

State Mental Health Planning Council Meeting

January 8, 2026

46 Attendees

Committee members received the Commissioner's Report. Acting Commissioner Beth Lucas provided updates on the following:

- The Governor's FY26 budget, also known as House 1, is expected to kick off budget proposal by the end of January.
 - Despite constraints at both state and federal levels, DMH continues to prioritize services and coordinate with agencies, providers, and advocates.
- DMH Rental Subsidy Program & Housing Plan: DMH suspended new rental subsidy leases for new applicants (a decision made from July) due to rising fair market rents and level funding. Suspension has both individual (housing/recovery) and system-level impacts (transitions from hospitals/group settings).
 - It is important to note that current recipients retain subsidies, including moves to new apartments.
 - Housing subcommittee finalized a housing plan (in inbox) pending review and implementation.
- Case Management Changes: There is a shift to prioritize Critical Need Case Management (short-term, intensive) while maintaining Extended Case Management for those needing longer-term support.
 - DMH is also introducing the Open Access Case management, which focuses on drop-in and team base supports.
 - Comprehensive case manager training rolling out in January–February; first phase of model changes begins in March with phased implementation.
- Office of Behavioral Health Promotion & Prevention: This office was launched in 2024, with Dr. Funmi Agucha as Assistant Commissioner.
 - The office recently launched the “What’s on your mind” statewide campaign to spur conversations and awareness. The campaign is shown on billboards, transit, TV, and radio.
 - There is RFA for community grants. It produced about 240 applications with reviews underway. Awards will be announced at a later date.
- Federal Rural Transformation Grant: Massachusetts awarded ~\$162M (one-year, with expectations that it will be funded for multiple years to improve rural healthcare access and capacity.

- The Executive Office of Health and Human Services and other statewide partners are the leading implementation; community engagement plans forthcoming.

Wendy Chow, Becca Millock and Lauren Ferridge from JSI Discussed Findings from the 2025 ACCS, PACT and Family Surveys.

- This is an annual SAMHSA-based survey used since 2015. It measures nine satisfaction domains plus behavioral outcomes and demographics.
- Below are highlighted findings:
 - Response rates: ACCS: 26%, which equal to about 1,232 respondents), PACT: 24% (about 297 respondents), Children/Family ~34% (~338).
 - ACCS (Adults) Findings:
 - Satisfaction Domains: Highest: Person-centered planning, Self-determination, Access to services ($\geq 80\%$ positive); Lowest: Functioning and Treatment outcomes (~64%).
 - Themes: Most helpful—mental health care and staff support. Least helpful—quality of care for some; Improvements—access and quality.
 - PACT Findings:
 - Satisfaction Domains: Similar to ACCS Highest: Person-centered planning, self-determination; Lowest: functioning and treatment outcomes (~63–67%).
 - Themes: Most helpful: medication and staff; Improvements requested from survey participants in access to care and frequency of sessions.
 - Children, Youth & Family Survey Findings:
 - Outcomes: 90% living with caregiver; 89% attended school; low arrest rates.
 - Satisfaction Domains: High satisfaction (>90%) in sensitivity/flexibility, respect, safety; Lowest—outcomes for symptoms/functioning (~61%).
 - Themes: Most helpful: Access and quality of care;
 - Key barriers noted include staffing shortages and limited options; communication and team size were cited as improvement areas.
 - Survey Method & Follow-up Notes
 - There are additional geographic and demographic breakdowns available. The future analyses are planned, particularly by race, region, and age-group analyses.

Margaret Guyer, DMH Director of Workforce Development and Research, provided a report on First Episode Psychosis. Margaret was also joined by Michelle Friedman-Yakubian and Kelsy Johnson from MAPNet at Beth Israel Deaconess Medical Center, Emily Gargan, M-Path at The Brookline Center.

- Highlighted comments included the following:
Early Psychosis Initiatives & Strategic Plan and its overarching six-goal framework: individual/family support; community readiness; provider capacity; specialized CSC teams; statewide system; equity/access.
 - Progress highlights:
 - Expanded peer and family involvement (lived-experience committees, advisory boards, peer roles on teams)
 - Equity-focused workforce pipeline (“Building Bridges”) training underrepresented students; Salud Spanish advisory board; Spanish Youth Mental Health First Aid rollout.
- Highlighted initiatives included:
 - **Massachusetts Psychosis Access & Triage Hub (M-PATH)**: is a statewide referral hub that centralizes screening, referrals, consultation, and provides peer/family partner supports and outreach/training free for Massachusetts residents
 - **Massachusetts Psychosis Access Network (MAPNet)**: online hub with a directory of early psychosis programs and resources
 - Involved in providing TA and training for Coordinated Specialty Care teams; efforts to make CSC billable and sustainably funded.
 - Ongoing priorities: sustainable financing for CSC, expand clinic availability, strengthen continuum from clinical high risk to recovery, deepen community engagement (youth/family voices).
- Discussion, Questions & Community Feedback: There was a strong interest in clearer communications about rental subsidy impacts for recipients. There is an ongoing need for consumer-facing language.
 - There were also requests for sample survey items, focusing on domains such as functioning, parent social connectedness) and consideration of child-directed surveys.
 - M-PATH reported positive qualitative feedback on warm hand-offs, rapid responsiveness, and impacts of peer/family partners.
 - There were also increased calls for broader family-involvement measures, including families of adult service users.

Due to time constraints, SMHPC Committee chairs were not able to report on Committee Updates. This will be prioritized for April 2026 meeting.

Presentation materials will be posted on the SMHPC Website.

The meeting was adjourned.