

**HOUSE . . . . . No. 01429**

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The Commonwealth of Massachusetts

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PRESENTED BY:

*James J. O'Day*

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*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 bill:

An Act relative to creating a community based flexible supports Oversight Commission .

\_\_\_\_\_  
PETITION OF:

NAME:

*James J. O'Day*

DISTRICT/ADDRESS:

*14th Worcester*

# HOUSE . . . . . No. 01429

By Mr. O'Day of West Boylston, a petition (accompanied by bill, House, No. 1429) of James J. O'Day relative to creating a community based flexible supports Oversight Commission . Mental Health and Substance Abuse.

## The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

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:*

- 1 Whereas, The Department of Mental Health shall establish a Community Based Flexible
- 2 Supports (CBFS) Oversight Commission. The Commission shall oversee all matters that relate to
- 3 CBFS concerning behavioral health, detoxification, homeless mentally ill, hospital discharge,
- 4 community tenure, provider contracts, and all other matters related to CBFS. The Commission
- 5 will provide inclusive and transparent oversight through genuine partnership and collaboration
- 6 with a diverse group of stakeholders, including meaningful participation by consumers, family
- 7 members of adults and children, legal and program advocates, providers, other state agencies,
- 8 mental health professionals and professional organizations, legislators, representation from
- 9 employee unions and members of racial, cultural and linguistic minority groups.
- 10 The CBFS commission will encourage public/private partnerships to pursue every opportunity to
- 11 maximize available revenue sources, including but not limited to federal grants and

12 maximization and capture of federal Medicaid match dollars, and these revenue sources will be  
13 reinvested in CBFS.

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

16 SECTION 1. The Commission shall have oversight to ensure outcomes measures, that were  
17 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 arrangement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

42 SECTION 3. The Chair of the Commission and the members will be appointed by the Governor.

43 The CBFS Commission shall meet at least quarterly. Reporting of outcomes will also be

44 available quarterly. The Commission may meet and report more frequently as needed, but there

45 will be a maximum of 8 meetings and a minimum of 4 meetings per year. Meetings are face-to-

46 face or by teleconference, at the discretion of the Chair, based on the needs of the committee. A

47 face-to-face meeting will be held at least twice per year.

48

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

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

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

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

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

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

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

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

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

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