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**Testimony of Brooke Doyle, Commissioner
Department of Mental Health
Joint Hearing of the House and Senate Committees on Ways and Means
April 6, 2021**

Introduction

Good afternoon. I am Brooke Doyle. I am proud to serve as Commissioner of the Department of Mental Health (DMH). I would like to thank Vice Chair Friedman, Vice Chair Donato and the distinguished members of the Joint Committee on Ways and Means for this opportunity to testify before you today. On behalf of the Baker-Polito Administration and Executive Office of Health and Human Services (EOHHS) Secretary Marylou Sudders, we thank you for your continued support of the Department. We look forward to working with you to promote treatment, resiliency, and recovery, and to ensure the provision of services that meet the needs of residents of the Commonwealth with serious and persistent mental illness, including children and adolescents with emotional disturbance.

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 ease of access to receive the right 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 takes a whole person view and that is comprehensive in 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. Integrating principles of racial equity and inclusion into DMH policy and practice has become a key priority for the department as these policies and practice address our staff, individuals served, and the services we provide. DMH is committed to helping people with mental health conditions navigate the behavioral health landscape so that the most appropriate treatment and services are available when needed.

Many of you have heard the statistics before: 50% of all mental health conditions are diagnosed before a youth's 14th 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 Department, in collaboration with other EOHHS agencies and the Secretariat, is working to implement critical behavioral health system changes through the ***Roadmap to Behavioral Health Reform: Ensuring the right treatment when and where people need it.*** Key components of the Roadmap 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.

Working with our third-party payers and colleagues at the Division of Insurance, we are also aligning payments and policies to streamline licensure, credentialing, and regulations.

The Governor’s FY2022 budget proposal supports several initiatives that advance 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.

Fiscal Year 2022 Governor’s House 1 Budget

The Governor’s H.1 proposal includes \$943,855,260 in funding for DMH. This is a \$32.2M, or 3.5% increase above FY21 GAA. This budget supports the Department’s overall programmatic and operational needs at the current levels of services, and reflects two areas of increased investment:

- The H.1 budget supports an increase to the Operations of Hospital Facilities account (**5095-0015**) of \$26.1M above the FY21 GAA budget with \$15.5M in annualization for the new 75-bed Men's Recovery from Addiction Program (RAP).
- H.1 supports \$7.4 M for the 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. DMH is projecting need for its full pre-COVID complement of beds as evidenced by the increased time for transfer from the acute treatment system.
- H.1 supports \$4M to re-procure 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.

The Governor's budget recommendation also supports contractually required collective bargaining increases and other employee payroll-related costs, annualization of FY21 Ch.257 increases, and annual COLA and other inflationary adjustments for things such as residential food costs, pharmaceutical costs, and space leases.

Background on DMH Continuum of Care

DMH operates within five geographic areas statewide, including 27 site offices, state-operated hospitals and community mental health centers, and a network of contracted and state-operated community services. This network provides services to more than 25,000 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% of these individuals require inpatient services, over 90% receive all or most of their services in the community.

The Department's community services for children, youth, and families include case management, therapeutic afterschool programs, and individual and family flexible support services. DMH, along with the Department of Children and Families currently purchases an array of intensive community services for youth. DMH has re-designed and is in the process of re-procuring these services. The redesigned treatment model will allow DMH to address currently unmet needs of youth and young adults with serious behavioral health challenges. It includes three models of care: Intensive Home-Based Therapeutic Care, Therapeutic Group Care, and Young Adult Therapeutic Care. These new services are due to come online July 1, 2021.

The Department's community services for adults include case management, Adult Community Clinical Services (ACCS) programs, Programs of Assertive Community Treatment (PACT), Respite, Recovery Learning Communities (RLC), Clubhouses, and Homeless Outreach Services and other specialized services (e.g., Safe Havens) to support the Commonwealth's effort to end homelessness.

DMH is also responsible for the oversight of 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 licenses 2736 acute psychiatric beds within 62 facilities, which handle more than 60,000 admissions annually. In addition, there are 32 DMH-operated acute inpatient psychiatric care beds at Community Mental Health Centers in the Southeast (Pocasset and Corrigan). Like most of healthcare, inpatient psychiatric treatment has been seriously impacted throughout the COVID-19 pandemic, with units needing to modify their capacity to meet infection control standards and periodic admissions closures on units with outbreaks which have resulted in challenges to access. Consistent with national trends, the Commonwealth is experiencing substantially higher demand for this level of care resulting in higher rates of boarding in emergency rooms; as a result DMH is working closely with MassHealth and DPH to expand inpatient capacity through a number of initiatives and policies.

Over the years, the Department has witnessed a shift in admissions to its Continuing Care Units. There are more individuals receiving court ordered commitments and transferring from the acute hospital system and Bridgewater State Hospital (BSH) that have increased clinical complexity, personal safety risks, and increased public safety risks. Demands for admissions are increasing from all referral sources and the overall clinical complexity is contributing to longer lengths of stay in DMH Continuing Care Units. Throughout the pandemic, DMH has been able to meet its statutory requirements to provide competency evaluations and treatment and has been able to keep pace with court ordered transfers from Bridgewater State Hospital. However, DMH has had limited ability to accept transfers from acute units during the pandemic, resulting in higher patient demand and longer wait times for transfer. DMH anticipates the replacement beds described below will have a positive impact on the acute transfer wait list.

Continuing inpatient psychiatric care includes ongoing treatment, stabilization, and rehabilitation services to the relatively few individuals who require longer term hospitalization. DMH is seeking to develop 30 beds at Worcester Recovery Center and Hospital (WRCH) to accommodate infection control requirements and enable it to operate at its full operating capacity of 663 adult continuing care inpatient psychiatric beds at two DMH state hospitals (WRCH and Taunton State Hospital), two Department of Public Health hospitals (Shattuck and Tewksbury), Solomon Carter Fuller Mental Health Center, and 30 contracted inpatient beds in Western Massachusetts.

DMH also contracts for 30 adolescent continuing care inpatient beds operated at WRCH, five Intensive Residential Treatment Programs (IRTP) for adolescents (75 beds total), and one Clinically Intensive Residential Treatment Program (CIRT) for children ages 6-12 (12 beds total) in locations across the Commonwealth.

DMH provides forensic evaluation and treatment services to nearly 11,400 individuals each year who are referred to DMH by the Juvenile, District, Boston Municipal, and Superior Courts. In FY20, DMH court clinicians completed 12,709 evaluations requested by these courts. Of these, 11,276 were for adults and 1,433 were for juveniles. Additionally, there were 725 adults and 15 juveniles admitted to DMH facilities for inpatient forensic evaluations. To date in FY21, court clinicians completed 4,506 community-based evaluations. Of these, 4,422 were for adults and 84 were for juveniles. There have been 425 adults and 8 juveniles admitted to DMH facilities for inpatient forensic evaluations so far in FY21.

The Women's Recovery from Addictions Program (WRAP) at Taunton State Hospital continues to demonstrate success in treating women with co-occurring Substance Use Disorder and Mental Illness. In FY20, 313 women were admitted into the program and received treatment. Over this time, the average length of stay was 41.4 days and only 12 individuals were readmitted during the year. A key component of treatment at the WRAP is Aftercare services, which provide a bridge between inpatient and community, helping to stabilize the transition to the community with support and direction. The coordination of all aspects of clients' community treatment provides a positive direction and momentum to continue the recovery process. A total of 97 percent of all served by WRAP choose to participate in Aftercare at discharge.

Integral to the mission of DMH is our investment in research that advances the capacity of the Massachusetts behavioral health system to deliver effective treatment, rehabilitation, and recovery support for people experiencing mental illness and substance use. DMH supports two Research Centers of Excellence (COE): The Center of Excellence for Psychosocial and Systemic Research at the Massachusetts General Hospital (MGH COE) 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 charged with rapidly translating research into real world practice and are integral to DMH's commitment to the effective dissemination and implementation of evidence-based practices throughout the state's behavioral health system. iSPARC at UMMS provides intensive technical assistance to DMH and our ACCS providers to support implementation of evidence-based practices within ACCS services. Responding to the pandemic, iSPARC rapidly created tools based on mental health services and implementation research to provide guidance during the pandemic for individuals living with mental illness and their families. Topics included:

- Maintaining emotional wellness
- Finishing or returning to college classes during COVID-19
- Self-care strategies for parents supporting loved ones with mental health conditions during a pandemic

DMH has partnered closely with the 2 COEs to address Racial Ethnic Disparities in accessing BH services. The MGH COE works closely with several communities with underrepresented populations to develop and research interventions designed to prevent mental health problems and build resilience in the community. For example, the Community Based Resilience Training for LatinX Adolescents is a program created by the MGH COE in collaboration with pediatricians at MGH Chelsea Health Center. Pediatricians survey parents looking for subsyndromal symptoms of mental illness and send referrals to the program. The program is 8 weeks of group resilience training for the adolescents and 3 sessions with parents (in Spanish). The COE developed, runs and studies the outcome of this program.

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 completed vaccination plans by March 31st. DMH will continue to provide support and education to providers, DMH employees and clients to promote vaccine acceptance.

Communicating a Message of Awareness

In FY20, EOHHS, in conjunction with the Legislature, DMH, and DPH began developing a public awareness campaign that promotes awareness of behavioral health issues and available behavioral health services in the Commonwealth. The first phase, Coping During COVID, offered tips and resources for dealing with the sadness and isolation imposed by the pandemic. The second phase, More to the Story, emphasized the importance of observing and responding to emotional cues from loved ones. DMH also participated in a World Suicide Prevention Day and additional radio campaigns highlighting that physical distance does not have to mean emotional distance. The goal of these campaigns and others was to eliminate the stigma of seeking support for behavioral health issues and to encourage individuals to discuss their concerns and seek services if needed. We look forward to “changing the conversation” through campaigns like these.

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 website also has an easy-to-use, anonymous screening tool which can help determine whether an individual should connect with a behavioral health professional.

Resources for Families

Last fall, DMH launched HandholdMA.org to assist families in assessing their children’s mental health needs. The effort was undertaken as a joint project with EOHHS and the Office of the Child Advocate (OCA). The website is an interactive, family-friendly tool that helps parents and caretakers find accessible answers to frequently asked questions about their child’s mental health.

In addition to easy-to-use assessment tools, HandholdMA.org also contains curated resources for parents looking to help their child cope and heal from mental health challenges, connections to care, as well as to others who have been through similar situations. Although the need for these resources pre-dates the pandemic, the current situation has created an additional layer of urgency. The site was created by a team of mental health, child development, and human-centered design experts in partnership with parents who have navigated the mental health system for their own children. The HandholdMA.org site officially launched in the middle of October 2020. To date, the site has assisted more than 36,000 unique visitors.

Community Engagement

In February 2020, the Department of Mental Health (DMH) established the Office of Community Engagement out of a growing need and desire to connect with community members to promote mental wellness through education and access. The Office of Community Engagement has a special emphasis on connecting with communities that have been historically underserved and under-represented, such as, but not limited to, communities of color. The Office was originally part of the DMH Office of Communications and Community Engagement and was separated to be intentional about the work of building trusted relationships in the community.

The Office of Community Engagement focuses on establishing partnerships to expand DMH's reach and promote mental wellness, providing mental wellness education through a variety of platforms to "meet people where they are," and connecting people to behavioral health resources. This Office was created prior to the COVID-19 pandemic and has been an asset in connecting to individuals and families across the Commonwealth, particularly those impacted by the pandemic and social injustice matters.

Department Highlights & Accomplishments

Integration of Healthcare to Promote Recovery

Building on the success of the WRAP, House 1 supports the expansion of the substance use disorders (SUD) program with four new units, and a total of 75 beds, to serve men with SUD. Combined with the existing WRAP 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 (E/ATS) 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.

Innovating behavioral health services through strengthening alignment and integrating DMH, MassHealth and Massachusetts Rehabilitation Commission (MRC) delivery systems, ***Adult Community Clinical Services (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 Governor's FY22 budget includes \$371.2M for 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. DMH collaborated on the design of the ACCS MassHealth's Behavioral Health Community Partner (BHCP) model 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 up beds for civil patients who are awaiting transfer from acute psychiatric units.

Continuing a pattern that has emerged over the last 20 years, the majority of individuals served by DMH's inpatient system are diagnostically and clinically 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). While the public was largely focused on the COVID-19 pandemic this past year, the opioid epidemic 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.

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.

DMH Rental Assistance Program

- In FY20, DMH spent \$12.8M to fund the DMH Rental Subsidy Program (DMHRSP). These funds leased housing units for 1,606 individuals.

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 annualized 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.

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 (RECs) operating in Western and Central Massachusetts. Despite COVID, the seven RECS, 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.

Improvements to Service Delivery

With the support of Secretary Sudders, DMH has taken the lead in the Commonwealth's efforts to address the growing 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 within an emergency department (ED) for at least 96 hours. Half of these requests were for youth under 18 years of age;

60 percent were 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 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 EDs, ESPs, and Insurance Carriers to request help from DMH to more rapidly move patients out of EDs. In April, the 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 December 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.

	CY2019	CY2020
Total Referrals	839	4,304
Avg Time to Place (ATP) in days	1.9 days	2.3 days
Age	# Referrals/ATP	# Referrals/ATP
Under 18 years old	407 (49%) 2.1	1196 (28%) 3.3
Adults 18 & 64 years old	343 (41%) 1.8	2687 (62%) 1.8
Adults 65+ years old	89 (10%) 1.4	421 (10%) 2.2
Gender (No significant difference for ATP)		
Female	324 (39%)	1797 (42%)
Male	490 (58%)	2371 (55%)
Transgender	24 (3%)	131 (3%)

As part of the effort to reduce the time individuals board in Emergency Departments, I am excited to report that 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.

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.

Participation in our jail diversion grant program in Fiscal 2020 included 61 grantees across the Commonwealth; 146 communities and 13 colleges and universities were directly and indirectly impacted by these grants through shared resources, training, and access to clinical professionals. Between July 1, 2019 and June 30, 2020, 436 officers were trained in CIT (Crisis Intervention Team) and 307 officers were trained in Mental Health First Aid (MHFA) as a result of this grant program. During this same period, over 16,300 police diversion events occurred as reported by departments that received DMH jail diversion program grants.

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 the expansion of 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. Commercial coverage requirements for Family Partners and therapeutic mentoring went into effect as of January 1, 2021 as part of this effort. Collectively they are referred to as Behavioral Health for Children and Adolescents (BHCA) services. Given the 5% prevalence of serious emotional disturbance among children and youth, there could be as many as 22,500 children and youth that able to access these services.

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 FY21, 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.

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 underserved/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.

Conclusion

The Governor's FY22 proposed budget for DMH allows 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. I thank you for the opportunity to address this Committee. I would be pleased to provide you with more detailed information or answer any questions you may have.