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|  | *The Commonwealth of Massachusetts*  *Executive Office of Health and Human Services*  *Department of Mental Health*  *25 Staniford Street*  *Boston, Massachusetts 02114-2575* | |  |
| **CHARLES D. BAKER**  ***Governor***  **KARYN E. POLITO**  ***Lieutenant Governor***  **KATHLEEN E. WALSH**  ***Secretary***  **BROOKE DOYLE**  ***Commissioner*** | | **(617) 626-8000**  **www.mass.gov/dmh** | |

Statewide Mental Health Advisory Council

(Via Videoconference)

March 20, 2025

PRESENT: Chuck Weinstein, Joan Cho Sik, Eno Mondesir, Catherine Vuky, Jean Giagrande, Autumn Versace, Heather Henderson, Vivian Nunez, Susan Martin

ABSENT: Dave Brown, Cynthia Piltch, Karran Larson

STAFF: Brooke Doyle, Commissioner, Crystal Collier, Chief of Staff

GUESTS: Alan Burt, Oanh Bui, Chelsea Petersen, Katy Kowalsky, Carlina Herrera

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**Call to Order –** 8:30a.m.

**Welcome by Chair**

* Welcome Guests; Review of On-line Etiquette, Guest Policy, Open meeting policy

**Approval of Minutes**

* January 16, 2025 minutes approved.

**Commissioner’s Update – Brooke Doyle**

* In addition to DMH’s proposed budget, Governor Healey’s H1 budget included mental health priorities that are outside of DMH’s operating budget. Governor has supported in full the cost of operating CBHCs as well as expansion of school-based mental health for kids.
* DMH’s budget – We are in the very early stages of budget development.  The Governor proposed a 7% increase to DMH’s budget.  Even with 7% increase, the costs of healthcare operations are outpacing what’s available in all forms of revenue.  In DMH’s inpatient continuum we’re operating our continuing care units over 100 % occupancy.  These units accept patients from the courts, Bridgewater State Hospital and the acute system.  DMH has prioritized full operation of those units.  To stay within the 7% increase, DMH and EOHHS had to identify reductions which amounted to $71M. DMH, therefore, is proposing some services be reduced or closed. There is no proposed expansion of services.  It is critical to share that it is understood that there are people underlying the proposed reductions and it is not a reflection of importance, rather a need to address the realities of the budget.  The following is a summary:
  + DMH operates a 16-bed adult inpatient treatment unit at Pocasset.  That unit is similar in nature to the units that are operated by McLean and Southcoast.  The 16-bed unit closure has been put on pause by the Governor.  Full operations are continuing during the pause.
  + Case management reduction – DMH is proposing a restructure of case management delivery to effectively meet need for case management services with the proposed reduction.  We will share more info when available.
  + Contracted services –
    - DMH is pausing all further expansion of adult services.  By pausing expansion, we can offer that in savings on the adult side.
    - For the youth services, we observed a high rate of underutilization due to workforce constraints, challenges with referral processes not working effectively, and changes in the broader delivery system.
    - The IRTPs are operating under capacity.  DMH has been paying a monthly accommodation rate regardless of whether the unit is full or not.  The adolescent program rate is almost $500,000 a month.  The children’s unit rate is $388,000 a month for 12 beds.   All services have been operating at about 50%.  The proposed reduction reflects the actual utilization.  It’s a reflection of DMH’s need to pay in an accountable way.
    - Flex services – The services were reduced by $5.2M.  The majority of the reduction that is being proposed is in the ED diversion teams.  ED diversion will continue in a reduced capacity.
  + Assertive treatment for youth, PACT-Y - Part of the reduction in this program is a consequence of ARPA funding winding down and a smaller amount of state appropriation cut.  Due to the slow uptick of this new service line, we did not see full enrollment.  We were hoping to see more enrollment, but this was not able to be accomplished.  We are continuing the model at a reduced capacity in select locations where enrollment was robust.  The model showed promised and will not be discontinued fully.    Commissioner Doyle will share more information about this program with Dr. Martin and Heather.

**Advancing Health Equity in Massachusetts – Crystal Collier, Chief of Staff**

* AHEM had its first all agency meeting in February. The priorities of this committee will be to cultivate cross agency initiatives to advance health equity across EHS. Surveys have been sent out to establish community connections. DMH is part of the effort to begin to build a database on how to leverage resources.

**Building Access to Mental Health Care in the Asian Community - Catherine Vuky, PhD, DMH SAC, Associate Director, Behavioral Health Department at South Cove Community Health Center; Assistant Professor & Director, Asian Mental Health Program, William James College. Oanh Bui, Manager, Culturally and Linguistically Appropriate Services program, Office of Assistant Commissioner for Health Equity, DPH**

**Catherine Vuky**

* Catherine works at South Cove Community Mental Health Center and William James College. She has been a psychologist for 25 years and works with the Asian community on clinically cultural appropriate care.
* South Cove presently serves approximately 40,000 patients, serves over 250 zip codes, and has 5 sites in 3 locations, Boston, Quincy, Malden. South Cove provides comprehensive care and is affiliated with Beth Israel Lahey providing interpreters.
* Patient demographics at South Cove are mostly from China, Hong Kong, Taiwan, Malaysia and Fujian province. They also serve international students and second and third generation children. Many are undocumented, working class. Due to stigma, the upper and middle classes tend to seek private care.
* Asians treat using the trinitarian concept – mind/body/spirit – belief if one is out of sync then the other is impacted. They treat wholistically so they are all integrated. When Asians come in with a mental health issue, they will not say they are depressed, etc. They will say they have a weakness in their heart. Understanding how they talk about symptoms is important. Vietnamese talk about electrical currents running through their head. The majority of patients are put on antipsychotic medications. They are not psychotic, they are depressed.
* Cultural beliefs could impact care. Many delay or refuse care to protect their family from ad news. Many believe it’s a burden on their family, so they keep it inside. Asians feel it’s bad luck to discuss illness and mental health. Talking about it will cause something bad to happen. They believe that if you withdraw blood, it’s not replenished. It takes away their strength. Understanding their thought process will help care for them.
* 1 out 2 Asians do not seek help due to language barriers. Asian youth are least likely to receive services. And there’s a lack of cultural and linguistic providers.
* There are 350 individuals for every one provider. Asians are the fastest growing minority group. There are only 5% Asian psychologists. 2% are social workers.
* The PHQ9 depression screening has been translated into many languages. Translation for the Asian community is not accurate or helpful. Dr. Albert Yeung validated the PHQ-9 in Chinese for Boston. Meditation and body scan videos have been created in many different dialects and are available on YouTube and have been put into treatment plans during sessions.
* They are partners with community organizations and educate.
* Due to recent government changes, there are not enough training sites for students to do internships.
* Catherine’s slide presentation is found [here](file:///\\dmh-fp-bos-122.ehs.govt.state.ma.us\shared\Dept\CMNSR\SAC\Catherine%20Vuky%20Advisorycouncilpresentation%203.20.25.pptx).

**Oanh Bui**

* Oanh has a teenage autistic daughter that is non speaking and needs a device to communicate. It’s hard to find providers to help her daughter so she can express her complex emotions. Her daughter has aged out of the district, and this has impacted her mental health. Oanh tried reaching out to many providers and couldn’t find any support.
* Oanh created a support group for Asian families with autistic kids. People cannot find support. Many youth withdrew from school during the pandemic because they were faced with bullying, even though they were born in US.
* It’s critical to support the individuals whose mindset work differently. It’s important to support the family. Asian beliefs and cultures make it difficult to access care.
* Oanh is trying to share as much information to the community so people can be informed and have a better understanding.
* Every family story is unique and must be treated as such. A cultural broker can help ensure families get the support they need.

**Old & New Business**

* Chuck interviewed a person who is considering joining the SAC to replace Karran. Karran Larson has expressed her desire to step down from the Council once replacement has been found.
* Ilya has resigned due to personal responsibilities.
* There are 4 seats to fill for the Council to meet the 15-seat requirement. Please share any person with Chuck who could potentially fill a seat.
* Commissioner Doyle will be testifying at Ways and Means on April 7th. April 8th is the public hearings in front of Ways and Means.
* DMH has hired the Director of Office of Recovery and Empowerment, Ashley Sproul, who previously worked at Riverside as a certified peer specialist. Ashley will join the agenda in May.
* Express Yourself will be May 22nd.

**Next Meeting**

May 15, 2025

**Future 2024 Meetings: Thursday’s 8:30-10:00am**

September 18, November 20

**Meeting adjourned 10:00am.**