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Mental Health Assoc of Greater Lowell Inc.

Mental Health Association of Greater Lowell, Inc.

Current

General Information

99 Church Street

Lowell, MA 01852

(978) 458-6282 0

Website

www.mhalowell.org

Organization Contact

Courtney Houston mhagl@mhalowell.org

Year of Incorporation

1953

Statements & Search Criteria

Mission Statement

The Mental Health Association of Greater Lowell's (MHA) mission has remained constant over the years: the promotion of mental health, the prevention of mental illness, and the improved care and treatment of the mentally ill and developmentally disabled. This mission is accomplished through a wide range of activities including outpatient mental health and substance abuse counseling in our mental health clinic and Lowell Public Schools, residential supports for adults, education, advocacy, and information and referral.

Background Statement

The Mental Health Association of Greater Lowell (MHA) was organized in 1953 as a private non-profit corporation. MHA goals have remained constant over the years: the promotion of mental health, the prevention of mental illness, and the improved care and treatment of the mentally ill and developmentally disabled. These goals are accomplished through a wide range of activities including outpatient mental health and substance abuse counseling, residential supports, education, advocacy, and information and referral.

MHA's services have changed over the years to keep pace with the evolving mental health needs for the Greater Lowell community. Since its inception, MHA has actively sponsored and participated in the delivery of services and activities, including mental health and substance abuse counseling in its clinic and in Lowell Public Schools, rehabilitative and preventative mental health programs for children, adults and families, information and referral, consultation and education, prevention and various other special initiatives consistent with the goals and purposes on the organization.

Our funding is derived by multiple sources including the Department of Mental Health, Department of Developmental Disabilities, Department of Children and Families, third party reimbursements, Federal Housing and Urban Development, Community Economic Development Assistance Corporation, City of Lowell, United Way of Massachusetts Bay and Merrimack Valley, and corporate, foundation and individual contributions.

Impact Statement

MHA has dedicated and long tenured staff that provides quality care to their mentally ill and developmentally disabled clients. Many family members and funding agencies have remarked about the stability of staffing and the resulting continuity of care. MHA has very low staff vacancy rates and the average tenure for all staff is almost 7 years. The most recent data from the Department of Mental Health (DMH) indicates that MHA has a staff vacancy rate for Direct Care Workers of 1.58% as compared to the Area average of 9.8%. Similarly for Professional Staff, MHA has 0% vacancy rate compared to the Area average of 6.0%. This care resulted in re-hospitalization rates substantially and consistently below the Area average for our clients. Again, DMH data shows MHA with a 1.3% acute psychiatric rate compared to the Area rate of 2.54%. MHA also has low rates for admission rates to Subacute Nursing & Rehabilitation Facilities and for Respite.

Needs Statement

Our most pressing need is to replace old furniture in our clinic waiting room and in some clinician offices. We're looking to upgrade these spaces to reflect our commitment to high quality care for our clients.

1) Guest chairs for our waiting room. We cannot accept upholstered furniture, and need items that can be regularly cleaned. Vinyl guest chairs are sold for approximately $65 each.

2) A multimedia storage cabinet or racks for the storage of children's DVDs and VCRs in our waiting room.

3) A sturdy toy chest for storage of children's toys in our waiting room.

4) End tables and a coffee table for use in our waiting room.

5) Floor lamps and table lamps for use in our waiting room and in some offices.

CEO/Executive Director Statement

During FY2015, several initiatives were undertaken to improve and expand upon the services offered to MHA clients. Admissions to our clinic have risen, thanks in part to greater outreach efforts as well as to the placement of two staff at the newly opened Family Resource Center in downtown Lowell. Our CBFS program expanded by six individuals previously served at a state hospital; a house was purchased and completely renovated to provide a home for these men and women. Our DDS program undertook renovations to existing homes and set to work on purchasing land to build a new home for some of our existing clients. In addition, MHA was approved to open a home for adults with acquired brain injury, and work began to identify an appropriate site for this program.

In addition to these service efforts, new billing and client record software was purchased and implementation for this project began. This effort coincides with overall agency efforts to improve measurement and reporting of client outcome data.

Board Chair Statement

Last year (fy2015) was a year of transition for the Mental Health Association of Greater Lowell. The Board of Directors was pleased to bring Daniel Nakamoto on board as our new Executive Director following the retirement of long-time Director Albert Scott. Daniel brought extensive senior level public and private human services experience to MHA. In his first year, Mr. Nakamoto has undertaken a number of ambitious initiatives that are aimed at positioning MHA to succeed in the federal health care reform environment.

Dan and his leadership team are working to expand and improve services to the communities we serve through a number of initiatives. These efforts are made possible by the dedicated and compassionate staff of MHA. Our board is particularly proud of our workforce and their commitment to our clients and our community.

Service Categories

Residential Care & Adult Day Programs

Mental Health Associations - Multipurpose

Developmentally Disabled Services/Centers

Geographic Areas Served

We are conveniently located in downtown Lowell, MA and serve the cities and towns in the Greater Lowell area. These include Ayer, Billerica, Chelmsford, Dracut, Dunstable, Groton, Pepperell, Tewksbury, Tyngsborough and Westford.

Please review online profile for full list of selected areas served.

Community & Family Counseling Services

Description

Community & Family Counseling Services provides a range of counseling and consultation services. We provide evidence based treatment interventions to children, adolescents and adults from the Greater Lowell area. Sessions can be held in the clinic but we also do some home based sessions and school sessions. Specific services include:

- Individual, Family and Couples Counseling
- Group Counseling
- School Based Counseling
- Employee Assistance Program
- Medication Services
- Consultation and Evaluation

Our clinic has an interdisciplinary team consisting of psychiatrists, nurse prescribers, clinical social workers and mental health counselors. We provide treatment for a range of mental health issues including:

- Mood Disorders including Depression and Bipolar Disorder
- Anxiety, Panic Disorders and OCD
- PTSD and other Trauma related issues
- Substance Abuse
- Family issues including Divorce
- Conduct disorders or School related issues in children
- ADHD in children and adults
- Grief and Loss

Budget

1100000

Category

Mental Health, Substance Abuse Programs, General/other Outpatient Mental Health Treatment

Population Served

Children and Youth (0 - 19 years), Adults, Alcohol, Drug, Substance Abusers

Program Short Term Success

There are several short achievements that would pave the way for long term success. These achievements include:

- Use of evidence based practices for all mental health issues we treat in the clinic
- Improve rate of clients making initial intake appointments by 10%. Historically we have seen between 75 and 80%
- 75% of children receiving school based services will improve behavior/conduct as reported by parent or teacher. Utilize collateral contact with parents and teachers to monitor progress.
- Increase the number of clients completing treatment successfully by 15%. Treatment success will be measured by the clinician and client agreeing that progress has been made sufficient to support discharge from the program.
- Have 100% of youth served in the program with direct involvement of family members in the treatment process.
- We have a goal of 95% of clients expressing overall satisfaction with services being provided. This will be tracked through client satisfaction surveys.

Program Long term Success

Our vision for long term success would be for our clients to have abated their mental health or substance abuse issues. Moreover, we would want them to be productive citizens - attending school, employed, or other appropriate constructive activity. This vision would require the functioning of a comprehensive on line patient portal system in which we could easily access treatment records and information about their overall progress.
Meanwhile, we are working towards measureable progress in the secondary areas affected by mental health issues such as increasing independence, increasing employment, decreasing health issues (especially diabetes), decreasing substance use (including nicotine use).
nicotine use).

Program Success Monitored By

Program success is monitored utilizing the Wellness Check outcome tool. This allows us to assess mental health functioning at program admission and at regular intervals through treatment. This tool assesses domains related to high risk including suicidality, violence and substance abuse. If the client has reported high risk, this triggers an alert that can be immediately followed up on.
We utilize client satisfaction surveys to get specific feedback from clients about their satisfaction with all aspects of the treatment process. This includes reception, scheduling, therapist, treatment goals and medication management if applicable.

Staff complete chart reviews to assess whether a case is managed to internal agency standards. Individual supervision and Multidisciplinary Team review is also utilized as needed to assess quality related issues. This can include treatment planning, frequency of visits and use of evidence based practices and risk intervention.

Examples of Program Success

The Wellness Check outcome tool provides us with aggregate data to assess how clients have done throughout our 15 years of using the tool. Adults have shown a 45% decrease in suicidal thoughts and an overall 23% improvement in Life Quality. Adults and adolescents have shown a 30% decrease in depression, 27% decrease in violence and a 27% decrease in substance abuse. Adolescents and children have shown a 72% decrease in issues of conduct. Children have reported a 44% decrease in suicidal thoughts and a 26% decrease in depression. Follow up data on violence in children decreases to below the general population norm.
Quotes from clients. “Being able to talk about problems that I have in life, but also finding ways to solve these problems.” “Made a 360 degree turnaround in my life since coming here.” “The way they treat me with the respect everyone deserves.” “Consistency, understanding and commitment.” “A trust has been formed between my counselor an myself.”

Community Based Flexible Support

Description	Our Community Based Flexible Support (CBFS) services program serves adult clients with mental illness in both group settings and independent housing and works with them in the areas of employment, recreation and social opportunities and the development of their own support network. CBFS embraces the principles of recovery and empowerment. As appropriate, staff teach decision-making skills and structure practice opportunities. CBFS clients make decisions that involve varying levels of risk, as do all adults. CBFS services are individualized to the needs of each particular client and will change in type and intensity over time. CBFS clients are provided empathetic support, skill building, resource acquisition and services personalized to enhance their autonomy. Settings will be clinically appropriate and employ the least intrusive interventions.
Budget	3861000
Category	Mental Health, Substance Abuse Programs, General/other Residential Mental Health Treatment
Population Served	Adults, Homeless, Poor,Economically Disadvantaged,Indigent
Program Short Term Success	Due to data limitations, the best data point for measuring short term success is the program occupancy rates. MHA's rate for Fiscal Year 2014 (July 1, 2013 to June 30, 2014) is 97.32%. We do not receive information on how other programs perform in this area. We do know that our clients have an average length of stay for our clients as of June 30, 2014 was 1,203 days – 3.3 years.
Program Long term Success	Long term success is the ability of clients with serious mental illness to successfully remain in the community and avoid expensive and disruptive hospitalizations. The reduction of hospitalizations for this population is the most generally accepted standard for long term success.
Program Success Monitored By	The Department of Mental Health receives regular client progress information from all contracted service providers and provides regular feedback on the progress and success of program efforts by organization.
Examples of Program Success	The Department of Mental Health reports that for Fiscal Year 2014 (July 1, 2013 to June 30, 2014) that the average statewide rate for acute hospitalizations for clients served was 2.36%. MHA rates for hospitalization for this period is 1.30%. This is a remarkable performance and one that we are very proud.

Developmental Disabilities Residential and Individual Supports Program

Description	MHA provides residential services to 43 people with Developmental Disabilities. All people served are referred by the Department of Developmental Services. The service includes 24 hour supports and Individual Home Supports. This service includes ensuring their homes are safe and all medical/psychiatric needs are being met as well as being in compliance with DDS and DPH regulations. The goal of the DD Residential program is to enhance the lives of individuals with Developmental Disabilities and assist each with living as independently as possible in the community at large, utilizing natural supports (families & friends) and supports of the agency.
Budget	2162000
Category	Human Services, General/Other Residential Care for Individuals with Disabilities
Population Served	Adults, People/Families with People of Developmental Disabilities, Elderly and/or Disabled
Program Short Term Success	Both long and short term successes are measured through the use of Satisfaction Surveys for Family members and Advocates as well as the people served and the success of the person's ISP goal. Satisfaction surveys are done annually and the results are examined to see where the program's strengths and weaknesses lie. Utilizing this tool allows the team to adjust our methodology to address any concerns/weaknesses. ISP goals are set every two years, but can be modified when the person successfully completes the goal. The goal is measured through data collection on a day to day basis, progress notes are done monthly and is reported quarterly to DDS. goals, which are part of our quality enhancement program, to work on each year. These goals are designed to assist the team with improving services.
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Program Success Monitored By

Program success is monitored by reviews of Satisfaction Surveys for Family members and Advocates as well as the people served and the success of the person's ISP goal.

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Examples of Program Success

Changes resulting from this service are, but not limited to, greater independence for the individual through the acquisition of new skills. Some people may be learning how to cook and clean while others may be working on budgeting or using the local transit system in order to be able to live more independently.

An example of a Program Success is a man who lived in a 24 hour support who gained the skills necessary to move into his own home. Some of the skills he learned were cooking, budgeting, grocery shopping, public transit, planning and saving for leisure activities as well as transportation, cleaning his home, laundry, etc. He has successfully lived with minimal supports for over 5 years and continues to gain new skills.

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Management

CEO/Executive Director

Executive Director	Mr. Daniel Nakamoto
Term Start	Aug 2014
Email	dnakamoto@mhalowell.org

Experience

Extensive senior management experience in public and private health and human services organizations including the Executive Office of Health and Human Services and Department of Mental Health. He was a Principle in the development of The Captive Advantage, a group captive insurance company for human services organizations, as well as co-founder of the Reuse Center of Boston Building Resources.

He received his Bachelor's in Government from Beloit College and a Masters in Social Planning from the Boston College School of Social Work.

Senior Staff

Jennifer McGonagle

Title	Business Manager / CFO
Experience/Biography	

Brian Maxfield

Title	Clinical Director
Experience/Biography	

Deborah Turner

Title	Director of Community Based Flexible Support Services
Experience/Biography	

Robin McClure

Title	Director of Developmentally Disabled Services
Experience/Biography	

Staff Information

Full Time Staff	94
Part Time Staff	95
Volunteers	5
Contractors	0

Staff Demographics - Ethnicity

African American/Black	75
Asian American/Pacific Islander	10
Caucasian	95
Hispanic/Latino	16
Native American/American Indian	0
Other	0

Staff Demographics - Gender

Male	61
Female	136
Unspecified	0

Formal Evaluations

CEO Formal Evaluation	Yes
CEO/Executive Formal Evaluation Frequency	Annually
Senior Management Formal Evaluation	Yes
Senior Management Formal Evaluation Frequency	Annually
NonManagement Formal Evaluation	Yes
Non Management Formal Evaluation Frequency	Annually

Plans & Policies

Organization has a Fundraising Plan?	Under Development
Organization has a Strategic Plan?	Yes
Years Strategic Plan Considers	2
Date Strategic Plan Adopted	Nov 2014
Management Succession Plan?	No
Organization Policy and Procedures	Yes
Nondiscrimination Policy	Yes
Whistleblower Policy	Yes
Document Destruction Policy	Yes
Directors and Officers Insurance Policy	Yes

Board & Governance

Board Chair

Board Chair	Mr. Michael King President
Company Affiliation	Blue Cross Blue Shield
Term	Nov 2014 to Nov 2015
Email	michael.king@bcbsma.com

Board Members

Name	Affiliation	Status
Mr. Patrick Connerty	Enterprise Bank	Voting
Mr. John K. Flint	Transgas, Inc.	Voting
Ms. Christine Jablonski	Lawrence General Hospital	Voting
Mr. Michael King	Blue Cross Blue Shield of Massachusetts	Voting
Dr. Jonathan Miller Ph.D.	NFI Team Coordinating Agency Inc.	Voting
Ms. Julia Mirras	Middlesex Community College	Voting
Mr. Brendan L. Russell	Massachusetts Eye and Ear	Voting
Ms. Elizabeth Strauss	Fidelity Investment	Voting
Dr. Claire Wilson M.D.	Retired	Voting

Board Demographics - Ethnicity

African American/Black	0
Asian American/Pacific Islander	0
Caucasian	4
Hispanic/Latino	0
Native American/American Indian	0
Other	0

Board Demographics - Gender

Male	5
Female	5
Unspecified	0

Board Information

Board Term Lengths	3
Number of Full Board Meetings Annually	4
Written Board Selection Criteria?	No

Written Conflict of Interest Policy?	Yes
Percentage Making Monetary Contributions	75%
Constituency Includes Client Representation	No

Comments

CEO Comments

Recruitment of Board members was a top priority during the last year. We now have a 10 person board comprised of individuals representing a broad range of expertise including health care, mental health care, pediatric medicine, finance, higher education, and law. Our board now also includes individuals who have dealt with the mental illness of family members. We have developed Board subcommittees and are working on several initiatives related to MHA governance and sustainability.

Impact

Goals

MHA provides supportive services for adults and children with mental health problems, including serious mental illness, and adults with developmental disabilities. The impact of our services is experienced every day by our clients who are supported in their own homes or in supported housing by a member of our staff. That support may come in many forms, and may vary in intensity and frequency, always in accordance with the needs of the individual. Whatever the circumstance, the impact of our work is improved capabilities, supported recovery, and ultimately improved life quality for our clients. Our goal for the next three to five years is to expand our services to more individuals, including individuals from the large local Cambodian population and to individuals with acquired brain injury.

Strategies

We are currently in the process of purchasing property for the development of a home for individuals with acquired brain injury, in anticipation of a contract with the Department of Developmental Disabilities for these services. We are also planning to apply to become an Adult Foster Care provider so that we may offer these critical services to the greater Lowell community, and most particularly to the Cambodian population.

Capabilities

MHA has a demonstrated expertise in supporting disabled adults in the community. Our current expansion plans will build off that expertise to offer new services that will also be fundamentally supporting disabled adults who wish to live in our community. We believe that this is a natural fit for MHA in terms of our staff and their expertise. As an agency that has been serving the greater Lowell area for more than 50 years, we also believe that we will effectively work with our partners in the community, such as the Lowell Community Health Center and the Cambodian Mutual Assistance Association.

Indicators

Our expectation is that we will break ground on our program to serve adults with Acquired Brain Injury in the spring of 2016. That program will open as soon as construction can be completed. We also expect to have completed our application to become an adult foster care provider by the spring of 2016. Start-up of that program will be contingent upon our receiving approved provider status, but is expected to occur before the close of calendar year 2016.

Progress

Our recent progress gives us much hope as we begin these new endeavors. During the course of the last year, MHA has purchased and renovated a home for 6 individuals with serious mental illness. We have improved our clinic operations and expanded the reach of these services. We are well underway towards the implementation of an electronic health record, which entails changes and improvements in both our clinical and billing practice. Each of these projects has exposed us to the potential risks and rewards of expansion, and left us poised to move forward with clarity toward these next objectives. As with any new initiative, there are risks in both doing nothing as well as in moving forward. MHA chooses to embrace the risks in an effort to continually improve our service to the greater Lowell community.

Financials

Fiscal Year

Fiscal Year Start	July 01, 2015
Fiscal Year End	June 30, 2016
Projected Revenue	$7,736,097.00
Projected Expenses	$7,736,097.00
Endowment?	No
Spending Policy	N/A
Credit Line?	Yes
Reserve Fund?	Yes
Months Reserve Fund Covers	0.5

Detailed Financials

Revenue and Expenses

Fiscal Year	2015	2014	2013
Total Revenue	$7,320,360	$6,627,392	$6,386,246
Total Expenses	$7,194,862	$6,544,059	$6,385,232

Revenue Sources

Fiscal Year	2015	2014	2013
Foundation and Corporation Contributions	--	--	--
Government Contributions	$6,025,294	$5,429,894	$5,159,869
Federal	--	--	--
State	--	--	--
Local	--	--	--
Unspecified	$6,025,294	$5,429,894	$5,159,869
Individual Contributions	$44,115	$14,945	$51,178
Indirect Public Support	$38,571	$45,152	$43,785
Earned Revenue	$1,201,846	$1,127,215	$1,120,827
Investment Income, Net of Losses	$1,929	$1,599	$2,192
Membership Dues	--	--	--
Special Events	--	--	--
Revenue In-Kind	--	--	--
Other	$8,605	$8,587	$8,395

Expense Allocation

Fiscal Year	2015	2014	2013
Program Expense	$6,615,652	$6,066,545	$5,854,675
Administration Expense	$579,210	$477,514	$530,557
Fundraising Expense	--	--	--
Payments to Affiliates	--	--	--
Total Revenue/Total Expenses	1.02	1.01	1.00
Program Expense/Total Expenses	92%	93%	92%
Fundraising Expense/Contributed Revenue	0%	0%	0%

Assets and Liabilities

Fiscal Year	2015	2014	2013
Total Assets	$1,922,114	$1,342,578	$1,165,886
Current Assets	$1,383,216	$1,214,241	$1,113,079
Long-Term Liabilities	$233,735	$37,026	$0
Current Liabilities	$760,324	$502,995	$446,662
Total Net Assets	$928,055	$802,557	$719,224

Short Term Solvency

Fiscal Year	2015	2014	2013
Current Ratio: Current Assets/Current Liabilities	1.82	2.41	2.49

Long Term Solvency

Fiscal Year	2015	2014	2013
Long-Term Liabilities/Total Assets	12%	3%	0%

Top Funding Sources

Fiscal Year	2015	2014	2013
Top Funding Source & Dollar Amount	--	--	--
Second Highest Funding Source & Dollar Amount	--	--	--
Third Highest Funding Source & Dollar Amount	--	--	--

Capital Campaign

Currently in a Capital Campaign? No

Comments

Foundation Staff Comments

Financial summary data in charts and graphs are per the organization's IRS Form 990s. Contributions from foundations and corporations are listed under individuals when the breakout was not available.