

DMH Connections

A publication of the Massachusetts Department of Mental Health
Office of Communications and Community Engagement

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Please contribute to the next
edition of DMH Connections

Deadlines for upcoming issues:

August 21 for the September 7
newsletter

Please send all materials to
[Michelle Cormier](#)

DMH and Mental Health Community Partners Tackling Disparities

News on the policy front from the Office of
Multicultural Affairs

The familiar New England term
"wicked problems" is used to
describe problems that seem
intractable, that defy easy
solutions. They tend to be
interlocking with other deep-
seated social and economic
conditions. These problems

present a special challenge because they defy precise
definition, cut across policy and service areas, and resist
solutions offered by the single-agency or "silo" approach
(Robyn Keast, et.al, 2004). Click here
<http://eprints.qut.edu.au/4819/1/4819.pdf> for the article.



The reduction of racial, ethnic and geographic disparities of
mental health care is one of the major policy initiatives to
address this "wicked problem." The interagency policy
team of the Children's Behavioral Health Initiative (CBHI)
agencies includes staff from the Departments of Mental
Health, Children and Families, Public Health, Youth
Services; MassHealth, the state's Medicaid agency; a family
partner; and two peer leaders.

The short and long term outcomes of this policy initiative
are:

- 1) Common data collection elements for race ethnicity and
language across CBHI agencies
- 2) Specific performance indicators, outcome measures,
contract language to ensure accountability for the reduction
of disparities
- 3) A multi-pronged approach to increase language access
to services

After two full days in June working on related actions on
the proposed short and long term outcomes, the

Department of Public Health Blog



[Click here](#) to view the DPH blog which features expert tips on nutrition and physical activity as well as a roundup of health and wellness events.

A Day in the Life

Every month, DMH Connections talks to one of the many DMH employees who make a difference every day in the lives of people we serve. This month, it's a day in the life of Janice DeCicco, who works at the DMH Taunton/Attleboro Site Office.

What are your 3 main job responsibilities?

I provide support services for Risk Management, Investigations, Human Rights, and Licensing.

I also am responsible for mail, schedules, attending / typing minutes for at least five meetings. I do all letters for case management, human rights, licensing, and investigations except our site director's correspondence. My duties are plenty!

What is a "typical" day like? Is your routine basically the same every day? Does it change a lot? Basically there are some things that are routine to help keep the flow going. And some day's can be so busy that a priority list is needed.

What are your greatest challenges?

Coming in everyday facing the unexpected. I have a disability and I try to make things as

interagency team is now ready to develop the following:

- 1) A joint logic model to visually articulate disparity issues, organize and specify outcomes that are attentive to the needs of culturally and linguistically diverse populations and can be tracked and evaluated
- 2) A Strategic Action Plan on the Reduction of Behavioral Health Disparities
- 3) An interagency policy agreement and an evaluation plan on the policy impact on mental health care disparities in access, availability, utilization and outcomes

Members of the interagency team also participate on CBHI committees and working groups with the goal of expanding ownership and champions, gathering strategies and ensuring ongoing communication on the reduction of disparities agenda.

In order to tackle the "wicked problem," the team is using the learning collaborative model to support knowledge gathering and sharing, integrating the tools of cultural and linguistic competence to reduce disparities, as well as increase learning, collaboration and mutual support across state agencies.

Mental health care disparities are real. According to MassHealth, based on the Treatment Outcomes Package (TOP), a standardized clinical assessment tool for Medicaid members:

- ❖ Hispanic children and adolescents were highest on nearly every TOP clinical domain indicating **greater disability** and had **lower service utilization** despite needs;
- ❖ Black adolescents were lower on TOP indicating lower disability, but were more likely to have certain **diagnoses**, e.g. Conduct Disorders and Oppositional Defiant Disorder;
- ❖ Children and adolescents who preferred to use a **language other than English** were found to have higher or equal TOP clinical domain scores.
- ❖ Our Department service enrollment data also indicated that Asian youth tend to under-enroll in all DMH services, Blacks and Latinos under-enroll for some services. The Native American population though small in Massachusetts, significant outreach needs to be done.

Other at-risk populations also indicate a need of mental health interventions:

- Latino students had the highest **absentee and dropout rates**, compared to white, black and Asian students.
- In the child welfare system, Blacks and Latinos are **disproportionately over-represented**, making up 40% of the statewide total caseload.

normal as possible.

What are your greatest rewards?

Making a client feel they are not alone.

Who do you interact with the most?

It changes, depending on the day. I interact with all of them but daily I would say co-workers since I do "work for them."

What are your experience, background, and training? How did you come to be in this profession?

I had worked in a dental office for many years in the roles from dental assistant to office manager. Then I took a bookkeeping job for a retail store that had three locations. I applied to DMH more than 18 years ago and began in clerical for Taunton State Hospital and ended up at the Taunton/Attleboro Site Office. Most of my experience has come from on the job, and being a secretary/bookkeeper definitely helped. We had just transitioned over to the computer which I learned with a manual on my lap.

I worked in Staff Development, Risk Management, Investigations, Billing, Psychology, Medical Clinic, Human Rights, Volunteer Services, etc. I even passed out payroll checks back in the day. So you can see I've worked and trained for many departments.

I also at one time worked for an on-grounds program at Taunton State Hospital, collecting rent from clients, accounts receivable, payable.

What advice would you give someone considering your profession?

My advice is to be flexible. The more you learn, the more valuable and versatile you can be in case you have to "switch gears" at a moment's notice.

- In 2008, minority youth led the state's rates for **juvenile detentions** (25.9% Black and 26.4% Latino) and for **juvenile commitments** (27.3% Black and 27.5% Latino).
- There is much **variability in poverty and mental health needs among Asians**. Refugees from Southeast Asian countries are at much higher risk for mental illness.

The U.S. House of Representatives proclaimed July as Bebe Moore Campbell National Minority Mental Health Awareness Month. The resolution was passed in recognition that improved access to mental health treatment and services and public awareness of mental illness are of paramount importance.

The time is now. Many of the lessons learned and that will be accomplished are highly transferable to Community Based Flexible Supports (CBFS), the cornerstone of the Department's community mental health system for adults. Short term and long term goals include ensuring data for race, ethnicity and language are collected for CBFS and developing the capacity to use data on demographics, prevalence data, service utilization, and geographic service availability to measure disparities and their contributing factors to inform policy and research development, program development and service delivery and clinical practices; and ensuring standards for cultural and linguistic competence that attend to performance and outcome measures are used and instituting performance measures for providers in contract language to eliminate disparities in access, availability, utilization and outcomes.

It's Boston for 2011 USPRA Conference

MassPRA, the Massachusetts Chapter of the U. S. Psychiatric Rehabilitation Association (USPRA), received good news: USPRA will hold its 36th Annual Conference in Boston in 2011 at the Sheraton Boston from June 5 through 9. The annual conference typically draw 1,400 attendees from around the world.

"USPRA is very pleased to be coming to Boston in 2011," said Dr. Thomas Updike, USPRA Board Chairman. "The Board of Directors wanted to have USPRA's annual conference where psychiatric rehabilitation is embraced by agencies, practitioners, and the State; we found all that, and more, in the state of Massachusetts."

MassPRA, the Massachusetts Chapter of USPRA, has offered their support to the leadership of USPRA in making Boston a feasible reality as the site of the 2011 conference. An active state chapter since its development in 1984 (as part of the New England Chapter), MassPRA is a strong and vibrant voice across many sectors of the community. The MassPRA Board of Directors is comprised of individuals representing large provider agencies, the Department of Mental Health (DMH), statewide consumer-run organizations, the Veteran's Administration and the prestigious Boston University Center

Documentary about young adults set for statewide screenings



After a year in production, a new locally produced documentary, "Young Adult Portraits of Culture, Diagnosis, & Mental Health Recovery," is ready for a statewide run. Under the creative guidance of Matthew McWade, the DMH Statewide Youth Coordinator for the Transformation Center and the DMH Statewide Youth Advisory Council (SYAC), the film shares the personal stories of young adults whose recovery has been impacted by culture and a mental health diagnosis.

This is the latest in a series of film projects that resulted in several successful video documentaries on the subject of youth, mental illness and stigma produced by Matt and posted on YouTube: "Young Adults: In Their Own Voice Part I and Part II" and "Diagnosis, The Way It Is."

For the "Young Adult Portraits" film, Matt last June submitted a proposal to the U.S. Substance Abuse and Mental Health Services Administration for the Campaign for Mental Health Recovery (CMHR) project on behalf of DMH, SYAC and The Transformation Center. The project's focus was to include a multicultural audience of young adults ages 18-25, highlighting in particular mental health awareness and education among the Hispanic American, African American, Chinese

for Psychiatric Rehabilitation.

Lyn Legere, president of MassPRA, said, "We believe that Boston is a sound decision for the 2011 conference due to the strong infrastructure necessary to facilitate a fabulous conference. Having the conference here should appeal to those who make choices based on location since Boston is a big tourist area in June. Our city is diverse in its activities for many different interests from whale watching, historical ventures, Harvard and the educational venues, and the Mecca of psych rehab, Boston University."

Now more than ever, psychiatric rehabilitation is gaining national recognition as practitioners are looking to the practice as the model of recovery. Because USPRA's annual conference offers educational trainings designed to enhance and sharpen psychiatric rehabilitation practices, it draws in more than 1,400 attendees from around the globe.

"We are thrilled to take our 2011 conference to Massachusetts," said Marcie Granahan, CAE, CEO of USPRA. "By having the conference in Boston, we hope to enhance the number of members in the state chapter, show support in the psychiatric rehabilitation community, and allow our members to enjoy the beautiful city after they've had a packed day of extensive and thorough training."

Know what is important to them and address their needs in your newsletter each month. Include a photo to make your newsletter even more appealing.

Insert a "read on" link at the bottom of your article to drive traffic to your website. Links are tracked, allowing you to see which articles create the most interest for your readers.

Celebration Planned to Honor Judi Chamberlin

Judi Chamberlin, known to many in the mental health community as the grandmother of the psychiatric survivor movement, will be honored in a celebration of life this month.



This event is an opportunity to share memories and stories celebrating Judi's life. The event will be held Thursday, Aug. 20, from 2 to 5 p.m. at the Metcalfe Ballroom, George Sherman Union, Boston University. An RSVP is required as soon as possible to [Marty Federman](#).

Judi is a key player in the worldwide effort by people who have experienced psychiatric labeling and treatment to regain control over their own lives and enjoy the same rights as other people to make their own decisions. In support of this effort she has written a book called "On Our Own." She also keeps a blog called "[Life as a Hospice Patient](#)." Judi is nearing the end of her life and in her blog,

American and Native American populations.

Matt's proposal for this film concentrated on documenting attitudes and experiences related to mental health recovery in multiple ethnic communities of transition age youth within Massachusetts, all to promote equality and social connections through the video medium. The proposal was selected by CMHR in August 2008 and Matt and his team have spent the past year filming and editing the documentary. Creating this documentary was a well-planned and inclusive process in which young adults were present at all levels from focus groups, production and post-production meetings to provide the young adult voice and perspective.

"Young Adult Portraits of Culture, Diagnosis, & Mental Health Recovery," is now showing at venues across the state. Below is the viewing schedule for August.

August 3
East Boston Library
276 Meridian St.
East Boston
12:30 - 3 p.m.

August 4
Point After Club
43 Jackson St
Lawrence
1 - 3 p.m.

August 5
304 Main St.
Brockton Public Library
Large Conference Room
Noon - 3 p.m.

August 7
Media Education Foundation
60 Masonic St.
North Hampton
Noon - 12:30 p.m.

August 12
"The Spot"
76 Amory St.
Roxbury
10 a.m. - 12:30 p.m.

she shares stories of her daily life in the same spirit of advocacy and activism that has always guided her.

Judi's work has touched many lives. It is a hope that even if you can't attend the celebration, you consider sending memories, videos or pictures of Judi to [Marty Federman](#).

The American Red Cross Needs You

Did you know that blood donations decline 10 to 15 percent during the summer months? Or that one donation can save up to three lives? Or that only 5 percent of the eligible population donates blood?

Last year EOHHS employees generously donated 360 units of blood, potentially saved over 1,000 lives and were awarded Most Valuable Sponsor of 2008 by the American Red Cross, Massachusetts Region. This summer, EOHHS continues its partnership with the American Red Cross and its commitment to the community blood supply by hosting the Second Annual EOHHS Blood Drive with six drives in five days at locations across the Commonwealth.

To register to donate, please e-mail us at EOHHSgivesblood@state.ma.us or call 617-348-5408. Please provide the following information:

- ◆ Full name (please spell if leaving a voicemail)
- ◆ Agency
- ◆ Desired day/location
- ◆ Preferred time (appointments are available in 15 minute intervals)
- ◆ A phone number and/or e-mail address where you can be reached

Commonwealth employees, with supervisory approval, can receive up to 4 hours of paid leave time to donate blood through the Massachusetts State Employee Blood Program (MSEBP) using the Blood Donation Leave Form.

All presenting blood donors will receive:

- ◆ A commemorative Red Sox t-shirt
 - ◆ An entry in the [Blood Donor of the Game](#) drawing
 - ◆ A coupon for a free carton of Friendly's ice cream
- Our goal is to collect even more blood donations than we did last year! With the continued generosity of our employees, EOHHS will do its part to help ensure a healthy blood supply during the difficult summer months.

Not Sure If You Are Eligible? Please read the American Red Cross [Donor Eligibility Guidelines](#). Questions about donating? Read the [FAQ page](#).

August 13
Framingham Public Library
49 Lexington St.
12:30 - 3 p.m.

August 14
Bowen Resource Center
340 Main St.
Springfield
2 - 4 p.m.

August 19
129 Portland St.
3rd floor (Bay Cove)
Boston
7 - 9 p.m.

Articles of Interest

[We can do better for the mentally ill](#) by James T. Brett and Marylou Sudders, Boston Globe

[The Imperfect Eating Disorder](#) by Dana Walters, New York Times

[New hope for the homeless](#) by Timothy Murray, Boston Globe

[Real challenge to health bill: selling reform](#) by David Leonhardt, New York Times

[Alzheimer's Risk May Not Cause Depression](#) WCVB-TV

[Black women and depression](#) CNN (video 4 minutes)

[Vets' Mental Health Diagnoses Rising](#) by James Dao, New York Times

[When Eating Disorders Strike in Midlife](#) by Randi Sutter Epstein, New York Times

Conferences and Events

June 22 - August 28 **26th Annual Cape Cod Summer Symposia**

City	Site name	Address	Room	Date	Time
Boston	Dept of Public Health	250 Washington Street	Public Health Council Room	Monday, August 10	8 a.m. - 5 p.m.
Westborough	Westborough State Hospital	288 Lyman Street	Rodriguez Auditorium	Tuesday, August 11	10 a.m. - 4 p.m.
Taunton	Taunton State Hospital	60 Hodges Avenue	Recreation Building	Wednesday, August 12	10 a.m. - 4 p.m.
Wrentham	Wrentham Development Center	131 Emerald Street	Graves Auditorium	Wednesday, August 12	10 a.m. - 4 p.m.
Boston	McCormack Office Building	1 Ashburton Place	21 st Floor	Thursday, August 13	9 a.m. - 3 p.m.
Tewksbury	Tewksbury State Hospital	365 East Street	Events Room	Friday, August 14	10 a.m. - 4 p.m.

It's Not Too Early to Plan for the 11th Annual Run for Ricky

Taunton State Hospital is gearing up for the 11th Annual Run for Ricky Saturday, October 10. The run is sponsored by the Department of Mental Health, Taunton State Hospital Board of Trustees and The Friends of Taunton State Hospital.



The annual family friendly 5K run is held in memory of Taunton State Hospital employee Ricky Silvia, who lost his life 11 years ago while saving a young boy from drowning in a local icy pond. The race raises scholarship money to help put employees and their children through school. Since the Annual Run for Ricky was established, \$30,000 in scholarships has been awarded.

The registration fee for the race is \$13 before Oct.1 and \$16 thereafter. The first 100 to register will receive a commemorative long sleeve shirt. Prizes will be awarded to the top three finishers in their respective age groups.

For those looking for an easier course, the day also features a non-competitive 1.5 mile family walk. Children's activities include a moon bounce, face painting and other games. Prizes will also be awarded to the best dressed dog and most decorated baby carriage.

For more information or to obtain a registration form, contact Sandy Epstein at sandy.epstein@dmh.state.ma.us or call 508-977-3127.

August 3 **State Mental Health Planning Council** 10 a.m. - 1 p.m. At DMH's Boston Room; RSVP by emailing SMHP.Council@dmh.state.ma.us or by calling the State MH Planning Council Confirmation line at 617-626-8177

August 5 **The National Library of Addictions** Cordially invites you to this year's **Common Ground** event to express support and hope in the war against addiction with Special Guest Speaker Former NFL Player Isaiah Kacyvenski of The Seattle Seahawks, Brewer Fountain at Boston Common from 2:00 - 4:00 p.m., RSVP to Chrissy Kinch by Monday, August 3rd, 2009 at (617) 488-2876 or ckinch@regancomm.com

October 29, 2009 **Blue Cross Blue Shield of Massachusetts Foundation** presents: **"Improving Access To Children's Behavioral Health Services"** 8:00 a.m. to noon The Landmark Center 401 Park Drive Boston, MA 02215 RSVP by calling 617.246.8200 or emailing bcbsrsvp@mjhcomm.com



Think before you print

We will be posting **DMH Connections** on DMH's intranet site

New DMH Hospital Making Progress

Construction on the new DMH psychiatric facility in Worcester is moving forward. In this aerial photo, the outline of the hospital wings are taking shape. The Clock Tower and the Hooper turret, located at the right edge of the construction site, can be seen in this view. The new hospital is scheduled for completion in 2012.



DMH and CQI Join Forces in "Shared Decision Making Summit"



Consumer Quality Initiatives, Inc. (CQI) partnered with DMH in June for their first ever policy summit, "Shared Decision Making in Mental Health Services: First Steps towards a Statewide Approach." In Shared

Decision Making (SDM), the practitioner understands and communicates with the person being treated to assure that health care decisions are informed; supported by the best available evidence; compatible with the person's values; considerate of the person's preferences; practical; and that they weigh pros and cons of various interventions together.

SDM is critical for flexible supports and person centered planning, as a majority of consumers want a collaborative approach to decisions about care.

"I am grateful that we had attendees that brought energy and focus to the summit. Its success has ridden on their shoulders," said Jon Delman. "Also, I found this summit remarkable for the respectful and open communication among a diverse group of stakeholders. This is a recipe for success in terms of introducing new innovations to the field."

This is a first-ever policy summit that brought together consumers, policy makers, researchers, providers, family

members and legislative representatives. Jonathan Delman of CQI, a recipient of the Robert Wood Johnson Community Health Leadership Award, generously donated some of the funds he received from this award to support this conference. He contacted DMH through Dr. Mary Ellen Foti, DMH Deputy Commissioner for Clinical and Professional Services, and they collaborated to present a full day summit to discuss and discover the basic ingredients on shared decision making, with the intent of developing a white paper on the topic.

"Shared decision making is the bedrock of quality healthcare delivery," said Dr. Foti. "This summit represents a critical first step in our journey to making it happen."

The summit began with introductions by Dr. Foti and Jonathan Delman. Commissioner Leadholm gave opening remarks followed by Representative Jason Lewis (D-Winchester) and Valerie Bradley of HSRI on behalf of the "Community Health Leaders" program. Dr. Robert Drake presented on Shared Decision Making and Community Mental Health. Dr. Robert Drake is a professor of Psychiatry and Community and Family Medicine at Dartmouth Medical School.

After the lunch presentation, participants broke out into facilitated discussion groups. Some of the ideas that emerged included:

- SDM doesn't increase the risk, it redistributes the risk. Risk is mitigated when liability is shared.
- Create clinical guidelines and policy to support SDM.
- Develop supports and trainings for clients to engage in SDM, endorsing the importance of the peer specialist as someone who can meet with a client in a comfortable way so they could work on little things to build up to making bigger choices.
- Supports and trainings for service providers to engage in SDM through creative ways of informing people.

The SDM summit, through raising awareness statewide on the value shared decision making between consumer and providers, is only the first step in establishing a statewide approach. The SDM summit will soon have its own website, which will contain summit materials, papers on shared decision making in mental health and videos of the various speakers. Plans are in the works to track the nature and progress policies and practice that support participant involvement in decision making.

New Peer Navigation Services Up and Running

The Center for Public Mental Health Research has launched new Peer Navigation Services offered through Boston Medical Center's Department of Psychiatry. Combining the established Patient Navigation model with Peer Support Services, the main goal of the program is to improve

primary care access and/or utilization among patients with serious and persistent mental illness.

We know that individuals with serious mental illness are at a disproportionate risk for morbidity and mortality from cardiovascular causes. A Peer Navigator can help consumers with a number of things, including scheduling doctor's appointments, keeping track of screening tests (those recommended for individuals who take atypical antipsychotics), and connecting patients to appropriate health-related resources to help follow primary care recommendations.

The program is available only for Boston Medical Center patients who are over the age of 18, have a primary diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder and are currently taking an atypical antipsychotic (Risperdal, Seroquel, Abilify, Zyprexa, Geodon, Clozaril). Additionally, the patients must be missing at least one of the following screening tests: lipid profile or serum glucose. Clients will also have an opportunity to participate in two short optional interviews which are designed to assist in the evaluation of the program.

Consumers who meet the above criteria can be directed to Natalia Gnatienko, Project Coordinator, at 617-414-2012. For more information about the program, DMH staff may contact the Center for Public Mental Health Research, located at the Solomon Carter Fuller Mental Health Center in Boston, at 617-414-2012.

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