

Commonwealth of Massachusetts Department of Mental Health



Cover art: top left - 2024 Northeast Area Black History Month Celebration, top right BAMSII 50th Anniversary Celebration, bottom Left: 2023 Southeast Area Staff Recognition Awards, bottom right: 2024 Central Mass Area May is Mental Health Month Event

Annual Report

Fiscal Year 2024



About the Department

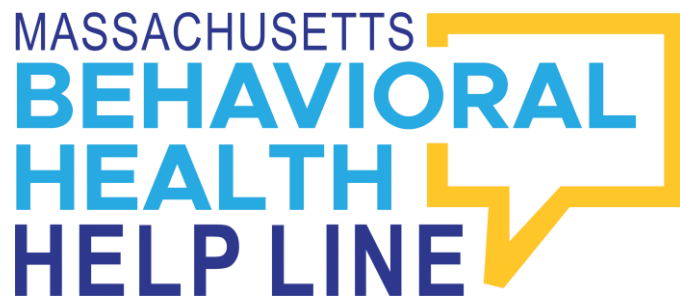
The Department of Mental Health serves vulnerable adults and youth with complex mental health needs who require specialized care not readily available in other settings. We strive to provide equitable and accessible treatment to a population that has often been underserved, and a population that has increasingly complex needs. In the past fiscal year, we have had the privilege of helping close to 29,000 individuals. Our agency maintains 685 DMH-operated beds, and licensed 3,161 additional beds operated by private providers.

Behavioral Health Transformation

The challenges of the past few years have motivated DMH and its sister agencies in Health and Human Services to look for new ways to offer services and to transform the way we offer mental health care. During the past year, we have created a more accessible and inclusive “front door” entry point with the addition of the Behavioral Health Help Line (BHHL), 27 Community Behavioral Health Centers (CBHCs) across the Commonwealth, and other initiatives that significantly impact an individual’s ability to access a variety of mental health treatment options.

Launching in January 2023, the Behavioral Health Help Line handled more than **42,000** calls and **20,000** texts and chats in the first year. Operated by the Massachusetts Behavioral Health Partnership (MBHP), under contract with DMH, the trained Help Line staff listen to the caller, assess what is needed and offer ‘warm hand-offs’ and follow-up to the next provider or resource in real time. Help Line users can seek assistance for themselves or a loved one, and they can also seek that help in 200 languages, allowing us to expand access in previously underserved communities. Call center staff triage a caller’s needs, and one of the most innovative aspects of the BHHL is its direct connection to the newly created Community Behavioral Health Centers, which can

immediately provide urgent care, crisis evaluation, or access to first responders when needed.



BHHL posters, wallet cards and brochures are available in 13 languages and have been distributed free of charge to thousands of locations across the state, ranging from community groups to health care settings to law enforcement. DMH and a community outreach team from MBHP continue to distribute materials and meet with community groups to increase awareness of the free BHHL. A 'Help is Here' marketing campaign was also undertaken which included digital assets, billboards, public transit, video etc. to introduce the Help Line across the Commonwealth. Phase 1 marketing focused on the BHHL, while Phase 2 targets CBHCs.

Addressing Mental Health Needs in the Community

DMH's work has always been guided by the principles of "Hope, Equity and Service." We have sharpened our focus on reaching marginalized communities, and also strive to reach every individual in every community as early in their mental health journey as possible. This is balanced with an effort to reduce strain on emergency rooms and shorten wait times for services. The FY24 budget sought expansion of both inpatient and outpatient care.

A higher volume of admissions, coupled with increases in clinical complexity and acuity, have produced exceptionally high demand for DMH services – in both inpatient and community settings. In an effort to meet increased demand, we were able to increase state-operated capacity by 20 beds at Tewksbury and 15 additional beds at Taunton State Hospital.

In an effort to decrease wait times for DMH inpatient services and promote diversions from nursing facilities, the Adult Community Clinical Services (**ACCS**) expansion initiative has begun to bring additional community placements online over a three-year period. In FY24, DMH increased its ACCS capacity by 30 Group Living Environment beds and 80 DMH Rental Assistance and outreach placements. DMH intends to add an additional 203 beds before the end of FY25 for a total of 254 beds over the two fiscal years. DMH also increased community placement capacity to help move patients out of restrictive care settings and back into communities.

In FY24, more than 12,000 people received ACCS services, 184 individuals transitioned from inpatient to continuing care, and 88 percent of those receiving ACCS services remain in the community.

The DMH nursing facility program has serviced more than 1,600 nursing facility residents with serious mental illness since its inception on July 1, 2023. The DMH Nursing Facility Transition team has supported transition and/or offered follow-up with more than 230 individuals who were transitioned from nursing facilities into the community.

Efforts to divert individuals from emergency departments – and also from arrest – are also intended to address the inequities in access to mental health services for those in communities that have been historically under resourced.

Jail diversion efforts and crisis intervention trainings focus on reducing the disproportionately high number of arrests and incarceration among people with mental illness. To redirect more and more individuals away from jails and emergency rooms, DMH funds Jail Diversion and Crisis Intervention trainings to enhance police response and facilitate police capacity to divert individuals to community-based care and services. In FY24, \$15 million in Jail Diversion Program grants were awarded to police departments and partner organizations; 273 Massachusetts communities and/or law enforcement agencies were impacted by grants and/or training; and 87 newly engaged campus police/law enforcement agencies were added.

In DMH court clinics, 10,935 Individuals were seen in the district, municipal, juvenile and Superior Courts.

Emergency Department (ED) diversion efforts have helped reduce the need for inpatient psychiatric placements. ED diversion programs reach out to individuals seeking help at emergency departments, and in cases where it is safe to do so, set up intensive community services that allow tailored home-based treatment, which eliminates the need to wait for inpatient placement.

The ED diversion program has partnered with 47 hospitals with community-based providers to deliver services to youth and adults experiencing behavioral health crises who do not require treatment at an inpatient psychiatric facility and can be safely served in the community. These services provide immediate crisis stabilization and connection to behavioral health treatment services that promote community tenure. The youth programs utilize mobile teams to deliver services to youth and families in their homes and community, which allow youth to remain connected to school, peers, and family.

ED Diversion programs helped 862 youth remain in their communities to date. The adult programs utilize mobile and site-based options and have reached 2,018 adults since inception. Site-based programs provide 24/7 support for adults to return home following an emergency department visit. These services are available to anyone regardless of

insurance status and do not require DMH service authorization. The average length of treatment for both adults and youth is four months.

The impact of ED diversion programs can also be seen in DMH's Expedited Psychiatric Inpatient Admissions (**EPIA**) program for all ages. EPIA data shows a clear decline in the number of referrals, with the number of individuals needing DMH intervention dropping by more than half in all age groups. And when referrals were needed, the average "boarding" time for inpatient placement has decreased to an average of 3 days for both adults and youth.

Any expansion of DMH services is also dependent upon the acquisition and retention of staff. DMH has been able to expand, diversify, and retain its workforce through our **MA Repay Loan Repayment Program**. This \$10 million investment helped address mental health workforce shortages, and created a pathway for a more diverse workforce to join DMH and to advance their careers through higher education. Our mental health workforce receives important loan repayment awards in exchange for their commitment to work in DMH for four more years as psychiatrists, psychologists, nurses, case managers and direct care providers. A total of 224 people at DMH received funding through this program. Forty-nine percent of participants are staff of color, and 46 percent speak languages other than English.

In an effort to enhance support of the Commonwealth's high-need youth, **Intensive Residential Treatment Programs (IRTPs)** are designed to serve adolescents 13-18 years old who require additional treatment in a locked setting and need more comprehensive on-site care than provided in a community service. It is an intensive, locked setting where it is expected that families will be actively involved in their adolescent's care and where the adolescents are encouraged to advocate for their treatment preferences and goals.

In FY24, to address the evolving needs of the youth in these programs, we shifted the treatment focus and required additional staff to support the changes. Among the changes were increased emphasis on gender identity and race, equity and inclusion; addition of interventions to promote fun, faith, hope, meaning and recovery; added telehealth capacity; new afterhours emergency psychiatric coverage; and increased diversity in staffing, assessments, treatment and cultural events/celebrations. These changes have led to a 20 percent reduction in length of stay, a 73 percent increase in admissions, and a 17 percent increase in staffing.

This year the Commonwealth's focus on youth mental health included a \$13 million investment in the BRYT program, which supports young people who have had their educations disrupted by a mental health episode. Administered by the Department of Mental Health, the funds were given to schools identified as meeting the under resourced, high-need criteria. An initial eight schools received \$259,000 over 20 months to create and staff dedicated school-based bridge programs. An additional 25 schools were also identified for BRYT programs throughout the year.

The BRYT program provides integrated supports that include academic case management, direct clinical care, family support, and broad care coordination in a dedicated classroom space that serves as a safe home base while these students transition back to full participation in academics and school life. A clinical coordinator leads the direct work of clinical support, care coordination, and family engagement while an academic coordinator works with the student and their teachers to facilitate academic catch-up as well as a return to a full schedule of classes.

Fewer than 20 percent of BRYT participants experience re-hospitalization after an initial hospital stay. Students in BRYT also report a 50 percent reduction in substance use disorders and 50 percent drop in self-harming behaviors.

DMH also supports low barrier services for youth in the community. Between January and June, DMH's 10 Young Adult Access Centers served 1,292 young adults aged 16-26. Access Centers use strategies to successfully serve young adults who are often underrepresented in services and/or don't find their needs met in more traditional service systems. Of young adults served 34 percent identified as part of the LGBTQIA+ community, 40 percent as Hispanic/Latine, 25 percent as Black/African American. Fifty-nine percent of young adults were unemployed, 24% had an insecure living situation, and 10% were homeless. Young adults demonstrated gains in personal effectiveness & wellbeing, community life functioning, education, employment, living situation, income/benefits. And 99 percent of young adults surveyed said that they would recommend this service to a friend.

To better support the Commonwealth's aging population and to further expand community support, DMH established a **Nursing Facility (NF) Transition** team in July 2023 to facilitate the transition of nursing facility residents with serious mental illness into community settings. Nursing facilities have also reported an increase in the medical complexity of residents and an increase in need for mental health treatment. The transition team consists of nursing and case management resources that work together in assessing what is needed in the community to support a transition. The team also provides support for individuals with serious mental illness in the community to facilitate needed services and divert the individuals from nursing facility admission. Finally, the NF transition team coordinates with the MassHealth Community Partner program and One Care and SCO plans to ensure that individuals who remain in nursing facilities are receiving needed behavioral health supports. The DMH Nursing Facility Transition team has supported transition and/or offered follow-up with more than 90 individuals who were transitioned from nursing facilities into the community.