Meetings are
49 face-to-face or by teleconference, at the discretion of the Chair, based on the needs of the
50 committee. A face-to-face meeting will be held at least twice per year.

51

52 SECTION 4. The Commission will consist of consumers, families, workers, advocate
53 agencies, providers, state agency leaders, legislative representatives, and members at large. The
54 Commission shall consist of 18 members appointed by the Governor.

55 (a) (1 Seat) The Commissioner of DMH or their designee.

56 (b) (2 Seats) The House and Senate Chairs of the Joint Committee on Mental Health
57 and Substance Abuse or their designees.

58 (c) (1 Seat) The President of SEIU Local 509 or their designee.

59 (d) (1 Seat) The Chair of Provider Group or their designee.

60 (e) (3) CBFS Consumer Representatives (a person who is receiving or has received
61 CBFS mental health services. At least one will be from M-Power);

62 (f) (3) Family Members (A person who has a family member who is receiving or has
63 received CBFS mental health services. At least one will be from NAMI);

64 (g) (3) Workers will include one representative from each the private organized,
65 private unorganized, and public sector.

66 (h) (1) Disability law Center Protection and Advocacy Representative relevant to
67 CBFS.

68 (i) (3) Members-at-Large (a person who has an interest in and knowledge of mental
69 health issues.)