SYSTEM WIDE MENTAL HEALTH INITIATIVES

Current Climate for Massachusetts Mental Health Services

Health care policy experts and those on the front line of service delivery have come to the realization that untreated mental illness is at a very serious level, and contributes to negative health status for many patients, and a significant financial burden on the health care system. There are, however, indications that the potential for combating mental illness has increased significantly. Key to services for low income populations are integrated behavioral health and psychiatric services with primary care and adequate access to services. Although clearly there is a substantial need for behavioral health services, limitations on reimbursement create significant limitations on access to services. These limitations arose in the 1990s from the belief that capitation was the best answer to controlling health care costs. But payments have not recovered since then. It is very difficult for providers to maintain services when reimbursement falls below the actual cost of care.

Partners Has Sustained and Expanded Mental Health Services

Partners recognizes that mental health services are an essential component of a comprehensive health system for children, adolescents, and adults. To that end, Partners Psychiatry and Mental Health’s (PPMH) priority in contributing to the provision of integrated health services has resulted in a greater commitment to psychiatry and mental health services, filling the gaps left by other hospital unit closings. In a number of areas, Partners has expanded services available, and continues to advocate for policies and funding to increase access to services on a statewide basis.
Commitment to Community Psychiatry: Mental Health and Physical Well-being

PPMH was established in 1997 to integrate mental health services across the Partners system, with a focus on providing compassionate, high quality clinical services, research and education. Participating Partners hospitals include Brigham and Women’s Hospital (BWH), Faulkner Hospital (FH), Massachusetts General Hospital (MGH), McLean Hospital (MH), Newton Wellesley Hospital (NWH), and North Shore Medical Center (NSMC). Through its 67 sites, PPMH offers a full range of clinical services and specialties, treating patients of all ages and diagnostic groups.

PPMH and its respective psychiatric departments have a long history of participation in and commitment to community psychiatry services and policy goals. This participation is vital and timely for a number of reasons. First, access to mental health services is a challenge nationally, and in Massachusetts. Additionally, individuals and patient populations (such as those with socio-economic challenges, immigrants, ethnic and cultural minorities, those who struggle with serious mental illness or chronic medical conditions, history of trauma/violence, substance abuse) within the behavioral health community, often experience disenfranchisement. There are complex circumstances and multiple systems (both within the community and the medical arena) that contribute to limitations in the relative empowerment of these populations. Therefore, PPMH and its psychiatry services engage in a multifaceted approach to focus on the strengths of and celebrate the diversity of these patients. The MGH Department of Psychiatry recently established a new Division of Public and Community Psychiatry, whose focus is to work collaboratively with community patients and programs.
PPMH sites work continually on developing programs and modifying staff mix to accommodate multiple, diverse cultural and linguistic needs of our patients.

- At BWH Brookside Health Center 85 percent of staff speaks Spanish, in response to the fact that 82 percent of the patients are Latino, and only 31 percent of patients report speaking English only.
- At MGH Chelsea Health Center, more than 50 percent of staff speaks a second language, including but not limited to Spanish, Somali, French, German, Swahili, Portuguese, Italian, and Serbo-Croatian.
- North Shore Medical Center provides behavioral health care to individuals and families from many cultures, with a significant number of Russian, Latino, Greek, Cambodian, hearing impaired, and transgendered patients.
- In addition to serving diverse ethnic and cultural patient groups, PPMH treats many patients who come from compromised socio-economic backgrounds and are burdened with multiple social stressors, such as homelessness and poverty.
- Overall, 19 percent of all PPMH patients in FY2008 had either Medicaid or no health insurance. At the PPMH general hospitals, including the academic medical centers and community hospitals, behavioral health patients with Medicaid or no insurance range from 24 to 41 percent of the overall patient population served. Of note is the fact that 59 percent of behavioral health patients at BWH health centers, 48 percent of patients at MGH health centers, and 39 percent of patients at NSMC community clinics were covered by Medicaid or received free care.

The following is a summary of some of the many community programs and contributions offered across PPMH.

**Collaborative Initiatives**

PPMH strives to maximize access to quality mental health care for patients in part by engaging in system wide collaboration. These collaborations provide not only opportunities for shared knowledge around best practices and challenges, but also in identifying new avenues for access to care through increased integration and communication. In addition to routine referral and consultation between sites and providers around clinical and patient care issues, there are several structured, on-going, cross-system initiatives. The scale, scope, and number of these initiatives have been increasing steadily over the past few years.

**MGH-MH Joint Training Program**

MGH and MH have had joint training programs for child and adult psychiatry residencies since 1996. These programs allow for exposure to broader patient populations, teaching faculty and academic systems. PPMH established a city-wide child residency didactic program which has participation from both PPMH and outside system trainees in Boston.
PPMH Quality Steering Committee

In 2006, PPMH formed a Quality Steering Committee with membership from all six PPMH hospitals, to coordinate system-wide mental health related quality initiatives, outcomes measurement, benchmarking, and regulatory activities. The Committee, and its child services sub-committee, focus on initiatives that are consistent with Partners High Performance Medicine Quality goals. Some current projects include Falls Prevention, Medication Reconciliation, Joint Commission Inpatient Core Measures Program, the Outcomes Measurement Project, Patient Satisfaction, and Disparities.

PPMH Division of Health Services Research

In 2007, the PPMH Health Services Research Division was established to improve health care delivery and policy through systematic investigation of health care quality and effectiveness, patient outcomes, organization of health care services, cost/financing, and the impact of new approaches to care. Some current initiatives include the Emergency Department Length of Stay Project and Metabolic Syndrome Initiative.

Decreasing Emergency Department (ED) Length of Stay/Increasing Inpatient Bed Access

PPMH has been exploring the pervasive problem of ED back-log and inpatient bed capacity for a period of years. There are a number of system wide initiatives devoted to this issue. The details of these programs are outlined below in the “Policy and Advocacy” section.

Policy and Advocacy

To ensure that PPMH patients receive high quality care and have adequate access to the services they require, PPMH has been active in internal policy development, as well as collaboration/advocacy with government and regulatory agencies.

Massachusetts Behavioral Health Systems (MABHS)

PPMH provides both leadership (Michele Gougeon, Executive Vice President, Chief Operating Officer, MH is the current President of MABHS), and participation in this group, which collaborates on advocacy with payers and a number of State agencies to ensure that patients have access to timely, appropriate treatment.
Massachusetts Behavioral Health Partnership (MBHP) Community-Based Medical Screening Guidelines

These guidelines are intended to facilitate direct admissions to psychiatric units. PPMH suggested revisions to ensure that patients receive adequate medical clearance and intervention for identified medical issues as necessary.

Medicaid Child/Adolescent Behavioral Health Patients

The PPMH Quality Steering (Child Sub-Committee) worked collaboratively with EOHHS to roll out the Child and Adolescent Needs and Strengths (CANS) evaluation process for Medicaid children. This Program was initiated in direct response to a court decision (Rosie D. vs. Romney) requiring the Commonwealth to provide adequate services to Medicaid children suffering with serious emotional disturbances. PPMH worked with the state to clarify and communicate the requirements for the program, not only for PPMH but for all providers statewide.

Massachusetts Department of Mental Health (DMH) Outpatient Services and Inpatient Bed Modifications

PPMH provided a strong voice in response to the Massachusetts Department of Mental Health (DMH) proposed modification of community-based services and reduction in inpatient bed capacity. PPMH advocated for having new outpatient community-based services in place prior to a 25 percent DMH bed reduction and discharges for these patients.

Emergency Department Length of Stay and Inpatient Bed Access

The issue of extensive wait times and “stuck patients” in emergency departments and inadequate psychiatric inpatient bed capacity is a pervasive problem across the country and within Massachusetts communities. PPMH has made a commitment to explore causation and solutions to this issue both within and outside of PHS. Some of these initiatives are highlighted below.

External Advocacy Initiatives

The MBHP Access to Care Work Group

This group is dedicated to increasing access to and capacity in facilities for child and adult Medicaid patients. This work has the potential to reduce emergency department length of stay, and minimize the incidence of “stuck patients” in hospital emergency departments. PPMH participation in this work group provides a nexus to the internal collaborations devoted to reducing length of stay for PPMH patients at PHS hospital emergency departments.
Internal Cross-System Policy Initiatives

The PPMH Health Services Research Initiative

This ongoing project explores factors contributing to length of stay in the ED and through-put processes at 5 PPMH hospitals.

The FAST Program
This program is a centralized triage service for locating available inpatient beds within PPMH.

Individual Hospital Initiatives

The MH Access Project
This initiative holds beds at MH for PHS facility patients and attempts to approve admissions in “one phone call” (often circumventing medical clearance and pre-certification) where feasible.

The MGH Urgent Care Clinic
This clinic treats patients who may be in crisis but do not require emergency care and/or hospitalization, thus diminishing the burden on the Acute Psychiatric Service in the emergency department.

BWH/Partners/CRICO Initiative
BWH participates in this project, which addresses timeliness of psychiatric consultation in the ED to improve through-put.

NSMC ED Length of Stay Initiatives

NSMC has a regular review process to evaluate triage and length of stay for all psychiatric ED patients, and has modified inpatient processes to accommodate a faster flow of ED patients to the inpatient units. In collaboration with the PPMH Health Services Research Division, NSMC has also established two programs to assist patients who have repeated visits to the ED for either substance abuse (Read Trust Project), or mental health issues (Patient Navigator Project). These programs strive to encourage more adequate and efficient care and stabilization of these patients through care in the community.
Joint Commission Policy Advocacy

PPMH took an active role in responding to new Joint Commission initiatives for vulnerable behavioral health patients, those requiring inpatient hospitalization due to acute mental illness, and those with substance abuse disorders.

Inpatient Core Measures Program

PPMH and three of its sites (MH, MGH, NSMC) participated in the first national, standardized behavioral health measurement program, which includes a number of process measures for psychiatric inpatients units. PPMH was successful in cultivating a partnership with the Joint Commission around this program and benefited from an open dialogue on the measures. Based on participation in the pilot program, PPMH sites provided feedback which was incorporated into the final Joint Commission measure set.

Proposed Measures for Assessing and Treating Tobacco, Alcohol and Other Drug Use and Dependence

In collaboration with PHS Quality Leaders and MGH Smoking Cessation, PPMH took the lead to provide feedback on these proposed measures. In particular, PPMH had the goal of ensuring that substance abuse patients receive appropriate, tailored screening and intervention from specialized, skilled providers.

Support to Community Schools, Parents, Children, and Adolescents

PPMH sites dedicate numerous services and resources to assisting community schools/programs, parents, and students in addressing behavioral health issues. Children and teens are an extremely vulnerable population, due to a combination of developmental issues, social and environmental stressors, and potential difficulty in navigating a behavioral health system with considerable access limitations.

School-Based Programs and Outreach

- BWH Brookside Health Center provides staffing on-site, with a full-time social worker at an adolescent health center at English High School in Boston.
- MGH Charlestown Health Center staff is part of the Student Support Teams and provide on-site clinical services for Boston Public Schools and outreach to parents at community Head Start programs.
- MGH Chelsea Health Center staff provide clinical services at Chelsea High School.
- MGH Revere Health Center staff work with pregnant teens in Revere Public Schools.
• NSMC staffs two school-based clinics at public schools in the North Shore Community.

Evaluation, Trauma and Emergency Response

Sites from all PPMH hospitals provide complementary consultation, referral and intervention in response to traumatic events (with a potential impact on students, staff, or families) in surrounding communities. In particular, BWH Brookside and Southern Jamaica Plain provide trauma response, as part of a community consortium, the Jamaica Plain Violence Intervention and Prevention Collaborative, which includes a number of local health centers. All PPMH hospitals also provide risk assessment for students at risk for suicide or violence.

MGH Chelsea Health Center is in year three of the Safe Start Program (funded by the Office of Juvenile justice Delinquency Prevention, Justice Department), which explores the effects of treatment on children exposed to violence.

Education, Training and Other Support

PPMH hospitals provide complementary training for students, teachers, and administrators on a number of behavioral health topics:

• BWH Brookside Health Center offers domestic violence and drug and alcohol education to students at community high schools. Brookside also sponsors parent support and intervention groups for parents of pre-school-aged children, with particular attention to identifying families that are in need of early intervention. Through collaboration with Children’s Hospital, Brookside is an identified liaison to the Young Families Clinic, to provide support for pregnant and teen mothers.

• BWH Southern Jamaica Plain sponsors “Parents and Tots Together”, which offers education on parenting skills and nutrition. The Health Center also participates in a special Boston Public Health Commission group, which addresses minimizing stigma from accessing mental health services for young people. The group reaches teens and parents via various media outlets.

• FH offers annual presentations to seventh graders in West Roxbury on drug prevention, and educates students about working with addiction in a school career fair, reaching as many as 200 students. FH also offers stress management training for teachers in the Medfield After-school Program.

• NSMC participates in educational programs for teachers on adolescent substance abuse, anxiety, and suicide, and provides informational sessions about Asperger’s Syndrome for parents.

• Through ACAMPORA grants, MGH Health Centers are able to provide a number of community youth services and interventions as needs are identified.
MH offers free webinars for up to 200 local schools and colleges on depression in young people, to help educators and school medical/mental health staff to be better able to recognize symptoms of depression, and to convey to their students that depression can be effectively treated.

**Community Substance Abuse Services**

PPMH provides a full range of substance abuse services across the system for a wide variety of patient populations. Sites sponsor important research initiatives, provide individual, group and family substance abuse services, and provide consultation both internally (to primary care and specialties) and to external agencies (such as the justice system, schools, and other community organizations), who interface with these patients. In addition to on-site services available for all levels of care, PPMH provides several community-based and outreach services, some of which are detailed below:

- **NSMC** strives to reach vulnerable populations through a Community Outreach Van, which offers educational groups and referrals to community resources as relevant. The Women’s IV Drug Program identifies women addicts “from the streets” of the community and offers weekly programs, education, and referrals. NSMC received a “MassCALL” grant to work in the community to reduce heroin overdoses.
- **MGH Charlestown Health Center** is a member of the Charlestown Substance Abuse Coalition established to address the concerning rates of opiate use and resulting incidences of overdose, HIV, and Hepatitis C.
- **Suboxone Treatment** is offered at BWH Brookside, FH, MGH (main campus and health centers), MH, and NSMC. This treatment is a relatively new option (with less euphoric effects, and consequently, less potential for abuse, overdose or some other negative side effects) to address opiate addiction. Since this treatment is somewhat new and requires special certification, access may be somewhat limited. Therefore, it is noteworthy that PPMH offers relatively broad treatment access.
- **The MGH Addiction Recovery Management Service (ARMS)** specializes in supporting teenagers and young adults between the ages of 15 and 25, and their families, as they deal with their substance-related problems. It has been found that adolescents who enter treatment are more likely to achieve long-term sobriety than those who enter as adults, and the earlier they enter, the more effective the treatment will be. This program is particularly important because it is often difficult for parents to find access to specialized substance abuse resources for adolescents.

**Domestic Violence Services**

PPMH hospitals provide multi-faceted services for domestic violence. PPMH collaborates with respective Social Service Department programs within hospitals, such as HAVEN (MGH), Passageways (BWH), and HAWK (NSMC), the PPMH Employee Assistance Program, and hospital/community law enforcement departments to provide screening, advocacy and intervention (individual, group) for this extremely vulnerable,
at-risk population. PPMH and its partners work to educate and work with other areas of medicine, such as obstetrics, pediatrics, and adult primary care, as well as outside community organizations, such as schools.

Services for Seniors

Elderly psychiatric patients are a particularly vulnerable population because they are often unable to advocate for themselves and do not always have family members available to manage their complex health care situations. Elderly patients may be treated by multiple providers, with multiple medication regimes. Moreover, medical issues and neurological conditions such as dementia may make it more difficult to diagnose mental health conditions, such as depression and/or anxiety. Mental health clinicians at respective PPMH outpatient sites (in both psychiatric and primary care settings) have specialties in geriatric psychopharmacology and non-biological interventions. MH and NSMC have specialized inpatient units for geriatric psychiatric patients. Below is a brief description of some PPMH outreach and community programs relevant to treating seniors with mental health issues.

- NSMC established a Nursing Home Consultation Service to assist six community nursing homes with consultation and treatment of their patients with psychiatric issues. This has resulted in increased access to and care coordination for geriatric patients. NSMC also provides training to nursing home staff on issues such as dementia.
- MH provides complementary educational sessions at assisted living facilities for residents and family members. MH also provides screening for dementia for patients at community senior centers.
- MGH Charlestown provides outreach to seniors in community elderly housing and assisted living facilities.

Bridging the Gap for Patients with both Psychiatric and Medical Conditions

Patients who suffer with both medical and mental health issues are especially at risk, because there is the potential that their mental health issues may result in a lack of ability or desire to comply with medical treatment recommendations. Moreover, involvement with multiple providers and exposure to poly-pharmacy may also complicate patient care and may have a negative impact on health status and outcomes. PPMH is addressing the issues of co-morbid patients from a number of perspectives, including providing support and consultation to medical providers, such as primary care physicians, and by establishing/participating in case management programs which work to balance all (medical and psychiatric) health care needs.
The BWH BIMA Health Partnership was established as a pilot program in 2007, to provide intensive, coordinated case management services to high-risk/high-cost Medicaid/uninsured patients, receiving care at the BIMA Primary Care Practice. The goal of the program is to increase patient quality of life, and mitigate unnecessary cost (due to ED and inpatient admission) through increased treatment adherence.

MGH has participated for three years in the Center for Medicaid and Medicare Services (CMS) project, which has recently been expanded to include BWH and NSMC. This project, which is sponsored by CMS, evaluates the impact of case management on the care of high-risk, high-cost patients. Behavioral health staff from the MGH Department of Psychiatry Outpatient Division (and going forward from BWH and NSMC) collaborates with primary care providers and medical case managers. Results have demonstrated improved quality of life and a reduction in costs. The continued goal of the Program is to better understand the behavioral health needs of the high-utilizing Medicare population, to test innovative care models to meet these needs, and to apply the results to guide broader-based, national Medicare services.

MGH, MH and NSMC are identified providers for the Massachusetts Child Psychiatry Access Project (MCPAP), which provides consultation to pediatricians around psychiatric illness. The goals of this program include improving access to treatment for children with psychiatric illness, promoting the inclusion of child psychiatry within the scope of the practice of primary care, and promoting the rational utilization of scarce specialty resources for the most complex and high-risk children.

The BWH Brookside HIV/AIDS Prevention and Education Program was created to provide health education, pre-and post testing counseling, outreach, advocacy, and case management.

**Cultural Diversity and Disparities Initiatives**

PPMH is committed to providing specialized services for the diverse patient populations treated at our multiple sites. Culturally competent care requires thoughtful evaluation of needs, knowledge of cultural differences, and flexibility. Not all patients respond to the same types of outreach, assessment, and intervention on any medical service, and particularly in behavioral health, where cultural beliefs/norms and type of intervention required, vary considerably. As documented by a report from the U.S. Surgeon General, there are significant disparities in the mental health care of minorities in the U.S., including less access to health care services, lower likelihood of receiving mental health care, and lower quality of mental health care. Therefore, PPMH and its sites place a priority on studying how culture and patient care intersect, and in turn, tailoring programs to respond to the results of these inquiries.
• The PPMH Quality Steering Committee has been exploring the differences and potential disparities in mental health care since its inception. The Committee keeps apprised of current studies identifying areas germane to mental health disparities, and has done preliminary analyses of potential differences in outcomes, using data from the PPMH Outcomes Measurement Project. Further analysis of this data will be facilitated by the Committee’s collaboration with an MGH Psychiatrist who received funding from the American Psychiatric Association Program for Minority Research Training in Psychiatry. The goal of the collaboration is to evaluate for racial/ethnic differences in patient functioning and well-being in the Partners psychiatry outpatient clinics. To understand whether there are differences in the mental health of minorities in the Partners HealthCare system, the project includes analyzing data on the well-being and functioning of all patients in the Partners outpatient psychiatry clinics. The results will inform PPMH on ways to improve mental health care for minorities in the Partners HealthCare system.

• BWH Southern Jamaica Plain offers Spanish-language groups and classes, including, *Mente y Cuerpo*, a free depression prevention and treatment program for Latino women, including psycho-educational/activities groups, yoga, and case management. Spanish language classes at the Health Center include meditation, stress management, and yoga.

• The only cognitive behavioral clinic in El Salvador was established with the assistance of Jason Elias, PhD from the MH Obsessive Compulsive Disorder Institute. MH continues to provide training and supervision to the Clinic’s staff and students.

• The Southeast Asian Clinic, Arbor Counseling Services, a specialized clinic for traumatized Cambodian refugees in Lowell, MA, is run by Devin Hinton, MD, from MGH. This is the largest clinic for treating Cambodians with post traumatic stress disorder (PTSD) in that community. The clinic provides culturally and language-specific treatment protocols.

• MGH Chelsea collaborated with Cambridge Health Alliance in the “Advanced Center for Latino and Mental Health Systems Research,” funded by NIMH. This project developed and tested interventions to assist clinicians in public psychiatric settings to minimize uncertainty for patients with diverse cultural backgrounds, and to identify clinical services that accommodate the needs of non-White patients.

• MGH Chelsea participates in “How Does Culture Make a Difference in American Health Care?” This project, which is facilitated in collaboration with Harvard Medical School Department of Social Medicine, explores the impact of culture on behavioral health and primary care services.

• MGH Chelsea collaborated with Cambridge Health Alliance on the “Testing the Right Question Project-Health Education Strategy in a Mental Health Setting” as a control subject venue studying patient-provider relationships and patient empowerment. This study is funded by the National Center for Mental Health Disparities.

• An MGH Psychiatrist recently received a Robert Wood Johnson Foundation grant to study Latino American and Asian American patients with depression, funded through their “RWJF Finding Answers: Disparities Research for Change program”.

Military Population Behavioral Health Supports

Men and women in the United States military are returning from the war zones with a multitude of mental health issues, including but not limited to depression, anxiety disorders, and post traumatic stress disorder (PTSD). Soldiers are at significant risk for suicide. Sometimes, it is difficult for soldiers and their families to access or receive the help they need to address these issues. PPMH sites have begun to establish programs and initiatives to increase awareness, reduce stigma, and provide intervention for military personnel and their families.

- Military Education around mental illness is facilitated by collaboration with the United States Military. Robert Irvin, MD from MH (Appleton Continuing Care Program) traveled to Iraq and held “talk back” sessions with troops about the signs and symptoms of mental illness and the value of seeking assistance for these issues.
- The Red Sox Foundation and Massachusetts General Hospital Home Base VA Program is a new program, established in the Fall of 2009 to help veterans of the wars in Afghanistan and Iraq who are affected by post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). This new partnership, working in cooperation with the Department of Veterans Affairs, will:
  - Provide diagnosis and clinical care for veterans with PTSD and TBI
  - Offer outreach and support services to families of affected veterans
  - Conduct innovative research to deepen the understanding of the disorders and develop better treatments for them
  - Educate veterans, families, and health care providers about diagnosis and treatment of these disorders.

Contributions to Non-Profit Community Organizations

PPMH and its hospitals participate in and support numerous non-profit organizations which advocate for patients in the community and are committed to improving the quality of life for these patients. In large part, participation with these organizations helps to facilitate greater awareness/de-stigmatization of mental illness and promotes research funding to address a number of conditions. Below is a description of some PPMH contributions.

NAMI Walk

PPMH was the lead sponsor of the 2009 Walk for the National Alliance for the Mentally Ill, which raised more than $300,000 in funds.
**Kenneth B. Schwartz Center**

PPMH is a regular sponsor of the Kenneth B. Schwartz Center, which is dedicated to promoting and improving the patient-provider relationship. Cultivating a patient-provider bond is especially important with behavioral health patients, some of whom are reluctant to seek or comply with care recommendations, due to stigma, cultural beliefs about mental health care, or the nature of psychiatric conditions.

**MGH Institute for Health Professions**

PPMH supports the MGH Institute of Health Professions Fund, which provides scholarships used to attract and retain a talented diverse student population within PHS.

**Mental Health Council, Inc.**

PPMH supports the Council’s Annual Awards Dinner, which honors individuals who have made outstanding contributions in promoting and protecting the health of the residents of the Commonwealth. The 2009 dinner recognized the accomplishments of Dr. Mongan in his role as CEO of Partners HealthCare.

**Epilepsy Foundation**

FH Department of Psychiatry supports the Epilepsy Foundation in a number of ways. Staff from the FH Partial Hospital Program provide community and family support groups, and education/training on coping with the emotional impact of epilepsy on behalf of the Foundation.

**National Depression Screening Day**

A number of PPMH sites, including NWH, support various depression organizations by providing free depression screening, resources, and referrals for treatment each October.

**Partners HealthCare/Channel 7 Health and Fitness Expo**

MH employees volunteered to staff a behavioral health booth and provided screening, and, as relevant, referrals for follow-up for mood and memory disorders.

**Alzheimer’s Association Memory Walk**

MH sponsored and participated in this event which raises awareness and research funding for Alzheimer’s disease.
**Eastern Bank Flutie 5K Race for Autism**

MH, in collaboration with the Pathway’s Academy (an MH operated school for children with Asperger’s Syndrome), sponsored this event to raise awareness and research funding for Autism.

**“No Kidding, Me Too!”**

MH researchers participated in actor/director Joey Pantoliano’s documentary profiling patients with mental illness and research being conducted on behavioral health conditions. The documentary is dedicated to raising awareness and reducing the stigma associated with mental illness.

**Boys and Girls Club of Boston**

MGH Charlestown Health Center and the Boy and Girls Club have a long history of collaboration to serve the children and adolescents in the Charlestown Community.

**Contact Information**

For questions about this report or for more information about PPMH’s community benefit activities, please contact:

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