

Recovery Through Partnership



**Massachusetts
Department of
Mental Health**

2008 Annual Report

Vision

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

Mission

The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health is an essential part of health care, 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.

On the Cover

The image of the worn boots is the logo for the Western Mass Recovery Learning Community. According to Western Mass RLC co-director Sera Davidow, this image represents *"the wear and tear we experience as we walk down life's path, while the flowers represent the potential and beauty that can grow out of that experience."*

A message from Commissioner Barbara A. Leadholm, M.S., M.B.A.

Dear Friends,

Recovery is real. It's not a slogan, it is a fact and one that I hope shines through the pages of our 2008 Annual Report. Consumers and their personal stories of recovery, achievement, and hopes and dreams realized are testament to the power of the human spirit.

Since I began my tenure as commissioner in September 2007, I realized early on that a shared vision existed among all stakeholders in the mental health community—that recovery for citizens with mental illnesses is a mutual responsibility, a partnership among consumers, families, providers, advocates and the Department of Mental Health.



The Department's work—current and future—is grounded in the three life-defining areas of housing, employment and education, which are vital to the principles of recovery and resiliency. In work, school and at home, one of the most effective ways we can promote recovery is through connections to one's community, employers, families and peers. Our goal at DMH is to help consumers reestablish normal roles in their communities. Roles that you and I take for granted but for some were tragically interrupted by mental illness.

My commitment to cultivating and promoting partnerships and infusing the principles of recovery and resiliency in our services, culture and approach to treatment is unwavering. Respect, dignity and self-direction are cornerstones of our work. We begin with an individual's strengths and together from there we move toward empowerment, opportunity, rehabilitation and recovery. Together we embrace the principle that a consumer-centered mental health care system is the foundation of transformation.

In the pages that follow, you will see the common thread of recovery and resiliency in the work and achievements we have accomplished—more importantly in the lives of each consumer with whom we partner to resume a life interrupted.



Massachusetts has been a leader in caring for people with mental illness since it built the first public asylum in America. Worcester State Hospital opened in 1833, serving as a model that other states soon followed. Over the next century, Massachusetts established a network of public hospitals, responding to needs as they arose.

In recent decades, advances in care and treatment for individuals with mental illness, together with recognition of the need to partner with consumers to sustain their recovery in less restrictive environments, have shifted the focus to the community. The Department has steadily closed inpatient facilities and reinvested the savings into community programs. However, there remains a need for high quality inpatient care, and the challenge is how to provide that care in facilities that can provide state-of-the-art treatment in environments that promote recovery and encourage individuals to return to their communities.



As a result of a legislative mandate to study DMH's inpatient capacity and need, the Department determined that it could further reduce the number of inpatient beds it is supporting, and that the needed capacity in the central part of the state presently served by Westborough State Hospital and Worcester State Hospital could be consolidated into one facility. As a practical matter, each of those facilities had outlasted its expected lifespan and neither could sustain the necessary number of beds to support the combined capacity.

The solution, endorsed by a bi-partisan, cross-constituency Commission created by the Legislature, was to close *both* state hospitals, and to build a new state-of-the-art facility to serve the central part of Massachusetts. After a thorough review of site plans, conceptual models and alternative land use scenarios, the Commission overwhelmingly chose to recommend the site of the original Worcester State Hospital for the new building.

With bond funding approved during FY2008, design work began in earnest. The new facility is designed for 260 adult beds, 30 adolescent inpatient beds and 30 adolescent Intensive Residential Treatment Program (IRTP) beds. It will provide a bright, modern environment that will support treatment designed to promote recovery and enhance consumers' ability to return to and remain in their homes in the community.

The hospital design is a remarkable collaboration among DMH, the Division of Capital Asset Management (DCAM) and a collective of talented architects under the lead of Ellenzweig Associates of Cambridge, Massachusetts. It incorporates elements of light and movement, inviting consumers to move from the unit (or house), into neighborhoods of shared clinical activity space, to the downtown area which features shops, a bank, a gym and other aspects of community living that will foster recovery and encourage community reintegration.

Among the significant elements of the design are single rooms and bathrooms for the adult hospital, affording individuals a respectful and dignified private space. The adolescent unit and IRTPs also have single rooms, and bathrooms shared by just two rooms. These are design features that have been recognized by architectural and accrediting agencies as essential for promoting dignity and respect.



Demolition on the site of the old hospital began in the spring of 2008. Careful work is being done to preserve the historic Clock Tower and the Hooper Turret, which are signature features of the Worcester landscape. Plans are underway to study the best way to reuse these buildings in a manner that respects their historical significance.

Construction is slated to be completed in late 2011 or early 2012.



The Statewide Youth Council, of which several members who are pictured here, is a strong and vibrant voice for young consumers to guide and inform the public mental health system.

Transition Age Youth Initiative

The Department of Mental Health developed the Transition Age Youth (TAY) Initiative in 2005 in order to help adolescents with serious emotional disturbance or serious mental illness transition into adulthood. DMH is helping youth transition healthfully to adulthood by developing and expanding services such as adult housing, peer mentoring and specialized case management. Of the 3,395 young adults age 16 to 25 eligible for DMH services, more than 2,800 received some combination of services and supports.

The TAY Initiative is a collaborative effort between the Child and Adolescent Division and the Adult Division of the Department of Mental Health. Coordinating this joint effort is Ann Capoccia, Coordinator of Interagency Activities, and Annabelle Lim, Management Analyst. One of the guiding principles of the TAY Initiative is the importance of racially, ethnically and culturally diverse youth and the young adult voice to guide system development.

Young Adults: Making a Difference with a Strong Voice

By Matthew McWade
DMH Statewide Youth Coordinator

In the past year, the State and Local Area Youth Councils have begun cementing youth involvement in their processes by straying from simply giving feedback to providers to announcing their voices willfully and with intent.

This maturation of purpose gives young adults involved in DMH sure reason and a sense of value framing their experience, conclusions and the voicing thereof. One individual involved with both the Arlington Local and Statewide councils repeatedly comments: "I like when my opinion is valued and I feel like I'm more than a patient."

The opportunities for creative involvement in the State and Local council projects are varied, and when Young Adult involvement is announced, many of the youth appear immediately surprised and excited. Projects that I have personally seen several young adults get excited about are the Focal Point article and the freedom and possibilities of local council produced and Statewide Council distributed YouTube videos, as well as the SAMHSA/CMHR funded minorities in services documentary project. With these various creative mediums we have utilized in the past year, many of the projects have become more of a personal opportunity as well as viable means to pronounce the youth consumer voice.

The venues the councils use to express their voices are opportunities in which council members and affiliated youth have always wanted to become involved—a nationally published written article and an opportunity to step into a real editing room and edit an entire movie—but did not have a chance to. While the means are novel and exciting propositions, these projects are also expressing youth voice more personally and to a larger audience.

Leading the Young Adult Voice is Matthew McWade, the Statewide Youth Coordinator for the TAY Initiative. In his role as Youth Coordinator, Matthew leads a Statewide Youth Advisory Council which brings together providers, youth and young adults to advise the Department of Mental Health. "We are a group of young adults who work together to find equality and to advocate for each other, ourselves and any youth and young adults in the DMH system and the community," says Matthew. "We represent youth and young adults with mental illness in the state of Massachusetts through personal experience as peers."

The group has expressed its preference to focus on stigma and recovery which is featured in an exceptional video created by Matthew and which is posted on YouTube (www.YouTube.com). The Council is also in the process of developing a website to reach a larger audience that could serve as a resource for young adults with mental illness.

The main topics of discussion on the Council's agenda are creating a Youth Wing of a national Trauma Sensitive/Trauma Informed movement, deciding on an accessible venue for meetings, securing housing for Transition Age Youth with mental health issues, producing future videos for the YouTube project and hosting monthly social events. Additionally, the Council is in the process of writing two articles for the winter 2009 edition of the publication Focal Point, a major publication of the University of Portland's TA Center on Families. Focal Point contacted Matthew after seeing his video on YouTube.



A consumer participating in Tewksbury Hospital's Arts and Healing program snapped this photo of T.H.E. FARM, located at the Hospital. T.H.E. FARM, a therapeutic horse program, offers consumers the opportunity to help care for horses and to learn to ride, which has been instrumental in many individuals' recovery. The Arts and Healing program invites local artists in to work with individuals using the arts as a tool for recovery. This photographer captured an image of a grazing horse in an idyllic landscape.

Beginning in 2003, the North East Area initiated a partnership with consumers and family members as part of a local planning process that supported the concept "Nothing about us without us," a phrase coined by the consumer community several years ago. As a result, some exciting initiatives have taken place and continue on with active participation from people receiving mental health services as well as family members of individuals served in the North East Area.

Healthy Changes Task Force

A true collaboration among consumers, providers, DMH and Department of Public Health adult and child/adolescent staff, the Healthy Changes Task Force is making a difference in the wellness of consumers in the important areas of smoking cessation, nutrition and exercise. Up and running for only a short period of time, the Task Force facilitated the development of smoking cessation programming as well as the development and advancement of nutrition programming at Tewksbury Hospital and in community programs.

Recovery in Action

With the goal of integrating the principles of recovery throughout all services provided by the DMH North East Area, Area Director Susan Wing established the Recovery Action Team, which consists of consumers, community program and hospital staff. Five interdisciplinary subcommittees are working to address several critical areas: person-

centered planning; recovery-based language; peers in the workforce; and social and peer support and training. Fifty individuals attended a three-day Wellness Recovery Action Planning (WRAP) training in May and 18 people completed the five-day WRAP facilitator training in June.

North East Area-wide recovery event was held on November 2, 2007, at Tewksbury Hospital. More than 250 people from the hospital and the community participated in setting the stage for the shift toward more recovery-oriented services. The North East Area looks forward to a series of similar events in each site and on each Hathorne inpatient continuing care unit, focusing on "The Power of Language" with featured speaker Nicki Glasser.

A Consumer Supports Resource booklet, developed for North East Area consumers and families, was revised in January 2008, and is available through the Area's eligibility office and the North East Recovery Learning Community.

The North East Recovery Learning Community (RLC) was established during the fiscal year under the auspices of the Northeast Independent Living Program. The North East RLC is a consumer-run network of self help/peer support, information and referral, advocacy and training activities. Training in recovery concepts and tools, advocacy forums and social and recreational events are all part of what goes on in a Recovery Learning Community.

Recovery Based Services at Tewksbury Hospital

Marilyn Feitelberg, chief operating officer of the Hathorne Units at Tewksbury Hospital, appointed a program design team to establish more recovery-oriented programs. The team is comprised of hospital staff and patients. This new design will address health and wellness as well as creative ways to implement health initiatives such as yoga classes. Many specialized training courses were offered to supplement professional development addressing the concepts of recovery, trauma-informed care, yoga, group facilitation and other similar topics.

Child/Adolescent Interagency Collaboration

The North East Area Child/Adolescent division has begun two interagency initiatives with the Department of Children and Families (DCF) aimed at assisting children and families in the North East Area. The first initiative involves monthly consultation to the local DCF Area office provided by North East DMH staff. This provides an opportunity for DCF social workers who are addressing complex



The DMH North East Area NAMI Walk team takes a photo break at the 2008 annual event.

situations to seek consultation, support and appropriate services from DMH in a timely and collaborative way. The plan is to extend this initiative to additional DCF offices in the Area over the next year. A second initiative is aimed at helping older adolescents with mental illness who are transitioning out of DCF services due to their age. A workgroup will look at best-practice models in the Area and statewide in order to ensure these transitions are as supportive as possible to the youth and families involved.

Transition Age Initiatives

In addition to providing a case manager throughout the transition age years, each North East Area site has developed new programming, recognizing that early adulthood is a critical time for developing skills and connections that will assist individuals in their recovery. Among the new offerings are six new Transition Age Supported Housing slots in Beverly; an expanded Transition Age Day Program at Branwen, including a connection to Service for Education and Employment (SEE) with Transition Age programming; the North East Area Transition to Independence Program; education, skills development and employment programming solely focused on Transition Age Youth in the Metro North and Lynn sites; and an ongoing and active Transition Age group meeting every week to address interests and concerns of young people and promote youth involvement at the Point After Club and the Haverhill Clubhouse.

When the Fog Lifts by Frank Patrick

I have been battling depression nearly all of my life. It's like living in a fog, or viewing things through a lens which filters out positive aspects of living. It makes me lethargic and longing for sleep and rest nearly all of the time. Sometimes it's hard to recognize when I'm doing better. At times it's so bad that life doesn't seem worth living, but I somehow seem to carry on.

Being involved in the arts programs at Tewksbury Hospital has been exceptionally helpful to me. My education is in music and it has always been a large force in my life. I was in the Theatre Group which presented "From My Window." Going to this group twice a week was really helpful, whether I was very depressed or not. At times when I was severely depressed, just going through the motions was comforting to me. At times when I was less depressed, I was transformed and really engaged by watching the play evolve and take form. For a time during rehearsals, I felt part of something larger than myself which made me focus less on my depression and more on the production. I particularly enjoyed going to the final rehearsals and especially the performances.

Twice a week, I use a computer program called *Hyperscore* to compose music. I also have a problem with attention span but not there. I could easily do this all day, as this is what I do, with different computer programs in my home studio as a serious hobby. (I am a software engineer by trade.) Again, I'm transformed out of my depression and am able to focus in on something else, that is, the musical composition I'm currently working on.

Recently, I was privileged to be able to attend the regional convening of the healing arts conference at Crotched Mountain for a day in April. There I demonstrated the *Hyperscore* program and spoke on a small panel about how participating in "From my Window" was therapeutic to me. The entire conference was a great experience because I was treated like a peer by a group of healing professionals and the overall atmosphere was very positive.

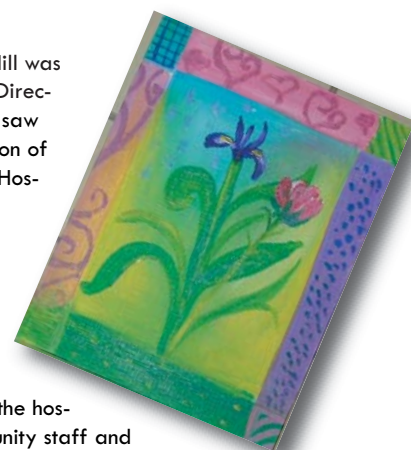
I see the arts programs as being very significant in my recovery and hope to pursue as many of the healing arts programs as possible. Once I leave the hospital, I also hope to set up my music studio again and look for part-time work in the computer field.



This fiscal year was one of transition for the Central Mass Area as Area Director Elaine Hill was appointed as DMH Deputy Commissioner for Mental Health Services and Deputy Area Director/Operations Manager Ann Scott was promoted to Area Director. In March 2007, we saw the beginning of what will mark an historic milestone and transition: demolition and construction of the new DMH state-of-the-art psychiatric hospital began on the grounds of Worcester State Hospital. This will be a multi-year building project, with the end result a modern facility that will serve all of Central Massachusetts.

Hospital-Community Collaboration

One of the Central Mass Area providers, Riverside Community Care, opened a new adult residence, Hamilton House, where eight individuals, who had spent a combined total of 120 years as patients at Worcester State Hospital, are now able to live in the community. In order to assist other Worcester State Hospital patients who have spent considerable time at the hospital, another Central Mass provider, Alternatives Unlimited, joined with hospital staff, community staff and the UMass Mental Health Services Research Center for Excellence in a pilot project that will provide extensive relationship-building, rehabilitation and community visits to support their successful community integration.



Art created by consumers, such as this piece, graces the offices throughout the Central Mass Area.

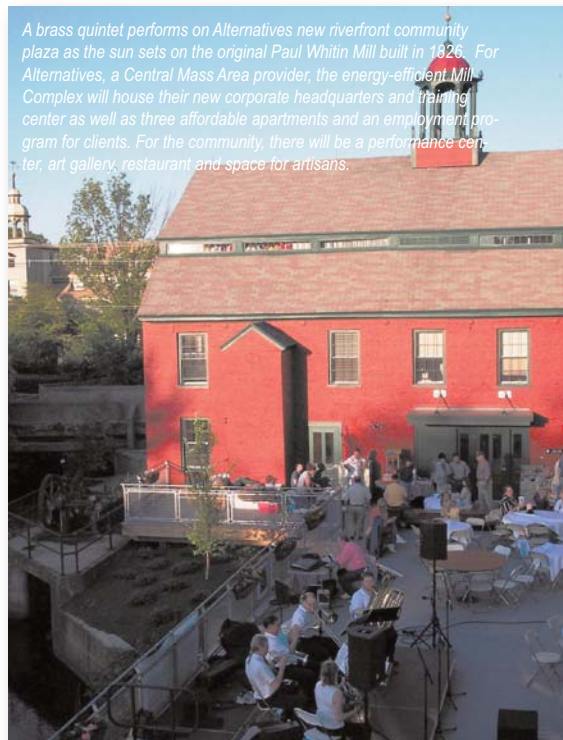
Children, Adolescents and Young Adults

The Area's Child/Adolescent Services staff worked to establish an Interagency Collaborative Team in Worcester partnering with representatives of the Department of Children and Families, the Department of Mental Retardation, the Department of Youth Services, Mass Behavioral Health Partnership, the Parent/Professional Advocacy League and the Department of Public Health. This initiative follows in the footsteps of the Whitinsville and Fitchburg Teams already in existence.

The Central Mass Young Adult Advisory Council focused on their mission of raising awareness about the talents and skills of young adults rather than defining them by their illness. Three young adults represented the group in a panel discussion which centered on this issue and shared their experiences. Members are giving back to the community by participating in a beautification effort at the Vietnam War Memorial at Worcester's Green Hill Park, which enhances the work being done there by Worcester State Hospital staff and patients. In addition, Council members are volunteering at a local rest home entertaining and visiting with residents.

Focus on Recovery and Peer Support

The new Worcester Recovery Learning Community is fully operational and has hired an executive director and staff. Their efforts involve conducting consumer-to-consumer groups and working with individuals on WRAP (Wellness Recovery Action Plans).



A brass quintet performs on Alternatives new riverfront community plaza as the sun sets on the original Paul Whitin Mill built in 1826. For Alternatives, a Central Mass Area provider, the energy-efficient Mill Complex will house their new corporate headquarters and training center as well as three affordable apartments and an employment program for clients. For the community, there will be a performance center, art gallery, restaurant and space for artisans.

The Recovery Steering Committee of Alternatives Unlimited held a conference entitled "Keys to Recovery." Forty-five people attended a variety of workshops on the topic of recovery facilitated by both individuals served and staff.

Worcester State Hospital made strides with the implementation of the Illness Management and Recovery program (IMR). A series of weekly individual or group sessions with mental health practitioners helps patients who have psychiatric symptoms develop personal strategies and skills, make informed decisions about treatment and further their recovery.

Several Central Mass providers have incorporated Peer Support into their array of services, including Genesis Clubhouse, The Bridge, Center for Health and Development, and Crossroads Clubhouse. The Area also incorporated peer support services and consumer assistance with the hiring of Consumer Advocate, Brian Dyer. His role is to provide these services through learned experience and professionalism, and to help prepare consumers for hospital discharge by community integration.

Staff Notes

Dr. Debra Pinals, Area Medical Director, published a book entitled "Stalking: Psychiatric Perspectives and Practical Approaches." In addition, she was appointed Assistant Commissioner for Forensic Mental Health Services in the Department's Central Office. Betty Rambarran, the Hospital's Director of Food and Nutrition, and Brian Minchoff, Worcester Site Director, participated in the EOHHS Management Certificate Program. Each of them prepared and presented a project they completed for the program to Central Office staff. They graduated in June 2008.

A Story of Recovery

by Kathan Murphy

I became mentally ill at age 20. A combination of things triggered it, my mother's cancer had spread to her lungs, 9/11 happened and I was accosted by a man after a frat party at the University of North Carolina at Charlotte. I did not know where to seek help nor did I realize I had a mental illness.

In the first few weeks of my sophomore year, I could not eat or sleep and lost over 20 pounds. Studying became impossible. I became paranoid and started to mutilate my arms and legs. I was too sick to ask for help. Finally on September 13, 2001, I swallowed 148 Tylenol. I was rushed to the hospital where my stomach was pumped and I was restrained to the bed. I spent five days in the ICU.

The University of North Carolina at Charlotte kicked me out of campus housing and told me that if I were to return to class I would have to be escorted by campus police. I was too tired and too sick to fight, so I left school and returned home to Worcester. I was hospitalized immediately.

I spent the next year going in and out of the hospital. During one of my many stays at a psychiatric hospital, I met with The Genesis Club. After the meeting I asked my social worker to write me a referral. My social worker said "no." She told me that I was too young and too high functioning for that type of program. My Mom encouraged me to apply to Assumption College. I did and I was accepted.

I went back to school but unfortunately I still had depression, thoughts about suicide and was also psychotic at times. Luckily, as part of a psychiatric rehabilitation course at Assumption, I again crossed paths with the Genesis Clubhouse and took a tour of the Club. I ignored my previous social worker's comments, made the decision to have my therapist write me a referral, and I officially became a member.

Genesis Club helped me in all aspects of my life, but most importantly supported me through college. Genesis connected me with the counseling services at Assumption, and they were able to negotiate for me to receive incompletes in my courses rather than F's. It was not that the work was too hard; it was that I needed more time to complete it. I was given the opportunity to speak with college students about mental illness and took part in the college club, "Active Minds," which is dedicated to fighting stigma.

I was the keynote speaker at the 14th International Seminar for Clubhouses in Milwaukee. I also spoke at the United Nations at The International Center for Clubhouse Development fundraiser. Recently, I was hired by Riverside Community Care at Crossroads Clubhouse as a Young Adult Outreach Support Worker and Unit Coordinator. Lastly, I was accepted into Springfield College School of Graduate Social Work. I owe all my success to the clubhouse and when I finish school, I hope to be a director of a clubhouse someday.



Kathan Murphy speaking at the United Nations International Center for Clubhouse Development.

Over the past three decades the mental health system in Western Massachusetts has been shaped by the strong commitment to community-based services, as required by the 1978 Brewster consent decree and exemplified by the 1993 closing of Northampton State Hospital. The values and philosophy of Western Massachusetts resonate with **Recovery and Resiliency through Partnership**; our focus on community integration, recovery and health and wellness initiatives is enhanced by the collaboration and creative innovations among the individuals and families we serve, our providers, our Area staff and our community partners.

Western Mass Recovery Learning Community

Funded by the Department in May 2007, the Western Mass Recovery Learning Community (RLC) is a cutting edge, peer-run project under the umbrella of the Western Mass Training Consortium. The Western Mass RLC supports individuals who have lived experience with mental health diagnoses, trauma and/or extreme psychological states in finding their own paths to recovery through the use of trauma-sensitive peer supports. At the end of its first year of operation, the RLC established Resource Connection Centers in Holyoke, Greenfield and Pittsfield offering phone and in-person support, libraries, computer access and resource information, as well as a variety of workshops and trainings there and in the community. Ultimately, human relationships are a large part of what heals, and already—regardless of whether it's happening in a computer class, an ATRIUM or WRAP workshop or while playing a newly purchased Wii—relationships are developing, a vibrant community has formed and people's lives are being changed. The worn boot adopted as the Western Mass RLC's logo represents *"the wear and tear we experience as we walk down life's path, while the flowers represent the potential and beauty that can grow out of that experience,"* according to Sera Davidow. Many providers and other peer organizations have welcomed the RLC with open arms, allowing collaborations, bridges and regional connections to build and that are invaluable to consumers on their paths to recovery.

Homeless Services

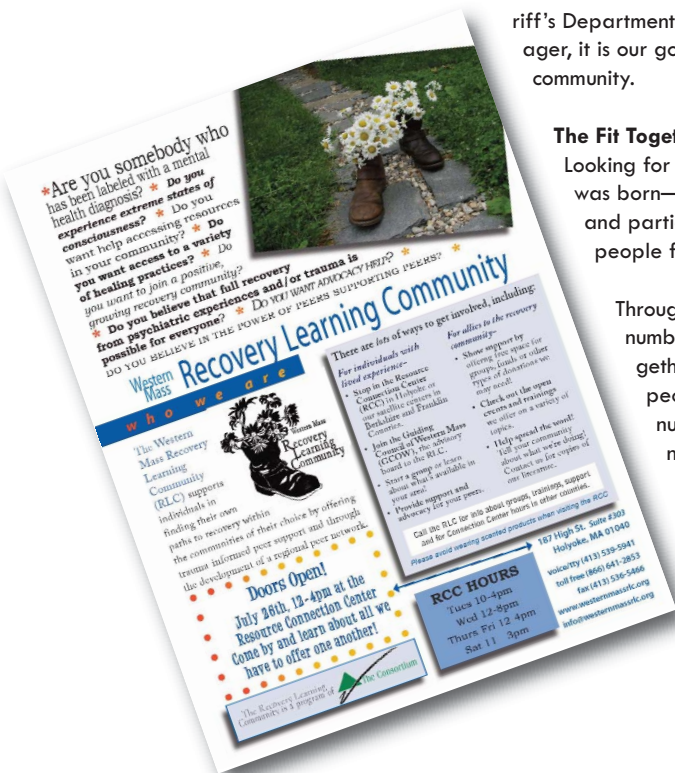
Since the phenomenon of homelessness appeared in the region, the Department, our providers and our community partners have endeavored to address this concern. The Springfield Tenancy Preservation Program was established in 1998 and has received statewide and national recognition. In February 2005 the Western MA Interagency Workgroup was established and has evolved into the Western MA Interagency Council on Homelessness and Housing (WMIC). The WMIC has implemented three pilot programs in partnership with the City of Springfield, the Western Mass. Housing Court, the Hampden County Sheriff's Department and all our community partners that meet the needs of our homeless citizens. These include: the Regional Engagement and Assessment Center with a Housing Program's pilot funded through an Interagency Service Agreement with the Department of Transitional Assistance, which engages homeless individuals and assesses access to clinical case management, support services, housing first and streamlined access to eligibility; CSPECH, a collaborative effort of the Behavioral Health Network, the Mental Health Association and the City of Springfield in which individuals with MassHealth insurance who are chronically homeless are provided wrap-around services; and forensic housing, a pilot program that began in March 2008 and serves people who are chronically and imminently homeless, post-incarcerated and who have serious and persistent mental illness. Through collaboration with the City of Springfield, the Mental Health Association, the Hampden County Sheriff's Department, the DMH Forensic Transition Team and the DMH Springfield Forensic Case Manager, it is our goal to deter inmate recidivism and maximize successful reintegration into the community.

The Fit Together Story: ServiceNet

Looking for a better way to address the serious health challenges of many individuals, a dream was born—of a health and wellness center in which people with mental illness can work out and participate in wellness-oriented classes in a supportive and inclusive environment with people from the larger community—where everyone is accepted for who they are.

Through grants from Health New England and the Big Y, funding from the DMH and a number of donations and membership fees from those who could afford to pay, Fit Together was established in May 2007. Fit Together is a unique wellness center where people with mental health challenges transform their lives through exercise and good nutrition. Members engage in cardio exercise and weight training, and choose from a number of classes and wellness opportunities including yoga, dance exercise, acupuncture, reiki, nutrition groups and individual weight loss coaching.

The true success of Fit Together lies in the sense of mastery and integration that members feel as they achieve each step in their path to fitness and wellness. Fit Together is a joyful place and people have fun together and focus on their strengths and achievements.



"If it wasn't for Fit Together, I don't think I would have lost the 43 pounds and started eating healthy. I finally got my own apartment after nine years of being in sheltered living. It's not like other gyms where people look down at you and gawk at you and put you down because of your mental instability. They welcome you. They accept you for who you are and what you are."

Transition Age Youth (TAY)

Throughout the region, our transition age youth, DMH and provider staff members have participated in shaping meaningful services and training opportunities for TAY individuals. There has been a surge of individual empowerment and goal planning and our Western Mass Youth Council is thriving. Our TAY Regional Residential Program is

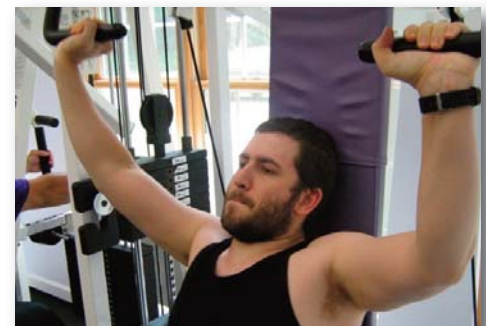
designed to have the feel of college living, each resident has his/her own lease and bedroom and a Transition Facilitator (Residential Advisor) available 24 hours a day to offer support and provide skill training to foster independence. Since the inception of the program, three of those four young adults have gained the skills necessary to move on, with two moving into their own apartments (receiving outreach services from the program), with the third young adult living with family. The fourth young man is now preparing to leave the program and move into his own apartment. With each departure a new young adult has been referred to move into the townhouse. Throughout the region, TAY residential services are provided to young adults in a variety of settings, including living alone, with family, in respite and hospitals, in shelters and on the street. A team of staff reach out to young adults and their families on a daily basis to foster stability, independence and recovery. Successes have included acquiring permanent independent living, securing employment, returning to school/college to complete an education, acquiring a driver's license, attending conferences to describe recovery experiences and participating in recent Mental Health Awareness Fairs in the area.

Western Mass Youth Council

Members have worked with a local community arts organization, Enchanted Circle Theatre, to develop further their communication skills and leadership abilities. The success of this collaboration has been evident throughout the year as members of the Youth Council have represented themselves at venues throughout the region and statewide—as TAY representatives on the WMA TAY Steering Committee, as WMA TAY representative to the Youth Development Committee, conducting focus groups with peers and on conference planning committees—making their voices heard in ways that are effecting real changes in the way supports and services are provided. From this collaboration there is growing interest among this group of young people in working with Enchanted Circle Theatre in the coming year to write a play about their lived experience with mental illness and performing it to combat the stigma associated with mental illness.

Western Mass Community Mental Health Area Board

The renewed and engaged active members of the Western Mass Community Mental Health Area Board are focused on the best interests of the individuals we serve, their families and our community. Their support and advocacy has been demonstrated throughout the past year as they endeavor to ensure that the Department focuses its resources on the Quality Framework emphasizing **recovery and resiliency through partnership**. The Area Board is comprised of a diverse group of individuals, including consumers of DMH services and their families; providers of mental health services for children and adolescents; elder services providers; representatives of hospitals and community colleges; and mental health consultants and evaluators. Members participated in a joint swearing-in ceremony, orientation sessions and Area Board training in the fall of 2007. At the training, Area Board members identified priority issues for the coming year including improving services for people with co-occurring mental health and substance use disorders. In May 2008 the Area Board formally began to collect and analyze data on the numbers of individuals screened for co-occurring disorders. Also in 2008 the Area Board co-sponsored the DMH Western Mass Area Citizens' Breakfast and is working with the Area to plan an event commemorating the 30th anniversary of the Brewster Consent decree and the 15th anniversary of the closing of Northampton State Hospital.



Young people are active participants in the Southeastern Area's many initiatives, programs and activities for youth in transition. Dances, gatherings, site-based youth councils are some of the many ways the Southeastern Area focuses on the recovery of young consumers.



It was a year of great change and greater hope in the Southeastern Area. The principles of evidence-based practice are the foundation for that change. This initiative was spearheaded by converting existing resources to Program for Assertive Community Treatment (PACT) teams.

There are now five PACT teams in the Southeastern Area, serving 300 consumers. Two of the PACT teams have focused on the Transitional Age Youth population. In addition to the PACT teams, the Southeastern Area has invested in an Individual Placement and Support (IPS) program in Taunton which puts consumers into real jobs, directly providing the support they need while employed.

The Southeastern Area is fully committed to the principles of recovery and resiliency for individuals we serve. Three leadership conferences focused on the "Dignity of Risk" with guest Lynn Legere and another conference on issues of human rights from the consumer's perspective. In an effort to keep consumers in the forefront of our decision making, we have sponsored events for the Southeast Guiding Counsel, a local group of consumer advocates who established an Area-wide initiative called Recovery is Real. Over the course of several months, the group visited DMH facilities and shared their own stories of recovery. The initiative culminated in the Recovery is Real Conference, presented by consumers and attended by more than 200 people.

In January 2008, the Southeastern Area was rocked by the tragic suicides of several high school students on the island of Nantucket. DMH, through the leadership and clinical expertise of the Southeastern Area, has been closely involved in a contagion containment plan with the Island's schools, hospital and behavioral health providers and provided the resources necessary to help prevent this situation from becoming a cluster suicide environment.

Recovery Advisory Committee

The Southeastern Area Recovery Advisory Committee represents a new opportunity to work in partnership with the Southeastern Area to promote recovery oriented services throughout our system of care. The Recovery Advisory Committee provides an important forum for discussion and recommendations on issues and initiatives that promote a more recovery oriented approach to services in the Southeastern Area. The committee consists of consumers, representatives from DMH and our providers.

Residential Recovery Initiative

The Southeastern Area Residential Recovery Initiative is an effort to promote a recovery oriented milieu in staffed residential programs. The initiative consists of three objectives derived from findings and recommendations made by the Southeastern Area Advisory Board: 1) reduce the number of shared bedrooms in residential programs; 2) revise program rules to be more recovery oriented; and 3) identify ways to increase consumer participation in household management. The Residential Recovery Initiative is now in the process of identifying pilot residential programs to develop and test train interventions that are effective in enabling both staff and residents to sustain a more recovery oriented environment.

The Southeastern Area Recovery Learning Community

The Southeastern Recovery Learning Community (RLC) was established this fiscal year. Community Counseling of Bristol County is the contractor for the consumer-run RLC. Staffed with a full-time director, two part-time administrative assistants, a full-time peer specialist and five part-time peer specialists, the Southeastern RLC is located in Taunton.

Through extensive outreach, education and marketing, the enthusiastic staff are establishing community connections and partnerships in the Taunton area with plans to expand their work throughout the Southeastern Area. The goal of the RLC is to create a network of peer-run activities for transitional age youth and adults and offer information and referral resources. They will provide access to peer support and self-help activities, peer advocacy, training opportunities and support to other Area peer specialists and peers working in mental health settings. The Taunton-based office acts as the Resource Connection Center (RCC) and offers a computer lab, resource library, Wellness Recovery Action Planning and training, peer support groups, advocacy training, yoga, smoking cessation, art, meditation and mindfulness.

The RLC is also a new home base for transitional age youth activities and it is spearheading the growth and development of the transitional age youth voice. Further developments include involving four Motivational Interviewing [MI] coaches into the RLC to train staff and peer mentors in best practices of motivational interviewing. A unique aspect of the Southeastern RLC is its connection and collaboration with the Taunton State Hospital Recovery Learning Center and its peer specialist as well as the site-based Transitional Age Youth Councils and their participants.

Southeastern Area Census Reduction Plan

The Southeastern Area has taken a multifaceted approach to addressing the issue of individuals awaiting admission to state hospitals by enhancing pre-existing programs and initiatives to realize additional capacity in the system of care. The strategy was referred to as the "8-2-1" plan.

Housing subsidies have allowed eight hospital patients to move into community settings as another eight community residents relocate into more independent community settings where they receive PACT or residential support services. These subsidies are invaluable; they allow individuals to move into less restrictive settings and provide living arrangements that foster an individual's progress toward recovery.

The crisis stabilization unit in Hyannis expanded its respite bed capacity by two beds. These additions are reserved for individuals at Taunton State Hospital who are ready for community living arrangements which are not yet available. Similarly, the Area increase by one residential program capacity in Lakeville to accommodate a Taunton State Hospital individual ready for a community living arrangement. This initiative has helped accelerate movement through the system of care and in turn assists consumers in their individual journey toward independence.

Mathew's Story

Mathew Souza was always an unusual child, clinging tightly to his mother longer than most and isolating himself from other children in preschool. He was 9 when the hallucinations began, a year after he started seeing a therapist about his behavior. He told his mother and sister he saw fairies and leprechauns in the back yard. His mother, Susana Neves-Coito, tried to convince herself that Mathew was merely creative. She told her family that he might grow up to be a writer. It grew worse. Mathew started to get migraines and developed bloodshot eyes. He forgot simple things. One day in middle school, Mathew tried to buy another child's soul for ten dollars. A trip to a pediatric neurologist yielded nothing, and soon he descended into serious illness.

Seven years ago Mathew received his first psychiatric diagnosis of bipolar disorder with psychotic features. Later he was diagnosed with schizoaffective disorder and finally in May 2005, paranoid schizophrenia. During this time, he was prescribed several psychotropic medications. His mother and stepfather kept him out of the hospital as long as they could but his illness culminated in a cry for help one night when he was 13.

Mathew locked himself in his room and called the Dartmouth police. "Someone was trying to kill him," he said but he also told them that he was sick. Out in the dining room, his mother feared he was hurting himself behind the locked door. She took the hinges off the door. When the police arrived, Mathew warned them that someone invisible was poised to attack. They called an ambulance and he was sent to Westwood Lodge. For the next two years Mathew was in the hospital more than he was home.

Mathew was not allowed back in school. The family first tried a home tutor and that did not work. Mathew's mother called alternative schools to get him

back into a regular school environment. Then, Cape Cod Collaborative agreed to interview Mathew. They believed that Mathew was too sick for school. After Susana's pleading they agreed to a trial to see if Mathew could handle it. This changed Mathew's life.

The last hospitalization was at Carney Caritas and Mathew was there for 8 months. While there, the doctors, social workers and counselors all advised that Mathew should be in residential care and probably would be there for the rest of his life. This was not acceptable to Mathew's mother. She always felt that Mathew should be home with his family where he was loved and cared for. Mathew came home.



Life at home was not easy. For him to shower, the bathroom had to be dark with a black shower curtain. He would only dress in black. The pills he took had to be in pudding and only his mother could give them to him. He would have his meals by himself in his room everyday. He would not speak much. He wanted his clothes washed separately so that they would not touch the others. Susana could not touch Mathew, not even a kiss good night. He would shrink away. He would cry all night long.

Slowly things got easier. First he started speaking, then he began to dress in blue. After a year he started to attend school regularly at Cape Cod Collaborative. This past year he got a light blue shower curtain with fish on it. He wears jeans and shorts. He even had Thanksgiving dinner with all of the family last November. He now shakes hands with people and gives his mother a hug every so often.

Mathew just graduated from high school—with honors. For the last year and a half he received all A's in school. He is looking at different colleges to attend part time. He now is friendly, laughs and has dinner out. He has a whole big future to look forward to. It may take a little more time for Mathew to begin things; he gets things done and he will succeed.



Metro Boston Area Director Clifford Robinson with First Lady Diane Patrick at the Massachusetts Association for Mental Health Friend and Leader Award ceremonies. Mrs. Patrick was presented with the 2008 Spirit of Compassion Award while the DMH Metro Boston Area and Cliff were presented with a special recognition award acknowledging outstanding achievements in delivering high quality, compassionate and professional services to DMH clients through public-private partnerships and collaborations.

The Metro Boston Area is moving forward at full speed in its efforts to promote recovery and independence for its many clients and their families.

This fiscal year saw the official opening of "The Spot," a multi-service center that provides youth ages 18-25 with a place of their own to receive clinical care, employment and educational assistance and social and recreational activities. This year also saw the official reopening of Walnut House, a magnificently restored building that houses 38 DMH clients in studio and one bedroom apartments. The Metro Boston Area has continued its very important collaborations with its sister agencies. The Juvenile Detention Alternatives Initiative, a planning process headed by DYS, is exploring ways of keeping youth with behavioral health needs out of locked detention and out-of-home settings. The Area's "DCF 25" structure makes it possible for the Area to provide expert clinical and disposition consultations to Department of Children and Families clients who are mentally ill DCF and close to aging out of that system.

The Massachusetts Association for Mental Health honored the Metro Boston Area and its provider network for developing and maintaining a responsive and highly collaborative service system for the adults, children and families they share. The Metro Boston Area

takes pride in the role it has in working with the Boston Healthcare for the Homeless Program to develop a program that integrates the medical and behavioral health treatment of homeless adults with chronic mental illnesses.

This year, the Area's Jonathan Schiff Award recognized the outstanding achievement of three DMH clients whose work experiences exemplified the principle of "recovery and resilience through work." The Area was able to increase the number of honorees from one to three because of the generosity of the Schiff Family and other donors.

The Area, in collaboration with the Friends of Metro Boston, marshaled hundred of walkers and raised more than \$10,000 for this year's NAMI Walk. The Friends of Metro Boston also sponsored, with the support of state Senator Jack Hart (D-Boston) and the Boston Fire Department the third annual Thanksgiving celebration at Florian Hall for more than 450 DMH clients. The dinner, a huge success, was served by Sen. Hart, DMH Deputy Commissioner Elaine Hill, Boston firefighters, DMH staff and Friends of Metro Boston volunteers—more than 200 volunteers helped prepare and serve dinners to the guests in attendance. Senator Hart entertained guests with a festive holiday sing-along with help from colleagues and friends including State Representative Linda Dorcea-Forry, State Representative Willie Mae Allen, Suffolk County District Attorney Daniel Conley and District 2 Boston City Councilor Daniel Linehan. The feast—turkey, all the trimmings and dessert—was donated and prepared by the Boston firefighters. The gathering for DMH consumers, now a tradition, truly represents all the best things about the holiday season.

The Metro Boston Area has been actively participating in important planning processes involving the future of the Department of Public Health's Lemuel Shattuck Hospital, where DMH has 125 inpatient beds, and the redevelopment of the Massachusetts Mental Health Center site in the Longwood Medical Area. By the end of the 2008 calendar year, 60 of the Area's inpatient beds will move from the Erich Lindemann Mental Health Center to three newly renovated, state-of-the-art units at the Solomon Carter Fuller Mental Health Center. These extensively renovated units are another example of the kind of investment the Commonwealth is making on behalf of the Department's clients, families and employees.



The Self-Advocacy of Melvin Berry

(Melvin Berry, a DMH Metro Boston consumer, delivered this address at the Metro Boston Citizens' Breakfast at the State House in the spring of 2008.)

When I was asked if I would like to speak at today's breakfast, I said yes immediately because I've learned to be my own advocate. It might be important for you to know about my early life. I was a good kid who had problems. The only concern the teachers had was that I was a very quiet kid. I would do my assignments and stay to myself. In groups, I would stay to myself. In my family, my mom and brother had epilepsy and my dad had neurofibromatosis. I had temporal lobe epilepsy. The illnesses caused stress and there were problems between me and my brother.

The problems were too much for my family. I was 16 years old when I went to Whitney Academy in East Freetown and almost 23 years old when I left. The rules at Whitney were very strict, the strictness resulted in 24-hour supervision. The rules kept us safe, and in many ways kept me from growing. It kept me from having freedom. I couldn't cook for myself or make my own menus. I couldn't even change the channels on the television. I couldn't take my own medicine.

Despite everything, I advanced to the highest level and finished the treatment system. I earned "student of the year" twice and I lost 125 pounds. During the first five years at Whitney, I didn't see my family at all. During my sixth year, I visited my mom twice when she was ill. She died in May of 2006 and I went to her funeral.

In January of 2007, I was told that I was going to transition from Whitney and DSS services to Boston and DMH services. I was scared and also happy. I couldn't imagine what my life would be like. I began to understand when I had a visit from Lisa Messenger. She told me about a DMH group home operated by Bay Cove Human Services in Roslindale. She drove to Whitney from Roslindale twice a week to pick me up for a day visit to the group home. After each visit, she drove me back to Whitney. We had day visits and evening visits. I eventually had an overnight.

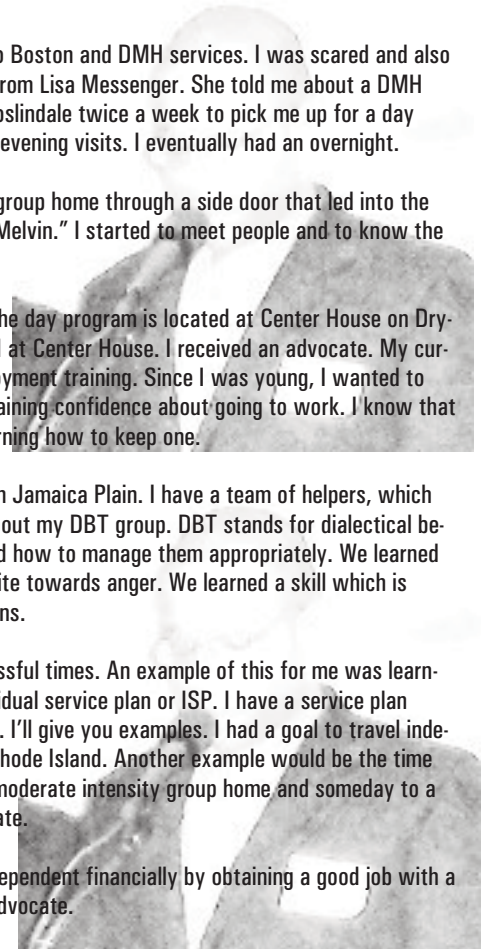
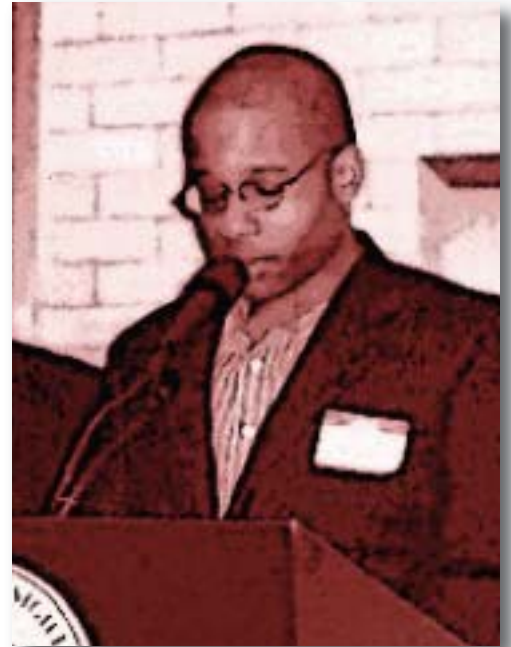
I can't tell you what it was like to walk into a group home and see freedom. We went into the group home through a side door that led into the kitchen. There was a staff member waiting for me. I introduced myself and said, "My name is Melvin." I started to meet people and to know the people.

In addition to staff and clients at the group home, I met staff and clients at my day program. The day program is located at Center House on Dry-Dock Avenue in South Boston. I had help at Center House from Mass Rehab in addition to DMH at Center House. I received an advocate. My current advocate is Anna Hermann. Together we work on career explorations and I have pre-employment training. Since I was young, I wanted to work as a janitor. We studied other careers too. Like culinary arts, cashiering and retail. I am gaining confidence about going to work. I know that someday soon I will be working and earning money. I am learning how to get a job and also learning how to keep one.

I have treatment for my mental health conditions at the Massachusetts Mental Health Center in Jamaica Plain. I have a team of helpers, which includes a psychiatrist, an individual therapist and two group leaders. I would like to tell you about my DBT group. DBT stands for dialectical behavioral therapy. This is a modern state-of-the-art therapy that educates us about emotions and how to manage them appropriately. We learned about emotion regulation. For example, if a person is angry, they learn what to do to act opposite towards anger. We learned a skill which is called "mindfulness," which means being aware of your actions and how to handle your emotions.

Another skill we learned is the stress tolerance, which is learning to be tolerant during the stressful times. An example of this for me was learning to tolerate the loss of my mother. All of these services are managed by having a DMH individual service plan or ISP. I have a service plan meeting four times a year. During my meetings we evaluate my progress and we set new goals. I'll give you examples. I had a goal to travel independently throughout Boston on the MBTA and to take a train trip on my own to Providence, Rhode Island. Another example would be the time we planned for future independence. My transitioning from my high intensity group home to a moderate intensity group home and someday to a supported apartment. Speaking to you is a goal that I have set for myself in being a self-advocate.

My goal from this point on is to learn more and more mental health skills. I want to become independent financially by obtaining a good job with a comfortable living wage. And I want to pass on what I have learned by being a mental health advocate.



The Metro Suburban Area has a long-standing commitment to consumer recovery and employment and for many years has employed consumers as peer specialists at Area Site offices and as education counselors at CAUSE. Additionally, the Area funds consumer-run warmlines at all four Site Offices and consumer-run transportation in two Sites.

Building on these initiatives, a Peer Leadership Council convened to engage more consumers in their own recovery and participate in planning with the Area Office. The monthly meetings draw 15 to 30 participants and the group members work with providers to encourage them to hire peer specialists in their agencies. As a result, there are now paid peer specialists at two agencies and Westborough State Hospital, in addition to four part-time transitional age youth outreach peer counselors divided between two additional agencies.

Tracking Consumer Outcomes of Community Placement

Between 2002 and 2003, a group of 122 consumers was discharged from Medfield and Westborough state hospitals during the facilities' consolidation. To determine the effectiveness of community placement and improve our practice, the Area tracked consumer outcomes from this initiative for the last five years. Outcomes from this study indicate that 41 percent of the individuals have had no psychiatric admission since state hospital discharge and 50 percent have moved toward greater independence in their residential settings. The implications of the findings are being discussed with providers, citizen boards and consumers to develop further suggestions about improving discharge planning and recovery in the community.

Special Community Placement Initiatives

During May and June, 10 long-term patients from Westborough State Hospital with a 10-year average length of stay in the hospital, moved into specialized community housing, redeploying resources from a campus-based cottage to community settings. Among the individually designed innovations were life coaching and tailored counseling. Based on findings from our study, the consumers received intense support from both hospital and community staff during discharge. This initiative has reinforced the priority of community living as the key to recovery within the consumer community, even for those with multi-year stays in the hospital.

Cognitive Rehabilitation at Westborough State Hospital

Based on evidence that 70 percent of people with schizophrenia develop neurocognitive deficits in attention, concentration, memory and other skills, the Rehabilitation Department at Westborough State Hospital began a computer-based cognitive rehabilitation program, a "weight training for the brain" to improve sustained attention, working memory and other skills necessary for independent functioning and employment, using best practice models of the American Psychological Association. With a small sample, the Rehab Department has observed raised concentration, and increased attention to detail, fine motor speed and dexterity, spatial ability and recall. The program is very popular with consumers who report that they enjoy its unique skill-building and recovery focus, as well as the opportunity for independent computer-based learning.

Transition Age Youth Initiatives

Through a targeted initiative over the last years, the Metro Suburban Area has significantly expanded services to transition aged youth (16 to 25 years old). In FY08, more than 200 young adults participated in one or more activities across the Area. The Metro Suburban Area, in partnership with young adult consumers and providers, has enhanced services and developed opportunities for leadership.

- ◆ The Metro Suburban Youth Council produced a documentary film, "In Our Own Voice" and assisted in the publishing of "Crazy Talk," a book of poetry and prose.
- ◆ The TAY peer mentoring programs sponsored monthly support groups, skill-building workshops, social recreational activities, and one-to-one outreach and mentoring.
- ◆ Young adults and parents of young adults participated in several PhotoVoice workshops and exhibited their work in public venues across the Area.
- ◆ More than 50 DMH staff, providers and young adults attended intensive trainings in motivational interviewing, psychiatric rehabilitation and clinical consultation.
- ◆ Service development initiatives culminated in nine supported housing slots and specialized programs serving four young adults with mental illness and PDD who require intensive structure and support and four young adults with mental illness who require PACT-like support.
- ◆ Parent Support groups are now available across the Metro Suburban Area.
- ◆ The Area funded TAY support services to the Asian population in Quincy.

◆ Funds were used to provide outreach staff and support activities to TAY parents with mental illness who are transitional aged youth or whose children are transitional age youth.

Metro Suburban Area Annual Citizen Board Meeting

Forty-six Board members from across the Area attended the Area-wide Annual Meeting of Citizen Boards. Members reviewed recovery initiatives and the annual initiatives of the Site Boards and Westborough State Hospital Board of Trustees. Anti-stigma, public education and quality improvement activities were highlighted as key components of advocacy and recovery.

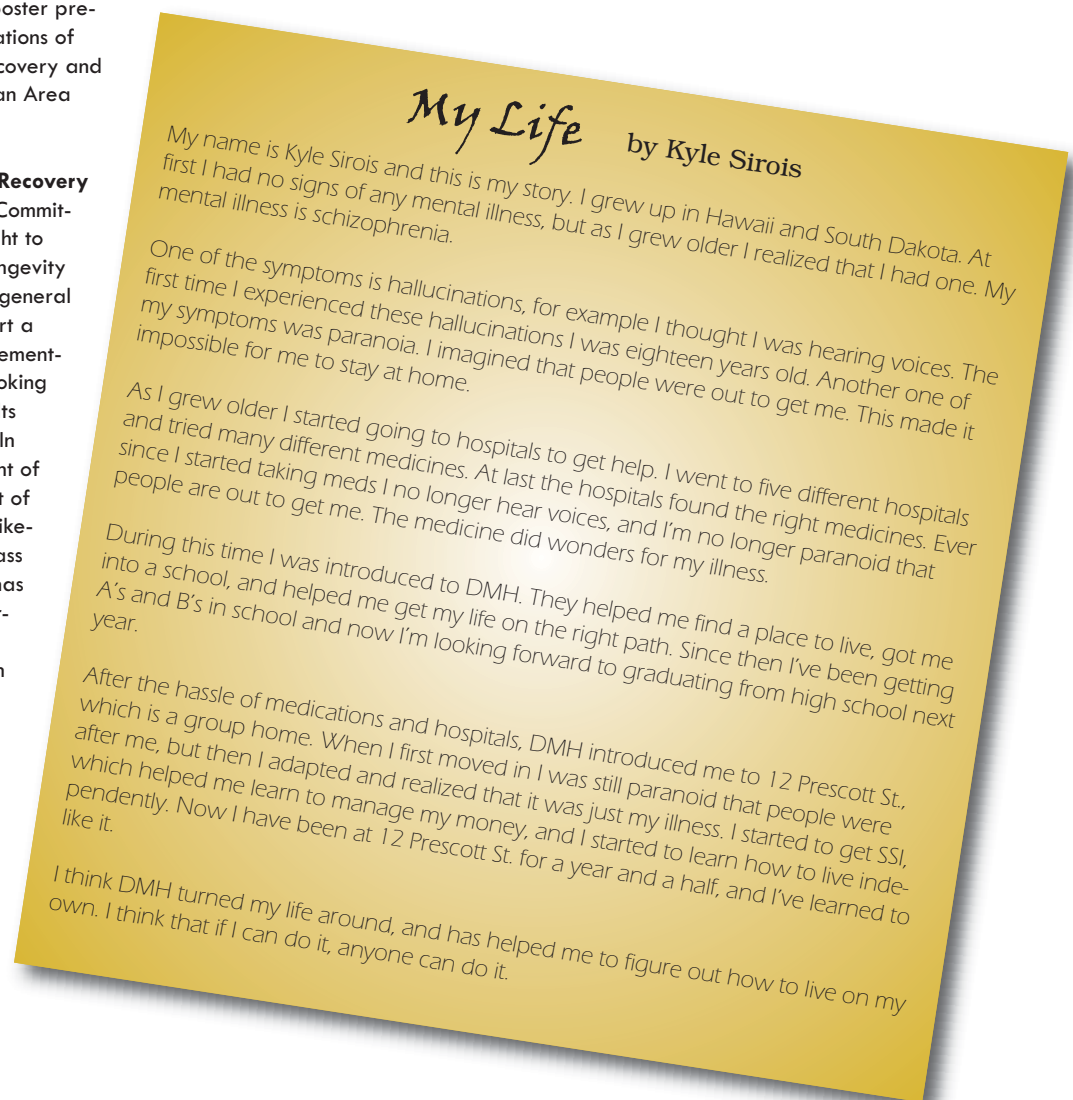
8th Annual Quality Management Symposium: Implementing Evidence Based Practices within a Recovery Framework

The Metro Suburban Area recently held its 8th Annual Quality Management Symposium: Implementing Evidence Based Practices within a Recovery Framework. This year's keynote presentation by Kim T. Mueser, PhD, Professor in the Departments of Psychiatry and Community and Family Medicine at Dartmouth Medical School, focused on the evidence based practice of Family Psychoeducation which, although underutilized in routine clinical practice, has been shown to reduce relapse rates and facilitate recovery in persons with mental illness by addressing the needs of family members for information, clinical guidance and support. Seventy-five practitioners from the Area's provider network attended. There were informative poster presentations, workshops that described applications of knowledge-based information to support recovery and opportunities to network with Metro Suburban Area partners.

Cultural Change for Health, Wellness and Recovery

For several years, the Health and Wellness Committee at Westborough State Hospital has sought to address the disparity in health status and longevity between people with mental illness and the general population by changing the culture to support a healthy lifestyle. The focus has been on implementing evidence based practices to address smoking cessation and weight reduction and the results demonstrate that these efforts are working. In 2007, 58 percent of patients and 19 percent of staff were smokers, compared to 74 percent of patients and 28 percent of staff in 2004. Likewise, the percent of patients with a Body Mass Index in the overweight or obese category has declined from 75 percent in 2006 to 72 percent in 2007, and the percent in the morbidly obese category dropped from 12 percent in 2006 to 8 percent in 2007.

These significant outcomes in health-conscious living reinforce the efficacy of a programmatic approach within a milieu to support the development of healthy lifestyles. The Area is expanding this approach throughout the community service network in order to emphasize health and wellness as a fundamental component of recovery-based services.





Each year in May, in observance of Mental Health Month, the Department of Mental Health Commissioner honors individuals, organizations and programs for their remarkable work on behalf of people with mental illnesses. The Distinguished Service Awards reception held at the State House is our time to recognize leaders in the mental health community in the areas of advocacy, public education, treatment, research and recovery.

Among the awards presented was the Lilo McMillan Award, established in 1993 in memory of Lilo McMillan, the former chairwoman of the DMH State Mental Health Advisory Council. Lilo was a leading family advocate on the national, state and local levels of the mental health community for more than 20 years when she died in a tragic fire accident in June 1993. The 2008 Lilo McMillan Award recipient was Gailanne M. Reeh, President and CEO of Arbor Associates.

This year, Commissioner Leadholm established two new awards. The Distinguished Service Award in Culturally and Linguistically Appropriate Services honors an individual, group or program, within or outside of the Department of Mental Health, whose work has demonstrated an outstanding commitment to cultural and linguistic competence. And the Distinguished Service Award in Justice recognizes exemplary practices that support mental health services for incarcerated individuals or those involved in the criminal justice system. The 2008 Distinguished Award recipients were:

Culturally and Linguistically Appropriate Services Award – Metro Boston Asian Collaborative

Justice Award – Hampden County Sheriff Michael J. Ashe, Jr.

Department of Mental Health Human Rights Award – Taunton/Attleboro Human Rights Committee

Legislative Awards – Senator Jack Hart; House Speaker Salvatore DiMasi and Mrs. Deborah DiMasi

Youth and Families Award – Family Continuity Programs ~ Lawrence Flex Team

Research Award – Suzanna Zimmet, M.D.

Advocacy Awards – Timothy O'Leary, Massachusetts Association for Mental Health; and the Massachusetts Housing and Shelter Alliance

Public Education Award – Cape and Islands Maternal Depression Task Force

Recovery and Rehabilitation Award – Howard Schnairsohn, North Suffolk Mental Health Association

Restraint/Seclusion Reduction and Elimination Awards – Tina Champagne, M.Ed., OTR/L; and Franciscan Children's Hospital

Ruth Robinson Award – Betsy Connell, Division of Elder Affairs, City of Worcester

Lilo McMillan Award – Gailanne M. Reeh, President and CEO, Arbor Associates



Photos above, from left: Commissioner Leadholm with House Speaker Salvatore DiMasi and Mrs. Deborah DiMasi; EOHHS Secretary JudyAnn Bigby, M.D.; Dan Larson of the Family Continuity Lawrence Flex Team; Commissioner Leadholm with Gailanne Reeh and Fred McMillan, son of Lilo McMillan. In the photo at right is Commissioner Leadholm with Christopher Morris, an artist and consumer from the Metro Boston Area who created the artwork for the reception poster.

Although DMH provides some of its services directly, most services are delivered by individuals and organizations under contract to the Department. This includes everything from residential and community support, counseling, educational, PACT, clubhouse, health and family support services to research and training professionals, among others. On behalf of the adults, children, adolescents and families served by DMH, we extend our gratitude to our providers.

Adlib, Inc.
 Adolescent Consultation
 Advocates, Inc.
 Affordable Consumer
 Alice Graham-Brown
 Alicia W. Pawlowski
 Almadan, Inc.
 Alternative Supports, Inc.
 Alternatives Unlimited, Inc.
 American Medical Response
 American Training, Inc.
 Barbara Rodriguez
 Bay Cove Human Services, Inc.
 Bay State Community Services
 Baystate Interpreters, Inc.
 Becket Academy
 Behavioral Health Network, Inc.
 Benoit Interpreting Services, Inc.
 Berkshire Children & Families, Inc.
 Berkshire Medical Center, Inc.
 Beth Israel Deaconess Medical Center
 Bill's Taxi Service, Inc.
 Boston, Medical Center
 Brandon Residential Treatment
 Bridgewell, Inc.
 Brigham and Women's Hospital
 Brockton Area Multi-Service Center
 Brookline Community Mental Health Center
 Cambridge Public Health
 Cape Cod Human Services, Inc.
 Cape Cod Medical Enterprises, Inc.
 Carson Center for Human Services
 CASCAP, Inc.
 Castle School
 Catholic Charities
 Center for Health and Development
 Center for Human Development
 Central Mass Area Health Center
 Central Middlesex Assoc. for Retarded Citizens, Inc.
 Charles R. Swenson
 Child & Family Services, Inc.
 Children's Trauma Recovery Foundation
 Children's Friend & Family Services, Inc.
 Children's Hospital
 Choate Health Management
 City of Pittsfield
 Clinical & Support Options, Inc.
 Community Counseling of Bristol County, Inc.
 Communities for People, Inc.
 Community Action of the Franklin, Hampshire and
 North Quabbin Regions, Inc.
 Community Care Services, Inc.
 Community Connections, Inc.
 Community Enterprises, Inc.
 Community Healthlink, Inc.
 Community Resources
 Comprehensive Outpatient Services, Inc.
 Consumer Transportation Services
 Cross Cultural Communication Systems, Inc.
 Crotched Mountain Foundation
 Cutchins Program
 DARE Family Services, Inc.
 Davia H. Tran
 David J. Tobin
 Dimock Community Services
 Dina Sweeney
 Perkins School
 Eagleton School
 Eduardo Berinstein
 Eliot Community Human Services
 Emmaus, Inc.

Employment Options, Inc.
 Enable, Inc.
 Express Yourself
 Fallon Service, Inc.
 Family and Children's Service of Nantucket County
 Family and Community Solutions, Inc.
 Family Service Association of Greater Fall River
 Father Bill's & Mainspring, Inc.
 Favorite Healthcare Staffing, Inc.
 FCP, Inc.
 Fellowship Health Resources
 FIRE PSYCH INC.
 Florida Institute for Neurologic Rehabilitation
 Forensic Health Services, Inc.
 Frances J. Smith
 Frederic L. Chamberlain Center, Inc.
 Gandara Mental Health Center, Inc.
 Genesis Clubhouse
 George & Irene L. Walker Home
 George Hsu
 Germaine Lawrence, Inc.
 Glolin LLC
 Goodwill Industries of Springfield
 Goshold, Inc.
 Greater Lynn Senior Services, Inc.
 Harbor School, Inc.
 Harrington Memorial Hospital
 Hawthorn Services, Inc.
 Health & Education Services, Inc.
 Healthcare Options, Inc.
 Hearth, Inc.
 Hilary S. Ziven
 Home for Little Wanderers
 Horace Mann Educational Associates, Inc.
 Human Resources Unlimited, Inc.
 Independent Taxi Operators
 Institute of Professional Practice, Inc.
 Italian Home for Children
 Jeffrey Gaines
 Joan N. Wattman
 John D. Nickrosz
 Judge Rotenberg Educational Center
 Julie Heuberger
 Justice Resource Institute, Inc.
 Katherine M. Kalliel
 Key Program, Inc.
 L U K Crisis Center, Inc.
 Lakeview Healthcare
 Language Connections
 Latham Centers, Inc.
 Leroy S. Douchkoff
 M-POWER, Inc.
 Martha's Vineyard Community Services
 Martin Luther King Jr. Community Center, Inc.
 Mary Lin
 Marianne Galvin
 Mass. Society for Prevention of Cruelty to Children
 Mass. Citizens Advocacy Training & Support
 Massachusetts General Hospital
 Massachusetts Mentor, Inc.
 May Institute
 Mental Health Association, Inc.
 Mental Health Association of Greater Lowell
 Mental Health Resources
 Mercy Hospital
 Meridian Association for Programs & Resources, Inc.
 MGH Physicians Organization
 Minute Man ARC for Human Services
 Mona M. Leviton
 NAMI of Massachusetts
 Nandini Talwar

National Deaf Academy LLC
 Neighborhood Health Plan
 New England Health Care Association
 Nonotuck Resources Associates
 North Central Human Services, Inc.
 North Charles Mental Health
 North Suffolk Mental Health Association
 Northeast Center for Youth & Families
 Northeastern Family Institute
 Northwest Passage, Inc.
 Oakdale Foundation, Inc.
 Old Colony YMCA
 Parent Professional Advocacy League
 Park View Specialty Hospital
 Patricio Endara
 Penikese Island School
 Philip Lubner
 Pine Street Inn
 Plummer Home for Boys
 Polaris Healthcare Services, Inc.
 President and Fellows of Harvard College
 Primary Care & Mental Health, Inc.
 Rehabilitative Resources, Inc.
 Renaissance Health Care
 Renee Sorrentino, M.D.
 Residential Support Services, Inc.
 River Valley Counseling Center, Inc.
 Riverside Community Care
 Rosemarie Karpatis
 Roxbury Youthworks, Inc.
 Saint Francis House
 ServiceNet, Inc.
 Serving People in Need, Inc.
 Seven Hills Family Services, Inc.
 Shelter, Inc.
 Shirley J. Silva
 Somerville Mental Health
 South Bay Mental Health Center, Inc.
 South Cove Community Health Center
 South End Community Health Center
 South Middlesex Opportunity Council
 South Shore Educational Collaborative
 South Shore Mental Health Center, Inc.
 St. Ann's Home, Inc.
 St. Vincent's Home
 Stevens Children's Home, Inc.
 Sullivan & Associates, Inc.
 Survival Centers, Inc.
 Team Coordinating Agency, Inc.
 The Association for Community Living, Inc.
 The Bridge of Central Mass., Inc.
 The Brien Center
 The Devereux Foundation
 The Edinburg Center, Inc.
 The Guidance Center, Inc.
 The Kolburne School, Inc.
 The Maple Valley School, Inc.
 The Northeast Independent Living Program
 The Psychological Center, Inc.
 Toward Independent Living & Learning
 Tri-City Community Action Program, Inc.
 United Cerebral Palsy Association
 University of Massachusetts
 Valleyhead, Inc.
 Vinfen Corp.
 Waltham Committee, Inc.
 Wayside Youth & Family Support Network
 Western Massachusetts Training Consortium
 Work, Inc.
 Yellow Cab of Fall River, LLC
 Youth Opportunities Upheld, Inc.

DMH by the numbers

The Department operates facilities statewide which include three state hospitals, seven community mental health centers (four with inpatient units), adult intermediate care units at two Department of Public Health hospitals, contracted adult and adolescent inpatient units and community-based services.

DMH is organized into a Central Office and six geographic Areas. The DMH Central Office, located in Boston, is headquarters for the Commissioner's office and several divisions: Legal, Mental Health Services (program operations), Clinical and Professional Services, and Management and Budget. Central Office coordinates planning; sets and monitors attainment of broad policy and standards; and performs certain generally applicable fiscal, personnel and legal functions. The Executive Office of Health and Human Services (EOHHS) reorganization centralized the management locus of certain functions to EOHHS such as human resources and revenue. Some specialized programs such as forensic mental health services, adolescent inpatient units and child and adolescent intensive residential treatment programs are managed centrally by DMH.

Each of the six Areas—Metro Boston, Metro Suburban, North East, Southeastern, Central Mass. and Western Mass.— is managed by an Area Director. A total of 28 Site Offices, managed geographically by the Area Offices, are located throughout the state. DMH Site Offices provide case management and oversee an integrated system of state and vendor-operated adult and child/adolescent mental health services. Most service planning, budget development, program monitoring, contracting, quality improvement and citizen monitoring services emanate from the Area and Site offices.

DMH directly serves about 24,000 individuals, including about 3,500 children and adolescents, with severe and persistent mental illness or serious emotional disturbance. DMH resources, in collaboration with community-based provider organizations, provide case management, residential, Clubhouse, PACT, employment, education and consumer and family support programs.

The Department employs approximately 4,000 staff, providing direct client care, programmatic oversight and administrative functions.

	FY2008	FY2007
Funding		
General Fund	673,514,534	660,431,064
Trust Accounts	26,875,808	18,668,847
Federal Grants	3,880,861	3,263,663
TOTAL	704,271,203	682,363,574
Expenditures		
General Fund	670,264,534	657,319,902
Trust Accounts	26,875,808	16,056,857
Federal Grants	3,380,861	2,858,968
TOTAL	700,521,203	676,235,727
Revenue		
General Fund	124,286,359	119,634,496
Trust Accounts	26,528,575	28,950,215
Retained Revenue	125,000	125,000
TOTAL	150,939,934	148,709,711

DMH Operated Facilities

State Hospitals

Worcester State Hospital
Taunton State Hospital
Westborough State Hospital

DMH Inpatient Programs at DPH Hospitals

Hathorne Units at Tewksbury State Hospital
Metro Boston Mental Health Units at
Shattuck Hospital

Community Mental Health Centers

Solomon Carter Fuller, Boston
Cape Cod & the Islands (Pocasset), Bourne
Massachusetts Mental Health Center, Boston
Quincy Mental Health Center, Quincy
Erich Lindemann Mental Health Center, Boston
Corrigan Mental Health Center, Fall River
Brockton Multi-Service Center, Brockton

A message from the Statewide Mental Health Advisory Council

Statewide Mental Health Advisory Council Members

Sanford Lavine, Chairman

Peter Dulchinos

Marjorie Harvey

Karran Larson

Patricia Lawrence

Gisela Morales-Barreto

Margaret Reiser

Chuck Weinstein, LMHC

Suzanne Arbing

Dear friends,

The Statewide Mental Health Advisory Council to the Department of Mental Health, appointed by the Secretary of Health and Human Services with the approval of the Governor to advise the Commissioner on policy, program development and priorities of need in the Commonwealth, is pleased to be a part of the 2008 Annual Report. Along with the State Mental Health Planning Council, a subcommittee of the Advisory Council, we are enthusiastic about the Department's focus on recovery and resilience.

There is nothing like a personal story to bring the message home and make it real. The narratives presented by the consumers highlighted in these pages, who wanted to share their journeys and their challenges in this Annual Report, shine the light on what is possible when the goal of recovery is stronger than the fear of failure.

The Advisory Council and the Planning Council are comprised of geographically, culturally and programmatically diverse stakeholders from across the state. We are consumers, family members, professionals and advocates. Both Councils are engaged in activities that evaluate programs and services, educate the public about mental illness and advocate strongly for the needs of adults, children and adolescents who are striving to overcome mental illness or emotional disturbance as they reach for goals that were once thought to be unreachable—namely, becoming reintegrated into their communities in meaningful ways.

We salute the men and women who chose to share their stories with you, the public, and reaffirm our commitment to partner with the Department to keep the themes of recovery and resilience real and vibrant. We also congratulate and salute Commissioner Leadholm and the many dedicated staff within DMH and in the larger community who make recovery possible. Some important milestones were reached in 2008 and it is critical that these achievements be communicated to people throughout the Commonwealth so that the public, too, can have a stake in continuing the progress and making recovery real.

Sincerely,

Sanford Lavine
Chairman



Massachusetts Department of Mental Health
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