



A Message from Commissioner Brooke Doyle

Massachusetts Department of Mental Health



Hello everyone.

All around us, we see countless reminders that our nation needs to reexamine its thoughts and actions on equity, and its methods of achieving it.

DMH is no different, and the greatest impact we can have is in becoming an agency that exemplifies health equity in the Commonwealth. I, and the leadership team, have been reassessing our values and our methods for achieving equity and inclusion in all that our agency does – both for those in need of our services and for our staff – to create maximum opportunities for success. We recognize that to achieve true health equity, we have to review how our whole organization operates on every level, and we are committed to doing that.

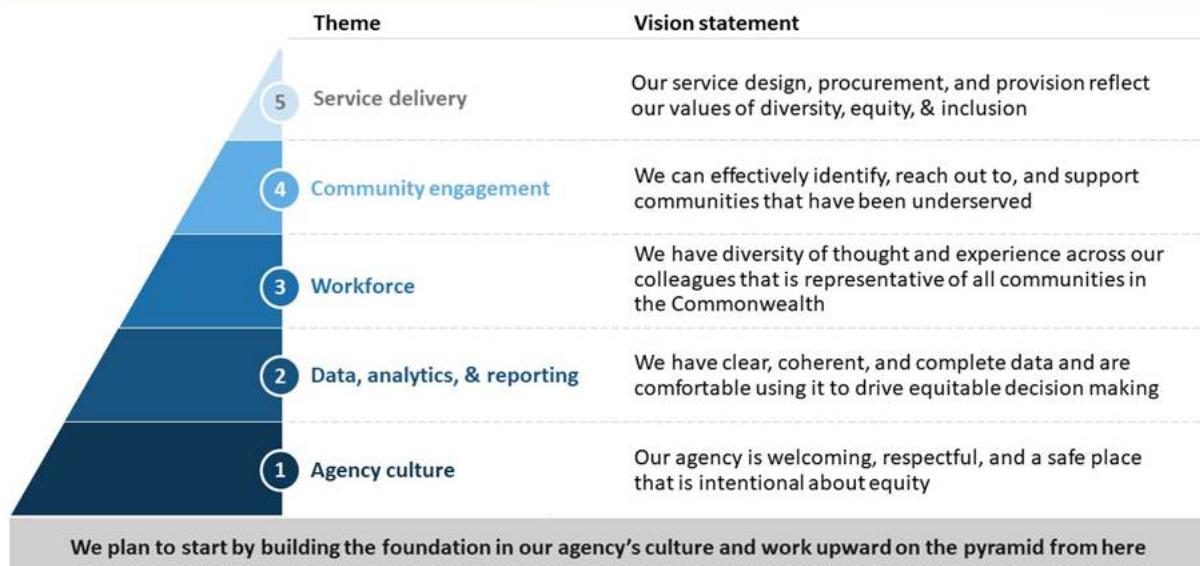
Many of our staff have demonstrated their commitment to addressing issues of bias and discrimination. They have participated in 21-week challenges to facilitate the examination and correction of racist behaviors and beliefs. They have created community outreach positions and trained staff to be ambassadors for DMH in communities we have traditionally had difficulty connecting with. They have also examined the paths to advancement for all staff and looked for ways to remove barriers.

DMH reaches the people it serves at any number of different points on their mental health treatment and recovery journeys. Our mission has always been to welcome and support them at the earliest possible point of contact. And by that, we mean all people, in all communities, at all times.

As we strive as an agency to be a model of health equity, we understand that our organizational success is intertwined with our collective awareness, and that we must continue to evolve and hold ourselves accountable until fairness and inclusion come naturally in all aspects of our work.

DMH's mission as the state mental health authority and the state agency responsible for providing treatment and services to youth, families and adults with the most complex needs, makes us uniquely skilled and equipped to move the vision of a more equitable healthcare system where access is within reach for all who are in need. Below, you will see a graphic that represents the ways we all can be a part of transforming every level of this agency and you will hear more about this in the months ahead. Everyone in DMH has a part to play in making this the agency we want it to be, and I hope that you will all join me in that effort.

DMH-wide themes and vision statements for REI integration



There are a number of changes planned that will further the goals of accessibility and equity in treatment. Our internal goals are also aligned with the larger statewide goals of the Behavioral Health Roadmap.

The 24/7 Behavioral Health Help Line will operate 24/7/365 and provide an easy to use access point for behavioral health treatment and services to residents regardless of insurance or ability to pay and will be available in several languages. The Help Line will also work in close coordination with and be a key point of contact for Community Behavioral Health Centers.

The CBHCs will be in centralized community-based locations that will provide a 24/7 community-based location, mobile and on site crisis intervention services, same-day evaluation and referral to treatment that includes evening/weekend hours, timely follow-up appointments, and evidence-based treatment for both mental health and addiction. They will also act as an alternative to overburdened hospital emergency departments.

As the new 24/7 Behavioral Health Help Line and Community Behavioral Health Centers become a reality next year, DMH will play a visible role in their creation and in the creation of inclusive care in all communities.

Before I close, I want to be sure to congratulate three DMH Fellows as they near graduation this month and in the fall. Marie Flore Pierre, Tina Ehigie and Luciano Tellez joined the program in 2019.

The DMH Fellow program created an opportunity for Metro Boston employees to pursue an undergraduate degree from William James College.

The program invests in our employees, creates a career ladder, and ultimately address some succession planning concerns. The fellowship prioritized employees of color and any DMH Metro Boston area employee who has not previously completed a bachelor's degree program. Fellows must believe they can successfully complete the program in good standing, and commit to a career in the public behavioral health field two years post program.

I'm so proud of Marie, Tina and Luciano. Please join me in applauding their achievements.



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