

# Commonwealth of Massachusetts Department of Mental Health



Cover Art: photos from the 2022 Express Yourself Performance – Wild & Free

## Annual Report Fiscal Year 2022



## MISSION

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.

## VISION

Mental health care is an essential part of health care. The Massachusetts Department of Mental Health (DMH), 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.

## What We Do

DMH is a person- and family-centered agency with the goal of involving people with lived experience and their families to support people recovering from mental illness by following their own individual paths. DMH provides consumers and families with services and supports for successful community living that includes social connections, physical and mental health, employment, education and above all, personal choice in the path to recovery.

## DMH Leadership

Brooke Doyle, Commissioner  
Beth Lucas, Deputy Commissioner, Mental Health Services

Kathy Sanders, M.D., Deputy Commissioner, Clinical and Professional Services  
Charlene Zuffante, Deputy Commissioner, Child and Adolescent Services  
Stephen Barnard, Deputy Commissioner of Management and Budget  
Lester Blumberg, General Counsel  
Crystal Collier, Chief of Staff

In Massachusetts, responsibility for providing public mental health services falls under the umbrella of the Executive Office of Health and Human Services (EOHHS). DMH is one of 14 EOHHS agencies.

DMH is organized into five geographic areas, each of which is managed by an area director. Each area is divided into local service sites. Each site provides case management and oversees an integrated system of state and provider-operated adult and child/adolescent mental health services. Citizen advisory boards at every level of the organization participate in agency planning and oversight. DMH allocates funds from its state appropriation and federal block grant to the areas for both state-operated and contracted services.

The DMH Central Office, located in Boston, has five divisions in addition to the Commissioner's office—Mental Health Services; Child and Adolescent Services; Clinical and Professional Services; Legal; and Management and Budget. It coordinates planning, sets and monitors attainment of broad policy and standards and performs certain generally applicable fiscal, personnel and legal functions.

A total of 27 DMH area site offices serve adults, children, adolescents and their families throughout the state.

The Department operates the following facilities:

- Worcester Recovery Center and Hospital
- Taunton State Hospital
- The Hathorne Mental Health Units at Tewksbury State Hospital (a Department of Public Health hospital)
- The Metro Boston Mental Health Units at Lemuel Shattuck Hospital (a Department of Public Health hospital)

Community Mental Health Centers:

- Pocasset Mental Health Center, Bourne
- Massachusetts Mental Health Center, Boston
- Erich Lindemann Mental Health Center, Boston
- Solomon Carter Fuller Mental Health Center, Boston
- Corrigan Mental Health Center, Fall River
- Brockton Multi-Service Center, Brockton

## Fiscal Year 2022 Overview

Our vision that mental health be fully integrated as an essential part of health care is reflected at the core of our mission. Our focus has been our active engagement in the reform and design of a behavioral health system in Massachusetts that offers easy access to treatment at the right time. Our priorities, as the State Mental Health Authority, are to ensure that residents of the Commonwealth can access mental health treatment and services; receive integrated behavioral health treatment that take a whole person view and are comprehensive in their design to meet the needs for co-occurring substance misuse as needed; provide appropriate, affordable and stable housing opportunities; and contribute to employment pipelines for individuals served and for those interested in working in behavioral health settings. An essential component of meeting our priorities is integration of the principles of race, equity, and inclusion in DMH policy and practices, which addresses the needs of our staff, individuals served, and all communities of the Commonwealth. DMH is committed to helping people with mental health conditions navigate the behavioral health landscape so that treatment and services most appropriate for their needs are available.

The Department, in collaboration with other EOHHS agencies and the Secretariat, is working to create critical behavioral health system reforms through the Behavioral Health Roadmap. Reforms will include:

- A **“front door”** for people to get connected to the right treatment in real time
  - A **new, centralized service for people or their loved ones to call or text to get connected to mental health and addiction treatment**
  - This front door will help people connect with a provider before there’s a mental health emergency, for routine or urgent help in their communities, or even right at home
- **Readily available outpatient evaluation and treatment (including in primary care)**
  - More **mental health and addiction services available through primary care**, supported by new reimbursement incentives
  - **Same-day evaluation and referral to treatment**, evening/weekend hours, timely follow-up appointments, and evidence-based treatment in person and via telehealth at designated **Community Behavioral Health Centers (CBHCs)** throughout the Commonwealth
- Better, more convenient **community-based alternatives to the emergency department** for urgent and crisis intervention services
  - **Urgent care for behavioral health** at CBHCs and other community provider locations
  - A stronger system of **24/7 community and mobile crisis intervention**
- **Expanded inpatient psychiatric bed capacity** to meet needs exacerbated by COVID-19.

With our third-party payers, we are also aligning payments and policies to streamline licensure, credentialing, and regulations.

Fifty percent of all mental health conditions are diagnosed before a youth’s 14<sup>th</sup> birthday and 75% by age 24. Adults with chronic mental health conditions have a life expectancy of just 53 years. For those with co-occurring substance use disorders, life expectancy is 10 years shorter than that. It is critical that we continue to take steps to interrupt this trajectory towards early death. The key to our success is building bridges with services and supports outside of the DMH system so that individuals can flow into

progressively less restrictive and more independent living and work environments.

The Governor's FY2022 budget supported several initiatives that advance the Administration's support for these critical behavioral health system reforms. We know that providing integrated and coordinated care leads to reduced health care costs and improved quality of life.

- Increase to the Operations of Hospital Facilities account (5095-0015) and annualization for the new 75-bed Men's Recovery from Addiction Program (RAP).
- Creation of a 30-bed continuing care unit at the Worcester Recovery Center and Hospital, necessary to offset the reconfiguration of beds at Shattuck and Tewksbury Hospitals due to COVID infection control requirements.
- Re-procurement of Children, Youth, and Family Intensive Community Services (ICS). The redesigned treatment model will allow DMH to meet currently unmet needs of children and adolescents with serious behavioral health challenges.

## COVID RESPONSE

In the early stages of the pandemic, DMH rapidly shifted its approach to utilize telehealth options to provide continuity of service delivery in the community. DMH also implemented a series of flexibility measures to reduce administrative activities and prioritize essential service delivery functions. All DMH community-based services continued to operate and provide in-person service delivery when clinically indicated with appropriate infection control precautions in place. DMH collaborated with providers and state-operated programs to respond to health and safety issues, including meeting basic needs for food, medication, access to healthcare and use of technology for telehealth and social connections.

DMH worked extensively with EOHHS and sister agencies to develop and implement guidance addressing visitation, surveillance testing, and infection control practices in congregate care settings and re-opening of Clubhouse programs for in-person services. Most recently, DMH provided technical assistance and support to congregate care providers to develop vaccination plans for all congregate care programs. All of these settings have completed first dose clinics and are on track to complete initial vaccination plans by March 31<sup>st</sup>. DMH will continue to provide support and education to providers, DMH employees and clients to promote vaccine acceptance.

## Department Highlights & Accomplishments

### Expansion of RAP

Building on the success of the WRAP (Women's Recovery from Addiction Program), expansion of the substance use disorders (SUD) program is underway with four new units, and a total of 75 beds, to serve men with SUD. Combined with the existing program, and renamed as the Recovery from Addictions Program (RAP), it will be operated as one program with 7 treatment units and 120 beds, serving 45 women and 75 men.

The RAP has two levels of care, Enhanced /Acute Treatment Services/Detoxification and Clinical Stabilization Services (CSS), in addition to post-discharge Aftercare Services.

RAP will provide an enhanced clinical treatment program for women and men who have been civilly committed for treatment by Massachusetts courts under MGL Ch.123, section 35, due to concerns about risk related to substance use, up to and not to exceed 90 days. Like the women's program, the men's unit is designed to provide a locked treatment setting for men with SUD, complicated by co-occurring mental illness, requiring a more secure setting.

To meet the needs of the clients served, RAP provides evidence-based individual therapy as well as group therapy and programming throughout the day to provide the structure necessary for individuals to detoxify safely and engage in long term recovery; vocational, educational and assessment services; medical services; and Aftercare Services with community liaison and recovery specialists who are assigned to assist clients in obtaining services and supports upon release to help achieve maximum recovery and integration success in the community. Enhanced program staffing will reflect the complexity of addressing both the substance use disorder challenges and other behavioral health and medical challenges the clients face

### ***Adult Community Clinical Services (ACCS) Program***

Innovating behavioral health services through strengthening alignment and integrating DMH, MassHealth and Massachusetts Rehabilitation Commission (MRC) delivery systems.

ACCS is a comprehensive, clinically focused service that provides community based clinical interventions and peer and family support to facilitate engagement, support improvement in overall functioning, and maximize symptom stabilization and self-management of individuals residing in all housing settings. In addition, ACCS provides a range of provider-based housing options as treatment settings to assist individuals in developing skills and establishing natural supports and resources to live successfully in the community.

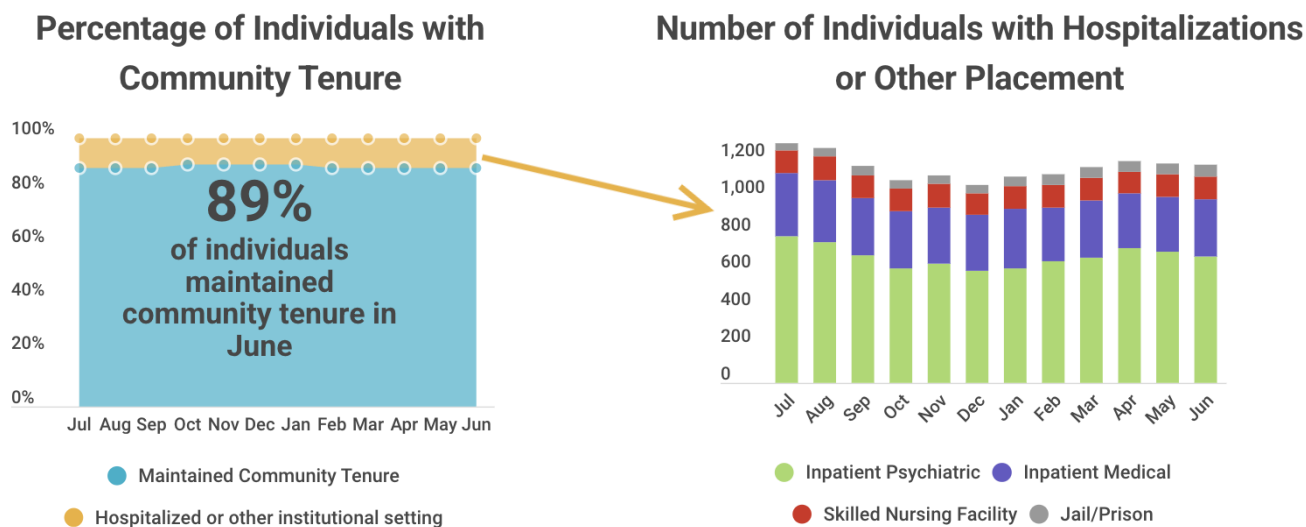
The ACCS service model provides clinical treatment for adults with serious mental health conditions and is fully integrated with health care and employment delivery systems. DMH collaborated on the design of ACCS MassHealth's Behavioral Health Community Partner (BHCP) with the shared goal of improving integration, access to services and supports, and care coordination for members who are in ACCS and receiving BHCP supports. Approximately 4,400 DMH ACCS members are enrolled in the BHCP Program. Additionally, approximately 1,765 ACCS clients are enrolled in One Care which is the Commonwealth's dual Medicare/Medicaid health insurance program. MassHealth and DMH are developing metrics to monitor the impact of these integrated systems, including emergency department and inpatient utilization and total cost of care.

ACCS provides services to individuals who are experiencing homelessness, living in unsafe settings, or engaging in behavior that may put them at risk. ACCS services are consistent with the principles of Housing

First, which is centered on the belief that everyone can achieve permanent housing and that stable housing is the foundation for pursuing health and recovery goals. To date, DMH Rental Assistance funding has supported 522 individuals enrolled in ACCS and continues to lease new units to support movement through services. 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. Discharges from DMH inpatient continuing care open beds for civil patients who are awaiting transfer from acute psychiatric units.

**In FY22:**

- **10,240** individuals received ACCS services
- **36** ACCS programs
- **17** ACCS providers and DMH
- **229** individuals moved from inpatient settings to ACCS
- **96** individuals moved from Supervised Group Living to DMH Rental Assistance



The majority of individuals receiving ACCS maintain community tenure. On average, 11% of individuals experienced a hospitalization or other institutional placement during the month.

**Addressing Co-Occurring Disorders**

Continuing a pattern that has emerged over the last 20 years, the majority of individuals served by DMH inpatient system are diagnostically complex and present unique treatment challenges. Increasingly, DMH encounters individuals who have co-occurring mental health and substance use disorders (60-80% of individuals served). Though the COVID-19 pandemic has distracted public attention the epidemic of Opioid abuse has not left our focus. Rates of substance use have escalated during the pandemic and the need for integrated treatment responses has only become more urgent.

DMH embraces co-occurring complexity as part of a universal approach to all individuals and families. DMH delivers an integrated system that is welcoming, strength-based, and trauma informed. Rather than

relegating co-occurring conditions as incidental to primary mental health diagnosis or the domain of other practitioners, DMH expects all individuals served to have all of their needs identified, assessed, and treated in all services and programs.

DMH's community service providers for ACCS and Programs of Assertive Community Treatment (PACT) have adopted 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.

Through our Licensing Division, DMH has addressed co-occurring disorders by 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. Facilities are also required to ensure age-specific competencies as required by license, as well as the treatment of individuals on specialty units.

### ***Expedited Psychiatric Inpatient Admissions Policy (EPIA)***

With the support of Secretary Marylou Sudders, DMH has taken the lead in the Commonwealth's efforts to combat the crisis of emergency room boarding for individuals in need of psychiatric hospitalization. Building on the 2018 Expedited Psychiatric Inpatient Admission Policy (EPIA), DMH has continued to play a key role in finding inpatient placements when patients have not been placed in a reasonable period of time. During calendar year 2019, DMH received 839 requests for assistance with patients who had waited for a behavioral health placement in an emergency department (ED) for at least 96 hours. Half of these requests are for youth under 18 years of age; 60 percent are male and 73 percent had publicly funded insurance. With DMH's intervention, admissions were accomplished for these patients in less than two days on average.

Sadly, the pandemic, and the infection control measures it requires, has resulted in unprecedented wait times for psychiatric inpatient treatment across all age groups- with notably extended waiting for youth and adults with complex treatment needs.

During the COVID-19 pandemic DMH lowered the time for Emergency Departments, ESPs, and insurance carriers to request help from DMH to more rapidly move patients out of EDs. In April, time to escalate to DMH was reduced to 48 hours and then in May to 24 hours. However, starting in June 2020, unprecedented numbers of individuals in behavioral health crisis presented to EDs for help. Through the summer and fall, DMH received an average of 500 requests for help per month from the EDs. During this time, a third of these requests for help had a level of care change (returning home for community-based services) and most of them were within the first 48 hours of an ED boarding episode. Given the DMH mission to help with the longer stay ED boarders, the time to escalate for DMH assistance was changed to 60 hours by Dec. 1, 2020. This allows EDs, ESPs, and Insurance Carriers more time to sort out the patient's needs before getting DMH involved thereby preserving DMH efforts for the longer waiting patients. Even with these changes, DMH continues to receive on average 500 referrals for assistance each month.

As part of the effort to reduce the time individuals board in Emergency Departments, we anticipate more than 200 new acute inpatient psychiatric beds to be licensed in the coming year. Though there have been some child and adolescent beds added in the acute hospital sector, more are needed to accommodate demand.

### ***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.

- **\$18.1M** in DMH Rental Subsidy Program (DMHRSP) funds were spent in FY22. These funds leased housing units in the community for **2,007** individuals served.
- **96** individuals moved from Supervised Group Living to the DMH Rental Subsidy Program during FY22.

### **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.

- **1,736** Individuals were enrolled in homeless support services through the DMH Homeless Outreach and Engagement Services.

### ***Employment as an Anchor to Recovery***

For many individuals living with a mental health diagnosis, employment represents not only the result of recovery, but also the pathway to it. Employment has been shown to improve mental and physical health for all persons. Employment improves one's standard of living, strengthens community ties, provides opportunities to build and maintain skills, delivers a sense of meaning and purpose, and creates a structure for day-to-day life – all critically important for individuals on the road to recovery, as for us all. For this reason, employment remains a critically important service area and outcome for DMH and its providers.

Despite the significant economic shocks of the pandemic, DMH clubhouses continued to successfully assist their members to attain and maintain jobs in the community. Between January 2020 (24.8%) and January 2021 (24.4%) clubhouses were able to generally maintain the rate of competitive employment among their

membership with only minimal loss and disruption. Since March 2020, clubhouses have assisted members in starting approximately 364 new jobs.

MRC and DMH launched a new employment partnership in FY20 to provide integrated MRC employment services into ACCS programs. This partnership now includes 26 specialty mental health vocational rehabilitation counselors dedicated to providing employment services to individuals enrolled in ACCS, along with 13 contracted vendors with both mental health and Competitive Integrated Employment Services (CIES) expertise. Since the inception of the partnership, MRC has engaged 1,631 individuals with 182 (11.2%) attaining competitive jobs in the community.

DMH also supports, with DDS, two regional employment collaboratives operating in Western and Central Massachusetts. Despite COVID, the seven collaboratives, including those in Central and Western Mass, collectively assisted in placing 768 individuals in FY20, as well as continuing to provide general and specialized training opportunities to job seekers of all disability types.

### ***DMH Forensic Partnerships***

DMH is committed to our partners in public safety by assisting them in recognizing when individuals need behavioral health interventions rather than criminal ones. The Governor's budget continues to support DMH's public safety partnerships, providing support for municipalities in establishing police-based jail/arrest diversion programs. These programs improve our first responders' ability to recognize signs of mental health conditions and to adopt strategies to de-escalate those crises, resulting in fewer arrests, better engagement in treatment, and increased public safety.

In FY22, statewide training availability and delivery methods were significantly less impacted by the COVID-19 pandemic. Training availability and training hours doubled from FY21 to FY22. Efforts to provide in-person and remote training continued at the regional training centers in FY22 and increased the number of participants. The total number of training hours delivered in FY22 was 37,036, representing 192% growth over FY21.

During FY22, William James College (WJC) received DMH funding to launch the first CoResponse Training and Technical Assistance Center housed in an educational institution. The WJC CR-TTAC offers an interdisciplinary 10-credit graduate-level Crisis Response and Behavioral Health Certificate. Enrolled students participate in rigorous, scenario-based evidence-based curricula and practical simulations. The CR-TTAC offers technical assistance, regularly scheduled Co-Response webinars, a Co-Response Research Hub, a Co-Response Community of Practice, and an annual Co-Response research symposium.

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

In its role as the state mental health authority, DMH also provides an array of mental health promotion, workforce training and prevention services for the general population of youth, families, and young adults.

DMH funds Family Support Programs in each of its five geographic areas. These programs offer families assistance with system navigation, peer support, and provide education on mental health issues to schools and community groups. They also offer support group meetings in multiple languages. During the pandemic, these providers offered a variety of creative virtual activities for youth and families, offering important opportunities for connection during this time of social isolation. These programs also reached out to youth and parents with mental health needs in local communities delivering “activity boxes” and care packages to help support them during the pandemic.

The Department also operates Young Adult Access Centers for youth and young adults, in Framingham, Lawrence, Everett, Braintree, Springfield, and Worcester, with recent additions in Gloucester and Lowell. Young Adult Access Centers provide a unique opportunity for young adults to receive trauma-informed, developmentally appropriate services that are young adult driven with an emphasis on peer support. The model provides young adults with a low-barrier, recovery-oriented space that is especially welcoming to young adults of color and LGBTQ individuals. The staff engage young adults in goal setting around their behavioral needs as well as goals regarding education, employment and housing. Young adults do not need to apply for DMH services to utilize the Access Centers and for many, engagement in the Access Centers may mean that a referral to DMH adult services will not be necessary.

DMH continues to work closely with the Division of Insurance to support an expansion of 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.

Through its Children’s Behavioral Health Knowledge Center, the DMH CYF Division helps ensure that the workforce who provides services to youth and families are highly skilled and well-trained. In FY22 the Center supported a range of training, workforce development and technical assistance opportunities including the development of a curriculum based on motivational Interviewing to help parents learn how to engage in productive conversations with their children about difficult topics such as substance use.

### **Office of Race, Equity and Inclusion**

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. The office is a merger of two previously separate offices – the Office of Multi-Cultural Affairs and the Office of the Diversity Officer. Thus, OREI serves as the Civil Rights arm of the agency and works to ensure access and equity for all persons, including those who are in a Protected Class and are otherwise under-served/under-represented.

Much of OREI’s activities include workforce matters, both of a transactional and more collaborative process nature. Regarding the former, OREI ensures that the agency is in compliance with all reporting requirements related to Affirmative Action/Equal Employment. OREI reviews all hire documents for all DMH hires, promotions, and terminations. As part of the agency’s REI work, the office also conducts a Diversity Review of all potential interviewees for any management, clinical, or professional positions. OREI

also participates in Selection Committees for M5 and above positions. Of note is the office's participation in the development of the new Men's Recovery from Addiction Program slated to be opened this spring.

Regarding the latter, OREI has collaborated with area staff to support REI activities. This includes the development of training specifically to respond to and address hostile workplace complaints, including complaints based on discrimination. Additionally, OREI has partnered with EOHHS to promote and enhance REI endeavors throughout the agency. This includes training on microaggressions, the development of guidance related to Employee Resource Groups, and ongoing training regarding best practices for hiring managers.

During this COVID-19 pandemic, OREI was quick to take action to ensure that individuals with Limited English Proficiency (LEP) were able to still receive services. OREI oversees the DMH Interpreter Services Program and was able to work with vendors to pivot from in-person interpreter services to virtual services via telephone or video.

As the pandemic has continued, OREI is currently participating in a community education and outreach campaign to reach communities most impacted by COVID. This will result in a staff "selfie" social media campaign that encourages both staff and clients to take the vaccine.

Most recently, OREI partnered with the Office of Communications to publish a DMH newsletter for Black History Month. In addition to the newsletter, OREI developed a new website, and a Black History Month Event Series.

It should also be noted that OREI was key in the development of the official DMH LGBTQ Non-Discrimination Policy which went into effect on January 1.

## **MassSupport**

To support the mental health of its residents, Massachusetts has created an assistance program called MassSupport. This crisis counseling program is funded by the Federal Emergency Management Administration (FEMA) and managed in partnership between DMH and Riverside Trauma Center, a program of Riverside Community Care. The MassSupport network provides free community outreach and support services across the state in response to the unprecedented public health demands created by COVID-19. Through Riverside Community Care, free counseling is available in nine languages. Anyone in the state can call 888-215-4920 to be connected with local support. The [masssupport.org](https://masssupport.org) website also has an easy-to-use, anonymous screening tool which can help determine whether an individual should connect with a behavioral health professional.

## **OUR AUTHORITY**

### Massachusetts General Law: Chapters 19, 123

*"The Department shall take cognizance of all matters affecting the mental health of the citizens of the Commonwealth."*

### Regulations: 104 CMR

**DMH is also authorized/required to:**

- Approve MassHealth prior authorizations on psychotropic drugs
- Add new diagnoses to the Mental Health Parity statute
- Monitor the Department of Corrections - Segregated Units
- Monitor the House of Corrections - Step-down

**GENERAL RESPONSIBILITIES:**

- Operates the state psychiatric facilities
- Funds an extensive community service system for qualifying adults and children
- Licenses all private psychiatric facilities and units of general hospitals, as well as community mental health programs providing residential services
- Establishes standards of care
- Provides mental health training and research
- Promotes recovery and self-determination

