2004 Annual Report

July 1, 2003 to June 30, 2004

Massachusetts Department of Mental Health

Mitt Romney

Governor

Ronald Preston

Secretary

Elizabeth Childs, M.D.

Commissioner

"Bloom" — a public art installation of 28,000 pots of flowers at the Massachusetts Mental Health Center in November 2003 by artist Anna Schuleit commemorating the hospital's closing.

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

Elizabeth Childs, M.D., Commissioner

Dear Friends,

As I reflect on my time as mental health commissioner, I want to take this opportunity to thank the many people who contributed the time, effort and support that helped the Department of Mental Health fulfill a number of significant accomplishments.

The word community never had more meaning for me than during this period . I am grateful for a dedicated staff, strong and collaborative advocates and a Legislature that understands that mental health is a priority. The Administration and the Executive Office of Health and Human Services have been invaluable sources of guidance and resources. Together we have positioned the Department to be ever more responsive to the needs of consumers.

Most notable among our achievements in Fiscal Year 2004 was the landmark Inpatient Study Report, which helped us create a vision of a comprehensive system of care in our proposal to expand community services while consolidating two outdated inpatient facilities. The report laid the foundation for outside language in the Fiscal Year 2005 state budget establishing a special commission that will undertake a feasibility study for building a new state-of-the-art inpatient facility in Central Massachusetts. The stage is now set for our work going forward to build a new psychiatric hospital. This is an exciting development and indeed recognizes that all individuals who need ongoing psychiatric inpatient care receive exemplary treatment and rehabilitation in safe, modern physical settings.

It is also gratifying that in my short tenure, we are realizing the potential of the reorganization of Executive Office of Health and Human Services agencies through the alignment of the Massachusetts Behavioral Health Programs unit and mental health services. This is a tremendous opportunity to better coordinate care across the spectrum of services and promises to create a stronger, more integrated system of mental health care.

On another important front, I issued the Department's Restraint & Seclusion Philosophy Statement this year, formalizing this prevention model and improving practice that will lead to better outcomes for consumers. In November 2000, the Department led a statewide movement to eliminate the use of restraint and seclusion in child and adolescent programs and facilities across the commonwealth that resulted in significant decreases in restraint and seclusion incidents. This work continues as we look toward a day when restraint and seclusion are eliminated in all treatment settings. These and other highlights of Fiscal Year 2004 can be found in this annual report.

These successes and forward-thinking initiatives are the result of diligence and dedication on the part of many people who make up the mental health community and will help us continue to provide excellent care and services to adults, children and adolescents with mental illnesses. It is an honor to be commissioner while surrounded by this community of compassionate and creative individuals. You are all vital to our mission of caring for the Commonwealth's most vulnerable citizens. Your efforts make a difference.

Elizabeth Childs, M.D.

Inpatient Study Report for The General Court

March 2004

A Special Commission to study the feasibility of constructing a new Department of Mental Health inpatient facility, enacted by Section 364 of Chapter 149 of the Acts of 2004, was the result of a the Department Inpatient Study Report for the General Court. The foundation of our work in this area is the imperative that we provide community placements for those individuals in state hospitals who are ready to live in less restrictive settings. A major feature of the plan is a reduction of the combined bed capacity of Worcester and Westborough State hospitals from 354 beds to approximately 260, and the consolidation of that capacity in a new, state-of-the-art inpatient psychiatric facility.

The Department's Inpatient Study Report of March 2004 outlines two basic issues: the limitations posed by two aging facilities; advanced standards of care and treatment of individuals with mental illness that have far outpaced our existing infrastructure.

Key Points of the Report:

- ◊ Neither Worcester nor Westborough has an updated heating, ventilation and air conditioning system. Many inpatient clients are prescribed psychotropic medications, which result in thermal comfort issues. Overheated inpatient units in spring and summer months exacerbate individuals' symptoms.
- ◊ The lines of sight within existing inpatient units are structurally encumbered by walls and columns, preventing the visibility necessary for clinical staff to ensure client safety.
- ◊ Limited square footage negatively impacts inpatient clients' personal space and privacy — critical for persons struggling to recover from the effects of serious and persistent mental illness.
- ◊ The narrow and enclosed feel of the current environments is not conducive to a therapeutic milieu. A much wider and open unit space that is washed with ample light is now considered the accepted standard.
- ◊ The appearance of contemporary psychiatric hospitals has changed based on client, family and provider input and has moved from stark institutions to more accessible and inviting health care settings.
- ◊ Physical changes in inpatient environments can positively or negatively affect the well-being of clients and staff. Numerous studies demonstrate how state-of-the-art renovations to inpatient and day program areas result in positive outcomes such as decreased rates of client violence, enhanced client self image and fewer unscheduled staff absences.

The Department recommends that the closure of both Worcester and Westborough State hospitals and the construction of a new DMH inpatient facility is the responsible plan for the future of inpatient mental health care in the commonwealth. We believe the opportunity to build a new state-of-the-art DMH inpatient facility would address the critical goals of client and staff safety, high quality services, treatment and care, and the avoidance of extensive capital costs at Worcester and Westborough State hospitals. Building a new DMH facility can represent proactive investing in a sound, modern physical setting whose years of viability will extend far beyond those of either Worcester or Westborough.

The full text of the Inpatient Study Report can be found on the Department's Web site at www.mass.gov/dmh

Massachusetts Child Psychiatry Access Project

Overview

The goal of the Massachusetts Child Psychiatry Access Project (MCPAP) is to make child psychiatry services more accessible to primary care providers (PCPs) throughout the Commonwealth. Specifically, MCPAP will provide PCPs with timely access to child psychiatry consultation and, when indicated, transitional services into ongoing behavioral health care. MCPAP will be available to all children and families, regardless of insurance status, as long as the point of entry is through their PCP.

The project is funded through a FY2004 appropriation of $2.65 million.

Operation

MCPAP operates from 9 a.m. to 5 p.m., Monday through Friday, and is not meant to replace necessary emergency services. Through MCPAP, teams of child psychiatrists, social workers, and care coordinators will provide assistance to PCPs in accessing psychiatric services. MCPAP will be regionalized to facilitate an ongoing relationship between the MCPAP team and the PCP.

Regional teams represent five geographical areas of the commonwealth. Each team will consist of a child psychiatrist, a licensed social worker, a care coordinator and appropriate administrative support. Each team builds relationships with the PCPs in their region to provide psychiatric telephone consultation, often immediately, but at least within 30 minutes of contact. The consultation generally results in one of the following outcomes depending upon the needs of the child, the physician and the family:

- An answer to the PCP's question;
- Referral to the team care coordinator to assist the family in accessing routine, local behavioral health services, with the understanding that there may be a 4-6 week wait;
- Referral to the team social worker to provide transitional face-to-face care or telephone support to the Member and family until the family can access routine, local behavioral health services;
- Referral to team child psychiatrist for an acute psychopharmacologic or diagnostic consultation.

Training

The regional MCPAP team will also provide PCPs with training and behavioral health continuing education. Although much of this education will occur during telephone consultations regarding specific cases, the team will be available for "brown bag" or other type learning sessions at the PCP office. MCPAP recognizes that individual PCPs are able to manage behavioral health cases of varying complexity. The relationship of the PCP – MCPAP team will accommodate that variability.





Taunton State Hospital

150 Years of Tradition, Service and Healing

On April 7, 1854, Taunton State Hospital, the Commonwealth's first Kirkbride-style state psychiatric facility, opened its doors and in the short space of eight weeks, the hospital had received the 250 patients for which it was designed. By 1870, the average number of patients approached 400. In 1873 the Legislature granted an appropriation of $125,000 to expand Taunton State Hospital. Records showed that then hospital superintendent Dr. Godding also advocated for more adequate heating.

Taunton State Hospital saw an explosion of growth and construction between 1887 and 1906. A new greenhouse was built on the grounds as well as a new power house, a new cow stable and an artesian well. The ice house was doubled in size. In 1902, the hospital was completely wired for telephone service and electricity followed three years later.

In 1922, the hospital's occupational therapy department was serving more than 500 patients. Another spurt of building and expansion took place during this time: tunnels were built to connect the railroad spur to an expanded storehouse to carry coal directly to the power and boiler houses; a new paint shop, blacksmith shop, bakery, kitchen and dining rooms were also built during this period.

By 1934, the Commonwealth's Public Works Administration approved the construction of two buildings: the Hospital Building and the Male Infirmary.

The 1960s carried another era of change for Taunton State Hospital. The Kennedy Administration introduced the community approach to treating mental illness and brought together the patient, immediate caregivers and the community to which the patient would ultimately return. During the early 1980s, the development of crisis centers and the expanded use of residential services, day programs and mental health clinics significantly reduced Taunton State Hospital's census and admissions. The facility also developed on-grounds cottages to provide the first step for long-term care patients to enter life in the community.

Another period of hospital improvements took place in the 1990s, addressing the quality of the physical plant. Also at that time, in 1993, the Friends of Taunton State Hospital was incorporated as a non-profit charitable organization, which has historically provided support to programs and individuals.

Today, Taunton State Hospital continues its venerable tradition of honoring the beliefs of its founders of 1854, continuing to support and value patients' engagement in their own recovery process through the "medical and therapeutic treatment" originally described by Dr. Kirkbride

Hundreds of visitors, consumers, family and community members attended the 150th Anniversary of Taunton State Hospital in April. The celebration was held at the Ricky Silvia Recreation Building on the Taunton State Hospital Campus. Above and at right, some of the many visitors view historic photos, documents and artifacts on display at the anniversary observance.

Performance Recognition Program Awards

Commissioner Childs recognized 72 DMH employees for earning Performance Recognition Program citations in FY2004. This program gives formal recognition to Commonwealth employees who make meaningful contributions, which distinguish them from their peers. These special awards focus attention on consistent, positive achievements by both individuals and teams of state employees, and recognize those who demonstrate innovation and dedication to their work, concern for the public trust and a commitment to excellence.

Central Mass. Area

Hui Chi Parenteau — Worcester State Hospital

Veilca (Cherie) Rivera — North Central Site

Central Office

Contracts Unit — Maureeen Giacchino, Michleen Rygiel, Carol Jalbert

Metro Boston

Patricia Cahill — Cambridge/Somerville Site

Carolyn Jonah — Bay Cove Site

Southeastern Mass. Area

Jesse Hill — Taunton State Hospital

Marianne Murray — Cape Cod and Islands Site /Woodward House

Dr. John C. Corrigan Mental Health Center Rehab Committee — Dan Pritchard, Lisa Carroll, Stephanie Hoye, Lynne Olsen-Vieira, Lynda Levesque, Lori Cleveland, Dr. James Farrelly, Michael Ramos, Patricia Boucher-Fortin, Donna Riddar, Margot Copeland, Magda Pinto

Metro Suburban

Charles Hoegen — West Suburban Site

Alan Freedman — South Suburban Site

Westborough State Hospital Community Integration Group — Michelle Mele, Sheila Mall, Joseph Kilburn, Richard McKenzie, Deb Morin, Anna Philip, Elaine Woods, Sheryl Ethier, Lenamarie Flood, Virginia Allfrey

North East Area

Ellen Flowers, Director of Nursing — Tewksbury State Hospital

Cecily Long — Essex North Site

Western Mass. Area

Western Mass. Case Management Supervisors — Brad Cole, LeeAnne Hegarty, Margaret O'Brien, Mark Goodwin, Irene Westbrook, Nancy Brenner, Audra Kinner, Tom Moriarty, Michael Murphy, John Garelli, Nancy Ryan

Statewide

Ed K.S. Wang, Psy.D. – Director, Office of Multicultural Affairs and the Statewide Cultural Competency Action Team — Cecilia Gomez-Brown, Richard Breault, Raul Montero, William Scott, Richard Grant, Charles Hoegen, Sanford Epstein, Esperanca Moniz, Jose Monteiro, Brian Osborne, Clifford Robinson, Tina Adams, Ann Capoccia, Joy Connell, Joan Kerzner, Georgette Tanner, Lucille Traina, Hanh Vinh Tran

B L O O M

A public art project by Anna Schuleit

Massachusetts Mental Health Center, November 14-17, 2003


Flowers never given...

BLOOM was created as a temporary public art project to mark the move and closing of the original building of the Massachusetts Mental Health Center in Boston. Artist Anna Schuleit was commissioned for this project by the Massachusetts Department of Mental Health and Harvard Medical School Department of Psychiatry. The remarkable installation was completed with no production budget—all funds were raised by the artist with her planning committee and project volunteers.

After the historic mental health center closed in early November 2003 and all office and treatment spaces had been cleaned out, the empty building was filled with 28,000 potted flowers in bloom, sorted by color. Each color marked a different space, a different hallway, tracing the axes of the building and its former traffic ways. In the basement 2,900 square feet of grass sod was laid wall to wall, covering every inch of the hallway in live green grass for viewers to walk on.

The building was accessible from the street through its regular entrance. Viewers stepped into the building and were able to explore four floors on their own. The building's heat had been turned off, and there was a slight draft throughout the building that stood in stark contrast to its 91 years of function as one of Boston's best known mental health centers. The flowers were a visual reminder of the fact that psychiatric patients do not receive flowers as do patients with other illnesses . The number of flowers used in the project was derived from an *estimate of flowers that had never been given during the course of 91 years* since the center's opening in 1912.

The project was open to the public for four consecutive days during which thousands of people viewed the installation. The flowers were then delivered by the volunteers to psychiatric hospitals and treatment centers throughout New England.

B L O O M Partners ~ Arnold Arboretum at Harvard University ~ Beth Israel Deaconess Hospital ~ Boston Preservation Alliance ~ M M H C Citizens Advisory Board ~ Department of Mental Health ~ Community Alliance of Mission Hill ~ Drew University Art Department ~ Harvard Medical School Department of Psychiatry ~ Isabella Stewart Gardner Museum ~ Massachusetts Human Services Coalition ~ Mission Hill Main Streets ~ National Alliance for the Mentally Ill ~ New Repertory Theatre ~ The Revolving Museum ~ Simmons School of Social Work

Restraint and Seclusion Reduction Initiative

On March 26, 2004, Commissioner Elizabeth Childs, M.D., reinforced the Department's commitment to reducing and ultimately eliminating restraint and seclusion in its facilities and programs by issuing a Philosophy Statement. In November 2000, the Massachusetts Department of Mental Health (DMH), through its Licensing and Child/Adolescent Services Divisions, embarked on a mission to reduce and ultimately eliminate the use of restraint and seclusion in all child and adolescent inpatient and intensive residential treatment facilities in the state. By the end of August 2002, episodes of restraint and seclusion (per 1,000 patient days) had decreased 72.9%, 47.4% and 59%, respectively, in child (ages 5-12), adolescent and mixed child/adolescent units. This work is ongoing and is being expanded to include adult facilities as well. The following is the full text of the Department's Philosophy Statement.

RESTRAINT & SECLUSION PHILOSOPHY STATEMENT

The Massachusetts Department of Mental Health (DMH) is committed to eliminating the use of restraint or seclusion in its facilities and programs. This goal is consistent with a mental health system that treats people with dignity, respect and mutuality, protects their rights, provides the best care possible, and assists them in their recovery. DMH understands that achieving this goal may require changes in the culture of the clinical environment and the ways in which the physical environment is utilized.

Some people enter the mental health system for help in coping with the aftermath of traumatic experiences. Others enter the system in hope of learning how to control symptoms that have left them feeling helpless, hopeless and fearful. Many enter the system involuntarily. Any intervention that recreates aspects of previous traumatic experiences or that uses power to punish is harmful to the individuals involved. In addition, using power to control people's behavior or to resolve arguments can lead to escalation of conflict and can ultimately result in serious injury or even death.

To accomplish its goal, DMH endorses and promotes a public health model that equally values input from patients, staff and families, and that emphasizes:

§ Primary Prevention: preventing the need for restraint or seclusion;

§ Secondary Prevention: early intervention which focuses on the use of creative, least

restrictive alternatives, tailored to the individual, thereby reducing the need for restraint or

seclusion; and

§ Tertiary Prevention: reversing or preventing negative consequences when, in an

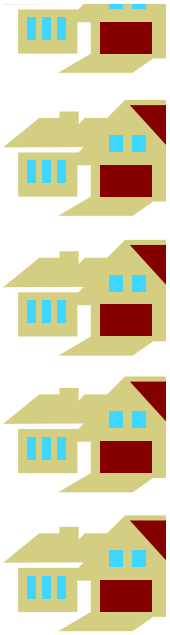
emergency, restraint or seclusion cannot be avoided.

Furthermore, the public health model uses feedback from each stage to inform and improve subsequent actions. This is a strength-based approach that focuses on enhancing self-esteem, thereby promoting the client-centered goals of recovery and rehabilitation. DMH strongly believes this approach is essential in establishing a culture that is proactive, responsive and collaborative, rather than reactive.

Comprehensive training, education, modeling, mentoring, supervision and ample support mechanisms foster a therapeutic and healing environment for patients and a supportive environment for staff. Such a therapeutic and healing environment must reflect the stresses experienced by patients and staff. Staff must be given opportunities to increase their empathy for and awareness of the patient's subjective experience, including that of mental illness, and of restraint and seclusion, and must receive instruction in the use of non-physical interventions and other best practices.

Finally, while emphasizing that restraint and seclusion are not considered forms of treatment, DMH recognizes that in an emergency situation involving imminent risk of harm, where less restrictive alternatives have failed, the judicious and humane use of restraint or seclusion may be necessary to prevent harm. In these instances, staff must use these interventions for the least amount of time and in the least restrictive way, taking into consideration the patient's history, preferences and cultural perspective. The continuous evaluation of restraint and seclusion data, and ongoing use of targeted performance improvement initiatives will reinforce the prevention model, improve practice, lead to better outcomes and support the goal of eliminating the use of restraint and seclusion in DMH facilities and programs.

Housing and Residential Services



Department of Mental Health residential services include a range of options from fully staffed group residences to supported housing and rental assistance. DMH provided residential services to 6,975 adults and 286 elders in Fiscal Year 2004. In addition to these services, DMH serves hundreds of clients living in their own homes through supported housing services provided by the Massachusetts Clubhouse Coalition's Clubhouses across the state as well as through other DMH community programs. The following is a list of highlights of Fiscal Year 2004:

Housing Training

DMH trained more than 300 mental health workers in all six DMH Areas on Section 8 vouchers, housing search and fair housing. Case managers, residential staff and DMH and provider direct care staff participated in these series of trainings held in cooperation with the Citizens' Housing and Planning Association (CHAPA), a statewide educational and advocacy organization for affordable housing.

MassHousing Set-aside Units

DMH continued to work closely and collaboratively with MassHousing, an independent agency that serves as the commonwealth's affordable housing bank, regarding set-aside units for DMH clients who occupy nearly 400 units in residential buildings across the state. The rents for these units are capped at 30 percent of a client's income, insuring affordability. MassHousing continues to review the inventory to ensure that all units available to DMH consumers are being used and accounted for. The set-aside agreement allocates three percent of low-income housing units to DMH and Department of Mental Retardation clients.

Chapter 689/167 Special Needs Housing

Chapter 689/167 is the Special Needs Housing Program managed by the Massachusetts Department of Housing and Community Development (DHCD) to build housing in cooperation with local housing authorities. In Fiscal Year 2004, DMH operated 78 Chapter 689/167 developments across the state with a total capacity of 621 clients.

Facilities Consolidation Fund

In Fiscal Year 2004, DMH made a concerted effort to promote integrated, independent housing by tapping the Facilities Consolidation Fund and providing education and training to senior DMH Area staff and housing developers in collaboration with CHAPA. DMH produced a new brochure that covered integrated housing and the use of a range of financing tools. During the fiscal year, four new projects were certified by DMH representing 23 units of housing and a financial commitment of about $1.5 million.

Citizens' Housing and Planning Association

CHAPA, a statewide housing advocacy organization, assisted DMH with a housing development forum in November 2003 to discuss the integrated housing model, examine housing resources and outline recommendations for the future. CHAPA also hosted a meeting in June 2004 for non-profit and for-profit developers, presenting the integrated housing concept and creating a forum to explore future collaborations that will result in more affordable housing for DMH clients.

Western Massachusetts Area

Elizabeth Sullivan, Area Director

P.O. Box 389, Northampton, MA 01061-0389, Phone (413) 587-6200 Fax (413) 587-6205 TTY (413) 586-6592

Adams, Agawam, Alford, Amherst, Ashfield, Athol, Belchertown, Bernardston, Blandford, Buckland, Charlemont, Cheshire, Chester, Chesterfield, Chicopee, Clarksburg, Colrain, Conway, Cummington, Dalton, Deerfield, East Longmeadow, Egremont, Erving, Florida, Gill, Goshen, Granby, Granville, Great Barrington, Greenfield, Hadley, Hampden, Hancock, Hatfield, Hawley, Heath, Hinsdale, Holyoke, Huntington, Lanesborough, Lee, Lenox, Leverett, Leyden, Longmeadow, Ludlow, Middlefield, Monroe, Monson, Montague, Monterey, Montgomery, Mt. Washington, New Ashford, New Marlborough, New Salem, North Adams, Northfield, Northampton, Orange, Otis, Palmer, Pelham, Petersham, Phillipston, Pittsfield, Plainfield, Richmond, Rowe, Royalston, Russell, Sandisfield, Savoy, Sheffield, Shelburne, Shutesbury, Southwick, South Hadley, Southampton, Springfield, Stockbridge, Sunderland, Tolland, Turners Falls, Tyringham, Ware, Wendell, Whately, Washington, Westfield, Westhampton, West Springfield, West Stockbridge, Wilbraham, Williamsburg, Williamstown, Windsor, Worthington

Central Massachusetts Area

Elaine Hill, Area Director

Worcester State Hospital, 305 Belmont Street, Worcester, MA 01604, Phone (508) 368-3838 Fax (508) 363-1500 TTY (508) 752-0127

Ashburnham, Ashby, Auburn, Ayer, Barre, Bellingham, Berlin, Blackstone, Bolton, Boylston, Brimfield, Brookfield, Charlton, Clinton, Douglas, Dudley, East Brookfield, Fitchburg, Franklin, Gardner, Grafton, Groton, Hardwick, Harvard, Holden, Holland, Hopedale, Hubbardston, Lancaster, Leicester, Leominster, Lunenburg, Medway, Mendon, Milford, Millbury, Millville, New Braintree, North Brookfield, Oakham, Oxford, Paxton, Pepperell, Princeton, Rutland, Shirley, Shrewsbury, Southbridge, Spencer, Sterling, Sturbridge, Sutton, Templeton, Townsend, Upton, Uxbridge, Wales, Warren, Webster, Westminster, West Boylston, West Brookfield, Whitinsville, Winchendon, Worcester

North East Area

Marcia Fowler, Area Director

P.O. Box 387, Tewksbury, MA 01876-0387, Phone (978) 863-5000 Fax (978) 863-5091 TTY (978) 640-1193

Amesbury, Andover, Beverly, Billerica, Boxford, Byfield, Chelmsford, Danvers, Dracut, Dunstable, Essex, Everett, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Lawrence, Lowell, Lynn, Lynnfield, Malden, Manchester, Marblehead, Medford, Melrose, Merrimac, Methuen, Middleton, Nahant, Newbury, Newburyport, North Andover, North Reading, Peabody, Reading, Rockport, Rowley, Salem, Salisbury, Saugus, Stoneham, Swampscott, Tewksbury, Topsfield, Tyngsborough, Wakefield, Westford, West Newbury, Wenham

Metro Suburban Area

Theodore Kirousis, Area Director

Westborough State Hospital, PO Box 288 – Lyman Street, Westborough, MA 01581, Phone (508) 616-3500 Fax (508) 616-3599 TTY (508) 616-3533

Acton, Arlington, Ashland, Bedford, Belmont, Boxborough, Braintree, Burlington, Canton, Carlisle, Cohasset, Concord, Dedham, Dover, Foxborough, Framingham, Hingham, Holliston, Hopkinton, Hudson, Hull, Lexington, Lincoln, Littleton, Marlborough, Maynard, Medfield, Millis, Milton, Natick, Needham, Newton, Norfolk, Northborough, Norwell, Norwood, Plainville, Quincy, Randolph, Scituate, Sharon, Sherborn, Southborough, Stow, Sudbury, Walpole, Waltham, Watertown, Wayland, Wellesley, Westborough, Weston, Westwood, Weymouth, Wilmington, Winchester, Woburn, Wrentham

Southeastern Massachusetts Area

Ronald Dailey, Interim Area Director

Brockton Multi-Service Center, 165 Quincy Street, Brockton, MA 02302, Phone (508) 897-2000 Fax (508) 897-2024 TTY (508) 897-2224

Abington, Acushnet, Attleboro, Avon, Barnstable, Berkeley, Bourne, Brewster, Bridgewater, Brockton, Carver, Chatham, Chilmark, Cotuit, Dartmouth, Dennis, Dighton, Duxbury, East Bridgewater, Easton, Eastham, Edgartown, Fairhaven, Fall River, Falmouth, Freetown, Gay Head, Gosnold, Halifax, Hanover, Hanson, Harwich, Holbrook, Hyannis, Kingston, Lakeville, Mansfield, Marion, Marshfield, Mashpee, Mattapoisett, Middleborough, Nantucket, New Bedford, North Attleboro, Norton, Oak Bluffs, Onset, Orleans, Osterville, Pembroke, Plymouth, Plympton, Provincetown, Raynham, Rehoboth, Rochester, Rockland, Sandwich, Seekonk, Somerset, Stoughton, Swansea, Taunton, Tisbury, Truro ,Vineyard Haven, Wareham, Wellfleet, West Bridgewater, Westport, West Tisbury, Whitman, Woods Hole, Yarmouth

Metro Boston Area

Clifford Robinson, Area Director

85 East Newton Street, Boston, MA 02118, Phone (617) 626-9200 Fax (617) 626-9216 TTY (617) 626-8912

Boston, Brookline, Cambridge, Chelsea, Revere, Somerville, Winthrop


SIGILLUM REIPUBLICÆ MASSACHUSETTENSIS