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|  | *The Commonwealth of Massachusetts**Executive Office of Health and Human Services**Department of Mental Health**25 Staniford Street**Boston, Massachusetts 02114-2575* |  |
| **CHARLES D. BAKER*****Governor*****KARYN E. POLITO*****Lieutenant Governor*****KATHLEEN E. WALSH*****Secretary*****BROOKE DOYLE*****Commissioner*** | **(617) 626-8000****www.mass.gov/dmh** |

*Statewide Mental Health Advisory Council*

*(Via Videoconference)*

*September 19, 2024*

PRESENT: Chuck Weinstein, Joan Cho Sik, Eno Mondesir, Dave Brown, Catherine Vuky, Vivian Nunez, Cynthia Piltch, Autumn Versace, Susan Martin, Heather Henderson, Jean Giagrande

ABSENT: Karran Larson, Ilya Ablavsky

STAFF: Brooke Doyle, Crystal Collier

GUESTS: Alan Burt, Meg List, BAMSI, Danielle Bolduc DPH, Kathleen C. Marchi, Samaritans, Sera Davidoff, Wildflower Alliance, Jessica van der Stad, American Foundation for Suicide Prevention

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**Call to Order –** 8:30a.m.

**Welcome by Chair**

* + Welcome Guests; Review of On-line Etiquette, Guest Policy, Open meeting policy
	+ September is National Suicide Prevention & Recovery Month
	+ Dr. Cynthia Pilch announcement – stepping down as Vice Chair, will remain on Council.

**Approval of Minutes**

* + May 16, 2024 minutes approved.

**Commissioner’s Update – Brooke Doyle**

**Steward Hospital**

* Commissioner was lead for DMH in the Incident Command run by DPH. Any patients that were in treatment at Carney and Nashoba Valley Hospital, 100% received assistance with disposition planning. Some were assisted in being discharged to home, some went to nursing facilities, some required continued treatment and were transferred into appropriate inpatient units. This was completed well before date of closure.
* As a result of the closures, there will be permanent reduction in inpatient beds. Commissioner is continuing to work to find additional beds. Carney had 50 licensed beds, not all in operation. Nashoba Valley had 20 licensed beds.
* Biggest impact of the closures was to older persons’ inpatient care. There were 50 Geri psych beds that were lost.
* Good Samaritan Hospital which was acquired by Boston Medical Center has agreed to re-activate their Geri Psych unit which they closed due to staffing. They will re-activate as soon as they have staff.
* Commissioner has been collaborating with the BI Lahey system. The Plymouth site has beds. Working with BI to determine if it’s feasible for them to bring these beds online.
* Commissioner convened local CBHCs (Community Behavioral Health Centers) in the areas of the 2 hospitals and had a very collaborative response including with Arbour Hospital.
* Activated all CBHCs to lean into the local EDs and to also be sure to be proactive with people that they knew might be more at risk.
* Worked with the City of Boston Incident Command Center and their local leaders.
* The Incident Command is in a transition phase – they are transitioning the operation to the new hospitals that have acquired the hospitals that have remained open.
* Morton and St. Anns have been acquired by Life Span out of RI. Good Sam and St. Elizabeth’s acquired by Boston Medical Center. The two Holy Family hospitals were acquired by Lawrence General.
* Commissioner has been working with BI Milton who are the closest ED to where Carney was.
* Boston Medical Center is the state’s primary point for EMS. They will take patients to Boston Medical Center for primary response. People may choose to go to their closest ED.
* Not seeing excessive boarding. It’s being monitored closely. CBHCs have been continuing efforts to do outreach.
* Boston Medical Center opened a behavioral health facility with 80 licensed beds in Brockton. They acquired Good Samaritan Hospital and also have some substance use disorder treatment beds at High Point in Brockton. Commissioner is meeting with their psychiatry chair on Monday to see what they may be thinking for that area.

**Budget**

* Supplemental budget was just signed for this year’s budget.
* Working on planning for next year’s budget. Will update once more information is known.

**Interagency Health Equity Team (IHET) –Crystal Collier, Chief of Staff**

* IHET is now referred to as AHEM, Advancing Health Equity in Massachusetts
* AHEM is focusing on maternal/perinatal health and social drivers of cardiometabolic health, prioritizing a place-based, outcomes-anchored, community-engaged strategy.
* AHEM will examine maternal health and how to improve outcomes for mothers and infants in the period before, during, and after birth. AHEM will also examine the living conditions and societal structures that make a person more vulnerable to diabetes, heart disease, stroke, and other cardiometabolic diseases.
* The maternal/perinatal health subcommittee is currently looking for grants in the community.
* DMH is participating in the social drivers of cardiometabolic health subcommittee. A survey of all agencies in the Secretariat was taken to understand some of the initiatives of this, housing, education, etc. They are now trying to create alignment and leverage the activities to hit individuals in different communities.
* Surveys were done to look at what information agencies are collecting to understand where they are with data to improve health outcomes. They are focusing on race and ethnicity, language and disability in terms of data points to make sure all agencies are collecting consistently.
* There is a meeting scheduled for next week to talk about the data inter-operational work. Trying to align the work that AHEM is doing and that EHS is doing in these areas.
* Under community engagement, efforts are being made to try to learn what each of the agencies are doing to consolidate on how we overlap in community. Trying to not duplicate going into communities and asking the same questions. There is a meeting on Friday for this group.
* DMH has not had any work identified yet.

**Suicide Prevention Treatment and Services in the Commonwealth**

**Meg List, LICSW, Integrated Team Program Director with BAMSI ACCS**.

* Meg List, LICSW, is the Integrated Team Program Director with BAMSI ACCS.
* Have been working with DMH to increase Suicide Prevention efforts in our ACCS program for 3 years.
* Use QPR training (Question, Persuade, Response.  This training teaches staff to be more comfortable with talking about suicide and working with anyone who may be thinking of suicide.  Teaches non-clinical specific interventions.
* Meg is trained in QPR and has trained and continues to train all staff at BAMSI.  The hope is to create a cultural shift in their BAMSI ACCS division where suicide and other hard topics are okay to talk about.
* Staff are also being trained in the CSSRS, (Columbia Suicide Severity Rating) tool.  It’s 6 specific non-clinical questions that help identify whether there is a low, medium or high risk of someone engaging in a life ending behavior.  This will give the staff the tools needed.
* QPR is available for anyone.  The CCSRS is a free tool that is available for anyone.  If there are any programs interested in seeing the slides they have created, Meg would be happy to collaborate and share that information.

**Danielle Bolduc LICSW, MPH, Director, Suicide Prevention Program, DPH**

* Raises awareness of suicide as a public health problem.
* Provides support to community agencies, education and training for professionals and caregivers, and funds programs working with youth, veterans, and older adults.
* Supports and encourages communities to collaborate across disciplines to prevent suicide and suicide attempts across the lifespan.
* Massachusetts is unique with a dedicated suicide prevention program. DPH gets funding through the state budget.
* The Division has a staff of 6 people, including epidemiologists who look at the data that informs the scope of suicide in MA. Looks at trends in MA versus other states.
* Uses data to identify populations and geographic areas of the state that need assistance.
* Eligible to apply for federal grant programs and distribute funding throughout communities.
* Has a 988 Lifeline grant
* Just awarded the GLS grant – youth suicide prevention grant.
* MA Suicide Prevention Program [link](file:///%5C%5Cdmh-fp-bos-122.ehs.govt.state.ma.us%5Cshared%5CDept%5CCMNSR%5CSAC%5CDMH%20MH%20Advisory%20Council_SPP%20Overview%202024.pdf) to resources.

 **Kathleen C. Marchi, CEO & President, Samaritans**

* Kathy Marchi is the CEO and President of Samaritans, Inc.
* Samaritans’ mission is to help prevent suicide and to offer hope and support to those affected. Kathy joined Samaritans in 2019 and has led significant growth across the organization including the annual budget, both full and PT staff and programs.
* Samaritans is a 988 center.
* Geo-routing started 9/17/24, 2 carriers: convening of NE Region of Vibrant this week, group visited on 9/18.24.
* All Helplines, including the original lines created 50 years ago and the statewide toll-free number, receive 9k calls a month.
* Hey Sam program is a youth peer-to-peer text line for youth up to age 24 started in March 2022, has received 7K texts since 2022.
* Grief Support Services (GSS) is a support program for survivors of suicide loss – examples of groups added - parents, LGBTQ+.
* Samaritans does community education & outreach.
* New to Samaritans –
	+ SOSA – Survivors of Suicide Attempt – running groups.
	+ LOSS – Local Outreach to Suicide Survivors – partnership with local police departments
	+ Enhance Outreach project – working MGB and Harvard researchers, expanding on Caring Contacts model.
	+ Samaritans is celebrating 50 years, started in 1974, first in the US; Monica Dickens (great granddaughter of Charles Dickens) is credited with signs at Cape bridges and barriers.

**Sera Davidoff, Director, Wildflower Alliance**

* Sera Davidow is a filmmaker, author, trainer and Director of Wildflower Alliance, as well as a founding Board member of the Hearing Voices Network USA. She has been a part of Wildflower since its visioning process began in 2005.
* Has been suicidal and has a child who has been suicidal.
* Alternatives to Suicide is the first peer-developed, harm reduction approach to suicide. Have done train-the-trainers in this approach in Colorado and Australia.
* Harm reduction means it includes the idea that it’s not about stopping people from being suicidal so much as supporting them to have more sense of power over their suicidal thoughts and the ability to make meaning of them (e.g., that some part of their life needs to die rather than their body). One of the differences is that people can talk about suicide without any fear of being assessed or facing negative consequences.
* Alternatives to Suicide does not see suicide as the problem so much as an attempt to solve a problem.
* Alternatives to Suicide has been brought into prisons for the first time ever in Indiana, and working with a team that is bringing it to young people in Wisconsin, including a 400-persson event that included young people from 44 schools.
* Presented at DCF’s internal mental health conference over the summer and are continuing to work with them.
* Received a DPH grant and will be adding groups including one for families. Have a grant from the Attorney General’s office (ending soon because it was only for two years). Both have been very successful.
* Part of the work is to offer support, but part is also to push back on other things such as QPR, 988, etc. These are all approaches that are driving people into a system that is quite harmful much of the time. Research is saying that people often end up more suicidal after being in the hospital. People who enter hospitals because they’re suicidal often face elevated suicide risk of up to two years post-release and even people who end up in hospitals for other reasons and weren’t suicidal upon entry face elevated suicide risk for up to one-year post-release.
* Link that includes information about Alternatives to Suicide, articles, research, upcoming training information, etc. [**https://tinyurl.com/919info**](https://urldefense.com/v3/__https%3A/tinyurl.com/919info__;!!CPANwP4y!UJFBGR_lLPCwmegIxQhJUNSMug8CsmkgBvp6KBH02mf5JXl7FecOpJ-yb5p6bU0srJx7b2lkOu0wLlkSztWK-6vcIew$)

**Jessica van der Stad, Massachusetts Executive Director, American Foundation for Suicide Prevention (AFSP) MA**

* The AFSP Massachusetts Chapter is a small-staffed team of 3 people and hundreds of volunteers.
* Spreads awareness and understanding through their Out of the Darkness Walks, education and loss support programs, research and advocacy efforts, the Interactive Screening Program, and through public messaging campaigns and partnerships
* Over the past year has worked with the Boston Police Department (BPD) and the Boston Police Peer Support Unit to provide support to more than 2,000 officers and promote mental health resources after a suicide loss within the department.
* Collaborated with Lasell University in Newton after a student died by suicide to support the community with educational programming and a campus-wide awareness event.
* Out of the Darkness Community Walks take place in 9 cities across the state including Hingham this Saturday and Natick on Sunday.
* Overall, there was a 54% increase in participation in prevention education programs since the previous year.
* Most popular program continues to be Talk Saves Lives: An Introduction to Suicide Prevention. Those who attend a Talk Saves Lies training gain an understanding of the complexities of why people take their lives, how to recognize the common risk factors and warnings signs for suicide, protective factors, and how to take actions if someone is in crisis.
* Launched a new program, L.E.T.S. Save Lives: An Introduction to Suicide Prevention for Black and African American Communities, a presentation created in concert with an Advisory Committee of experts in Black and African American mental health and suicide prevention. This training adds to the menu of programs for marginalized communities including Hispanic/Latinx, LGBTQ+, seniors, and incarcerated individuals.
* Continue to offer Healing Conversations, peer-peer support program.
* Welcomed close to 100 survivors of suicide as they are, whenever they are in their grief, for a meaningful moment of connected with trained volunteers who have themselves lost a loved one to suicide.
* In November hosting International Survivors of Suicide Loss Day events, also known as “Survivor Day”. This day has become synonymous with hope, healing, and connection for survivors of suicide loss across the state of Massachusetts. There will be multiple events across the state.
* Partnering with Audacy for its annual I’m Listening broadcast and local station Magic 106.7 for a discussion on mental health. This nationwide broadcast will be on Wednesday, September 25 at 7:00PM on Audacy stations.

**Daniel Lewis, Massachusetts Department of Children & Families (DCF)**

* MA Fatherhood Leadership Summit Invitation, October 30th at the Boston Marlboro Mariott.
* First event since COVID.
* Will be a day of workshops.
* Dr. Hernandez will be speaker during the event.

**Old & New Business**

* Council members to email Chuck on topics they would like to cover at the November meeting.
* Should November be an in person/hybrid meeting? Contact Chuck with opinion.
* The Annual SEA ACE (Academic, Civic Engagement & Employment) Awards is September 26, 2024, at 1:00 at White’s of Westport.
* The SEA annual meeting is November 6, 2024, 2:00-4:00 in Brockton. All are welcome. Kim Anderson is DMH contact.

**Next Meeting**

November 21, 2024

**Future 2024 Meetings: Thursday’s 8:30-10:00am**

January 16, 2025, March 20, May 15, September 18, November 20

**Meeting adjourned 10:00am.**