

State Mental Health Planning Council Meeting

October 1, 2026

19 attendees

Sarah Swart, Adult co-chair of the State Mental Health Planning Council, opened the meeting and welcomed participants.

The SMHPC Annual Survey has been completed and was posted via chat, email and SMHPC website.

SMHPC members received Commissioner's Report.

Beth Lucas, Deputy Commissioner for Mental Health Services, provided updates on the following items:

- **State budget and MassHealth:**
 - FY27 budget had been signed and was in effect.
 - DMH is preparing for next budget cycle but does not yet have details about the FY28 outlook. Further information may be provided in the fall, with the governor's budget release in January.
 - Budget environment is likely to be difficult but do not know the specific impacts.
- **MassHealth and federal Medicaid implications**
 - New federal Medicaid requirements include work requirements and eligibility redeterminations every six months rather than once a year.
 - DMH impact: New requirements could make it harder for eligible people to keep their MassHealth coverage and could interrupt access to care.
 - DMH in communication with MassHealth and is looking for ways to simplify the process for people served by DMH,
 - This may include exploring (still in process) whether data sharing could reduce paperwork for people who may qualify for exemptions.
 - Cassie asked a question raised whether DMH would be interested in investing in vocational training and employment supports as a response to the new requirements.
 - Beth said DMH has partnered with MassAbility for vocational support and that employment services are part of early conversations about the upcoming ACCS procurement.
- **ACCS Listening Session Opportunity:**
 - DMH is also holding listening sessions with providers, people who receive ACCS, and family members, with employment among the topics for feedback.

- Stephen commented that employment can support recovery beyond the mental health service system. He encouraged DMH to consider how employment services could be more directly integrated into ACCS. This welcomed this framework that expanding people's opportunities to work is important, while distinguishing that goal from making access to health care dependent on meeting a work requirement.
- **Bridgewater State Hospital and community initiatives:**
 - FY27 budget directs DMH to study, plan, and implement for assuming operation of Bridgewater State Hospital.
 - This will include engagement from consultant and stakeholders. She
 - Overarching goal: integrating Bridgewater into the broader continuum of DMH care
 - This will include transitioning from Bridgewater > Inpatient Care > Community Services.
- **DMH's Office of Behavioral Health Promotion and Prevention (OBHPP)'s "Turn Your Compassion into a Career" campaign:**
 - This campaign is designed to help people at different stages of life explore career pathways in mental health.
 - Intended for a broad audience, including students, recent graduates, and people considering a career change.
- **Highlighting Event Attendance on Designing Communities that Encourage belonging**
 - Participants came from fields including mental health, aging services, libraries, cultural organizations, and architecture.
 - Micah raised the possibility of social prescribing through community-based programs such as access centers, with roles for community health workers or peer support workers. Beth expressed interest and asked for resources and evidence that could inform DMH's planning and procurement work.

SMHPC Members received a Report on Peer Support Subcommittee Activities.

- Peer Support Subcommittee Co-chairs Amy Sica and Adam Whitney presented a renewed vision for the peer support subcommittee.
- Defined peer support as grounded in shared experience and in principles such as hope, person-centered care, voluntary participation, relationship-building, respect, trust, collaboration, and trauma-informed, strengths-based practice.
- Began as reboot in 2024, Its members found that peer support is delivered differently across organizations and programs, and that reaching agreement on one definition or approach could be challenging.

- Redirected focus on building community and sharing strengths and promising practices, while leaving room for open discussion of differences and challenges.
- The proposed structure has three parts:
 - Open subcommittee meetings for anyone interested in peer support or the lived-experience workforce.
 - A smaller core committee of people working in lived-experience roles, with representation from different organizations and areas of the Commonwealth.
 - Presentations and program spotlights where people can share practices, new ideas, and learning opportunities.
- The subcommittee aims to connect a broader lived-experience workforce and welcome supervisors, program directors, and others who want to better understand peer support. This broader understanding may help organizations strengthen roles and create career-development opportunities.
- Planned next steps include expanding the subcommittee's section of the council website, maintaining an accessible calendar, sending email updates, inviting proposals for presentations, and expanding the core committee.
- A presentation on moral injury is tentatively planned for January 2027 as the first quarterly presentation, with other meetings scheduled between quarterly events.

SMHPC Members received report on remaining Committee updates.

- **Employment:** Chair Steven LeMaster shared that the committee is developing a survey about training needs for practitioners who provide employment supports. The committee plans to complete and distribute the survey in the coming months and use the responses to inform future training.
 - Planned audience: people working through clubhouses, ACCS, access centers, and MassAbility's CIES providers.
- **Housing:** Chairs Jill Gichuhi and Kate Alicante reported that the housing subcommittee reviewed results from a survey about housing-related training topics. Its membership work group created outreach and orientation flyers for people who live in or work in housing settings, people with lived experience of mental health conditions, caregivers, and people who have experienced homelessness. The committee also received an update from DMH about its rental subsidy program and plans to continue discussing the issue.
- **Older adults:** Cassie Cramer announced a November 13 discussion of the Reimagine Aging 2030 Plan, which identifies mental health as a priority. The December meeting will include a presentation on alternatives to guardianship and supported decision-making. The committee's annual conference is planned for April 6, with a "community first" theme. Stephen Schwartz, one of the lead attorneys in the Mercer settlement, is expected to give the keynote.

- **SYAC:** Chair Micah Webster reported increased participation by youth and young adults from across the state, including more diverse participation. SYAAC is also continuing visits to access centers, redesigning its website, and planning for the commissioner to hear directly from young people later in the month.
 - Its leadership team is considering ways to expand youth leadership opportunities.

SMHPC Members received a presentation on Expedited Psychiatric Inpatient Admissions (EPIA) updates.

Dr. Amam Saleh, Deputy Commissioner for Clinical and Professional Services and State Medical Director, explained the following:

- EPIA is intended to address emergency department boarding: the wait people may experience in an emergency department while seeking psychiatric care and awaiting an inpatient bed.
- IT coordinates DMH, other agencies, health plans, emergency departments, inpatient facilities, and other stakeholders to help people move to an appropriate level of care.
- EPIA's development began as a task force in 2017 and later formalized through legislation and an EPIA Advisory Council.
- Behavioral Health Treatment Referral Platform (BHTRP): supports electronic referrals and real-time tracking. The platform initially connected emergency departments with licensed inpatient psychiatric units. A later phase enabled referrals to community behavioral health centers, crisis stabilization services, and other lower levels of care for people who do not need inpatient treatment.
- EPIA team's focused attention to people waiting more than **60 hours for adults** or **48 hours for youth**. The team reviews cases and coordinates with hospitals, inpatient facilities, and health plans to identify and address barriers.
- Average wait times have declined from roughly six or seven days in earlier years to about **3.3 days**, although this was a slight increase from a more recent average of approximately 2.7 days. The team is monitoring the increase.
- Dr. Saleh noted that the platform's expanded visibility and changes in how referrals are counted may affect comparisons with earlier data.