



# ANNUAL REPORT

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FISCAL YEAR 2020

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Indicates adjustments due to the COVID-19 pandemic



## Message from the Commissioner



The last fiscal year (FY) has been one of great change and great challenges. COVID-19 has forced us all to adapt in our personal and professional lives and the Department of Mental Health is no different. Added to the hurdles posed by COVID, was the burden of racial inequity and violence.

In response to the pandemic, DMH implemented a series of flexibility measures to support providers in continuing to deliver services safely and effectively. Providers and DMH case managers focused on addressing basic needs, including food and medication delivery, access to health care and addressing isolation. Providers quickly adopted a telehealth approach, using video and telephone options, based on client preference and access to technology.

COVID-19 also presented an opportunity to reach the ever-growing number of people who were now realizing that good mental health is a universal concern.

In response, the Department of Mental Health launched several public outreach efforts. In June, the Commonwealth and DMH launched the MassSupport Network, providing free community outreach and support services to people of all ages living in Massachusetts. MassSupport is a crisis counseling program, funded by the Federal Emergency Management Agency (FEMA) and managed in partnership between the Massachusetts Department of Mental Health and Riverside Trauma Center. A variety of services are available in nine languages. In addition, DMH partnered with local media and community organizations, including an iHeart Radio Mental Health Campaign. DMH is also adjusting outreach efforts to historically underserved populations and communities through social media, hosting town hall type forums on Facebook Live and creating virtual readings of Isaac's Story in several languages.

The iHeart Radio Mental Health Campaign launched in April and extended through Mental Health Awareness Month in May as COVID-19's impact grew. Through a series of 30 and 60 second PSAs that aired on WBZ, KISS and JAMN radio stations, DMH was able to reach more than 4.5 million listeners and 258,000 social media users across all age groups on the importance of mental health as a vital component to overall wellness.

So many of these challenges were faced under the leadership of Commissioner Joan Mikula, and among the changes DMH experienced this year is Commissioner Mikula's retirement after more than 30 years in the behavioral health field. I'm honored to continue her work.

I am proud of the way DMH has responded to support those we serve during an extraordinarily difficult time and I know we will continue to do so in the weeks that lie ahead.

*Brooke Doyle M.Ed., LMHC*

Commissioner Brooke Doyle



*Commissioner  
Joan Mikula*

## DMH Vision

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

## Mission

The Massachusetts Department of Mental Health (DMH) provides access to services and supports to meet the mental health needs of individuals of all ages with severe and persistent mental health conditions across the Commonwealth, enabling them to live, work and participate in their communities. The Department establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

## Facilities

The Department of Mental Health (DMH) operates within five geographic areas statewide and includes 27 site offices, state-operated hospitals and community mental health centers, a network of contracted and state-operated community services. This network provides evaluation, treatment and a range of specialized services to individuals with severe and persistent mental health conditions across the Commonwealth, including children and adolescents with serious emotional disturbance and their families, through a continuum of care. **While approximately 10 percent of these individuals require inpatient services, more than 90 percent receive all or most of their services in the community.**



## Race, Equity and Inclusion

DMH is committed to combatting structural racism. We recognize that this is a work in progress, but we are committed to making meaningful change. This requires vigilance and self-examination, with a focus on:

- Policies which contribute to the perpetuation of systemic racism
- Practices that we engage in on a daily basis which bolster those systems and continue to oppress people of color
- What each of us does on a personal level to actively promote racial justice.

The Office of Race, Equity, and Inclusion (OREI) was established to lead DMH in its work to become an agency where all people are welcomed and valued, and to advance race equity and social justice in all programs and services. To engage in this work, OREI will establish the following:

### *REI Council*

This Race, Equity and Inclusion Council will examine all DMH programs and services with a race, equity and inclusion lens. The council will review both workforce matters and the delivery of programs and services. The council will make recommendations to the Commissioner, conduct monitoring, and provide reports on a quarterly basis to measure progress. It will also develop an annual REI workplan that outlines priorities to advance race equity and inclusion within DMH, along with measures of success for each activity.

### *REI Analytics Work Group*

The REI Analytics Work Group will analyze agency data and metrics to develop recommendations for improving race equity and inclusion in DMH's operations and work culture. These recommendations drive decisions about the Department's engagement with communities of color, and other marginalized populations with the goal of improving and supporting the DMH workforce and individuals and families served.

### *REI Learning Collaborative*

This work group will focus on identifying non-traditional strategies for knowledge and skills acquisition related to REI. Supplementing the agency's Learning and Development department, the Learning Collaborative will both identify existing resources and best practices for REI, as well as develop new material for information transfer across various job categories.

### *Ongoing OREI activity includes:*

Diversity Review -- Established as a Central Office pilot, but extended to all areas on July 1, this review ensures that all management, professional, and clinical positions have a diverse candidate pool of applicants to be interviewed.

Training on Best Practices for Hiring for Diversity

### *In the Field*

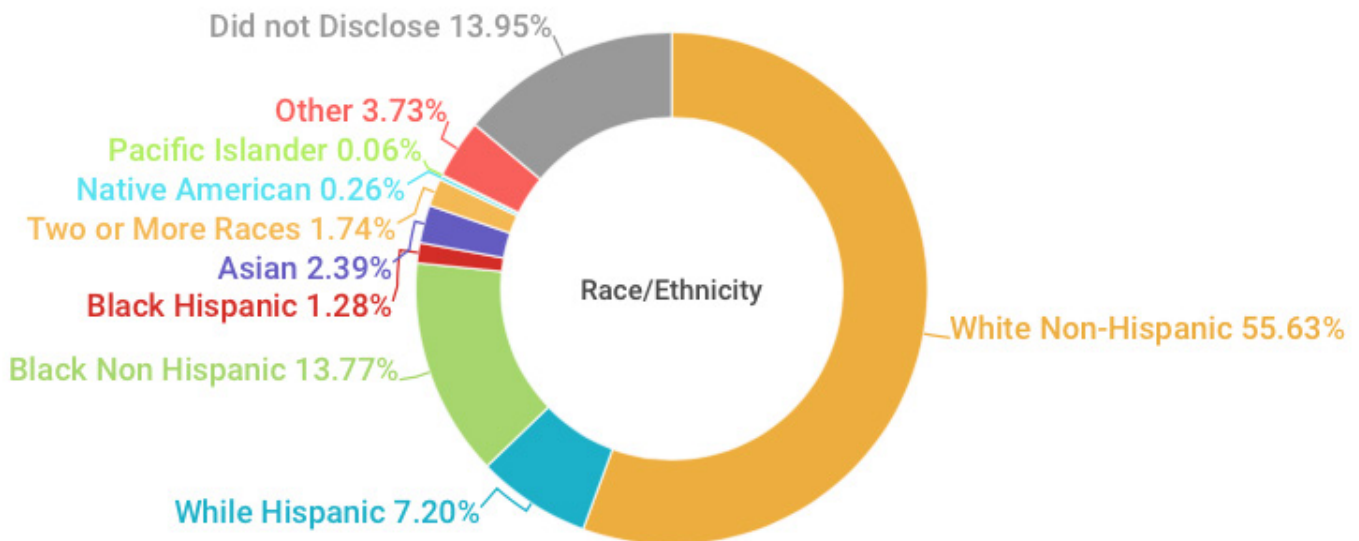
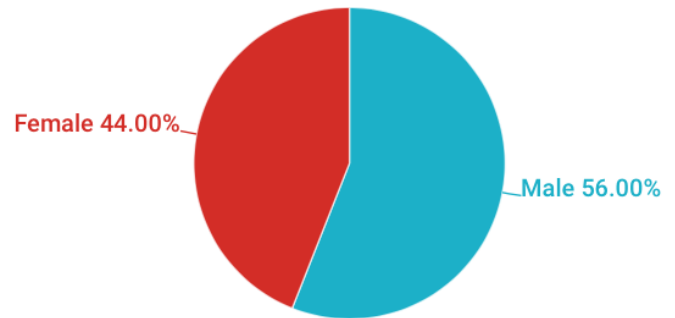
- Listening Sessions/Dialogues/Critical Conversations taking place in multiple sites
- Facilitated activities centered around books, articles, and videos which allow participants to deepen their understanding of REI
- Establishment of Affinity Groups/Work Groups to focus on REI goals and objectives

## Individuals Served by DMH

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

**25,400** individuals (about 21,500 adults and almost 500 children) were served in FY20

**6,803** individuals received case management



**Services: which individuals served may be eligible to receive.**

### SERVICES FOR CHILDREN AND ADOLESCENTS

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

Transition Aged Youth  
Reframe the Age

### SERVICES FOR ADULTS

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

### SERVICES FOR ALL AGES

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

## Inpatient Services

DMH oversees the Commonwealth's inpatient psychiatric facilities, which are divided between acute and continuing care services. DMH has licensing authority over private inpatient psychiatric facilities, which provide acute care including short-term, intensive diagnostic, evaluation, treatment, and stabilization services to individuals experiencing an acute psychiatric episode. These services are provided almost entirely in private psychiatric facilities and general hospitals with psychiatric units. DMH operates a small number of acute care beds as well as longer term continuing care facilities.

- **64** acute psychiatric inpatient hospitals or units within general hospitals were licensed by DMH in FY20, with a licensed capacity of **2,862** beds.
- DMH operated facilities: Cape Cod and the Islands Community Mental Health Center (Pocasset); Corrigan Community Mental Health Center (Brockton); Taunton State Hospital; Solomon Carter Fuller Community Mental Health Center (Boston), Metro Boston Mental Health Units (Shattuck Hospital, Boston); Worcester Recovery Center and Hospital; and Hathorne Psychiatric Units at Tewksbury Hospital.

## DMH Forensics Partnerships

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

- **7,346** individuals were referred to DMH court clinics by the juvenile, district, and superior courts in FY20.
- **62** Jail Diversion Programs (JDP) grants were awarded to police departments (57), and partner organizations in FY20.
- **159** Communities were served by JDP entities in FY20.

## Research

- Research is another critical part of DMH's work. DMH supports two Research Centers of Excellence: The Center of Excellence for Psychosocial and Systemic Research at the Massachusetts General Hospital (MGH) and the Implementation Science and Practice-based Advances Research Center (iSPARC) at the University of Massachusetts Medical School (UMMS). Both DMH Research Centers of Excellence are integral to DMH's commitment to and implementation of evidence-based practices.
- Focusing on the Commonwealth's children's mental health delivery system, the Children's Behavioral Health Knowledge Center provides strategic, high quality programming to improve the quality of children's mental health services. Drawing on the best available scientific evidence, the Knowledge Center supports trainings and learning communities for provider agencies on a variety of relevant issues and topics.





## COVID-19

As the Commonwealth activated its response to COVID-19, DMH made the important decision that all of its workforce is essential in the effort to maintain continuity of operation of critical mental health treatment and support. Beginning in mid-March, many of the Child, Youth and Families and Adult services had been adapted to a virtual platform, allowing DMH to continue delivering its array of community-based services.

The 24/7 congregate care and inpatient settings were fully operational throughout the pandemic. Many families continue to struggle financially due to lack of employment or needing to support their families all at home, not receiving the free meals at school etc. Family needs have increased with this pandemic. DMH programs and initiatives have been able to maintain the same level of support.

DMH providers adapted quickly to the changing circumstances throughout the spring and summer. Clubhouses shifted to a primary remote strategy using video and virtual meetings. Routine clubhouse activities, including work units, continued to meet using these options. Clubhouses now offer a hybrid approach of in-person and remote options based on member choice. Adult Community Clinical Services (ACCS) shifted to telehealth approaches and Recovery Learning Communities (RLCs) adapted their peer support strategies and provided a comprehensive variety of virtual peer support meetings, many of which were offered in languages other than English and were accommodated for individuals who are blind, or deaf/hard of hearing. Despite the obstacles, DMH staff showed unwavering commitment and perseverance and are continuing to adapt to an everchanging pandemic world.

- Prior to March, the Annual DMH Legislative breakfasts for the Northeast, Southeast and Western Mass Areas were held as scheduled. The Metro Boston and Central Mass Area breakfasts which were scheduled for May, were cancelled.
- The DMH-sponsored youth program Express Yourself quickly shifted form in studio art immersion and the annual live show at the Wang Theater, to a highly successful virtual creative platform and show.
- The DMH sponsored music group Tunefoolery met virtually and offered weekly virtual concerts and open mic sessions on Facebook.
- In the Southeast Area the Critical Incident Stress Debriefing (CISD) training was actually utilized in a variety of ways during COVID. They also creatively utilized some of the CISD staff to create, schedule and provide virtual support groups for staff across the area during these difficult and stressful times.

## DMH Staffing

**3,328** Employed by DMH in FY20

**1,352** Male **1,972** Female

### *Staff Trainings and Events*

In addition to required training such as the DMH Annual Review, staff are enriched through continued learning and development.

### *FY20 highlights include:*

- In the Metro Boston Area - Promoting Respectful Workplace training provided the staff across all sites with 7 sessions total of "Promoting a Respectful Workplace" training.
- Central Mass Case Management Forum - Adult Case Managers from all five sites in the Central Massachusetts Area were provided with the opportunity to network with other Case Managers, discuss their thoughts and experiences on topics meaningful to their work, and share ideas with each other on best practices in working with the DMH population.

*Pictured: 2019  
DMH Performance  
Recognition Program  
Award Winners*





## DMH Staffing continued

- Developed the DMH Fellow Program Pilot for Metro Boston – This pilot creates a professional development opportunity for current MB employees by allowing them to pursue an undergraduate degree from William James College (WJC). This fellowship program invests in our employees, creates a career ladder, and ultimately address some succession planning concerns. This pilot prioritized employees of color and any DMH Metro Boston area employee who has not completed a bachelor's degree program who believes they can successfully complete the program in good standing, and is willing to commit to a career in the public behavioral health field two years post program. Marie Flore Pierre, Tina Ehigie and Luciano Tellez (pictured right with DMH staff) enrolled in FY 2019 and are attending WJC.
- Central Mass Dual Recovery Education Program provided dual recovery education to all five Central Mass Area sites and the hospital.
- Central Mass Area laid the groundwork for implementing Emotional CPR (eCPR). C = Connecting P = emPowering, and R = Revitalizing This is an educational program designed to teach people to assist others through an emotional crisis by using three simple steps.
- Southeast Area Critical Incident Stress Debriefing (CISD) 25 staff across the Area were trained in CISD. This training was completed so that these staff would be able to provide debriefing to staff within our workforce that may experience or be part of a critical incident.
- Southeast Area First Episode Psychosis training – The Brockton site has participated in a First Episode Psychosis study during FY20. This participation allowed for identified staff to receive extensive training and consultation on providing evidenced based care to clients who are being treated for first episode psychotic illnesses.
- DMH Participated and collaborated with the Mass Office of Refugees & Immigrants' (ORI) Town Halls to educate newcomers and immigrant serving providers about distress and connect them to services. There were five town halls throughout the Commonwealth.



- DMH Piloted the Haitian Mobile Mental Health program in the Southeast Area – DMH contracted with the Haitian Mental Health Network in an effort to better serve residents of Haitian Heritage in the Brockton area. This pilot connected residents of Haitian heritage and Haitian serving providers to DMH services and bridged communities such as and not limited to the police department, churches, schools, afterschool programs, to local mental health and human services. This pilot created focus groups to understand the needs of the Haitian and Brockton community; an inventory of resources; a bridge to DMH; and opportunities to talk about distress within the Haitian community.



This pilot ended at the end of the FY due to COVID and the challenges of meeting the requirements of year two.

- Participated in Events to expand DMH's reach into communities typically not served or represented. During the FY, DMH participated in the El Mundo Latino Festival at Fenway Park. DMH had a table to highlight Isaac's Story (both in English and Spanish) and mental health resources. Commissioner Mikula and Metro Boston Area Director Sara Fuentes had an opportunity to speak to the crowd about the importance of mental health. DMH also had an opportunity to participate in the Boston Caribbean festival and a connection was made with the community to reach, educate and connect them to mental health services.



## Living and Working in the Community

### Adult Community Clinical Services (ACCS)

The ACCS service model provides clinical treatment for adults with serious mental health conditions and is fully integrated with health care and employment delivery systems. **The FY20 budget included \$363.3M for ACCS and serves more than 11,000 individuals.**



### Housing

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

#### DMH Rental Assistance Program

- In FY20, DMH spent **\$13.8M** to fund the DMH Rental Subsidy Program (DMHRSP).
- These funds leased housing units for **1,606 individuals served**.

#### Homeless Outreach and Engagement

The Outreach and Engagement Service operates statewide and works collaboratively with over 50 adult shelters across the Commonwealth identifying and addressing immediate needs and assisting individuals by engaging and providing consistent contact to access: mental health and substance use and abuse services, healthcare, maintain benefits, and access safe, stable housing.

- **2,071** Individuals were enrolled in homeless support services through the DMH Homeless Outreach and Engagement Service.

#### Expansion of Group Living Environment Resources

In FY20, DMH received **\$5.8M** to fund the expansion of Group Living Environment (GLE) resources in ACCS contracts to facilitate the movement of individuals through the DMH service system. This funding, which annualizes to \$7.5M in FY21, supported **64** discharges from DMH Continuing Care Units at Tewksbury Hospital into the community. Movement in the community system is necessary to provide the best matched community resource plans for individuals who are ready for discharge from DMH inpatient continuing care.

The Tewksbury Hospital Community Discharge Initiative began at the very end of FY19 with implementation and discharges occurring in FY20. It has provided the opportunity to expand standard and intensive group residential programs to support the ongoing and continuous work to discharge individuals from Continuing Care to the community. The primary target group for discharge is individuals with a length of stay of two years or more.



## Employment Through Clubhouse Services:

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

- In FY20, DMH clubhouses served **5,812 members**, of whom **1,432 worked in the community**.
- **640** new people started employment in FY20
- In December 2019 employment reached **26%**, which was a 3% gain from the end of FY19, and exceeded our goal of 25% for the year.



DMH is currently reviewing the impact of COVID-19 on employment. Early data suggests an approximately 1% decrease in employment since the beginning of the calendar year

- The Massachusetts Rehabilitation Commission (MRC) and DMH launched a new employment partnership in FY20 to provide integrated MRC employment services within DMH's largest adult community-based service, Adult Community Clinical Services. This partnership includes:
  - **18** specialty mental health vocational rehabilitation counselors dedicated to providing employment services to individuals enrolled in ACCS.
  - **13** contracted vendors with both mental health and Competitive Integrated Employment Services (CIES) expertise.
  - MRC has engaged with more than **1,200** ACCS enrolled individuals interested in employment in the first year.

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

Early and sustained intervention is essential. DMH has responded with measures to help young adults access services and make more services "young adult friendly;"

- More children and youth were served while living at home, with a 20 percent decrease in use of out of home treatment services from FY19 to FY20.
- For youth served in our two continuing care hospital units and five Intensive Residential Treatment Programs, length of stay in these locked programs was substantially reduced, returning youth more quickly to the community and home.
- The two continuing care inpatient units, five Intensive Residential Treatment Programs and one clinically intensive residential treatment program are striving to reduce both restraint use and length of stay. Half of the programs reduced their use of restraint.

For the past twenty years, DMH has been working to reduce the length of stay for youth served in the restrictive settings of our two continuing care hospital units (CCUs), five Intensive Residential Treatment Programs (IRTPs) and one Children's Intensive Residential Treatment Program (CIRT). From FY2000 - 20, the hospital units have seen a 10% reduction in average length of stay, the IRTP's a **30% reduction**, and the CIRT Program a **40% reduction**. All programs were on track to achieve a reduction in average length of stay compared to FY2019, until the start of the pandemic.



The pandemic both reduced admissions to programs and delayed return to home or community-based programs, impacting the programs differently. Data for the full fiscal year show an average length of stay for the CCUs rising by 16%, for the IRTPs rising by 7% and for the CIRT dropping by 23%.

- Expansion of “low-barrier” access centers are specifically designed to attract young adults between the ages of 16 and 25 who aren’t currently connected to formal services and, because of stigma, often avoid mental health services. The centers, open to anyone, are a welcoming place for young adults to get “back on track” with their life goals by connecting to resources for jobs, education, health care, and housing, as well as meeting peers with similar lived experience. These settings more successfully engage young adults of color and LGBTQ young adults than conventional clinical services.
  - Currently, there are eight Access Centers in Springfield, Worcester, Framingham, Braintree, Arlington, Lawrence, Lowell and Gloucester.
- DMH continues its implementation of “Reframe the Age” which extends service authorization criteria for Child, Youth, and Family Services from age 18 to 22 and brings together staff and resources of both Adult Mental Health and Child, Youth, and Family Services for the benefit of young adults.
  - Now in the second year of implementation, we have seen a meaningful increase in the numbers of young adults ages 18-21 being approved for DMH services, approximately **11 percent**. Additionally, we have seen a decrease in the numbers of young adults withdrawing their applications and dropping out of the process.
- In addition to delivering high quality mental health services for children and youth with significant mental health needs, DMH works with partners throughout state government to improve access to mental health services for all of the Commonwealth’s children and youth, and to support clinical quality:
- DMH continues to be a key partner with the Division of Insurance, overseeing implementation of expanded coverage for intensive home- and community- based treatment similar to the Children’s Behavioral Health Initiative (CBHI) for children and youth in state-regulated health insurance plans. This new benefit, Behavioral Health for Children and Adolescents (BHCA), is available to the approximately **450,000 children, youth, and families with these plans**. Given the 5 percent prevalence of serious emotional disturbance among children and youth, there could be as many as 22,500 children and youth who are able to access these services.
- Different Kinds of Hurt: Isaac’s Story, a book and video developed by DMH, youth and, mental health experts celebrated its one-year anniversary in 2020. Isaac’s Story has become a wonderful jumping-off point for conversations about the power of friendship, the pain of stigma, and the importance of paying attention to and encouraging all youth who are wounded to somehow.
  - **25,864** hard copies of the book have been mailed
  - It is now available in English, Spanish, Haitian Creole and Cape Verdean Criolo, and will be available in additional languages in FY2021.
  - The social media campaign through Facebook generated a total of **95,527** clicks that was directed to the Isaacs Story website during FY20
  - **4** in-person readings were held around the state: Project Hope Multi Service Center in Dorchester, Brockton Boys and Girls Club, Lynn Boys and Girls Club, and Worcester Boys and Girls Club.



Since COVID19 began, there has been an increase in orders and requests for readings and virtual events.



## Expedited Psychiatric Inpatient Admissions Policy (EPIA)

Under the leadership of the Executive Office of Health and Human Services, DMH has continued to take the lead in the Commonwealth's efforts to reduce emergency room boarding for individuals in need of psychiatric hospitalization. In FY20, along with our partners at MassHealth, the Department of Public Health, and the Division of Insurance, DMH has accomplished the following:

- Effective January 2020, an updated protocol, EPIA 2.0, was released with plans to include earlier escalation timelines, a bed search protocol, specialized services provided by insurance carriers, and enhanced communication throughout the system.



During COVID, DMH decreased the boarding time when referrals for DMH assistance could be escalated from 96 hours to 24 hours. This was also during a time after the initial surge (March/April 2020) when ED Boarding for behavioral health increased by 500% in June 2020. This increased need for behavioral health crisis care persists at nearly 300% over last year's boarding statistics for the same month.

- DMH data showed that 50% of those escalated to DMH for assistance at the 24-hour mark of boarding were placed within one day of referral to DMH. Additionally, nearly 30% of the referrals to DMH were also found to have discharged to homes rather than admitted to a hospital.
- Further refinements in the EPIA protocol continue through the efforts of the multi-stakeholder implementation workgroup.

## Addressing Co-occurring Disorders

Co-occurring mental health and substance use disorders **affect 60-80% of individuals served**. DMH embraces co-occurring complexity as part of a universal approach to all individuals and families.

- The Department, through our Licensing Division, has addressed co-occurring disorders through requiring our licensed facilities to have and utilize clinical competencies for all staff regarding substance use disorder (SUD), co-occurring medical conditions, autism/developmental/intellectual disorders, and treatment of individuals with severe behavior, such as assault risk.
- In January 2020, DMH began offering comprehensive Medication Assisted Treatment (MAT) at four of our inpatient facilities: Worcester Recovery Center and Hospital, Solomon Carter Fuller Mental Health Center, and to units within Corrigan and Pocasset Mental Health Centers. We have plans to rollout MAT to other DMH inpatient facilities over the next 6 months.

Increasing DMH's own competencies in addressing co-occurring disorders is a high priority. Starting at the Solomon Carter Fuller Community Mental Health Center, DMH:

- Established protocols for more focused diagnostic assessment of individuals admitted with substance use disorder
- Provided additional education to staff and increased use of Motivational Interviewing for individuals with Substance Use Disorder
- Provided Training and Established Staff Competencies associated with Medication Assisted Treatment for Opiate Use Disorder
- Established protocols for assuring Continuity of Care for Individuals in need of community-based services.
- Provided Medication Assisted treatment for 13 individuals with opiate use disorders since January 1, 2020
- The community service providers for ACCS and Programs of Assertive Community Treatment (PACT) are engaged in a co-occurring screening, assessment, and treatment process for those with substance use disorders. Ensuring effective linkages between the inpatient and community systems are a key component of an individual's community recovery.

## Zero Suicide

The Southeast Area has been working with Central Office on Zero Suicide and has been a partner in the Substance Abuse Mental Health Services Administration (SAMHSA) grant that was awarded to DMH. The first Zero Suicide Learning Collaborative was launched on the Cape 2 years ago. The goal was to broaden the opportunities to partner with healthcare organizations in Bristol County to improve suicide screening and care.

In FY20:

- The Southeast Area launched the second wave of Zero Suicide Learning Collaboratives on June 26, 2020. They have made sweeping changes to how clients are screened and assessed for suicide.
- The Brockton site has recently begun to pilot the “Suicide Pathway” which is a model that focused on providing wrap around care that is collaborative and trauma-informed for those clients who have been identified to be at high risk for suicide.

## Community Engagement

### *Collaborating for a Message of Awareness*

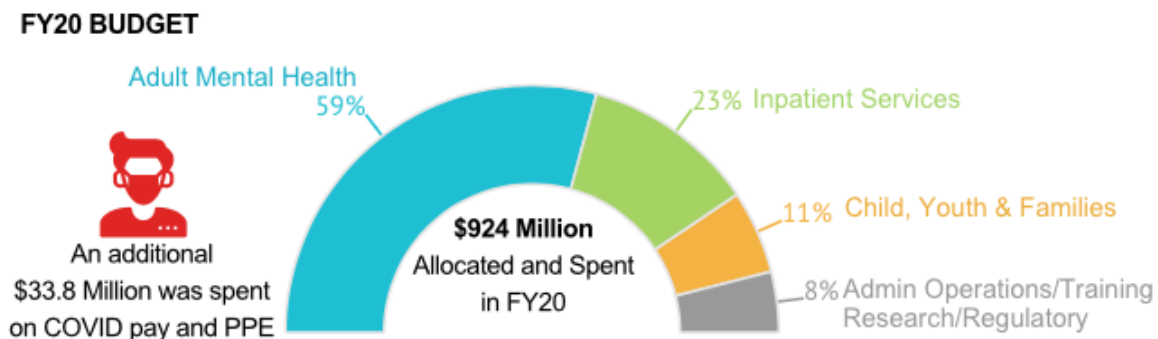
In FY20, EOHHS, in conjunction with the Office of the Senate President, DMH, and DPH developed a public awareness campaign that promotes awareness of behavioral health issues and available behavioral health services in the Commonwealth. The goal of the campaign is to eliminate the stigma of seeking support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

- A 30 second video titled “What If” was launched during May is Mental Health Month, and received **423,229** views at the end of FY20.
- iHeart Radio and social media campaign in April and May reached more than **4.7 million people** offering reassurance and support during COVID.

## Looking to FY21

The Department, in collaboration with other EOHHS agencies and the Secretariat, is working to create a no-wrong-door approach to treatment by encouraging multiple points of entry with same-day access, integrating addiction and mental health services, providing community-based crisis response, meeting the unique needs of children and youth, and upholding consistent evidence-based standards. We are aligning payments and policies to streamline licensure, credentialing, and regulations.

The FY21 budget for DMH will allow us to continue our work within the integrated behavioral health system. The budget continues the Department’s legacy of leadership, partnership, and innovation in caring for people living with mental health conditions.



**CHARLES D. BAKER**

Governor

**KARYN E. POLITO**

Lieutenant Governor

**MARYLOU SUDDERS**

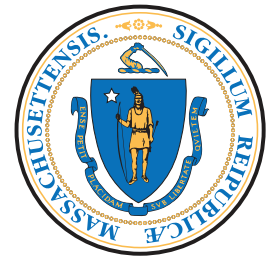
Secretary

Executive Office of Health and Human Services

**BROOKE DOYLE**

Commissioner

Massachusetts Department of Mental Health



## DMH CENTRAL OFFICE

25 Staniford Street

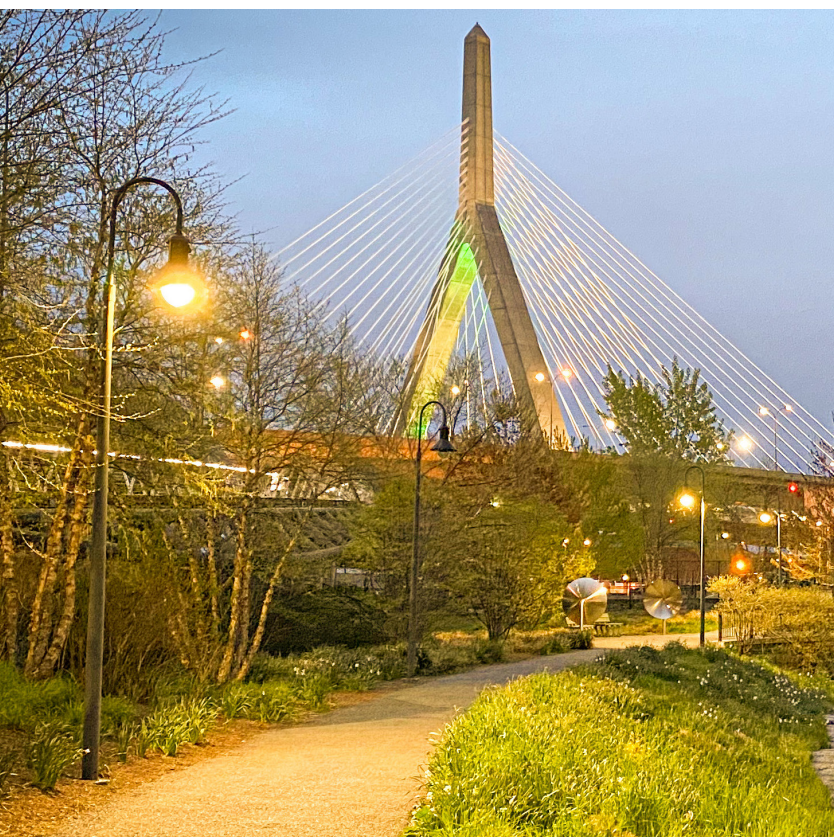
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## SOCIAL MEDIA



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massdmh



DMH Connections  
Channel



Linked In

Massachusetts Department  
of Mental Health (DMH)