



# ANNUAL REPORT FISCAL YEAR 2021



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Indicates adjustments due to the COVID-19 pandemic

## Cover Art

Top left: Amherst Police Department

Top right: DMH Staff hand out copies of Isaac's Story book at event.

Middle left: screenshot of virtual event "Mental Health Stigma in Communities of Color",

Middle right: DMH staff at a Covid Vaccine clinic

Bottom right: DMH staff at a Covid Vaccine clinic.

Bottom right: Commissioner Doyle interview with WCVB Channel 5 at the Franklin Park Zoo.

## Message from the Commissioner



My first year as Commissioner has been both challenging and rewarding. While the pandemic presented DMH with a number of hurdles, it also helped more and more people to understand that mental health care is just as important as physical health care.

COVID 19 may have added complications, but DMH's goals and priorities have remained the same. We strive to support each other and the people we serve both personally and professionally. We continue to encourage vaccines for both staff and clients, and to provide any information that might make people comfortable with their vaccine decisions.

DMH also continues to work on the broader goals of accessibility, early identification and capacity. We have worked with providers and our sister agencies in the Executive Office of Health and Human Services to increase bed capacity in response to increased demand. These agencies have also started work on a multi-year plan to make mental health care more readily available and culturally responsive.

The pandemic presented an opportunity to reach the ever-growing number of people who were realizing that good mental health is a universal concern. We attempted to reach the widest audience possible through television, radio and social media campaigns. These campaigns emphasized the importance of connecting with friends and family and having honest conversations about mental health, and about taking care of ourselves in the same way.

To this end, The Department of Mental Health – in partnership with other Health and Human Services agencies – launched the 'More to the Story' campaign on television and social media, and I was happy to participate in a World Suicide Prevention Day broadcast on MIX, MAGIC and BIG radio stations and a related social media campaign.

Over the course of the year, DMH planned its expansion of the Recovery from Addictions Program with the addition of 75 beds for men in Taunton. We continued to adapt and expand telehealth services, and worked continuously to adjust our testing, visitation and infection control practices to protect patients and staff in our care.

I am proud of the way DMH has responded to the pandemic and I look forward to making mental health supports more accessible in the year ahead by assisting with the implementation of the state's Roadmap for Behavioral Health Reform. This multi-year plan will make mental health services more readily available to all people in all communities and also streamline policies and procedures for mental health providers.

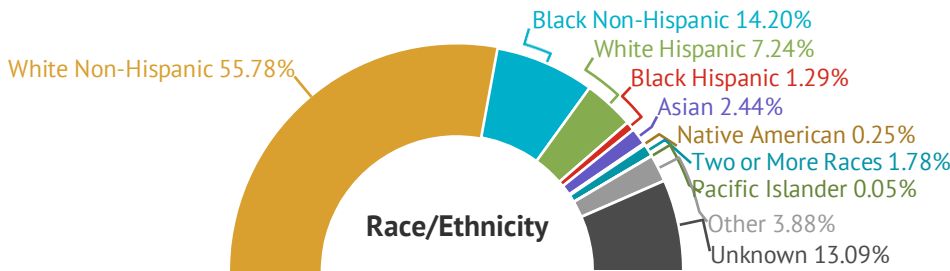
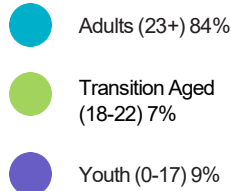
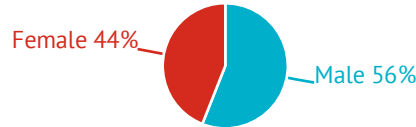
*Brooke Doyle M.Ed., LMHC*

Commissioner Brooke Doyle

## INDIVIDUALS SERVED BY DMH

The DMH serves individuals within the Commonwealth with the most significant and persistent mental illness.

**24,493** individuals (21,469 adults) were served in FY21  
**6803** individuals received case management.



**SERVICES** which individuals served may be eligible to receive.

### SERVICES FOR ADULTS

- Adult Community Clinical Services (ACCS)
- Clubhouses
- Homeless Support Services
- Program of Assertive Community Treatment (PACT)
- Recovery Learning Communities (RLCs)
- Respite Services

### SERVICES FOR ALL AGES

- DMH Case Management
- Forensic Services
- Inpatient/Continuing Care System

### SERVICES FOR CHILDREN AND ADOLESCENTS

- Intensive Community Treatment & Residential Supports
- Day/Therapeutic After-School Programs
- Individual and Family Flexible Supports
- Psychiatric Intensive Residential Treatment Programs
- First Episode Psychosis Programs



256

individuals moved from inpatient continuing care to ACCS in FY21.



90%

of individuals receiving ACCS services were able to remain living in the community during FY21.

## LIVING IN THE COMMUNITY



- **\$14.4M** in DMH Rental Subsidy Program (DMHRSP) funds were spent in FY21. These funds leased housing units in the community for **1,757** individuals served.
- **201** individuals moved from Supervised Group Living to DMH Rental Assistance during FY21.
- **2,280** Individuals were enrolled in homeless support services through the DMH Homeless Outreach and Engagement Service.

## WORKING IN THE COMMUNITY



- In FY21, DMH Clubhouses supported **509** members who started competitive jobs.
- **253** ACCS enrollees found work through DMH's partnership with the Massachusetts Rehabilitation Commission (MRC).
- **24.6%** of clubhouse members were employed at the end of FY21.



**LEARN MORE ABOUT DMH**

[www.mass.gov/dmh](http://www.mass.gov/dmh)

**STAY CONNECTED**

@MassDMH

**YouTube** DMH Connections channel

Massachusetts Department of Mental Health

## ABOUT DMH

### Vision

Mental health care is an essential part of health care. The Massachusetts Department of Mental Health (DMH), 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

DMH provides access to services and supports to meet the mental health needs of individuals of all ages with severe and persistent mental health conditions across the Commonwealth, enabling them to live, work and participate in their communities. 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.

## AS THE STATE MENTAL HEALTH AUTHORITY



### LICENSING



- 64 acute psychiatric inpatient hospitals or Units were licensed by DMH by the end of FY21, creating a total capacity of 2,871 beds

### COURTS



- 7,213 Individuals were referred to DMH by the Juvenile, District and Superior Courts in FY21.

### JAIL DIVERSION GRANTS



- 69 Jail Diversion (JDP) grants were awarded to police departments and partner organizations in FY21 (55 police departments).
- 157 communities benefitted from JDP programs in FY21.

### STATEWIDE RESOURCES

[massachusetts.networkofcare.org](http://massachusetts.networkofcare.org)

[MassSupport.org](http://MassSupport.org)

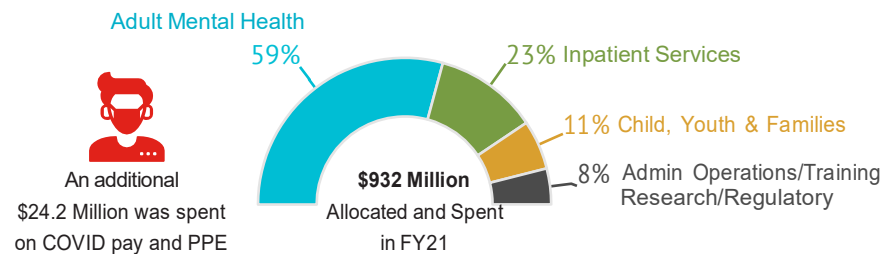
### FOR PARENTS AND CAREGIVERS

[HandholdMA.org](http://HandholdMA.org)

### FOR YOUTH AND YOUNG ADULTS

[speakingofhope.org](http://speakingofhope.org)

### FY21 BUDGET



## CONTACT

### Emergency/Crisis Line - Available 24 Hours:

(877) 382-1609

### Mass Support Network Statewide Assistance:

(888) 215-4920

**DMH Central Office:** (617) 626-8000

Available Monday through Friday 9am-5pm

### DMH Information and Resource Line Voicemail

**Box:** (800) 221-0053

This voicemail box is checked regularly Monday through Friday.

**General Inquiries Email:** [dmhinfo@mass.gov](mailto:dmhinfo@mass.gov)

Calls and emails responded to within 48 hours.

### DMH AREA OFFICES

#### WESTERN MASS AREA OFFICE

1 Prince Street  
Northampton, MA 01060  
(413) 587-6200

#### NORTHEAST AREA OFFICE

P.O. Box 387  
Tewksbury, MA 01876  
(978) 863-5000

#### METRO BOSTON AREA OFFICE

85 East Newton Street  
Boston, MA 02118  
(617) 626 9200

#### CENTRAL MASS AREA OFFICE

361 Plantation Street, 1st Floor  
Worcester, MA 01605  
(774) 420-3140

#### SOUTHEAST AREA OFFICE

165 Quincy Street  
Brockton, MA 02302  
(508) 897-2000

#### CENTRAL OFFICE

25 Staniford Street  
Boston, MA 02114  
(617) 626-8000

## Inpatient Services

DMH oversees the Commonwealth's inpatient psychiatric facilities, which are divided between acute and continuing care services. DMH has licensing authority over private inpatient psychiatric facilities, which provide acute care including short-term, intensive diagnostic, evaluation, treatment, and stabilization services to individuals experiencing an acute psychiatric episode.

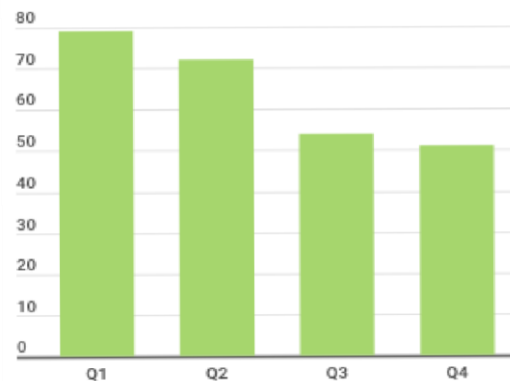
**These services are provided almost entirely in private psychiatric facilities and general hospitals with psychiatric units. DMH operates a small number of acute care beds as well as longer term continuing care facilities.**

- **64** acute psychiatric inpatient hospitals or units within general hospitals were licensed by DMH in FY21, with a **licensed capacity of 2,871 beds**.
- DMH also operates **663** beds in seven facilities: Cape Cod and the Islands Community Mental Health Center (Pocasset); John C. Corrigan Community Mental Health Center (Fall River); Taunton State Hospital; Solomon Carter Fuller Community Mental Health Center (Boston), Metro Boston Mental Health Units (Lemuel Shattuck Hospital, Boston); Worcester Recovery Center and Hospital; and Tewksbury Hospital.
- During FY21, the Southeast Area created a discharge staging process that categorized patients based on anticipating clinical readiness so the discharge planning process can start sooner. This collaborative process between the community system and Taunton State Hospital (TSH) contributed to a **37% increase in discharges from TSH compared to the previous fiscal year, and a 27% reduction in the median length of stay**.
- DMH expanded our licensing authority and involvement in the public health emergency as it relates to managing infection control, monitoring quality and expanding beds in the system. The COVID response for the acute care hospital system included waiving some regulations to extend the workforce as well as enhance infection control expectations for every psychiatric inpatient unit licensed by DMH.

### Inpatient to ACCS

**256**

individuals moved from inpatient to ACCS during the fiscal year



This table provides the number of individuals who are discharged from DMH inpatient continuing care facilities to an ACCS program, promoting movement from inpatient to community settings.

Q1: July 1, 2020 - September 30, 2020  
Q2: October 1, 2020 - December 31, 2020  
Q3: January 1, 2021 - March 31, 2021  
Q4: April 1, 2021 - June 30, 2021



During FY21, the DMH Hospital system response to COVID included oversight and monitoring of infection control implementation, response to outbreaks and working to create safe environments for patients and staff. Incident command was then consolidated under the DMH Office of Inpatient Management in weekly contact with the Department of Public Health.

These actions focused on utilizing the differing designs of the DMH facilities, the quality of its workforce, the depth of medical staff, and linkages to external facilities and resource to mitigate and prevent spread of the virus. Given the constantly evolving understanding of the pandemic and infection control science, these actions were grouped into the MA DMH Response Plan to Prevent and Mitigate the Impact of COVID-19 for use in DMH operated services.

DMH has been committed to developing, regularly updating, and implementing strategies based on guidelines from the MA Executive Office of Health and Human Services (EOHHS), the Massachusetts Department of Public Health (MDPH), and the Centers of Disease Control and Prevention (CDC). The goal of these strategies is to maintain the safety of patients and staff. Strategies include key standards for quarantine and isolation, admissions, visiting, temporary unit closures, surveillance, vaccination, cleaning, and oversight to name a few. DMH also found that individual patient and staff circumstances sometimes dictated the need for modification of plans after consultation with local clinical leadership, infectious disease experts, and/or the DMH Office of Inpatient Management (OIM).

## Emergency Room Boarding

DMH has continued to take the lead in the Commonwealth's efforts to reduce emergency room boarding for individuals in need of psychiatric hospitalization. These efforts have primarily been through the Expedited Psychiatric Inpatient Admission (EPIA) initiative started in 2018. During FY21, EPIA reduced the time for those boarding in emergency rooms to be escalated to DMH's attention. By June 2020, the referral time **dropped from 96 hours of boarding to 24 hours** to facilitate more rapid movement through overburdened emergency departments. This was further changed and **stabilized at 60 hours of boarding before escalation to DMH for assistance with psychiatric admission.**

Behavioral health boarding continued to grow through FY21 and further efforts and funding through Federal COVID grants have allowed DMH along with our partners at MassHealth, the Department of Public Health, and the Division of Insurance to set up emergency department diversion programs to manage behavioral health crises in the community.

These new programs serve individuals who have not previously accessed DMH services and who frequently utilize emergency departments and acute care hospitalizations. Many individuals are in need of additional support to assist them with connecting to resources in the community such as DMH, Behavioral Health Community Partners, etc.

One such program is the **Varnum emergency respite program**, which is based in Lowell and funded with support from MassHealth. **Prior to admission to the Varnum program, 63 percent of the individuals were utilizing emergency/acute care facilities at least once a month.** In addition to mental health conditions, the individuals supported by Varnum face numerous challenges including, homelessness, substance use disorders, complex medical needs, significant trauma, and involvement with the justice system.

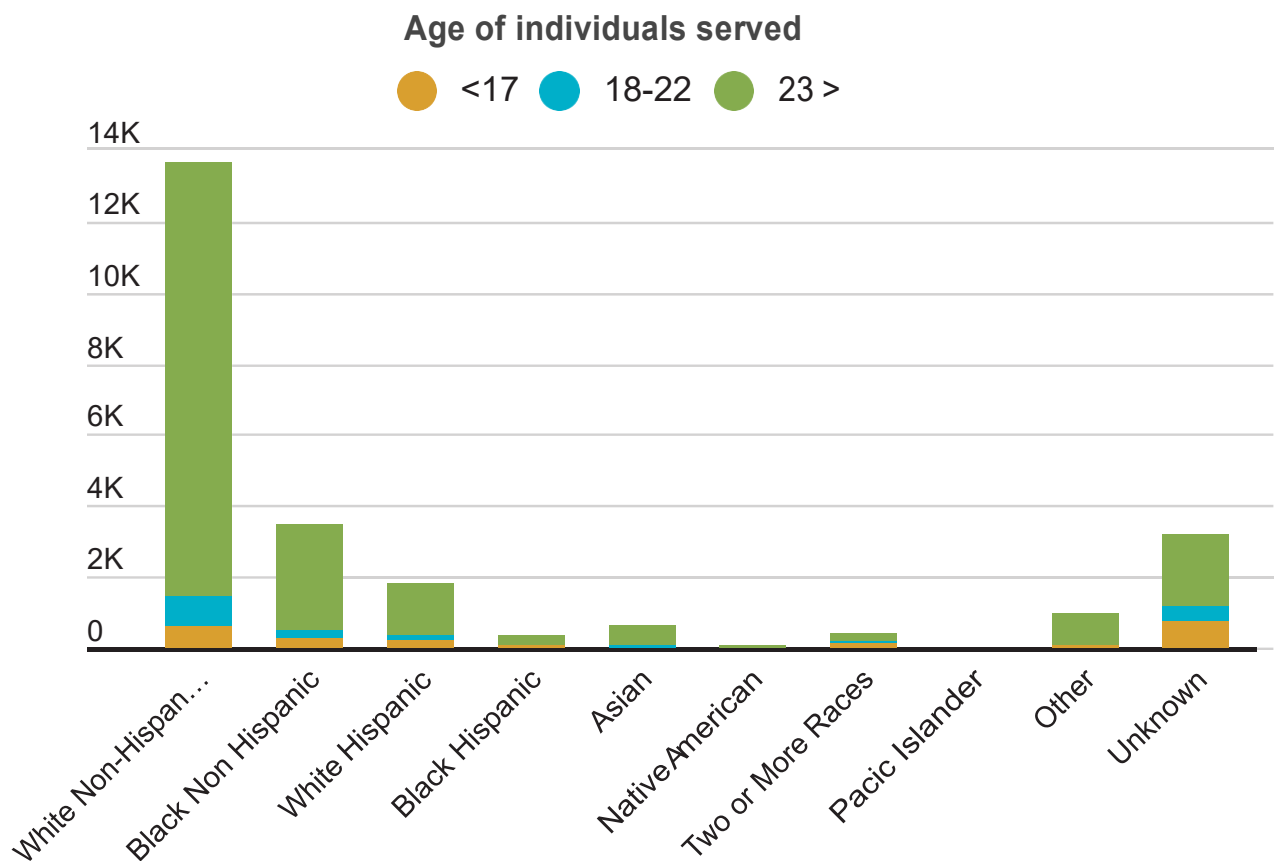
As of July 28, 2021, **18 people had been discharged** from Varnum respite.



Funded by CYF Southeast Area, **Youth Villages Emergency Department Diversion Intercept pilot program** targets the ongoing issue of lengthy boarding of youth. This program is expressly targeting the issue of boarding for youth under the age of 18 which intensified due to the pandemic. An evaluation team assesses youth for possible diversion.

- The goal of this service is to reduce boarding by providing comprehensive home-based services that can prevent future visits to the emergency department for behavioral health and family issues that can be safely treated through in-home crisis support plans.
- This model is designed to target a gap in service that may exist due to the pandemic. Treatment takes place an average of three times per week, or more often when needed. Diversion Intercept also provides 24/7 on-call or in-person support to families. Intercept is an integrated approach that offers a variety of evidence-based practices to meet the individualized needs of a family and young person including trauma focused cognitive behavioral therapy, adolescent community reinforcement, collaborative problem solving and motivational interviewing
- Since its roll-out in February 2020, this program has served 13 youth with very promising outcomes. Initial three-month outcomes indicate success in diverting from return emergency visits and need for inpatient or Community Based Acute Treatment (CBAT) placements.
- DMH also partners with providers Open Sky, Riverside, and Advocates in Central Mass. to provide outreach support to families, hospitals, and emergency rooms to address boarding.

### Individuals Served by DMH



## Race, Equity and Inclusion

As part of its efforts to make DMH a more inclusive environment, advance social justice, and ensure equity in its delivery of services, OREI has established the following:

### **Race, Equity, & Inclusion Council**

Launched in early 2021, the REI Council is responsible for examining all DMH programs and services with an REI lens. The Council is currently in the process of developing an REI strategic plan that will outline REI priorities. The Council also reviews both workforce and service matters, makes recommendations to the DMH Commissioner, and produces quarterly progress reports.

### **Race, Equity, & Inclusion Analytics Work Group**

Late 2021, the REI Analytics Work Group was formed to analyze and improve streams of DMH data in order to provide REI related recommendations for DMH's operations and work culture. This data allows DMH to make more informed decisions, address unseen organizational gaps, and promote transparency with stakeholders.

### **Other OREI initiatives include the following:**

- The REI module of the agency's Annual Review -- This mandatory training for DMH employees is an integral component in the transformation of agency culture. Modules have focused on implicit bias, privilege, and racism.
- Development and launch of DMH's LGBTQ Non-Discrimination policy, and its corresponding implementation. This policy provides specific rules and guidelines to protect the rights of DMH employees and individuals served who identify as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+).
- Created a community liaison role to be paired in Metro Boston with the DMH Children, Youth and Families (CYF) Director of Family Driven Practice to increase our community outreach effort to all ages, and to strengthen accessibility in Metro communities, focused on diverse and under-served communities.
- Rollout of the Southesat Area REI Leadership Coaching Program. Aimed at informing managers/supervisors on how to (1) provide a diverse and reflective workforce in all SEA positions, and particularly leadership and clinical; (2) increase diversity of leadership and clinical positions, and create a more welcome and inclusive environment; (3) insure equitable access to DMH services.
- Participated in the Worcester Mayor's Mental Health Task Force addressing community response with focus on providing underserved, diverse populations with mental health/social services and employment opportunities.
- Created a mentorship program that supports professional & personal growth with an inclusive and diverse staff at all levels of DMH. Length of mentorship and frequency of meeting/ learning is mutually agreed upon.

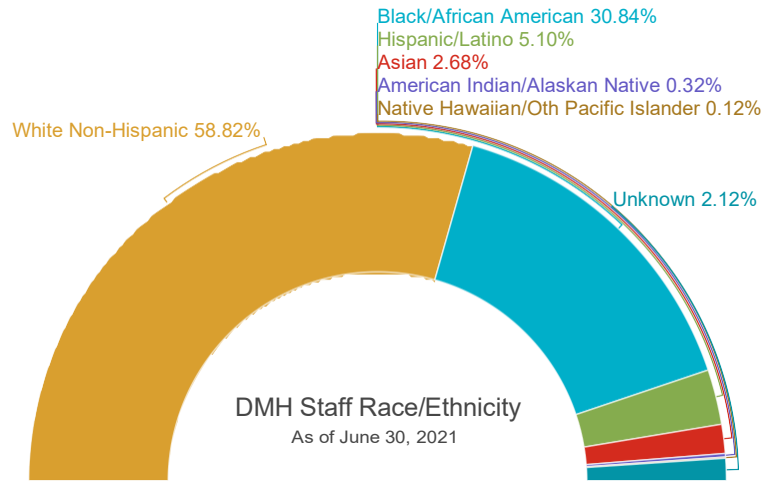
## DMH Forensics Partnerships

DMH is committed to its partners in public safety by assisting them in recognizing when individuals need behavioral health interventions and can be diverted from the criminal justice system. DMH provides forensic evaluation and treatment services to individuals who are referred to DMH-operated or contract court clinics in the juvenile, district, Boston municipal, and superior courts.

- **7,213** individuals were referred to DMH court clinics by the juvenile, district, and superior courts in FY20.
- **69** Jail Diversion Programs (JDP) grants were awarded to police departments, and partner organizations in FY21. JDP programs remained consistent during the pandemic.
- **157** Communities were served by JDP entities in FY21.

## DMH Staffing

- **3,416** employed by DMH in FY21
- DMH staff diversity **increased from 39.8% in FY20 to 42.9% in FY21**



After identifying a number of likely retirements and holding group and individual listening sessions with staff about moving into positions of more and more responsibility, the DMH Western Massachusetts Area (DMH WMA) Career Advancement Committee was formed to actively promote the eradication of discriminatory behaviors and policies in the workforce. The group started a mentorship program, and since it began, they hired five supervisors and three site directors. Four of five supervisors were internal promotions from WM (the other transferred from another DMH Area) and one of the three site directors was internal to WM (one was from DCF) – so that’s 5/7 positions internal to WM or 71%.

Also of this group 4/7 hires were not white – that’s 57%. Before this program the area had all white site directors and one non-white supervisor.



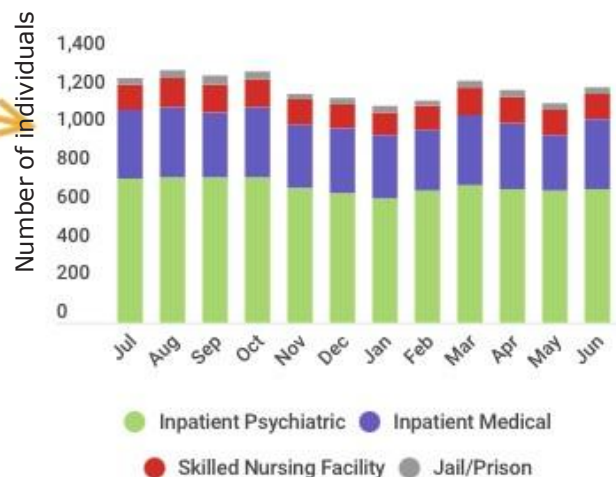
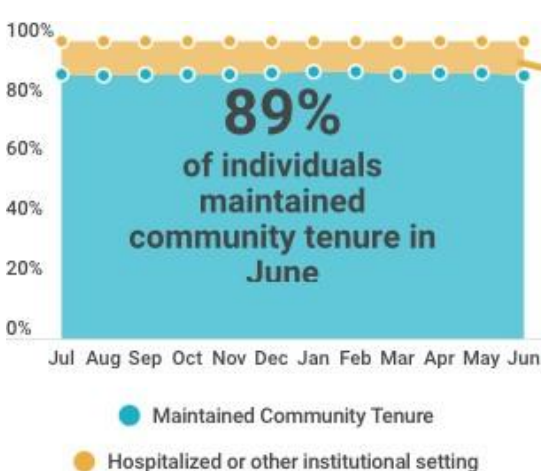
Although in-person training for facility staff was resumed in FY 2021, technology was still used to ensure CDC guidelines could be always maintained. If necessary, staff participated from multiple spaces using WebEx to connect to the instructor and e-learning courses were utilized when appropriate.

## Living and Working in the Community

### Adult Community Clinical Services (ACCS)



The ACCS service model provides clinical treatment for adults with serious mental health conditions and is fully integrated with health care and employment delivery systems. **The FY21 budget included \$368.9M for ACCS and serves more than 11,133 individuals.** The majority of individuals receiving ACCS services maintain Community tenure. On average **11% experienced a hospitalization, or other institutional placement.**



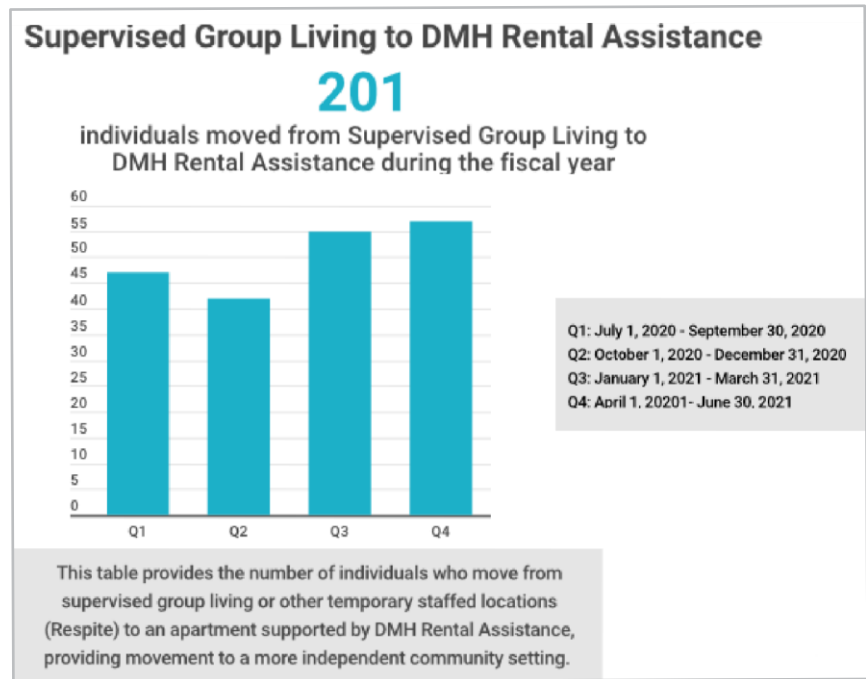
## Housing

The DMH housing agenda is focused on promoting recovery and independence through creation of integrated housing in communities across the Commonwealth. To accomplish this mission, the Department has established close working partnerships with public and private agencies who manage affordable housing programs and resources. These include the Department of Housing and Community Development (DHCD), MassHousing, Community Economic Development Assistance Corporation (CEDAC), the Mass Association of Community Development Corps, and Local Housing Authorities, to name a few.

### DMH Rental Assistance Program

- In FY21, DMH spent **\$14.4M** to fund the DMH Rental Subsidy Program (DMHRSP).
- These funds leased housing units for **1,757** individuals served.
- **201** individuals moved from Supervised Group Living to DMH Rental Assistance during FY21.

In the Southeast area, DMH Rental Assistance has expanded to serve an additional 48 individuals, enabling persons in Group Living Environments to transition to more independent living with supports while opening GLE beds for persons in need of 24-hour support. GLE openings from transitions to rental assistance have facilitated discharges from inpatient facilities. This has been accomplished despite pandemic restrictions that limited housing authorities and imposed greater challenges for housing search.



### Homeless Outreach and Engagement

Western Mass ACCS Provider (CHD) worked with the site office to open a temporary program; a transitional GLE setting for individuals served that struggled with the new restrictions and realities of the pandemic. They worked with them to successfully and safely return to their GLEs.

In the Northeast area, two new programs were developed to ensure those waiting in continuing care for community services are served more efficiently

- One is a 12-bed Supported Independent Environment program operated by Eliot Community Human Services, Clement Street in Malden. The program opened following a major renovation of a Malden Housing Authority property. The program provides 24-hour staffing, common space available to accommodate group activities, as well as a large kitchen that can be used for cooking or sharing meals.
- The second is Groveland Intensive Medical Group Living Environment, operated by Vinfen Corporation. Built in Groveland to serve eight individuals, it is the first intensive medical program in the Northeast Area. All of the individuals referred to Groveland had long lengths of stay in Continuing Care. The range was from just under 1000 days to over 2000 days. The development of relationships and engagement with individuals with these long lengths of stay was essential to their successful move into the community.

## Employment Through Clubhouse Services:

Employment remains a focus for DMH and its providers. The Department continues to have success with our partners at the Clubhouses to reach and exceed targets related to competitive employment.

- In FY21, DMH clubhouses served **4,954** members. DMH Clubhouses supported **509** members who started competitive jobs.
- **253** ACCS enrollees found work through DMH's partnership with the Massachusetts Rehabilitation Commission (MRC).
- **24.6%** of clubhouse members were employed at the end of FY21.



Despite the pandemic, clubhouse employment rates held steady between 23-25% during FY21.

## Respite Services

DMH also provides Respite Services, which deliver temporary short-term, community-based clinical and rehabilitative services to assist individuals to maintain, enter or return to permanent living situations. Respite Services are delivered in both site-based (24/7) locations and as a mobile service. **Over 60 percent of individuals accessing Respite are transitioning from a hospital or another institutional setting into a community living situation.** Increased availability of community respite capacity also increases the psychiatric inpatient providers' ability to discharge patients to the next treatment level; to provide alternatives to hospitalization and provide additional settings for clinical assessments. Additional respite capacity also contributes to increased availability of in-patient capacity.

During the summer of 2020 there was an identified need to develop a plan to combat the significant increase in behavioral health boarding episodes in emergency departments. Additional DMH Respite capacity was identified as a need across the Commonwealth to increase the psychiatric inpatient providers' ability to discharge patients to the next treatment level; to provide alternatives to hospitalization and additional settings for clinical assessments. An Interdepartmental Service Agreement (ISA) with MassHealth provided the funding to **expand Respite capacity through June 30, 2021.** (see *Emergency Room Boarding* (p. 3-4))

In addition, DMH contracts for a Peer-Run Respite service in the Western Mass Area. This service provides temporary peer support to individuals in emotional distress and/or emergent crisis. The service utilizes self-help strategies, trauma-informed peer support, and mutual learning to address the needs of people experiencing emotional distress. The service is intended to be a community-based alternative to a hospital psychiatric setting or other clinical setting for managing emotional distress or emergent crisis.

## Services for Children, Youth, Young Adults, and Their Families

This year, DMH released its Intensive Community Services (ICS) procurement which includes a range of in home and out of home services for youth, young adults, and their families who are involved with DMH. The services are the highest level of service that CYF provides in a community-based setting. ICS provides clinically intensive treatment and outreach support to help build, strengthen, and maintain youths' connections to family, home, and community. There are three treatment services within the ICS service array: Intensive home-based therapeutic care, therapeutic group care, and young adult therapeutic care. The new procurement:

- Expanded Young Adult programming (from 2 programs to 5)
- Embedded ability to use beds in young adult programming and group care for respite

Most contracts started July 1.

The Infant and Early Childhood Mental Health (IECHMH) Newsletter and Resources – Statewide IECMH Newsletter was created in May 2020 to increase awareness, resources, and professional development opportunities on Infant and Early Childhood Mental Health and Endorsement®, with a total of eight issues published so far. This was a collaboration between DMH, Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)/Massachusetts Association for Infant Mental Health (MassAIMH) and Children’s Mental Health Campaign that started during COVID with the goal of increasing awareness, resources, and professional development opportunities on Infant and Early Childhood Mental Health and MassAIMH Endorsement®.

DMH supports nine Young Adult Access Centers which focus on youth with mental health and/or co-occurring substance use challenges between the ages of 16-25. Access Centers provide opportunities for young adults to engage with a variety of supports including peer support, arts and social activities, connections to housing, employment and education resources, in a space that is welcoming and safe. There are also opportunities to gain leadership and advocacy skills in treatment and recovery. This is a low barrier service with no service authorization required.



In response to COVID this year, these centers further adapted to reach young adults in new and innovative ways:

- Implementing outdoor events such as, “pop ups in the park” to decrease the isolation for young adults. These events also include gift bags with masks, hand sanitizer, snacks and resources/information
- Supporting vaccination efforts and providing young adults with information about the safety of the vaccine and where to get the vaccine.

To help reach families earlier in their mental health journey and assist them in navigating the system, DMH in partnership with the Office of the Child Advocate and EOHHS, created HandholdMA.org to help parents answer the questions: How Much Should I Worry? What Can I do? and Who Can Help?

- Since it was launched in October 2020 more than **50,000 unique visitors have viewed the site.**
- A social media campaign conducted in the spring of 2021 **reached more than 280,000 people.**



### CYF in the field:

In recognition of the increased prevalence of mental health struggles for youth in schools and high levels of stress for youth and caregivers at home, CYF Metro Boston has also worked alongside eight flexible support providers and Parent Support Program this year to re-envision and expand therapeutic support groups throughout our region.

The Metro Boston area supported both virtual and in-person programming for youth and caregivers in multiple languages, offering both traditional and alternative therapeutic interventions (including Dialectical Behavior Therapy (DBT), sports/movement-based treatment, music/beats, gaming, etc.). These efforts have helped us reach youth & caregivers who may have previously been ambivalent or unable to attend treatment.

CYF Metro Boston has further expanded its Systems Integration Specialist (SIS) consultation model to community providers to support them and ensure that their most high-risk/clinically complex youth are connected to the appropriate services. This model includes ongoing consultation support, as well as training for staff re: understanding DMH and the larger mental health system.

- In FY21, the team provided ongoing consultation to 20 community providers (including inpatient/ Community Based Acute Treatment (CBAT), Community Service Agency (CSA) clinics, and other non-profits) and provided 15 trainings in the community.

Throughout the fiscal year, CYF Southeast Area partnered with Parent Professional Advocacy League (PPAL) to offer Youth Move through the CYF and Adult Mental Health system. Youth Move is a division of the national youth-led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health. Youth Move offered three components, all of which were available virtually during to the pandemic.

- **Monthly Technical Assistance**
- **Quarterly Engagement training** for DMH staff and providers. In this three-part series, facilitated by young adults on topics such as remaining connected during the pandemic, managing telehealth, and adjusting to the “new normal” in our engagement with youth and young adults.
- **Youth Group** for DMH Southeast Area Transitional Age Youth (TAY), generally 16 to 25. This group is for voice and advocacy, helping our TAY through their recovery, and learning a “strategic sharing” process to further involve them in their treatment as well as in advocating for themselves and peers.

For the second year in a row, Express Yourself delivered an incredible in-home and virtual creative arts experience for youth in the DMH Northeast Area and high intensity residential services called IMAGINE NATION.

More than **450 youth from over 20 programs** received weekly “art kits” delivered to their home/ programs and participated in on-line creative arts experiences, outdoor art/production projects, and visual and performing arts pieces with professional performing artists from different parts of the country. This year’s work culminated in a youth/family ‘parking lot’ event at North Shore Music Theatre in Beverly with jumbotron viewing of a production video and a repeat performance for supporters held later that day thanks to the generous support of the theatre. The culminating effort featured works created by youth in partnership with guest artists including an uplifting music video with Ricky Duran (The Voice, Season 17); a colorful dance piece with Carlos Thomas and Cammie Griffin of STOMP; visual storytelling with filmmaker Matt Mixon; and hybrid animal art sculptures with visual artist Wes Bruce.



Success-Fest 5, an annual young adult focused event to inspire young adults with mental health struggles to succeed, held it in five smaller, virtual events between February and May, for a total of 10 workshops. Each virtual event found 60 plus participants.

## Addressing Co-occurring Disorders

Co-occurring mental health and substance use disorders affect 60-80 percent of individuals served. DMH embraces co-occurring complexity as part of a universal approach to all individuals and families. The Department, through the Licensing Division, has addressed co-occurring disorders through requiring DMH licensed facilities to have and utilize clinical competencies for all staff regarding substance use disorder (SUD), co-occurring medical conditions, autism/developmental/intellectual disorders, and treatment of individuals with severe behavior, such as assault risk.

In FY21, the Women's Recovery from Addictions (WRAP) Program:

- Served an average of **35** patients per day at the facility.
- **256** individuals were discharged from the WRAP program.
- Had an average length of stay was **45** days
- **94.7** percent of clients accepted aftercare, consenting to a follow up program in the community

During FY21 DMH worked to expand the WRAP, on the grounds of Taunton State Hospital, with four new units for men. The new men's units will be operated in combination with the Women's Recovery from Addictions Program, and together they will make up the Recovery from Addictions Program. (RAP). The men's units add an additional 75 beds, in four units, with more than 200 additional full-time equivalents (FTE) to the current 45-bed WRAP. Combined, the Recovery from Addictions Program will be 120 beds (45 women and 75 men) in seven units, with over 300 FTE.

Ongoing work to fully integrate substance use services with DMH's inpatient services continued through the year, including development of a new evidence-based substance use assessment, integration of substance more fully into DMH's risk assessment and mitigation framework, and expansion of tools to facilitate use of medication assisted treatment for opioids, alcohol, and tobacco use disorders. Medication assisted treatment is also a part of post discharge treatment from the RAP program.

The Central Mass Area held its fourth annual Dual Recovery Conference which took place over the course of three months, from April through June. This was the first time it was held on a virtual platform. The objective for the conference was to explore approaches to support and connect with individuals that are in dual recovery, from hospital to community.

The three-part conference series covered: The Capacity to Care - Addiction, Stigma and Recovery; Implementation of Medication Assisted Recovery and Analyzing the U.S. War on Drugs and Racist Drug Policies; and Extending the Biopsychosocial Model by Integrating Theory of Mind- The I-M Approach.

## Zero Suicide

The DMH division of Clinical and Professional Services is charged with working closely with the Massachusetts Suicide Prevention Program (SPP) at DPH to spearhead state-wide efforts to reduce suicide deaths and to better address the factors which increase risk for suicide (such as barriers to help-receiving care), and those that reduce risk for suicide (such as access to evidence based treatment). DMH has partnered with SPP to support use of the [SAMHSA Zero Suicide Tool-kit](#) among healthcare providers across the Commonwealth. In 2016 DMH established a department-wide Zero Suicide steering committee to guide the suicide prevention work across DMH operations. The DMH Zero Suicide steering committee was instrumental in responding to the Joint Commission's focus on suicide prevention best practices.



In FY21 DMH responded to the impact of COVID and increased concerns regarding suicide in a multitude of ways:

- Partnered with DPH to sponsor the state's third Zero Suicide Learning Collaborative for Bristol County - a 15-month learning series in evidence-based practices.
- Partnered with Massachusetts Suicide Prevention Program at DPH to sponsor training in Collaborative Assessment and Management of Suicidality (CAMS) for DMH and community providers, with identifying clinical recommendations but also to aid in identifying recommendations for improving the system of care.

- Funded A Caring Connection, a follow up and engagement intervention offered by Samaritans of Cape and Islands to people discharged from hospital or emergency department.
- Awarded the 18-month SAMHSA Emergency Response to Suicide Prevention grant.
- Worked with behavioral health network in Springfield to establish RAPID intervention - a follow up support to individuals discharged from hospitals following a suicidal crisis.
- Worked with SPP and DPH Division of Sexual and Domestic Violence Prevention and Services to develop training curriculum on suicide prevention knowledge and skills for staff working in domestic violence programs (and complementary training curriculum for ESP staff regarding intersection of domestic violence and suicidality).
- Participated in Governor's Challenge to develop action plan for addressing suicide among service members, veterans, and their family members (SMVF).
- Awarded the 27-month SAMHSA Emergency grant to address mental and substance use disorders during COVID-19.

The Southeast Area Zero Suicide Steering Committee also initiated a program based on the Critical Incident Stress Debriefing model. Staff from across all the sites were trained in the model and are available to respond in support of staff for a range of adverse events such as deaths by suicide, suicide attempts, deaths and traumatic assaults. Members of this team were deployed to inpatient facilities, offices, and community programs. Team members also provided open sessions for staff regarding COVID-related stress. The Steering Committee also developed and implemented the Adverse Occurrence Review tool that provides a comprehensive structure for reviewing adverse events. The goal of the tool is to help with identifying clinical recommendations but also to aid in identifying recommendations for improving the system of care.

## Communication and Community Engagement

### *Collaborating for a Message of Awareness*

In FY20, EOHHS, in conjunction with the Office of the Senate President, DMH and DPH developed a public awareness campaign that promotes awareness of behavioral health issues and available behavioral health services in the Commonwealth. The goal of the campaign is to eliminate the stigma of seeking support for behavioral health issues and to encourage individuals to discuss their concerns and seek services if needed.

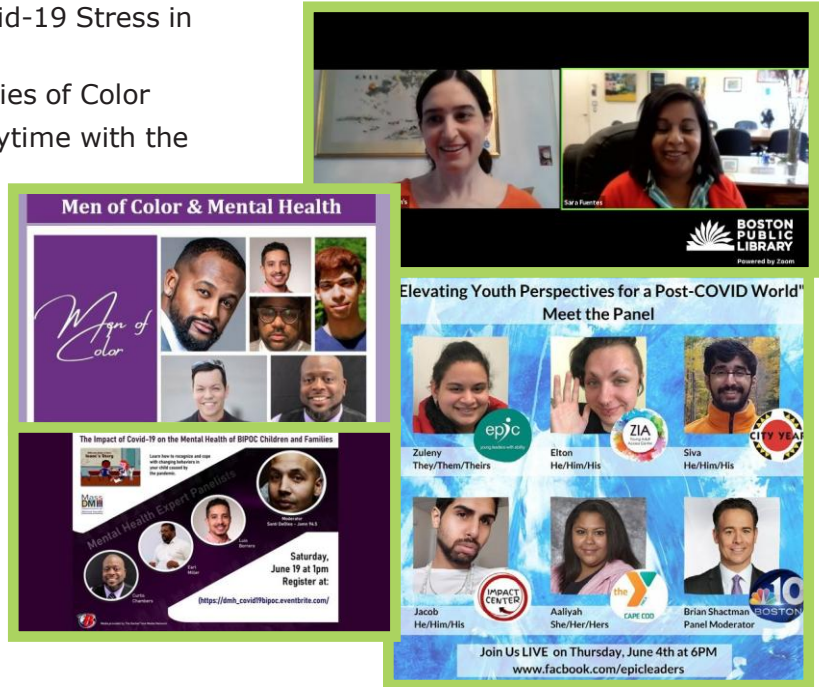
- In the fall of 2020 the #moretothestory public awareness ad campaign was developed to convey the message that "sometimes, our words hide how we really feel. Ask. Listen. Encourage. Check in. There could be more to the story - <http://mass.gov/moretothestory>
- DMH had two successful partnerships with Audacy radio group including MIX, MAGIC and BIG radio stations. The first was local sponsorship of the #ImListeningLive Suicide Prevention Month event in September. The Radio.com nationwide radio broadcast featured celebrity guests who shared their experiences in an effort to support others in need and to destigmatize mental illness. The broadcast included an interview with DMH Commissioner Brooke Doyle by host Kennedy Elsie on MIX 104.1.
- DMH joined forces again with MIX 104.1 for a weekly Mental Health Minute. This segment offered mental health resources and a new message every week, as well as an accompanying social media campaign. The Minute aired twice each Monday of December 2020, during the Carson and Kennedy morning show.

## Zoo New England Partnership

DMH and Zoo New England partnered to raise awareness about children’s mental health. During Children’s Mental Health Awareness Week in May, visitors to Zoo New England’s Franklin Park Zoo and Stone Zoo could participate in a Wellness Safari that brought together positive outdoor activity with encouragement to have open, productive conversations about children’s mental health. The Department of Mental Health also offered about 200 complimentary tickets to families through local community organizations and advocacy groups.

The DMH [Office of Community Engagement](#) held the following Virtual Panels

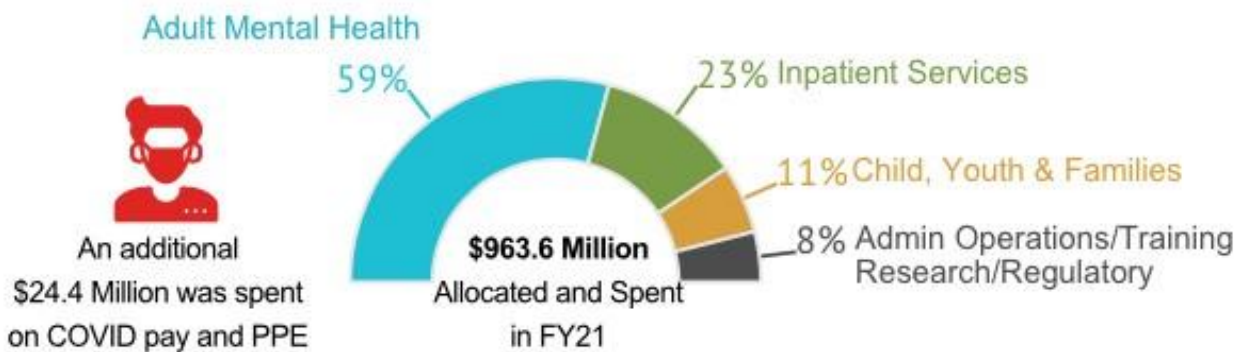
- Virtual Town Hall: Coping with Covid-19 Stress in Children and Families of Color
- Mental Health Stigma in Communities of Color
- Big Feelings Storytime Virtual Storytime with the Boston Public Library
- Virtual panel with the Boston Public on Family Mental Health
- Men of Color and Mental Health
- Engaging in Family Discussions about Race and Racism
- Elevating Youth Perspective for a Post-Covid World
- The Impact of Covid-19 on the Mental Health of BIPOC Children and Families



DMH staff were guests on a podcast by Dr. Kerry-Ann Williams, called "Black Mental Health."

There was also a virtual Launch of Isaac’s Story in Haitian Creole with the Haitian Mental Health Network and Codman Square Health Center with a reading and discussion.

## FY21 BUDGET



**CHARLES D. BAKER**

Governor

**KARYN E. POLITO**

Lieutenant Governor

**MARYLOU SUDDERS**

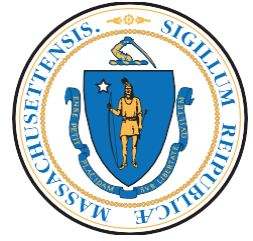
Secretary

Executive Office of Health and Human Services

**BROOKE DOYLE**

Commissioner

Massachusetts Department of Mental Health



## DMH CENTRAL OFFICE

25 Staniford Street

Boston, MA 02114

(617) 626-8000 (main number)

**[www.mass.gov/dmh](http://www.mass.gov/dmh)**

1 (800) 221-0053 - DMH Information and Resource

LineEmail: [dmhinfo@mass.gov](mailto:dmhinfo@mass.gov)

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