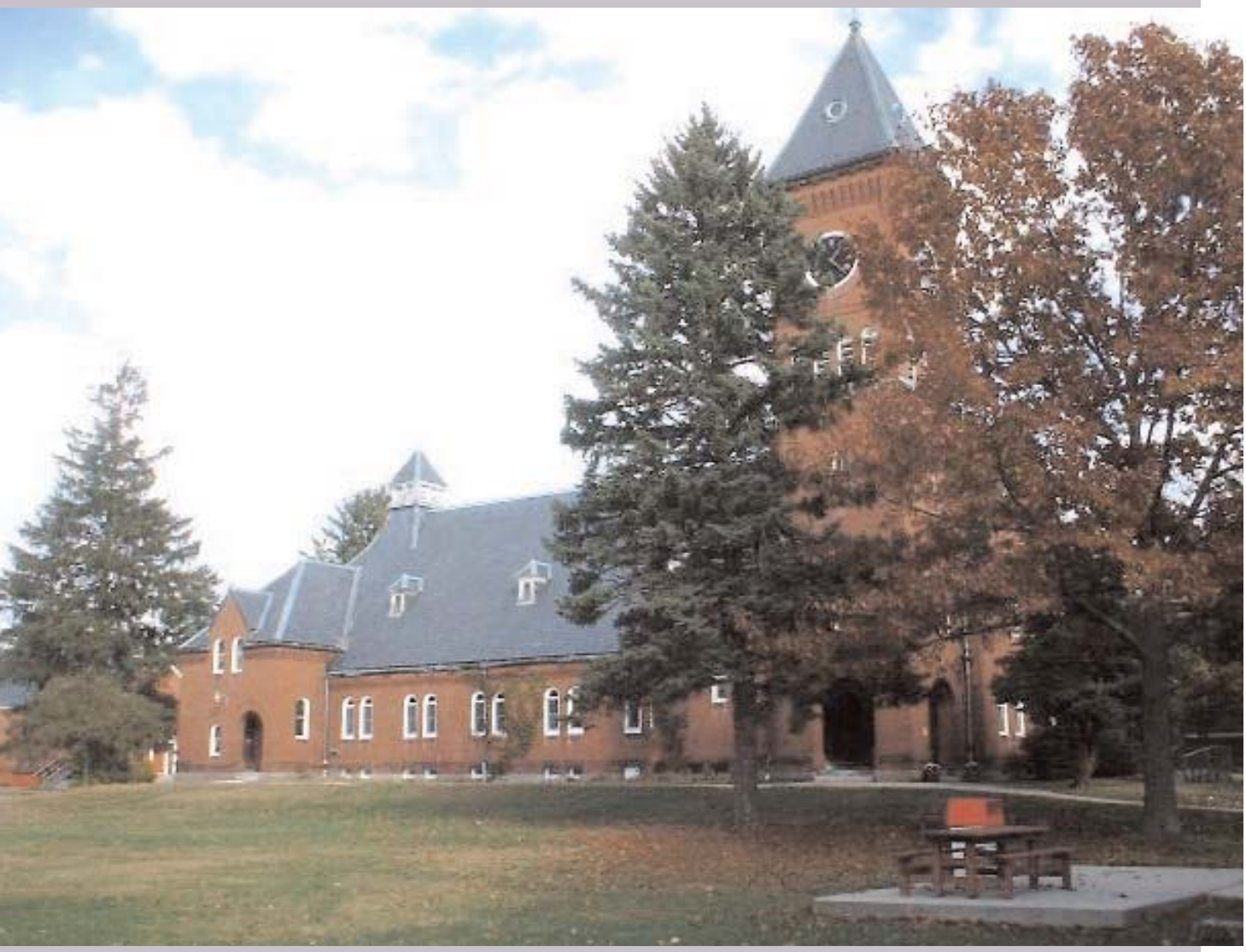
2003 Annual Report

Massachusetts Department of Mental Health



Medfield State Hospital
1896-2003

Mitt Romney
Governor

Ronald Preston
Secretary

Elizabeth Childs, M.D.
Commissioner

Dear Friends,

It is an incredible honor to have been chosen to lead the Department of Mental Health. With the backdrop of economic uncertainty and the reorganization of health and human services delivery, tremendous tasks lie ahead. I am certain that together we will continue to meet the challenges and stay true to our mission with our sight set on using evidence based practices and promoting our consumers' recovery by supporting their capacity to contribute to their communities.

If any word can characterize Fiscal Year 2003, it is transition. As I reflect on the year, I am struck by the enormous change this agency has experienced. We lost a dynamic long serving commissioner in Marylou Sudders. Her legacy of advocacy remains with us and serves as a model of the care, concern, and dignity we must always offer the individuals we serve. Other longtime members of the Department's leadership team—Ken Duckworth, M.D., Interim Commissioner; Jeff McCue, Deputy Commissioner of Management and Budget; Perry Trilling, Assistant Commissioner of Administration and Finance; General Counsel Jennifer Wilcox; and North East Area Director Carla Saccone—have moved on to other endeavors. We extend our best wishes to these dedicated public servants; the void they leave will certainly be felt.

On Thursday, April 3, 2003, after 107 years of operation, the Department of Mental Health closed Medfield State Hospital, another major milestone. With the support of their families and dedicated DMH staff, many patients were successfully discharged into their communities. Funding to operate Medfield State Hospital was shifted to provide opportunities for formerly hospitalized people to live in apartments and group homes and pursue their hopes and dreams as independent and productive individuals. We are extremely proud of this achievement and of the many people who contributed to this successful evolution of care with the utmost dignity for patients, families, and staff.

During my first months as Commissioner, I spent a great deal of time visiting our area and site offices and facilities throughout the Commonwealth. I was overwhelmed with the reception afforded me by DMH staff and impressed with the level of commitment, expertise, and compassion that is so evident in the work they do. The individuals who care for the people we serve have shown an amazing dedication and resilience in difficult times. Through it all, they have kept the Department and its vital mission on course. It is no small accomplishment that this tireless group of public servants has continued to learn, to innovate, to improve on a very solid foundation of service delivery. I have drawn great strength and inspiration from their extraordinary devotion. Together, we will move the Department of Mental Health forward, strong and vibrant, into the future.

Elizabeth Childs, MD.

Elizabeth Childs, M.D.
Commissioner
Department of Mental Health

Contents

Our Mission

The mission of the Department of Mental Health is to improve the quality of life for adults with serious and persistent mental illness and children with serious mental illness or severe emotional disturbance. This is accomplished by ensuring access to an integrated network of effective and efficient and culturally competent mental health services that promote consumer rights, responsibilities, rehabilitation, and recovery.

Guiding Principles

Provide responsive, high quality, cost effective services

Focus support on the most vulnerable citizens of the Commonwealth

Design programs using current scientific research, evaluation studies, and program outcome data

Promote opportunities for individuals with mental illness to participate in rehabilitation and recovery no matter how severe their symptoms or pervasive their illness

Offer individuals appropriate choices among services tailored to meet their unique needs

Value managers who engage their colleagues and staff in entrepreneurial, innovative leadership that will improve the system

Value input from a wide public audience and recognize that community advocacy and advisory groups are an essential component of system planning

Eliminate barriers to services

Explore and apply new technologies to ensure quality, cost-effectiveness, and the efficient use of public resources

Assure that the cultural and ethnic diversity of clients and staff is respected in the design and delivery of services

The Massachusetts Department of Mental Health sets the standards for the operation of mental health facilities and community residential programs and provides clinical, rehabilitative, and supportive services for adults with serious mental illness, and children and adolescents with serious mental illness or serious emotional disturbance. The aim is to integrate public and private services and resources for optimal community-based care and opportunities. As the State Mental Health Authority, DMH also is mandated by statute to "take cognizance of all matters affecting the mental health of citizens of the Commonwealth."

Through an Interagency Service Agreement between DMH and the Office of Medicaid, most emergency and acute hospitalization services are provided through DMA's mental health and substance abuse vendor—the Massachusetts Behavioral Health Partnership. Extended stay inpatient services and community-based services are provided by DMH, either directly or through contracted vendors.

Our Goal

The Department of Mental Health aims to provide a mental health system of care that is responsive and appropriate, offering services that are of high quality, accessible, and cost effective. The components of the public mental health system, which must act as a safety net for the most vulnerable citizens in the Commonwealth, include community-based programs, cost efficient state hospitals, and emergency, acute inpatient, and diversionary services. Services are designed to be individualized, promote independence and recovery, and prevent unnecessary hospitalization. Examples of DMH services include continuing care inpatient services; residential treatment and support; case management; day services; outpatient services; medication management; educational, employment, and rehabilitation opportunities for adults; and coordinated interagency programs and family and school supports for children and adolescents.

Authority

Massachusetts General Law: Chapters 19, 123
Regulations: 104 CMR

Accessing DMH Services

Pursuant to DMH regulations, children, adolescents, and adults who meet both clinical and service need criteria are eligible for DMH community-based services. Anyone may submit an application for services. Individuals who meet established criteria for transfer may be referred to a DMH extended stay inpatient facility or intensive residential treatment program. Generally, a request for transfer is made directly by an acute care hospital. For detailed eligibility information, visit the DMH Web site at ***www.state.ma.us/dmh.***

Fiscal Year 2003 was a time of evolution and change for the Department. Along with a new administration, DMH saw the departure of long-time Commissioner Marylou Sudders. On Jan. 17, 2003, Ken Duckworth, M.D., Deputy Commissioner of Clinical and Professional Services, took the helm as Interim Commissioner until Elizabeth Childs, M.D. was named commissioner on June 30, 2003, by Gov. Mitt Romney and Health and Human Services Secretary Ronald Preston.

Marylou Sudders was appointed Commissioner of the Department of Mental Health in February 1996. Serving for seven years, she is the longest tenured mental health commissioner. Her lasting legacy can be summed up in two words: One voice. She is widely credited with unifying a formerly fragmented advocacy community, a group that successfully won funding priority from the Legislature during a November 2001 budget crisis.

Her leadership of the Department indeed represents not quiet reflection but an era of great strides. During this time, mental health parity became law; the Department's service delivery system was restructured; clinical services were greatly enhanced; great improvements were made in generating federal funding to offset state costs for care; and the important collaboration between DMH and Medicaid initiated a coordinated system of managed behavioral health care.

Marylou Sudders was active on the national level in the mental health field. In 1999, she was honored as one of the selected invitees to the first White House Conference on Mental Health. In 2002, she testified before the U.S. Senate Judiciary Committee, which convened a hearing on ways to improve interaction and collaboration between the criminal justice system and mental health services. In her new role as President and CEO of the Massachusetts Society for the Prevention of Cruelty to Children, Ms. Sudders oversees the largest child welfare agency in the state, providing outpatient services and early intervention for children at risk.

Ken Duckworth, M.D. was named interim commissioner on Jan 17, 2003, and held the position until the appointment of Commissioner Elizabeth Childs, M.D. at the end of the fiscal year. During this time, Gov. Mitt Romney charged the Executive Office of Health and Human Services with the sweeping task of reorganizing its constituent agencies. The goal: seamless access and streamlined service delivery for clients and citizens.

Throughout the reorganization process of the Health and Human Services Secretariat and its agencies, including the Department of Mental Health, Dr. Duckworth tirelessly advocated for a clear and strong connection for the Department's core mission to that of public health and general health care. The resulting health cluster combines the departments of Mental Health and Public Health as well as the inclusion of the Massachusetts Behavioral Health programs, the managed care carve-out for Medicaid patients. This new alignment offers the potential to provide continuity of care in carrying out the DMH mission.

2003 Performance Recognition Program Awards

Department employees were recognized for their accomplishments and commitment to public service through the statewide Performance Recognition Program. Meeting the criteria is no small feat. The criteria for the award are reaching high priority agency objectives; exception managerial, organizational, and communication achievements; making significant improvements in productivity or cost savings; and exemplary leadership. We congratulate this year's award recipients.

Chrisa Canatselos & Dorothea Elwin, North East Area. Chrisa and Dorothea were instrumental in the smooth and successful transition of the merger of the Haverhill and Lawrence case management site offices.

Anthony Castiglione, North East Area. Tony demonstrates exceptional leadership, producing savings in operations and improved communications.

Ellen Herlihy, R.N., North East Area. Ellen redesigned staffing patterns, which was instrumental in reducing mandatory overtime shifts and costs for the Hathorne Units at Tewksbury State Hospital.

Steven Jochim, Southeastern Area. Steven directs one of the most active psychiatric emergency services in the state. Under his leadership, the program has become one of the finest emergency services in the Southeastern Area.

Manuel Leite, Southeastern Area. Aside from his regular duties, Manny makes and designs shades for the hospital, repairs broken equipment, and saves the hospital money by repairing donated items. Manny works every Christmas to make sure that each patient receives Christmas gifts.

Mary Jane Palmer, Southeastern Area. Mary Jane has created and implemented "landsCAPERrs," a gardening for fun and food program at Cape Cod and Islands DMH residences. Residents plan, plant, and care for their own home gardens and harvest vegetables and greens. Mary Jane makes the residential group homes a little brighter by working tirelessly with the most chronically ill patients with a constant enthusiasm and an inspirational spirit.

Medfield State Hospital Community Transition Team, Metro Suburban Area. Barbara Fenby, Ph.D., Joel Skolnick, Stephen Scheibel, Daniel Lambert, Ph.D., Virginia Alfrey, R.N., Lynn Hoffman, Maryellen Foti, M.D., Ken Mitchell, M.D., Jvotikaben Patel, M.D., Edward Morrier, Sandy Nowolawski, Pete Angelos, Lynn Musto, Oswald Rambarran, and Ted Kirousis. These individuals exceeded expectations and led an area-wide team that successfully phased down Medfield State Hospital, developed and expanded community services for 122 clients in the state hospitals, while maintaining high quality inpatient services and national accreditation standards as recognized in JCAHO survey results.

John Perry and Robert Sullivan, Metro Suburban Area. Due to their efforts, the Metro Suburban Area now has a comprehensive set of management reports and time-saving programs that helped the Area manage operations successfully during a major transition.

Nancy Daniels, Metro Suburban Area. Nancy's enthusiasm and cheerfulness promote a positive work environment and boosts the staff morale. She works tirelessly to ensure that the needs of the clients are met and their dignity upheld.

Marianne Dill, Central Office. Marianne worked closely with the management at Solomon Carter Mental Health Center and the union to pilot a program around the use of vacation and earned time. She is highly respected by both the management and the bargaining unit employees as being fair and impartial.

Audrey Graham-Smith, Central Office. Audrey's innovations have made our Human Resources systems much more efficient. She exhibits the highest quality of customer service skills, which are so important to a successful HR operation.

Marianne Greeno, Central Office. As Administrative Counsel for DMH, Marianne had primary legal responsibility for the Department's HIPAA compliance efforts. Virtually single-handedly, she accomplished a task that required entire teams of lawyers in other public and private agencies.

Lester Blumberg, Central Office. Prior to stepping into his current role as Chief of Staff, Lester was the attorney responsible for managing DMH legal office operations in the field, always demonstrating excellence, perseverance, and a clear commitment to the welfare of the Department's clients.

Joan Kerzner, Central Office. Joan has performed in an exceptional manner on many projects and was a key player in the transition of Dr. Ken Duckworth as he stepped into the role of interim commissioner.

Colleen Powell, Metro Boston Area. Colleen was able to bring the entire Metro Boston Area into compliance with HIPAA in a short period of time. This is a remarkable achievement, given that there were five community-based sites and two inpatient units.

Junior Nevins, R.N., Metro Boston Area. Junior is a hard working, dependable nurse with excellent skills. He is a role model to his co-workers.

Worcester State Hospital Restraint and Seclusion Improvement Team, Central Mass Area. Winston Miller, Ann Azier, R.N., Susan Albro, R.N., Carl Bielak, R.N., Rebecca Hanson Richardson, Ph.D., Kevin Howley, Ellen Peloquin, R.N., and Anthony Riccitelli. Worcester State Hospital is a model of collaboration and recognizes that decreasing the use of seclusion and restraint is an essential part of the Department's mission to promote dignity and respect for people with mental illness.

Simon Lucas, Central Mass Area. Simon, with his extensive clinical skills, strong medical knowledge, and great interest and compassion, provides exceptional case management services to our most impaired consumers.

Mentally Ill/Problematic Sexual Behavior (MI/PSB) Program Clinical Coordinators. Laurie Humbert, Noel Johnson, Joseph Langlois, James Weeden, Thomas Porter, Michael Kemp, Leonore Rodriguez, Ray Flannery, Ralph Nalbadian, Tilford Bartman, Rhonda Bourne, William Moran, Charlotte Denton, Milton Taylor, Laurie Guidry, and Veronica Madden have played an essential role in successfully establishing and sustaining the MI/PSB program and have facilitated successful community transitions.

Medfield State Hospital 1896 - 2003

On Thursday, April 3, 2003 after 107 years of operation, the Department of Mental Health closed Medfield State Hospital. With the support of their families and dedicated DMH staff, many patients have been successfully discharged into their communities.

These individuals can now benefit from a system of care that is strength based, community centered and modeled on recovery.

Hospital History

Medfield State Hospital opened in 1896 and for 18 years served as a transfer facility to relieve overcrowding in other state hospitals.

In 1914, the hospital became an Admissions and Treatment Center, admitting patients directly from the community.

In 1952, the hospital reached its peak census of 1,500 inpatients.
Due in part to psychotropic medication and rehabilitative treatment models, the hospital census was reduced to 147 by 2000. Of these 147 patients, 71 are now living in the community. Of the 76 patients who needed continued hospitalization, most are now at Westborough State Hospital, as well as other DMH facilities.

On April 3, 2003, the last group of patients left the hospital. Most of the staff who formerly worked at Medfield State Hospital have moved on to service jobs at other DMH facilities, including Westborough and Taunton State Hospitals and at mental health centers around the state.

Increased Opportunities for Community Living

With the closure of Medfield State Hospital, DMH reallocated a significant portion of the hospital's $21.5 million operating funds to expand the community service system. Specifically, $10.2 million was used to develop 255 community placements for persons residing in DMH facilities, including 59 residents of Medfield State Hospital and 60 residents of Westborough State Hospital; $6.7 million was used to increase the number of DMH-funded Programs of Assertive Community Treatment (PACT) from five to thirteen teams. The eight new teams are serving 540 individuals with serious mental illness. The remaining $4.6 million was used to create two new adult inpatient units for Medfield State Hospital residents needing ongoing inpatient care.
Expanded community services provide opportunities for formerly hospitalized individuals to live in apartments and group homes and pursue employment and growth opportunities. Services such as the PACT teams and supported employment offer individually tailored approaches to help individuals with mental illness live independently and productively in their communities.

Closing thoughts . . .

The first week of April 2003 was a significant one for the Department of Mental Health. April 3 marked the closure of Medfield State Hospital, a quiet but dramatic milestone. The closure of a state hospital bears a range of emotions. Our hospitals are communities with their own culture and history and while we experience a sense of loss, we also take great pride in the evolution of our system of mental health care. Modern day psychotropic medications have paved the way for consumers to recover and live productive and fulfilling lives in our communities. The closing of Medfield State Hospital represents this evolution of care with the utmost dignity for patients, families, and the staff who are diligent and dedicated in their service to our most vulnerable citizens.

Metro Suburban Area Director Theodore Kirousis and Medfield State Hospital Chief Operating Officer Joel Skolnik recorded their thoughts in the following essay as they walked the halls one last time on that historic day.

It is 7:30 a.m., Thursday, April 3, 2003. The patient census at Medfield State Hospital is five. In a few hours those five patients will be discharged and the hospital will officially end 107 consecutive years of operation. Medfield State once had a census of over 2,000 patients before the age of psychotropic medication and rehabilitative approaches that have enabled us to shrink our inpatient census from 1,500 in 1952 to 147 in the year 2000 and finally to five today. One hundred and eight patients out of the 147 that were hospitalized here three years ago are now living in the community. Most of those patients and their families didn't believe it possible that they could take this step.

Walking through the halls of the Clark Building brings the 107-year history into sharp perspective and raises the question: What does this closure mean? It has had different meanings for each of us over the past ten months. It has started off as a feeling of loss, of "Why us?" and "Who will take care of me?" Today, there are 108 patients living more independently and who are taking care of themselves more competently than they or their families imagined. There are also patients in other hospitals receiving care and continuing to prepare for discharge.

This closure has been a loss as well as a gain. The familiarity that was part of the Medfield State Hospital community is a loss. The changes that have opened doors of opportunity for patients are a gain. The knowledge that each individual can be more than he or she believed is a gain. The teamwork of nurses, physicians, social workers, grounds workers, cooks, occupational therapists and everyone who contributed to life at Medfield State Hospital is truly a masterpiece that is a gain and is never lost.

The commitment of staff, of patients, of families and of our leadership team has been art and science in motion. As we walk through the empty buildings, we feel the loss, but we know there is certainly the gains—and the deep pride in accomplishing a large piece of our mission and a solid sense of our future.

Commissioner's Recognition Awards June 23, 2003

On June 23, 2003, Interim Commissioner Ken Duckworth, M.D., presented Commissioner's Recognition Awards to the shining stars of the Department's service network. Recognizing the dedication and commitment of those who contribute to the agency's vital work in times of uncertainty and transition reminds us of the importance of our core mission.

2003 Commissioner's Recognition Awards

Advocacy in Adult Services ..... Joan Clarke
Advocacy in Children's Services ..... Mary Ann Orlando
Research ..... DPH/DMH Mortality Team
Treatment ..... Patrick Quirke
Rehabilitation ..... Artists Among Us
Promoting Rehabilitation and Recovery ..... Howard Trachtman
Pillar of State Government ..... David Perini
Clinical Excellence ..... Massachusetts Psychiatric Society
Special Recognition Award ..... Robert D. Fleischner, Esq.
Restraint Reduction Initiative ..... Berkshire Medical Center—Jones 3; MetroWest Medical Center—Child Development Unit; Cambridge Hospital—Child Assessment Unit; Somerville Hospital—Adolescent Assessment Unit; UMass—Adolescent Continuing Care Unit I; UMass—Adolescent Continuing Care Unit II; Boston University Intensive Residential Treatment Program; North Shore Medical Center Pediatric Psychiatry Inpatient Service; Worcester State Hospital

Carolyn J. Schlaepfer Award ..... Medfield State Hospital Community Transition Team

Human Rights Award ..... David Cella, Esq.
Lilo McMillan Award ..... Jean DeRosa

In Memory

Barry Carver, a member of the Department's AIT staff, passed away on on October 17, 2003, after a long illness. Commissioner Duckworth presented him with a special recognition award for his faithful volunteer work in developing the DMH Web site. His unselfish dedication to our mission is Barry's legacy, one that we will always remember.

Eliminating Barriers Initiative

In keeping with a landmark report issued by the President's New Freedom Commission on Mental Health, the U.S. Substance Abuse and Mental Health Services Administration's Center for Mental Health Services launched a national anti-stigma campaign called the Elimination of Barriers Initiative (EBI). Massachusetts, through the Department of Mental Health, was among the eight states selected to pilot this three-year project.

The foundation of this initiative is drawn from the 1999 Surgeon General's report, which declared that stigma is the foremost barrier that discourages people from seeking care. In 2002, the New Freedom Commission report, "Achieving the Promise: Transforming Mental Health Care in America," confirmed that stigma is the leading barrier to treatment for people with mental illnesses. Mental illnesses are shockingly common; they affect one in five American families.

In any given year, about five to seven percent of adults have a serious mental illness, and about five to nine percent of children have a serious emotional disturbance. This means that millions of adults and children are disabled by mental illnesses every year. Recognizing the power of stigma, DMH launched its own anti-stigma campaign in 1997, called Changing Minds, to educate the public about mental illness. At that time, a statewide survey revealed that stigma would prevent most people from seeking treatment. The EBI project will build on the success of the Changing Minds campaign.

In collaboration with the eight pilot states, EBI's goal is to reduce barriers to treatment through far-reaching social marketing strategies and build public support for the principle of recovery and accessible community-based services. EBI's role is to develop a portfolio of communication and education materials and provide public education training and technical assistance to Massachusetts and the other pilot states.

DMH has chosen to focus its EBI efforts on middle and high school age students and school administrators, population segments that were identified in national focus groups as high profile target audiences. DMH will continue its collaboration on the EBI project with other pilot states and is honored that Massachusetts was selected to participate in this crucial initiative.

Multicultural Community Outreach

The Massachusetts Initiative for Multicultural Community Outreach (MIMCO) was established to enhance disaster mental health preparedness and response as well as promote good mental health in diverse racial, ethnic, and cultural communities in the wake of the Sept. 11 terrorist attacks. Shortly before the creation of MIMCO, the Department of Mental Health's Office of Multicultural Affairs coordinated a series of focus group calls to determine the impact of Sept. 11 on specific communities. In all, 42 participants from around the state were involved, including representatives from more than 20 racial and ethnic communities.

Participants coordinated a number of activities that allowed various members of their respective communities to gather and collectively recount their experiences in the aftermath of Sept. 11. Particularly poignant were the accounts of members of the Muslim community who faced direct harassment and discrimination.

Some of the outcomes of this initiative were:

Nearly 1,400 people gathered for 21 community events held throughout the state; more than 600 gathered for specific community meetings; 120 people received direct care through counseling and/or referrals; 12 radio and televisions shows were aired; 144 workers were trained in disaster mental health; 91 primary care practitioners received related training; and a mental health resource guide for Muslims was developed.

A number of recommendations emerged from this initiative including organizing further community meetings, conferences, and events for information sharing and networking. Continuing cross-cultural training for different communities to promote awareness and understanding of diverse cultures is particularly important for Muslim and non-Muslim communities. Agency collaboration and training, including primary care and mental health care agencies, schools, police departments, and others who come into contact with newcomers is vital to this outreach as well as increased public education regarding mental health/mental illness, especially for children and teens.

Restraint Reduction Initiative

The innovative work in reducing the use of restraint and seclusion through an alternative strength-based model of care is the foundation of a culture shift among Department of Mental Health providers in delivering better and more humane treatment for children and adolescents with serious mental illness or severe emotional disturbance. Since 2001, the DMH Licensing and Child/Adolescent divisions have been actively promoting strength-based interventions through the Department's licensing and contracting authority to reduce the use of high-risk restraint and seclusion. Led by Nan Stromberg, R.N., C.S., and Janice LeBel, Ed.D., the use of restraint and seclusion has been dramatically reduced. Because of their talent for building collaborations among providers, episodes of restraint and seclusion decreased by 80 percent in children's programs; by 73 percent in mixed child and adolescent programs; and by 25 percent in adolescent programs.

Throughout the year, a combination of conferences, grand rounds, clinical consultation, and technical assistance on state-of-the-art practices has produced these impressive rates of reduction in the child and adolescent inpatient units and intensive residential treatment programs.

On the national level, Dr. LeBel, Ms. Stromberg, Ken Duckworth, M.D., and Robert Goldstein served as founding faculty of the national seclusion and restraint reduction initiative under the direction of the National Association of State Mental Health Program Directors and its National Technical Assistance Center. The DMH restraint and seclusion reduction initiative was featured in *The Journal of the Academy of Child and Adolescent Psychiatry* with the article "Child and Adolescent Inpatient Restraint Reduction: A State Initiative to Promote Strength-Based Care" By LeBel, J., Stromberg, N., Duckworth, K., Kerzner, J., Goldstein, R., Weeks, M., Harper, G., LaFlair, L., Sudders, M. The article was accepted for publication in January, 2004.

2003 Carballo Award Winners

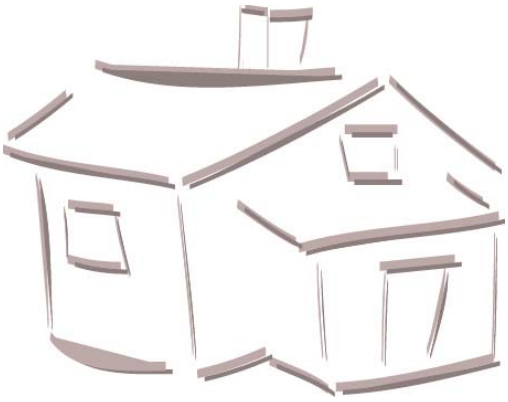
Nan Stromberg, R.N., C.S., and Janice LeBel, Ph.D., were presented with the Manuel Carballo Governor's Award for Excellence in Public Service—the highest statewide honor for executive employees—for their efforts and leadership in reducing restraint and seclusion in DMH licensed programs for children and adolescents.

Ms. Stromberg serves in the Department's Licensing Division and Dr. LeBel works in Child/Adolescent Services.

The Manuel Carballo Award was named in honor of the late Secretary of Human Services who believed that state service is not "just a job." The Carballo Award is given each year to no more than ten employees who exemplify the highest of standards. Ms. Stromberg and Dr. LeBel join a special group of individuals who are not only committed to public service, but have shown that challenges can be met and solved with perseverance and creativity.

Janice LeBel and Nan Stromberg

Housing and Homelessness Initiatives



The Department's housing system is grounded in a longstanding statewide collaborative network of DMH Central Office housing staff; local DMH Area Housing Coordinators; DMH service providers; private developers; landlords; and federal, state, and local housing agencies. These collaborations have resulted in significant leveraged resources mainly in the form of rental subsidy or grant programs and housing development funding. In fact, 78 percent of DMH Affiliated Housing has leveraged funding of more than $200 million.

What is Affiliated Housing? DMH Affiliated Housing is housing for which the Department has arranged funding for a resident's sponsored placement in the form of direct DMH funding or from leveraged federal and/or state grants or subsidies.

The housing that DMH seeks for clients is as varied as the clients themselves. DMH housing provides a range of options—both transitional and permanent—based on clients' needs. Housing ranges from 24-hour staffed group homes to individual apartments fully integrated into neighborhoods. DMH works to ensure that its housing is of high quality and that adequate resources are available to allow clients to live in truly age-appropriate, mainstream housing in the community.

In the latter part of Fiscal Year 2003, DMH surveyed the housing stock it has developed and maintained on behalf of its adult clients. The current capacity of DMH's Affiliated Housing is 5,685 persons. It is important to distinguish Affiliated Housing from residential services, which may or may not be attached to housing. One important finding of this survey showed that the many years of effort to promote more independent living arrangements have resulted in significant improvements. For example, 94.7 percent of individuals in DMH Affiliated Housing have their own bedroom. The overall resident capacity to housing unit ratio is 1.83 to 1. This means that the majority of clients in DMH affiliated housing now live in their own single apartments, or with one roommate rather than in group home settings.

Other significant developments in Fiscal Year 2003:

- During the year DMH promoted access to new housing placements for its clients as well as ensuring that existing federal housing grants were funded again. The Department and its community partners, including service providers, were able to add 250 new housing units to the DMH system and secure continued funding for another 225 housing units.

- DMH and the Department of Housing and Community Development continued to jointly administer the special DMH Rental Assistance program. Legislative budget cuts reduced the program from $3.1 million in Fiscal Year 2002 to $2 million in Fiscal Year 2003, but a creative and effective collaboration secured Section 8 vouchers for clients whose housing was in jeopardy.

- In another important collaboration, DMH worked with MassHousing, DHCD, and other agencies on the Tenancy Preservation Program, expanding the program to two more locations—Boston and Brockton. The TPP is an interagency effort with the court system and DPH aimed at preventing evictions and homelessness. It provides intervention services in cases where residents are experiencing tenancy problems.

- DMH awarded contracts to six Clubhouses, one in each DMH Area across the state, to support housing search and rental assistance activities for members. In this first year of operation, 42 DMH clients received individualized, flexible housing supports. An additional 587 Clubhouse members received 11,952 hours of general housing support, including assistance with local housing authorities and other rental applications. This program has greatly empowered consumers to seek their own housing in the community using local resources.

By The Numbers

250 new housing units were created in FY2003

$12M in affordable housing financed through DHCD for DMH clients through FY2003

42 DMH consumers received individualized and flexible housing support services

587 Clubhouse members received 11,952 hours of general housing support services

Employment

We know that most consumers want to work, yet only a third of people with mental illnesses have jobs. It is our vision that *all* consumers who want to work find and keep meaningful employment.

Addressing chronic unemployment and underemployment for clients of the Department of Mental Health and others with mental illness in the community is a priority for the Department. Through private vendors, DMH sponsors community-based programs to assist clients in their employment and educational goals, both to further their recovery and improve their economic well being. The two major employment and education programs are the Services for Education and Employment (SEE) and Community Support Clubhouses.

The SEE program consists of 25 local projects in communities across the state with enrollment limited to DMH clients. DMH funds this program with more than $6 million dollars annually to assist participants in securing employment; obtaining work training; and dealing with remedial, basic, or post-secondary education needs. Clients are offered flexible, individualized supports. Education or training placements are also offered with the goal of better preparing clients to enter the competitive employment market. In Fiscal Year 2003, a total of 2,105 DMH clients received SEE services.

DMH's Community Support Clubhouses also provide members with a range of career counseling, job search, training, support, and placement services for obtaining and maintaining permanent, supported, or transitional employment.

The Massachusetts Clubhouse Coalition is a non-profit organization committed to helping people with long-term mental illnesses find and maintain employment, housing, education and other services and support in the community. Membership includes over 14,000 Massachusetts residents who have mental illness and the staffs of 33 social and vocational centers called "Clubhouses," run jointly by members and staff.

About $15.6 million in annual DMH funding is allocated to Clubhouse programs. In addition to the more traditional job development, training, and employment services, each clubhouse operates under a "work ordered day" philosophy. Under this approach, all members are expected to contribute to the operation of the clubhouse each day. This allows members, particularly those who are just beginning their recovery process, to develop appropriate life skills and work attitudes and abilities. Fiscal Year 2003 statistics from by the Massachusetts Clubhouse Coalition shows 860 employers throughout the Commonwealth provided 2,135 job placements for members.

Suicide Prevention

Several noteworthy accomplishments in Fiscal Year 2003 marked the statewide suicide prevention initiative, led by the Department of Public Health and the Department of Mental Health.

Suicide can be prevented. In 2001, the U.S. Surgeon General set forth a national strategy for suicide prevention based on advances in science and public health. Recognizing the importance of data, the expansion of suicide surveillance systems is a national goal and one embraced by DMH. A study led by DPH found that suicide is a significant public health problem in the Commonwealth. During 1999-2000, suicides were three times as frequent as homicides. For every suicide, there were 10 hospitalizations and an estimated 17 emergency department visits for non-fatal self-inflicted injuries.

This original report was published in May 2001 and was updated in Fiscal Year 2003. It is designed to provide an overview of the problem to prevention groups, elected officials, clinicians, and others with an interest in preventing suicide and self-inflicted injuries in the Commonwealth and assist them in their efforts to prevent these tragic events.

DMH and DPH co-sponsored the second annual statewide suicide prevention conference on May 14, 2003, at the College of the Holy Cross in Worcester. Called "Changing Minds, Saving Lives: Suicide Prevention Across the Lifespan," the event drew 240 attendees and featured Brian Mishara, an international suicide expert, as the keynote speaker.

Brian Mishara, international suicide expert and Professor of Psychology and Director of the Centre for Research and Intervention on Suicide and Euthanasia at the University of Quebec at Montreal, was the keynote speaker at the second annual statewide suicide prevention conference in May 2003.

The first edition of the Massachusetts Suicide Prevention Resource Directory was finalized in May 2003. The 138-page guide is modeled after the Norfolk County Anti-Crime Council's booklet entitled "Preventing Youth Suicide: What You Can Do." The Resource Directory was prepared by Ellen Freedman, Diane DeAngelis, Christine Farrell, Cindy Rodgers, and Dr. Ramya Sundararaman of DPH; Marilyn Berner, former chief of staff for DMH; and Greg Miller, executive director of the Samaritans of Merrimack Valley. The directory is designed to help locate existing local, state, and national suicide prevention services.

Facts and Figures

In FY03, the Department of Mental Health served approximately 24,000 consumers. Case management services were provided to 10,688 adults and to 1,975 children and adolescents. The Department provided or purchased residential services for 8,429 adults. In FY03, 412 individuals with serious mental illness were admitted to the three psychiatric hospitals operated by the Department.

Significant activities this year include the closing of Medfield State Hospital, with a capacity of 147, as well as a 20-bed unit at Worcester State Hospital and a 36-bed unit at Tewksbury Hospital, a Department of Public Health/Department of Mental Health facility. Overall adult inpatient capacity was reduced from 1,127 to 948 and a significant portion of the savings in operating funds derived from closing Medfield State Hospital was used to expand the community service system.

	FY2003	FY2002
FUNDING		
General Fund Appropriations	608,506,539	616,851,492
Capital	1,581,429	2,248,493
Federal Grants	17,283,451	19,919,117
Budgeted Trust Funds	21,962,461	14,848,876
Total	649,333,880	653,867,978
EXPENDITURES		
General Fund Appropriations	605,203,943	614,596,611
Capital	896,669	1,575,053
Federal Grants	14,884,318	14,440,897
Trust Funds	18,764,403	13,610,058
Total	639,749,332	644,222,619
REVENUE		
General Fund Revenue	109,631,295	96,815,388
Trust Funds	29,659,795	18,467,995
Retained Revenue	6,122,559	7,686,784
Total	145,413,649	122,970,167

Fiscal Year 2003

EXPENDITURES BY CATEGORY

4% Administration $26,455,697

1% Research & Training $8,828,090

56% Adult Mental Health Community Services. $355,656,606

12% Child/Adolescent Community Services. $77,588,636

27% Inpatient Services $171,250,303

Commonwealth of Massachusetts
Department of Mental Health
25 Staniford Street
Boston, MA 02114
617-626-8000
DMH on the Web at www.state.ma.us/dmh