

Commonwealth of Massachusetts

# Department of Mental Health

## Annual Report

Fiscal Year 2010



# **Massachusetts Department of Mental Health Recovery and Resiliency Through Partnership**

## **What We Do**

DMH is a person- and family-centered agency with the goal of involving people with lived experience and their families to support people recovering from mental illness by following their own individual paths. DMH provides consumers and families with services and supports for successful community living that includes social connections, physical and mental health, employment, education and above all, personal choice in the path to recovery. We are all partners in this work—consumers, family members, DMH, providers and advocates.

## **VISION**

Mental health care is an essential part of health care. The Massachusetts Department of Mental Health, as the State Mental Health Authority, promotes mental health through early intervention, treatment, education, policy and regulation so that all residents of the Commonwealth may live full and productive lives.

## **MISSION**

The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health is an essential part of healthcare, the Department establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

## **DMH Leadership FY2010**

Barbara Leadholm, Commissioner

Elaine Hill, Deputy Commissioner, Mental Health Services

Mary Ellen Foti, M.D., Deputy Commissioner, Clinical and Professional Services

Lawrence Behan, Deputy Commissioner, Management and Budget

Lester Blumberg, General Counsel

Regina Marshall, Chief of Staff

## **Department of Mental Health Organizational Structure, Site Offices and Facilities**

In Massachusetts, responsibility for providing public mental health services falls under the umbrella of the Executive Office of Health and Human Services (EOHHS). DMH is one of 14 EOHHS agencies.

DMH is organized into six geographic areas, each of which is managed by an Area Director. Each Area is divided into local Service Sites. Each Site provides case management and oversees an integrated system of state and provider-operated adult and child/adolescent mental health services. Citizen advisory boards at every level of the organization participate in agency planning and oversight. DMH allocates funds from its state appropriation and federal block grant to the Areas for both state-operated and contracted services.

The DMH Central Office, located in Boston, has four divisions in addition to the Commissioner's office—Mental Health Services; Clinical and Professional Services; Legal; and Management and Budget. It coordinates planning, sets and monitors attainment of broad policy and standards and performs certain generally applicable fiscal, personnel and legal functions.

A total of 28 DMH Area Site Offices serve adults, children, adolescents and their families throughout the state.

The Department operates the following facilities:

- Worcester State Hospital
- Taunton State Hospital
- Westborough State Hospital (closed April 2010)
- The Hathorne Mental Health Units at Tewksbury State Hospital (a Department of Public Health hospital)
- The Metro Boston Mental Health Units at Lemuel Shattuck Hospital (a Department of Public Health hospital)

Community Mental Health Centers:

- Pocasset Mental Health Center, Bourne
- Massachusetts Mental Health Center, Boston
- Quincy Mental Health Center, Quincy
- Erich Lindemann Mental Health Center, Boston
- Solomon Carter Fuller Mental Health Center, Boston
- Corrigan Mental Health Center, Fall River
- Brockton Multi-Service Center, Brockton

DMH directly serves 21,000 adults, including about 3,500 children and adolescents with severe and persistent mental illness or serious emotional disturbance. DMH resources, in partnership with community-based provider organizations, provide case management, residential, Clubhouse, PACT, employment, education and consumer and family support programs.

MGL Chapter 19 established the Department of Mental Health and states that the Department shall take cognizance of all matters affecting the mental health of the citizens of the Commonwealth; and that the Department provide for services to citizens with long-term or serious mental illness; early and ongoing treatment for mental illness; and research into the causes of mental illness.

## A Brief Description of DMH Services

<b>SERVICES</b>	<b>DESCRIPTION</b>
<b>Inpatient/Continuing Care System</b>	DMH-operated psychiatric inpatient facilities: two psychiatric hospitals; psychiatric units in two public health hospitals; five community mental health centers that promote treatment, rehabilitation, recovery.
<b>Community Based Flexible Supports (CBFS)</b>	The DMH community service system: Rehabilitation, support, and supervision with the goal of stable housing, participation in the community, self management, self determination, empowerment, wellness, improved physical health, and independent employment.
<b>Respite Services</b>	Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible.
<b>Program of Assertive Community Treatment (PACT)</b>	A multidisciplinary team approach providing acute and long term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served.
<b>Clubhouses</b>	Clubhouse Services provide skill development and employment services that help individuals to develop skills in social networking, independent living, budgeting, accessing transportation, self-care, maintaining educational goals, and securing and retaining employment.
<b>Recovery Learning Communities (RLCs)</b>	Consumer-operated networks of self help/peer support, information and referral, advocacy and training activities.
<b>DMH Case Management</b>	State-operated service that provides assessment of needs, service planning development and monitoring, service referral and care coordination, and family/caregiver support.
<b>Emergency Services (ESP)</b>	Mobile behavioral health crisis assessment, intervention, stabilization services, 24/7, 365 days per year. Services are either provided at an ESP physical site or in the community.
<b>Homelessness Services</b>	Comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
<b>Child/Adolescent Services</b>	Services include case management, individual and family flexible support, residential, day programs, respite care and intensive residential treatment.
<b>Forensic Services</b>	Provides court-based forensic mental health assessments and consultations for individuals facing criminal or delinquency charges and civil commitment proceedings; individual statutory and non-statutory evaluations; mental health liaisons to adult and juvenile justice court personnel.

## **Fiscal Year 2010 Overview**

The fiscal year brought many changes to DMH, most significantly the closure of Westborough State Hospital. Based on recommendations by the DMH Inpatient Study Commission Report and the economic crisis of 2009 that struck our nation and the Commonwealth, DMH went forward with a number of cost-saving measures including the accelerated consolidation of Westborough State Hospital and the conversion of inpatient beds at Quincy Mental Health Center to community placements.

The plan and milestones developed and achieved were implemented over a very short period of time as DMH addressed a \$13 million FY2010 budget deficit while concurrently sustaining our commitment to creating a mental health system that embraces Community First, recovery and consumer choice.

Commissioner Leadholm kept staff and stakeholders apprised throughout the challenging process of planning and implementing the Inpatient Study Commission's recommendations. DMH staff rallied during these challenging times and demonstrated their dedication, professionalism and focus on meeting the needs of the adults, children, adolescents and families who rely on us.

### **Department of Mental Health's Plan for Implementation of Inpatient Commission Report Recommendations July 27, 2009**

The Department of Mental Health has reviewed the DMH Inpatient Commission Report and has begun initial planning on the Commission's recommendations.

- The Commission was presented with three challenges:
  - DMH has an immediate structural deficit of \$13 million.
  - There was a significant reduction to community services after the FY09 9C cuts.
  - There are an estimated 200 of 788 adults in DMH inpatient units who are ready for discharge to community services without placement available in the community.

#### **DMH Action on Commission Recommendations:**

1. After careful review, DMH has accepted and is developing an implementation plan for the Commission's recommendations. It is creating placement opportunities for approximately 200 patients who are in DMH continuing care beds and whose

recovery has progressed so they are able to transition to the community within the next 120 days. Existing community capacity will be utilized toward this goal. In addition, DMH will accomplish this by

- accelerating consolidation of Westborough State Hospital and converting 16 inpatient beds at Quincy Mental Health Center to community placements; and
- for every inpatient bed, creating 1.3 community placement opportunities.

These recommendations support DMH's Community First Plan to strengthen and expand its community mental health system, and create flexible, recovery-based and person-centered services supporting consumer choice within budget realities.

DMH's acceptance and implementation of the Commission's recommendations regarding Westborough State Hospital and Quincy Mental Health Center is guided by the following principles:

- Consumers are discharged in a thoughtful way to the community supported by appropriate and responsive services
- Movement of individual clients within inpatient facilities is minimized
- To minimize disruption of admissions to DMH continuing care facilities, DMH will adhere to the 60 percent bed conversion formula recommended by Commission (e.g. keeping four beds open for every 10 discharges)
- A phased approach is necessary to implement recommendations

To move forward with the Commission's recommendations, DMH plans to consolidate forensic evaluation admissions and will develop a plan to divert all forensic evaluation admissions to identified facilities. These may include Worcester State Hospital, Taunton State Hospital and/or Solomon Carter Fuller Mental Health Center.

DMH will review and prioritize all other recommendations within a one- to three-year timeframe.

While the Department endured significant change and challenge in Fiscal Year 2010, we also realized many accomplishments and achievements big and small.

These are a few of the notable accomplishments we can be proud of:

**Community Based Flexible Supports (CBFS)**, implemented in July 2009 after several years of work and preparation, is a striking and complete change in the DMH community system of care. CBFS represents a major re-procurement and redesign of the DMH community system. With greater attention to consumers'

choice and preference and less focus on programs, CBFS is driven by recovery and the participation of persons with the lived experience of mental illness.

Here is one person's success story:

Pierre, 21, grew up in several foster homes after enduring physical, emotional, and sexual abuse. In the face of these troubles, going to jail and living in the Long Island Shelter, he reached out to the Department of Mental Health's Young Adult Center for help. Today, Pierre is in recovery and by anyone's standards is a success. He earned his high school diploma and employed at a department store as a sales clerk. A determined young man, Pierre lives in a shared supported apartment where he manages his symptoms. And like many young people with hopes and dreams, he is furthering his education at Roxbury Community College. Pierre has emerged as a peer leader at the Young Adult Center and in his community. He supports other members with conflict resolution and is certified in facilitating peacemaking circles. Pierre is happy to share his success story with larger audiences, most recently by participating in the statewide DMH Transitional Age Youth Conference in Worcester and as a guest on a Boston Neighborhood Network television program.

**The DMH Community First Initiative** While CBFS is helping consumers realize the goal of successful recovery and community living, through an ongoing review of the DMH inpatient system, we found that more than 200 individuals with serious mental illness could, with the right opportunities, live independently in the community. The data demonstrated our success: every month, DMH updated the Community First Discharge Report and posted them on the DMH website. By April 2010, DMH reduced its inpatient bed capacity from over 800 beds to 657 – a tangible acknowledgement of consumers' preference to live independently and successfully in communities of their choice.

**Express Yourself**, a DMH-funded recovery-based arts immersion program for DMH youth in residential treatment facilities, received one of the highest honors from President Obama: the 2009 Coming Up Taller Award. Express Yourself, led by Paula Conrad and Stan Strickland, was one of only 15 programs nationwide recognized for the real effect it has on the lives of young people of the Commonwealth with serious emotional disturbance. DMH, along with the Massachusetts Cultural Council and others, has supported Express Yourself because of the incredible impact the program has on DMH youth who have limited outlet for creative expression and feeling positive about themselves. The Express Yourself African Drumming Group were invited to perform in Washington, D.C. for the award festivities and Paula, Stan and a youth representative of Express Yourself accepted the award from First Lady Michele Obama at the White House.



**DMH Restraint and Seclusion Elimination Initiative** DMH continued to lead the nation in reducing and eliminating restraint and seclusion in psychiatric settings. Two great achievements occurred In December. First, Taunton State Hospital and the DMH units at Kindred Park View Hospital in Western Mass. were given awards by SAMHSA's Promoting Alternatives to Seclusion and Restraint Recognition Program, of only 10 hospitals recognized nationally.

And second, the DMH Child/Adolescent Restraint and Seclusion Prevention Initiative entered a new chapter in its evolution. It launched a large scale, interagency, two-day training in Worcester on the national curriculum developed by the Office of Technical Assistance at the National Association of State Mental Health Program Directors, a U.S. Substance Abuse and Mental Health Services Administration partner, and national mental health leader. The December training brought more than 400 leaders from DMH and Department of Children and Families provider agencies, residential schools and public school districts together to learn and share together about what helps prevent/reduce the use of restraint and seclusion.

**DMH Earns a "B" in NAMI's Grading the States Report.** According to the report, the national average grade was a "D". Massachusetts was one of only six states to receive a grade of "B". No state received an "A". This report acknowledges the strides we made in meeting the needs of consumers whenever and wherever they need it. We were particularly pleased that DMH received the highest possible score in the "Consumer and Family Test Drive," an original research instrument developed by NAMI in 2006 that measures how well people with serious mental illnesses and their family members are able to access essential information about conditions and treatment resources. Other high-scoring areas include: integrating mental health and primary health care; cultural competence; consumer-run programs; promotion of peer-run services; and mental illness public education efforts.

## **Budget Testimony of the Department of Mental Health**

### **House and Senate Committee on Ways and Means**

#### **FY2010 Budget Testimony**

**Barbara A. Leadholm, Commissioner**

Good morning, Senator Hart, Representative Fox and Ways and Means Committee members. I am honored to be here today to discuss the Department of Mental Health House 1 budget. In this difficult economic climate, it is vital that we work together to ensure that our most vulnerable citizens are not forgotten and I appreciate your leadership and hard work on behalf of adults, children, adolescent and families with serious mental illness and your support of the mission of the Department of Mental Health.

There is little good news about our economy today. We are facing the most significant downturn since the Great Depression. We are anxious about the future. We are concerned for the individuals we serve. The 9C reductions for DMH required us to make painful decisions and behind every one of those decisions is a person, a family, a colleague, all of whom rely on DMH for much needed services or their livelihood.

Our mission is to provide access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. We envision a world in which recovery is possible for all citizens with mental illnesses. Our goal at DMH is to help consumers re-establish their lives in their communities—jobs, homes, relationships—things that you and I recognize we all desire; for some individuals with mental illness, their lives were tragically interrupted by mental illness and we need to support the realization of their dreams.

We are committed to cultivating and promoting partnerships and infusing the principles of recovery and resiliency in our services, culture and approach to treatment. Treating people with respect, dignity and supporting their self-direction is core to our work. We embrace the principle that a consumer-centered mental health care system is the foundation of transformation.

The Department of Mental Health serves 21,000 people. These are adults with serious and persistent mental illness and children and adolescents with mental illness and serious emotional disorder. Our services include inpatient care in our hospitals; intensive residential treatment; emergency services; case management; and other community and rehabilitative services. The Department operates three psychiatric hospitals, two psychiatric units in Department of Public Health operated hospitals, seven community mental health centers, and one contracted psychiatric unit. DMH also regulates and licenses all private psychiatric facilities.

Governor Patrick's House 1 budget for FY2010 addresses the serious budget realities we face as a Commonwealth. It also presents the Department of Mental Health with the opportunity to transform our public behavioral health system. Today, DMH offers program-specific treatment in which consumers are placed in programs. A transformed DMH will allow providers to tailor services to meet flexibly the needs of consumers. Today, outcomes are focused on the system; our future embraces a focus on person-focused outcomes that demonstrate an individual's improvement. Today, there are barriers to easy transition between inpatient and community levels of care. Our future will support seamless movement for consumers throughout the DMH continuum of inpatient and community services.

House 1 for FY2010 reduces our appropriation by \$50 million from the beginning of FY2009 to the start of the upcoming fiscal year. Part of the reduction is already addressed in our FY2009 9C reductions and the concomitant annualization. Going into FY2010, the Department has a budget gap of \$24 million. Despite this significantly reduced funding level, the Department is moving forward with its transformation. DMH will shift to an agency that sets standards, provides oversight, monitors and assures that the same level of quality service is based in recovery, resiliency, and consumer choice.

As we approach this challenge, it is crucial that we maintain focus on our core mission. During the very painful 9C cuts, we had little choice but to make reductions in our community services systems, which included case management and certain community programs. Case management is a vital and highly valued part of DMH's community-based mental health service system and it is my intention that this service continues to be provided by DMH case managers. As we anticipate more difficult decisions in the next fiscal year, I am committed to preserving the vital community services that enable our consumers to recover and live productive lives in their communities.

We are therefore looking at an inpatient consolidation plan with an eye toward the new DMH hospital, which is scheduled for completion in the spring of 2012, and plan to accelerate the redesign of our inpatient system. We are in the process of developing such a plan that includes the consolidation of forensic evaluation services; a reduction of inpatient bed capacity; and the transition of inpatient clients ready for discharge to the community, aligning our efforts with the Community First/Olmstead Plan.

Instead of a crisis, I see an opportunity for the Department to approach its responsibilities differently. It is our opportunity to confront longstanding issues and make our public mental health system sound, resilient and more responsive to the needs of the citizens we serve while meeting our budget realities. I remain

committed to the Department of Mental Health as the bridge of hope for adults, children, adolescents and families with serious mental illness.

I thank you for the opportunity to address this committee. I would be pleased to answer any questions you may have.

# FACTS ABOUT MENTAL ILLNESS

## PEOPLE WITH MENTAL ILLNESS ENRICH OUR LIVES

Abraham Lincoln • Virginia Woolf • Lionel Aldridge • Eugene O'Neill • Ludwig van Beethoven  
Leo Tolstoy • Vaslov Nijinsky • John Keats • Tennessee Williams • Vincent Van Gogh Isaac Newton Ernest  
Hemingway • Sylvia Plath • Michelangelo Winston Churchill • Vivien Leigh • Jimmy Piersall  
Patty Duke • Charles Dickens

- One in 5 Americans has a diagnosable mental illness.
- Twenty-two percent of Americans ages 18 and older have a diagnosable mental disorder in a given year. Applied to U.S. Census figures, that's 44.3 million Americans.
- People with serious mental illness die 25 years earlier than people in the general population.
- Suicide is the 11th leading cause of death among Americans.
- Four of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders.
- Serious mental illnesses, which affect 6 percent of American adults, cost society \$193.2 billion in lost earnings every year.
- More than 10 percent of all inmates in prisons and jails – 250,000 individuals – have schizophrenia, bipolar disorder or major depression, at an annual cost of \$6 billion. **This is nearly 4 times the number of those cared for in hospitals.**
- Success rates for treating mental illnesses are high:
  - ✚ Treatment success rate for bipolar disorder: **80%**
  - ✚ For major depression: **65%**
  - ✚ For schizophrenia: **60%**
  - ✚ Treatment success rate for heart disease: **45%**

Massachusetts Department of Mental Health



## **Highlights of the Fiscal Year**

### **Ceremony Puts Closure to Westborough**

A poignant closing ceremony was held at Westborough State Hospital, gathering former staff, consumers, families and the many stakeholders who over the years were an integral part of the Westborough State Hospital community.

EOHHS Secretary JudyAnn Bigby, M.D., was guest speaker for the event, held on the lawn under a sunny and cloudless sky. Introduced by DMH Central-West Area Director Theodore Kirusis, who served as master of ceremonies, Dr. Bigby commended the staff who she acknowledged remained focused and dedicated during the transition. She also recognized the generations of consumers who received care and treatment at Westborough State Hospital.

"Your courage and strength as you work towards recovery is inspiring," Dr. Bigby said. "Our partnership with you, as we design and provide services to meet your needs and desires, is at the core of our mission. Your successes give hope to others and help us to know that indeed, recovery is real."

Commissioner Barbara Leadholm spoke of the closure of a state hospital as a bittersweet event. "On the one hand, it represents progress," she said. "Consumers advance in their recovery and move to the community. Old buildings - once modern and new - that no longer provide welcoming therapeutic environments are retired. Heating plants that are difficult to control no longer seem to decide on their own whether we are too hot or too cold.

"And yet there are memories," Commissioner Leadholm continued. "Generations of staff and patients passed through these hospital gates. For patients, the memories are mixed. Over the years our understanding of what constitutes good treatment has changed - not everything that happened here in past decades was good, and not everyone got better. But so many of the patients who came to Westborough throughout its history did get better; they did move on; they did recover. We have heard from many patients who needed this space in difficult times and for whom this was a place of refuge from a world that was too harsh."

Commissioner Leadholm praised all the generations of staff and patients of Westborough State Hospital, especially recognizing those who were there in the last year - the patients who have moved on in their recovery and the staff, who accomplished what many said could not be done in such a short period of time.

Joel Skolnick, former chief operating officer for Westborough, also spoke of the remarkable dedication of the staff during the closure and the resiliency and perseverance of the patients and their families who continued to focus on their recovery during the transition.

Also joining the ceremony were state legislators Representative John Scibak, Senator Thomas Elderidge and Representative Carolyn Dykema.

Westborough State Hospital played a significant role in the history of public psychiatric facilities as the second homeopathic psychiatric hospital in the country. Although the closure of Westborough was driven largely by the Commonwealth's current fiscal crisis, Westborough and Worcester state hospitals were slated to consolidate into the new DMH hospital now under construction on the Worcester campus. The new hospital, scheduled to open in the spring of 2012, will have 260 adult beds and 60 beds for adolescents, a total of 320 beds. The new DMH hospital is a keystone of DMH's Community First initiative and efforts to reduce our total inpatient capacity by providing state-of-the-art services in a dignified and respectful environment. It is designed to promote recovery, return individuals to the community and enhance community services where individuals with mental illness can achieve recovery and become full participants in our communities.



Pictured left to right: Rep. John Scibak; Susan Wing, Northeast-Suburban Area Director; EOHHS Secretary JudyAnn Bigby, M.D.; Commssioner Leadholm; Theodore Kirusis, Central-West Area Director; and Sen. Thomas Elderidge.

## **Expanded Mental Health Parity Law**

Massachusetts citizens will face fewer barriers to treatment under the expanded mental health insurance parity law that went into effect on July 1.

The new parity law, supported by the Administration and enacted by the Legislature this year, aligns Massachusetts with other states that have found significant advantages with minimal cost impact in covering the full range of mental disorders as opposed to a restricted list. Under the state's old law enacted in 2000, full parity was given to an under-inclusive list of "biologically based" disorders which included schizophrenia; schizoaffective disorder; major depressive disorder; bipolar disorder; paranoia and other psychotic disorders. The new and expanded law now includes eating disorders, post traumatic stress disorder (PTSD), and other depressive disorders which can be significantly disabling and have both biological and non-biological components.

"Without mental health insurance parity, society perpetuates the myth that mental illness is a character flaw, something influenced by attitudes and myths rather than science," said Commissioner Barbara Leadholm. "It is an illness, it is treatable and treatment works. While parity does not guarantee access to treatment, it eliminates discrimination in insurance coverage and dispels stigma. Coverage increases the acceptability of the illness and addresses stigma head on."

Expanded mental health insurance parity can address a particularly critical need experienced by many returning combat veterans. In Massachusetts, an average of 500 U.S. soldiers return home from active duty and combat in Iraq and other countries. A study conducted by the U.S. Army showed that 1 in 8 returning soldiers suffers from PTSD. The study also showed that less than half of combat veterans with mental health problems are seeking care, mainly because of the fear, shame and stigma. In this light, the new law removes a significant barrier to treatment for returning soldiers, their families and loved ones.

## **New Life for DMH's Massachusetts Mental Health Center**

Years in the making, a unique public-private partnership between the Department of Mental Health and Brigham and Women's Hospital (BWH) will deliver a new and enhanced Massachusetts Mental Health Center (MMHC), which is currently temporarily located at the Shattuck Hospital.

At a kickoff event, Commissioner Leadholm was joined by EOHHS Secretary JudyAnn Bigby, M.D.; Division of Capital Asset Management (DCAM)



Commissioner David Perini; Mayor Thomas Menino; and BWH president Gary Gottlieb, M.D., to announce the project.

The redevelopment of MMCH is the culmination of a series of negotiations that began in 2004 under the leadership of DMH Commissioner Marylou Sudders. The public-private partnership involves a number of agencies including BWH, DMH, DCAM and Roxbury Tenants of Harvard, a neighborhood organization. Through the efforts of Commissioner Perini and his team, an agreement was negotiated with BWH and its parent company Partners Healthcare, Inc. The agreement calls for BWH to obtain the existing vacant MMHC on the Fenwood Road parcel to build a new medical research/administration building while providing DMH a new 70,000 square-foot state-of-the-art facility at no cost to the commonwealth.

"When this project is complete, the new Mass. Mental Health Center will allow DMH to resume its work on behalf of individuals with serious mental illness who rely on us," said Commissioner Leadholm. "Consumers and staff of Mass. Mental Health Center will be able to return to their community in a state-of-the-art clinical, administrative and training facility that promotes recovery and resiliency through dignified and respectful care and treatment. We are very pleased to be partners with Brigham and Women's Hospital in this endeavor."

MMHC will be returning to its home base and will be well positioned to provide both psychiatric and medical care for its clients as well as unique training opportunities for students and interns of all disciplines. A public-private project of this kind will serve as a model for psychiatric facilities for other states to follow.

"Mental Health Services are needed more than ever. When this project gets done, we'll be able to offer services to more people because a lot of folks have worked hard and cared to make a difference," said Mayor Menino at last month's project announcement event. Also participating were Girma Belay, Executive Director of the Roxbury Tenants of Harvard; and Michael McDade a MMHC client. All speakers highlighted the hard work and dedication that brought this project to fruition and the many benefits that the new MMHC will provide to DMH clients, the medical community and the neighborhood at large.

## **Early Intervention: Important Focus for Commonwealth Research Center**

*By Larry J. Seidman, Ph.D.*

*Director, Commonwealth Research Center*

A paradox of adolescence and young adulthood (ages 13-30), is that the period of greatest physical health and fitness is also a time when risk for various emotional, behavioral and mental disorders is highest. Problems ranging from anxiety, depression, eating disorders, substance abuse and violence, to suicide and serious mental illnesses such as schizophrenia and bipolar disorder, tend to peak during this period.

Although psychosis occurs less frequently than some of the other problems mentioned, it is a hallmark of the most severe mental illnesses and, as a result, is associated with some of the most catastrophic outcomes, including hospitalization and severe trauma to the patient, family and others. This is compounded by enormous financial expense associated with chronic disability in many who do not get effective early treatment.

Of related importance, mental health services are less developed than those for physical health, and do not emphasize prevention and early intervention. This "hole in the system" is maximal in early intervention of psychotic disorders, mainly because until recently, it was not possible to identify persons prior to the onset of psychosis, nor treat them effectively. Yet, given the complex interplay of biological and environmental risk factors in the onset and progression of major mental illness, early intervention efforts can improve outcomes and reduce a wide range of problems. In particular, early outpatient treatment can prevent hospitalization and help youth retain the social supports and functioning so necessary for successful transition into adult life.

Thus, an important research focus of our Center of Excellence is on early intervention and prevention of serious mental illness. In response to clinical needs we have opened a new outpatient (CEDAR) clinic in Boston. To read more about this innovative program visit <http://www.cedarclinic.org>.

*The Commonwealth Research Center is one of two research centers funded by the Department of Mental Health.*

## **The DMH Child & Adolescent Restraint/Seclusion Prevention Initiative turns 10**

The Department's Child & Adolescent Restraint/Seclusion Prevention Initiative is a joint effort of the Department's Child/Adolescent Services and Licensing divisions with the goal of reducing and ultimately eliminating the use of restraint and seclusion in all child and adolescent inpatient and intensive residential treatment facilities in the state. Since the initiative was launched in 2000, the use of mechanical restraints has decreased by a remarkable 91 percent; seclusion and restraint hours have decreased by 60 percent; and medication restraints have been reduced by 80 percent.

It all began in 1999 when then DMH Deputy Commissioner Paul Barreira, M.D.; Janice LeBel, Ph.D.; Nan Stromberg, MSN, APRN, BC; and former DMH Licensing Director Michael Weeks began a review of restraint and seclusion data from acute and continuing care providers and noticed the high use of these coercive practices in child and adolescent facilities. Their work led to literature reviews, exploration of better practice programs across the country for reducing and preventing restraint and seclusion use and the development of ongoing trainings and support.

Since the Restraint and Seclusion Initiative was implemented, an annual Provider Forum on Child/Adolescent Restraint and Seclusion Prevention is held every May for acute and continuing care providers as well as interagency colleagues. The much anticipated forum features a national or local keynote speaker who is well-versed in the prevention of restraint/seclusion and in trauma-informed care. Past speakers have included nursing experts Wanda Mohr, Ph.D. and Kevin Ann Huckshorn, RN, MSN; consumer advocates Laura Prescott and Joel Slack; and most importantly, Massachusetts youth and family advocates. In addition, the forum highlights the achievements and successes of providers and their efforts in providing trauma-sensitive and healing environments.

This year's forum was held on National Children's Mental Health Awareness Day in Shrewsbury and took a historical look at the national initiative and featured a presentation by David Altimari, one of the journalists of *The Hartford Courant* investigative team. *The Hartford Courant's* series of articles on restraint and seclusion deaths resulted in a federal investigation through the U.S. General Accounting Office, Congressional hearings and ultimately the national initiative on restraint/seclusion prevention. The forum also included provider presentations on their unique strategies and alternatives towards the goal of restraint and seclusion elimination.

## **Recovery Learning Communities Honored at the DMH 2010 Commissioner's Distinguished Service Awards**

Community was first in this year's Mental Health Month observance as Commissioner Leadholm honored the Recovery Learning Communities (RLCs) at the Commissioner's Distinguished Service Awards ceremony held in May in the Great Hall at the State House. Each of the six Area RLCs staff and community members gave their own unique presentations.

"By honoring the work of these distinguished award recipients, we are making the strong statement that adults, children and adolescents with mental illnesses have a right to dignity, to a place in their communities, to programs and treatment that help them recover, to realize their dreams and to live productive and satisfying lives," said Commissioner Leadholm in her welcoming remarks. DMH Area leaders Ted Kirousis, Susan Wing, Sue Sciaraffa, Cliff Robinson, Ron Dailey and Susan Sprung joined the Commissioner in presenting the awards.



The Western Mass. RLC Co-Directors Sera Davidow and Oryx Cohen, pictured above, shared their personal stories of recovery, the goals they have achieved and how they are living examples to individuals who come to their RLC for support in recovery from mental illness. The Western Mass. RLC produced a remarkable short film, *Hope and Healing through Community*. It explains some of the values around peer support that can be modeled across the state.

Metro Boston RLC leaders Chuck Weinstein, Howard Trachtman and Ann Whitman were joined in accepting their award by community members Janel Tan, Director, CSRLC who presented a poem; Sarah Selvitz, Director, PERC; Joanne Roberts, Co-

Director BRC and Eric Jones, Peer Specialist from North Suffolk. Eric ended the presentation by expressing his recovery story through a high energy rap.

June Cowen, Executive Director of the Northeast Independent Living Program, and Jo Bower, Director of the North East RLC, were accompanied by a large group who entitled their presentation "The Gifts of Recovery."

## **Community First Comes Alive at the DMH Citizens Legislative Breakfasts**

February saw the kick-off of the 2010 DMH Area Legislative Citizens' Breakfasts, drawing hundreds of guests to the much anticipated events. "Community First" was the theme and members of the Legislature joined with Commissioner Leadholm, Area staff, consumers and family members, providers and the mental health community at large to experience poignant and moving presentations at the State House.

Commissioner Leadholm, who spoke at both events and is scheduled to welcome guests at the upcoming breakfasts, said, "We must remember that despite the extraordinary fiscal challenges, we are still doing extraordinary things. We are saving lives, we are changing lives. We are creating a public mental health system that is grounded in recovery, resiliency, partnership and consumer choice."

At the Metro Suburban breakfast, Area Director Ted Kirousis commended community provider partners and DMH colleagues at other DMH facilities and Areas for their partnership and responsiveness in creating a seamless team effort and timely continuity of support to consumers who are transitioning to the community or other facilities. Legislative co-sponsors for the Metro Suburban Area breakfast were Senator Michael Morrissey and Representative Carolyn Dykema who both delivered remarks and accepted leadership awards from Commissioner Leadholm in recognition for their continued support of DMH and citizens with serious mental illness.



The Community First message was best told through consumers and family members who shared their experiences. Christine Eirby, **pictured here holding her daughter Myah's artwork**, told the story of Myah who, after receiving DMH services, had not been hospitalized in two years, attends a therapeutic school and has friends. She said that perhaps the most significant change in Myah was her art. DMH provided her the opportunity to attend expressive therapy. Myah has gone from not being able to sit through a session to discovering that she is quite talented. Each piece of Myah's art holds a very personal story of her struggles with mental illness and diabetes and she has become confident as a result of her artwork, her mother said.

The Southeastern Area breakfast was also well attended and was co-sponsored by Senator Marc Pacheco and Representative Michael Brady. Both legislators also received leadership awards from Commissioner Leadholm for their continued support of citizens with mental illness. Senate President Therese Murray also joined the breakfast and vowed her support as well.





The energy was high and attendees literally broke out in song when peer specialist Robert Rousseau, **pictured here**, from New Bedford led the group in a sing-along. Southeastern Area Director Peter Evers noted that he was tough act to follow. "Our program today is a testament to the courage, the strength and the ingenuity of survivors of mental illness in our communities," Evers said. "It is an attestation to the hope that lies innately within all of us, and a confirmation that despite the bleakest of times, when people come together and recognize the strengths in each other, respect one another's skills and courage, we can achieve in plentiful abundance."



Pictured left to right: State Representative James M. Cantwell (D-Marshfield); Loretta Lyonnais, Acting Plymouth Site Director; Commissioner Leadholm; and Peter Evers, Southeastern Area Director.

## **Department of Mental Health Fiscal Year 2010 Budget at a Glance**

The Conference budget for FY 2010 recommends \$645,178,375 for DMH. This represents a 2.5% increase over the House I revised recommendation.

Highlights of the Conference budget:

- Recommends an increase of \$2.5M in the Child/Adolescent mental health Services 5042-5000 account above the House I revised budget. This increase in funding will lessen the service reductions required.
- Recommends \$12.7M in the line item 5046-0000 Mental Health Services above the House 1 revised budget. This funding will maintain existing levels of service to help mitigate the impact resulting from the reduction of \$12M to the inpatient system in FY2010.
- Conference, under the DHCD budget, recommended maintenance level of funding of \$4,000,000 for DMH rental subsidy line item 7004-9033 in line with House I revised.
- Does not contain earmarking within any of the DMH line items.
- Supports IT Re-Org initiative as outlined in Executive Order 504.
- Does not support the consolidation of line items as proposed in House 1 revised.
- Other highlight of the Conference budget:
  - Maintains language within the 5095-0015 that requires the department to notify the Joint Committee on Mental Health and Substance Abuse and the House and Senate Committees on Ways and Means 60 days prior to the closure of any inpatient state hospital beds.
  - Maintains language within the Executive Office of Health and Human Services line item 4000-0300 requiring the Commissioner of Mental Health to approve any prior authorization or other restriction on medication used to treat mental illness in accordance with written policies, procedures, and regulations of the Department of Mental Health.



- Retains language within Executive Office of Public Safety line item 8910-0003 requiring the Department of Mental Health to maintain monitoring and quality review functions for two regional behavioral evaluation and stabilization units providing forensic mental health services within certain correctional facilities.