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Department of Mental Health

FY2017 Annual Individual and Family Support Plan

August 2016



**Department of Mental Health
Annual Individual and Family Support Plan
FY 2017**

Overview of Family Support

Definition used by the Department of Mental Health:

The Department of Mental Health (DMH) defines family support through program and practice expectations. Family support includes all activities that assist families to support the growth, resiliency, recovery and rehabilitation of their affected family member. In providing family support, DMH uses a very broad definition of family, which may include adults and children, parents and guardians, other relatives, and non-related individuals whom the client defines as family and who play a significant role in the client's life. In addition, DMH includes support that is provided to the person themselves in order to facilitate his or her recovery process as these activities are central to the mission and values of the Department.

Types of individual and family support services available:

- Age and role-appropriate education that enables family members and individuals to understand mental health issues and the treatment being offered to their family member with mental illness or serious emotional disturbance and to themselves;
- Direct assistance in caring for a family member with mental health needs;
- Training in managing challenges that a family member presents;
- Linkage with other resources that can reduce the care-giving burden, recognizing that children and adolescents, as well as adults, may be serving in a care-giving capacity for their family member with mental health problems;
- Linkage with other resources that promote recovery, resiliency and wellness;
- Linkage with other families either coping or struggling with the same concerns;
- Provision of parent support providers and family partners to adults caring for children with serious emotional disturbance and of peer support to adults and parents with mental health conditions;
- Training and assistance in advocating on behalf of family members or for themselves and in building leadership skills;
- Assistance in navigating the human services and special education system, dealing with eligibility requirements, and accessing entitlements and insurance for family members and for themselves;
- Supports that sustain and strengthen families, such as respite care;
- Supports that promote recovery, resiliency and empowerment, including peer-run services;
- Supports that focus on the strengths of the person and the family and assist them in achieving life and family goals; and
- Support groups for families, siblings, other caregivers, and individuals.

Network for providing family and individual support services

Family and individual support is interwoven into numerous DMH activities and services. These activities include DMH case management and contracted services, such as Individual and Family Flexible Support Services, Area-based Family Support Specialists, Recovery Learning

Communities, Programs for Assertive Community Treatment (PACT), Clubhouses, and Community Based Flexible Supports (CBFS). Opportunities for family and consumer input are extensive and routinely available.

Processes used to get input for the Family Support Plan from families of individuals who receive DMH-funded services

- DMH Area and Site boards regularly participate in needs assessments and program planning. (Ongoing)
- The Mental Health Planning Council, a federally mandated body including consumers and family members of adults, adolescents and children, meets throughout the year. There are several subcommittees of the Planning Council with significant family member and consumer involvement. These include the Professional Advisory Committee on Child/Adolescent Mental Health (PAC), Youth Development Committee, Multicultural Advisory Committee, TransCom (The Transformation Committee), Restraint/Seclusion Elimination Committee, the Parent Support Committee, Employment Subcommittee and the Housing Subcommittee. (Ongoing)
- PPAL, the Parent Professional Advocacy League, conducts monthly training and information sessions with DMH Family Support Specialists and MassHealth funded Family Partners. A senior DMH staff person attends these meetings and uses them to keep up with issues, problems, and accomplishments as well as to present information to the group for feedback.
- The Massachusetts Chapter of the National Alliance for the Mentally Ill (NAMI-Mass) and the Parent Professional Advocacy League (PPAL) are in frequent communication with the Department regarding issues of concerns to family members. (Ongoing)
- The Office of Recovery and Empowerment organizes meetings and events that bring together DMH and peer leaders together on various topics.
- For children and adolescents, DMH service system planning is aligned with the MassHealth Rosie D Remedy Services of the Children's Behavioral Health Initiative (CBHI). The population directly affected by the remedy (MassHealth members from birth to 21 with SED) includes many families who are also part of the DMH service population. Therefore, DMH continually assesses how it purchases and delivers services so that its services align with the Commonwealth's overarching goal of a service system for families of children with serious emotional disturbance that addresses child and family needs regardless of the family's insurance status or particular agency involvement. The input from families of youth up to age 21 and from young adults is critical in guiding thinking about the DMH child-adolescent system and is solicited through targeted meetings of parents and young adults, as well as the active participation and engagement of parents who sit as members of the CBHI executive and advisory committees and other DMH policy committees. Two young adult peer leaders are also appointed members of the Children's Behavioral Health Advisory Council and are also actively involved in DMH's Statewide Young Adult Council (SYAC).
- DMH Child and Adolescent Services has established several mechanisms for soliciting on-going input from parents and youth to ensure that the Department's procurements, policies, and other activities reflect parent and youth perspectives and experiences. These include:

- o Caring Together Family Advisory Committee: comprised entirely of parents and other family members to inform implementation of Caring Together services.
- o Caring Together Implementation Committee: comprised of Caring Together providers, state agency staff, and two parents.
- o Caring Together Coordinators of Family Driven Practice: Staff who are parents with lived experience raising a child with significant behavioral health needs and have extensive professional experience as a Family Partner, Senior Family Partner, or other Parent Support Provider within the children’s behavioral health service system. Their role is to advance family engagement practices and family-driven care within the Caring Together system and lead practice improvement efforts throughout the Caring Together system.
- DMH has enhanced its websites and public information materials to make information about DMH services more available. Most recently, DMH has surpassed 1,500 followers on Twitter and has recently joined Instagram (@massdmh). Dozens of calls weekly come into the DMH Information and Resource Line (1-800-221-0053) requesting information about services, applications and other topics. Approximately 70% of requests for information received by DMH come from family members of consumers.

Through administrative processes, staff assignment, and procurement, DMH will continue to address key concerns raised to date by families and people receiving services, to the extent that resources allow. Specific recommendations to enhance family and individual support that have emerged from these processes include:

- Make information about DMH and its services easier for families and consumers to obtain;
- Improve access to services that enable a child to receive appropriate services in a timely manner, thereby significantly decreasing the burden on families;
- Continue to focus assessment and services on a strengths-based, youth and family driven approach;
- Redesign services to strengthen consumer and family voice and choice and increase flexibility of service system to meet the individual and changing needs of the person and their family;
- Work with providers so that they can do a better job informing families about their family member’s diagnosis and its implications;
- Provide peer and parent support for consumers and their family members and build it in at various levels of the service delivery system;
- Increase availability of respite care, including mobile respite, peer-run respite and respite for caregivers of youth with SED;
- Include families and consumers on human rights committees;
- Recognize that adults who are parenting while trying to cope with their own mental illness need specialized services and supports, for themselves and for their children;
- Ensure that “crisis plans” for adults who are parents address what will happen to their children; and
- Maintain focus on “recovery” for adults and provide them with the opportunity to become effective, capable independent adults (and parents).

In addition, DMH conducts an annual satisfaction and outcome survey of adults receiving services and of family members of youth receiving services. DMH and its survey vendor, JSI Research & Training Institute, Inc. (JSI), made several improvements to the survey process this year. First, the survey employed a family member and client census, rather than a sample design. Surveys were sent to all family members/guardians of youth receiving a DMH state-operated or funded service and to all adult clients receiving Community Based Flexible Supports (CBFS). JSI received 870 completed family member surveys and 3,624 adult client surveys. This represents a 351% increase in survey responses for the family member cohort and a 218% increase in the adult survey cohort. Second, the survey instrument was re-formatted into a more user-friendly and engaging format. Third, JSI conducted analyses to develop thematic groupings in cohesive domains to inform key priorities and principles of the Department. DMH is currently reviewing the survey data and working with JSI on conducting further analyses

The Plan

The DMH family and individual support initiatives discussed below represent DMH's response to date to the input given by families and consumers through the ongoing DMH processes of constituent involvement in program development. Parents, family members, and consumers have been involved in both the design and implementation phase of these initiatives. Specific levels of involvement are identified with each initiative.

I. Family Empowerment

Current Initiatives

Family members and consumers are represented on various councils and advisory boards that provide significant input and direction into the development of DMH policies, procedures, program development and service evaluation, including:

- Commissioner's Statewide Advisory Council;
- Family member participation in the Caring Together Family Advisory Council, the Caring Together Provider Advisory Council and a committee of stakeholders to develop quality and outcome indicators for Caring Together services;
- State Mental Health Planning Council and its subcommittees, including the Professional Advisory Committee on Children's Mental Health (PAC), Youth Development Committee, TransCom, Restraint/Seclusion Elimination Committee, Multicultural Advisory Committee, Employment Subcommittee, Housing Subcommittee and Parent Support Committee. Parents and consumers also assume leadership roles on these subcommittees;
- The Children's Behavioral Health Advisory Council, established in 2009 in response to Chapter 321, the Children's Mental Health Law, which has parent and youth representation as Council members;
- Young adult representation on the following committees and workgroups: Children's Behavioral Health Advisory Council, MBHP Consumer Council, Youth Development Committee, Statewide Young Adult Advisory Council, Employment Subcommittee,

Housing Subcommittee and Education Subcommittee, and Multicultural Advisory Committee;

- Site and Area Boards that advise on local program development, regulations, statutes and policies;
- Two parents with lived experience that are contracted consultants for Central Office Child and Adolescent Services. These consultants are integral in service development and implementation;
- Service procurement process through community forums, Requests for Information (RFIs) and membership on proposal review committees that make recommendations to the Department about contract awards. Family members serve on design teams, are represented on Selection Review Teams, and co-present with state agency staff at provider forums and meetings with state agency staff as an orientation to new service models being procured.
- Contract management meetings and other local committees that work on the details of refining and improving the quality of DMH services; and

DMH also contracts with the Parent/Professional Advocacy League (PPAL), the state chapter of the National Federation of Families for Children’s Mental Health. This is the statewide organization responsible for making sure that the voices of parents and family members of children with mental health needs are represented in all policy and program development forums both within DMH and in other state agency and interagency forums. PPAL efforts to promote family empowerment include:

- On-going support, through networking, information-sharing, and training, for the network of forty-three DMH Family Support Specialists to enhance their advocacy skills.
- Regular communication with the local support groups facilitated by DMH Family Support Specialists. This communication is used to solicit input on proposed changes to state and federal laws, regulations, and program designs that affect children with mental health challenges.
- Feedback from PPAL to DMH staff about problems that parents are experiencing in regard to service access and quality based on information from support groups, surveys that it conducts, and calls to the office. PPAL members have also been frank about the fact that, beyond the child identified as the client, family members often have their own needs, and PPAL has advocated for service provision that is built on an understanding of the needs and strengths of both the child and the family.

Collaboration with DMH to solicit ad hoc input from parents, youth, and family members regarding specific issues that impact DMH service design, practice, and policy formulation.

- DMH currently contracts with PPAL to conduct topical surveys of parents and families on current and emerging issues and challenges that families face in getting needed services and supports for their children with behavioral health needs. These findings are used to inform DMH’s work, as well as MassHealth and the broader children’s behavioral health service system.

New Initiatives

- To ensure that DMH provides services that are culturally competent to lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) persons and their families, the

Department has launched an LGBTQ initiative. As an initial first step, DMH held interviews with key informants, as well as focus groups with DMH clients who self-identify as LGBTQ. Recently, the Department also conducted an all employee survey to assess LGBTQ environment and needs. The results of these discussions and survey will guide FY'17 LGBTQ policy development and training activities.

- DMH and DCF jointly procured their residential service system in FY13. As part of this effort, DMH continues to advance the participation and professionalization of parents and caregivers working in the system of care for children and youth with SED. DMH and DCF have jointly designed a Family Partner service to support parents and caregivers of youth receiving residential services, and are piloting this program currently. DMH and DCF's commitment to providing this type of peer support emerged based on feedback from dozens of families across the Commonwealth. At forums convened by DMH and DCF, families consistently emphasized the importance of parent peer support in helping them more effectively engage in services, access needed services, and manage their caregiving responsibilities. The pilot phase of this program is anticipated to run until June 30, 2017; at which point, full statewide implementation will occur for FY18.
- In SFY15, DMH held six regional dialogues with interested stakeholders, including consumers and family members, to obtain input on Community Based Flexible Supports (CBFS), DMH's primary rehabilitative service for adults living in the community. This stakeholder engagement continued into SFY16 with sessions in each Area for young adults receiving CBFS services. Two additional sessions were conducted for family members of adult clients utilizing a webinar format and online survey. The feedback obtained at these forums is being used to inform the CBFS rate development process.
- The State Mental Health Planning Council subcommittees provide significant input into policy and program development. In May 2013, the Council voted to establish a new subcommittee on housing. The initial membership of the subcommittee includes people with lived experience and family members of adults/young adults. Examples of subcommittee activities that included substantial family member and consumer involvement include:
 - Professional Advisory Committee on Children's Mental Health (PAC): Ongoing involvement and monitoring of the Children's Behavioral Health Initiative and planning for medical homes and primary care-behavioral health integration. In SFY16, the PAC focused on the integration of behavioral health in primary care, including providing expert comment to MassHealth on pediatric behavioral health metrics and child-specific considerations in integrated care models.
 - Youth Development Committee: Participation in continuation components of the STAY (Success for Transition Age Youth) Grant (described in the Interagency Collaboration Section); support/collaboration with DMH Northeast Area's Now Is The Time (NITT) grant for young adults; trainings for young adult peer leaders; sustainability and maintenance of the Speaking of Hope website; and, continued collaboration focused on youth/young adult employment, education and housing.
 - Multicultural Advisory Committee (MAC): Continued participation in other advisory bodies of the Department and community groups and organizations. MAC members played a crucial role in organizing the 7th Annual Asian American Mental Health Forum which was held at DMH's Dr. Solomon Carter Fuller Mental Health Center in May 2016.

- o Restraint/Seclusion Elimination Committee: In SFY16, the subcommittee met with key DMH staff to further analyze the seclusion and restraint data and discuss an enhanced process for identifying factors that contribute to seclusion and restraint incidents. The subcommittee also reviewed membership and is finalizing a work plan for the coming year.
- o TransCom: Continued efforts to support and sustain the successful integration of peer specialists into the workforce, including recommendations on supervision of peers; revision of a *Culture of Respect* document, addressing personal disclosure and respectful interactions in the workplace, and development of Peer Professional Workforce Development Guidelines.
- o Parent Support Committee: In SFY16, the subcommittee continued to implement a number of family initiatives to alter family culture in the adult mental health system. The subcommittee worked with the DMH Children's Behavioral Health Knowledge Center and numerous stakeholders to review the fit and feasibility of adaption the evidence-based Let's Talk intervention for adult mental health providers working with clients who are parents. Using the resources from the National Implementation Research Network, the team drafted a practice profile for the intervention adaptation; reviewing available training materials with a plan to adapt/develop materials relevant to the Massachusetts service context. The team is currently meeting with providers to identify potential pilot sites for initial implementation in the fall of 2016.
- o Planning Council Steering Committee: Continued involvement in developing the agenda for meetings and facilitating the business of the Council.
- In FY14, DMH was awarded a 4 year, \$4 Million SAMHSA STAY Together Implementation Grant in partnership with CBHI that includes as one of its five goals partnering with and providing support and education to parents and caregivers whose youth are transitioning to adulthood. Key activities relating to this goal include:
 - o Training for Lead Family Partners in supervising Peer Mentors: Training for Peer Mentor Supervisors has been held and ongoing coaching is occurring as needed. A supervision training manual for the Family Partners has been developed and is being implemented with current supervisors.
 - o On-going psycho-educational training for parents and caregivers: In partnership with PPAL, the project developed and published a training curriculum for parents of transitioning youth called *Transition Planning: Empowering Families*. This publication addresses the changing roles of families, provides an overview of benefits, health care and advocacy, discusses legal options, and addresses communication with one's child and with the child's provider. Training has been held with two groups and the evaluations are very positive. Training of additional groups is in process. From these groups, family members will be selected and trained to provide more training to other family members. Typically after the training, people are interested in becoming a regular member of a support group. Interested parents/family members will be selected and trained to become support group facilitators and will be assisted in setting up the support groups.
 - o Development of six support groups for parents and caregivers of young adults: One in each of the MassHealth Community Service Agencies (CSA) participating in the grant.

II. Family Leadership

Current Initiatives

DMH provides and supports numerous opportunities for families and consumers to enhance and develop leadership and advocacy skills, including:

- NAMI’s “Family to Family” curriculum, which utilizes a train-the-trainer model to help families learn essential skills relevant to caring for a family member with mental illness and become knowledgeable about available interventions and resources. Trainers then run groups in their local areas and thus continue to build an informed family base. In addition, NAMI trains family members to co-facilitate support groups for families.
- Parents of DMH clients participate in trainings offered through MA Families Organizing for Change that focuses on advocacy strategies.
- PPAL provides monthly trainings for DMH Family Support Specialists and for MassHealth Family Support & Training Family Partners that build skills in specific areas, such as effective advocacy with schools and insurers and evidence based treatments. PPAL has also provided training on family empowerment for parents of Medicaid enrollees.
- The Parent Information Network (PIN) administered through BAMSI and funded by the Department of Mental Health, includes a “Parents of Transitional Age Youth Program” that provides information, education, guidance, outreach and support to parents of transitional age youth (14-25) who have emotional, behavioral, and/or mental health challenges. This includes support groups, parent/community education, online support, a resource center and one-on-one support.
- Family support funds are used to pay for expenses associated with attending conferences and trainings.
- Parents from across the state attend and often present at several conference venues including the annual national conference of the Federation of Families for Children’s Mental Health, the annual children’s mental health research conference sponsored by the Research and Training Center of the University of South Florida, the annual Building on Family Strengths conference sponsored by the Research and Training center of Portland State University, the annual National Building Bridges Conference, and the annual MA Children’s Behavioral Health Knowledge Center Symposium.
- Parents co-chair the Family Advisory Committee of the Massachusetts Behavioral Health Partnership (MBHP) and are represented on the EOHHS Children’s Behavioral Health Advisory Council.
- Parents serve on the Department of Elementary and Secondary Education’s Statewide Advisory Committee for Special Education.
- The DMH Office of Recovery and Empowerment (ORE) actively participates and leads efforts to support and expand the peer workforce, inform the system on the principles of consumer choice, and raise awareness among the mental health community and the general public of DMH’s commitment to person-centered and recovery-based principles.
- The Transformation Center, Massachusetts’ statewide consumer technical assistance center, conducts annual peer specialist trainings. There are currently over 600 people who completed the training and became Certified Peer Specialists (CPSs) after passing the oral and written examination.

- A DMH-convened workgroup created definitions and job descriptions of peer and family support workers to be utilized in advancing policy development, funding opportunities and implementation.
- DMH also maintains close ties with Adoptive Families Together (AFT), an organization of adoptive families that now operates as a program of the Massachusetts Society for the Prevention of Cruelty to Children. AFT provides support groups across the state and develops written material to help educate and assist parents in advocating for the best services for their children. DMH makes AFT materials available through the DMH-funded family support specialists.
- There are new opportunities for young adult training and employment with the awarding of a five year grant to create and sustain “The Learning and Working during the Transition to Adulthood Rehabilitation Research and Training Center” at UMass Medical Center. This Center has created part-time and full-time employment positions for research or project associates, and is focused on the successful completion of education and training to assist young people (14-30) with serious mental health conditions obtain rewarding and sustaining work.
- DMH continues to advance the participation and professionalization of parents and caregivers working in the system of care for children and youth with SED. This is accomplished through DMH’s statewide network of Family Support Specialists and the Department’s commitment to supporting and advancing the role of family partners and other parent/family support providers.

New Initiatives

DMH continues to develop new opportunities to support families and consumers to develop and exercise their leadership and advocacy skills.

- As part of the FY14 implementation of the DMH/DCF Caring Together Child/Adolescent Residential Services, DMH/DCF established four new Coordinator of Family Driven Practice positions. The Coordinator serve on one of four regional management teams of the residential services, with responsibility for ensuring that residential services are responsive to the voice and needs of the parents/caregivers of youth receiving residential services. In SFY16, they have assumed leadership roles in the implementation of the Caring Together Family Partner service and in developing strategies to improve family engagement strategies and family driven care within Caring Together services.
- Established in SFY14, the Education Subcommittee of the Youth Development Count continues its work to promote effective collaboration between youth and young adult and secondary and post-secondary educational institutions to improve supports within educational settings for students with mental health needs and to reduce the stigma associated with mental illness in educational environments.
- The Statewide Young Adult Council (SYAC) members were asked to provide the young adult perspective, tips, and recommendations in creating and sustaining effective young-adult driven councils to multiple agencies and organizations not only in the Commonwealth of Massachusetts but also to other states interested in creating similar young adult-led councils. In addition, SYAC members are continuously approached for their young adult perspective in the development and implementation of young adult-related activities as well as their guidance on how to enhance existing services to more

fully engage, support and serve young adults with mental health conditions and ensure high quality services. Most recently, SYAC members were involved with providing input and feedback into a proposed Young Adult Housing model that could be incorporated into DMH's Community Based Flexible Supports/Services (CBFS) that would enhance developmentally appropriate services for young adults.

- Through the support of the Success for Transition Age Youth/Young Adults (STAY) Grant, multiple family/guardian focus groups were conducted across the state to gain a better understanding of families/parents/guardians experiences with the mental health system when supporting a transition age young adult. While several parent advocates already participate in the STAY advisory groups and/or the Youth Development Committee (YDC), these sessions provided a more in depth opportunity for parents in various parts of the state, who may not be able to travel to meetings during business hours, to share their experiences and to shed light on what is working well for them and what is not. In addition, the focus groups also helped identify efforts and recommendations to support families during the transition experience from child/adolescent-serving services to adult-serving services.
- In SFY16, the Transformation Center offered three additional certified peer specialist trainings, including a pilot that integrated an internship experience into the classroom component. At the request of DMH, the Transformation Center assessed the extent and impact of turnover within peer positions. Initial results indicate that turnover is equivalent to the turnover observed in other positions within behavioral health. The Transformation Center plans to address staff retention developing resources for supervisors of peer roles and hosting and creating a centralized calendar of continuing education opportunities for peer staff. In addition, the Transformation Center supports the development of Affinity and Ally groups that include under-served or under-represented communities, such as communities of color and the Deaf community. These groups aim to create more welcoming environments for people within these communities to access support and treatment, address stigma and discrimination and develop allies within other communities.
- A second COAPS class was held in SFY16 with 18 individuals, sponsored by DMH and EOEA. The COAPS class originated in SFY 15, when DMH invited Dr. Cynthia Zubritsky from the University of Pennsylvania to teach Pennsylvania's Certified Older Adult Peer Specialist (COAPS) training program, and consult with state leaders. The class and subsequent consulting was sponsored by a number of partners, including the Substance Abuse and Mental Health Services Administration (SAMHSA), BayPath Elder Services, Community Counseling of Bristol County, Mass Association of Councils on Aging, and the Mass Association for Mental Health. Eighteen Certified Peer Specialists or Recovery Coaches, age 55+, attended the three day workshop which covered topics such as: demographics, normal aging, culture, depression, anxiety, substance use, trauma, and suicide as they relate to older adults. The final afternoon of the class was spent on local resources funded by the Executive Office of Elder Affairs, and Councils on Aging in local cities and towns.
- The State Mental Health Planning Council has focused its July and October 2016 meetings exclusively on the topic of Peer Professionals, evidencing its continued emphasis on the vital role of peer and family supports.

III. Family Support Resources and Funding

Current Initiatives

DMH is re-designing its community-based service system to improve the flexibility of services to meet the needs of consumers and families and to increase consumer, youth and family voice and choice. Family and individual support is embedded within a number of these services. Parents are usually the legal guardians and the ones responsible for their children's care; therefore, most child and adolescent services and activities are designed to support parents in their role. DMH-funded services for adults with mental illness also provide support to families of adult clients, if the adult client has consented to having the family aware of his/her situation and are involved. Family support is provided for both clients living at home with mental illness and those who are not. For adults, the service system promotes independence while at the same time offers support to families of adult clients, many of whom continue to be key resources for their adult children, even when those children live out of the home. DMH will continue to work on the question of how to support family members of clients who are their own guardians who choose not to involve their families in their treatment, as those family members often feel distraught and frustrated by being cut out of the process of helping a loved one.

The principal DMH child and adult services providing family and individual support as a service component are described below, along with FY15 spending (encumbered and expended) as of July 13, 2016.

Case Management Services – Child and Adult

- o **FY15 Spending:**
- o **Child/Adolescent Case Management: \$2,730,393**
- o **Adult Case Management: \$15,823,794**
- Virtually all case management for children, and some case management for adults, can be defined as family support, in that assisting an individual to access services they need provides benefits to the entire family.
- Case managers work with parents to develop a child's Individual Service Plan and check in with the family regularly. They are available to families to help resolve situations as they arise. DMH case managers can assist parents of child and adolescent clients, who may have their own mental health and substance use issues, to obtain appropriate services.
- For adults living at home, much of case management support is directed to assisting the family. Even if the adult is living out-of-home, case managers and providers work with the adult's family so long as the adult has given consent.
- Case managers for children, adolescents, and adults help families think through the impact of the affected person's mental health problems on each of their lives, identify each person's strengths and personal resources, and also identify outside resources and supports to promote the client's recovery and growth.
- Case managers link families to assistance for themselves, as well as for the client, as part of the service planning process, and are often the people families turn to for help in case of crises and unexpected events. They work with clients and their family members to develop advance plans for managing crises and to minimize family disruption in times of unexpected events.

- Case managers authorize the provision of services which directly support the family's care giving capacity. They also help families obtain benefits for the client, and assist families in advocating with other entities for services and supports.
- As a result of the implementation of CBHI, most children on MassHealth who receive Intensive Case Coordination through the CSA system do not receive DMH case management; however, DMH does authorize other non-Medicaid reimbursable services as needed and available. One of the goals of CBHI is to integrate services across public payers and to create a seamless delivery system for the youth and family. Collaboration between DMH and MassHealth is focused on that goal.

Individual and Family Flexible Support Services (IFFSS) – Child

- **FY15 Spending: \$ 10,643,037**
- Individual and Family Flexible Support Services (IFFSS) provide an individualized and targeted set of interventions and services intended to prevent out-of-home placement, sustain the youth within his/her family and community, and assist the youth to successfully function in the community. Through this Service, a youth and his/her family develop the skills, strategies and supports needed to live successfully in the community and to support the youth's ongoing development of age-appropriate social, emotional, academic and pre-vocational competencies. The IFFSS is designed to be highly flexible to meet the varying needs of youth with serious emotional disturbance and their families. Because of the wide variation in youth and family needs, and in family abilities and the capacity of the service system to meet those needs, services provided under Individual and Family Flexible Support Services encompass a range of highly individualized interventions that focus on the youth and his/her family. These include: (1) Family Systems Intervention; (2) Individual Youth Support; (3) Youth Support Group; (4) Collateral Contact/Case Consultation and (5) Flexible Pool Administration. Individual and Family Flexible Support Services are intended to support a coordinated approach to delivering services among the educational, therapeutic and other community services working with the youth and family. The Flex Support Service Components may be delivered individually or in combination to meet the individual needs of youth and their families.
- DMH re-procured IFFSS services in FY12. Services were enhanced in order to improve the ways in which the network identifies, outreaches to, and supports families of children, youth, and young adults with serious emotional disturbance.

Respite – Child

- **FY15 Spending: Respite care is funded in IFFSS (Flex) and Caring Together Continuum contracts**
- Respite is brief or short-term care of a child or youth with SED that is provided by adults other than the birth parents, foster parents, adoptive parents or legal guardian with whom the child/youth normally resides. Respite is typically used to give the parents/LAR and child/youth time away from each other in order to decrease stress and support the family system. Respite care may be provided in the home or in settings outside the home, including overnight respite facilities.

Program of Assertive Community Treatment (PACT) – Adult

- **FY15 Spending: \$ 13,485,500**
- PACT is a multidisciplinary team approach providing acute- and long-term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served. Services are comprehensive, highly individualized and are modified as needed, through an ongoing assessment and treatment planning process. The majority of services are provided directly by PACT team members in the natural environment of the person, and supports for the adult and family are available on a 24 hour, 7 day a week basis.

Community Based Flexible Supports (CBFS) – Adult

- **FY15 Spending: \$ 269,638,673**
- CBFS services support persons served as they increase their capacity for independent living and recover from mental illness. Services are individualized and delivered in partnership with each person served. The mix and intensity of CBFS services provided are flexible so as to meet each person’s changing needs and goals. The flexible nature of CBFS cultivates resiliency and supports each person’s path to recovery. CBFS Services are coordinated with the person’s DMH services and, to the extent feasible, non-DMH services. Service goals include rehabilitation, support, supervision, stable housing, participation in the community, self management, self determination, empowerment, wellness, improved physical health, and independent employment. Family support, education, and involvement in the family member’s treatment planning are included within the service model, with the adult client’s consent.

Recovery Learning Communities (RLC) – Adult

- **FY15 Spending: \$ 3,549,787**
- DMH funds six RLCs, one in each DMH Division. The RLCs provides peer-to-peer support to individuals with serious mental illness. It is expected to serve as a “hub” in its respective DMH Division. The RLC Program is a resource and referral center that provides general information on topics of concern to peers. The information focuses on community resources and programs. Services may be offered in a variety of settings; at the RLC Program site, community mental health centers, inpatient hospitals, generic community settings, town hall, fairs, shopping mall, etc. Services include: providing and/or referring to a wide range of peer to peer support services; supporting the providers of peer-to-peer support through training, continuing education, and consultation; and linking together peer-operated services and supports for the purpose of creating a network.

Other Family and Individual Support Activities

DMH funds some family support activities that are not restricted to individuals who have been determined eligible for DMH services.

- In FY15, DMH contracted with NAMI for \$294,738 and with PPAL for \$211,825. This funding supports educational programs for families. Both PPAL and NAMI offer trainings for providers to help them understand the family perspective and for community groups.
- In addition, DMH contracts with M-POWER/The Transformation Center for \$830,283 to serve as the state’s consumer-run technical assistance center, conducting the certified peer specialist training program and providing supervision, support and training to the peer

workforce, including those employed at Recovery Learning Communities and Community Based Flexible Support services.

- In each Area, DMH funds at least one Family Support Specialist to assist individuals by telephone and to facilitate use of a variety of supports including parent support groups that offer emotional support, education about mental health needs, state of the art treatment, advocacy strategies, and self-help for parents or other caregivers. Family Support Specialists are sensitive to the challenges of parents who may have mental health needs themselves, and the specialists are trained to support parents in accessing appropriate services. Parents in the support groups decide how the group can best meet their needs and often invite community members and various professionals to provide technical assistance and training on selected topics. Services available through these Family Support Specialists are available to all parents of children and adolescents with behavioral, emotional or mental health challenges, whether or not their child is involved with a state agency and regardless of insurance coverage. DMH provides \$3,635,316 in funding in school and community therapeutic support contracts, which includes funding for Family Support Specialists. Parent education, parent support groups, training and leadership development, and parent mentoring activities are some of the activities offered with these funds. By enabling parents to increase their knowledge and obtain emotional and practical support from other parents, these activities empower many families to support their child's needs without the necessity of formal state agency involvement.
- DMH also provides \$49,296 in funding to the Clubhouse Family Legal Support Project (CFLSP), which was established in 2000 and is also supported by the Massachusetts Bar and the Boston Bar Foundations. The project attorney, working with the Mental Health Legal Advisors Committee legal team and several clubhouses, provides legal representation to low income parents with mental illness who are at risk of losing custody and/or contact with their children. The project is proving effective in helping some parents regain or retain custody and others gain visitation rights.

As noted above, DMH provides flexible supports to families of children and adolescents through its individual and family flexible support services (“flex”) contracts with mental health providers. If the DMH Individual Service Plan that is developed collaboratively by the case manager and the parent or guardian calls for family support, the family is referred to the flexible support provider. This provider then develops an initial plan with the family, indicating the family support services to be provided by the agency's staff. The provider is responsible for assuring that services support the treatment goals for the child or adolescent. Supports are changed to address new needs or circumstances with the agreement of the family and the provider.

In addition, DMH has taken concrete steps through use of the internet and printed materials to improve awareness of mental health services and has modified its application forms for authorizing DMH services. These changes were designed to streamline paperwork, link consumers and family members with appropriate services in a more efficient manner and to provide consumers and family members with a user-friendly process that focuses on their desired outcomes and goals. Since these changes were made, there has been an increase in the percentage of completed applications for services.

New Initiatives

DMH continues its redesign of adult and child services.

For children and adolescents:

- As part of the Caring Together Initiative, DCF and DMH have put forward a new model of service called the Continuum, which provides intensive wraparound services to youth and families to support youth living with their families. This wraparound service also has the capacity to flexibly provide out of home treatment for youth who need it while maintaining the core team of clinicians working with the family regardless of whether the youth is living at home or in a residential treatment program.
- In SFY15, DMH/DCF Caring Together launched a pilot of a Family Partner service within Caring Together, which will continue through SFY17. The service is a strength-based, parent peer support model that supports the parents and caregivers of youth receiving Caring Together services. The goal of the service is to support and advance family engagement in all aspects of a youth's residential care. These Family Partners are a key element to achieving more sustainable positive outcomes for children and families who are served by DCF and DMH.

Within the adult system:

- DMH procured a new service, Peer-Run Respite, in the Western Massachusetts Area. This program, Afiya House, provides individuals experiencing emotional distress with short-term, overnight respite in a home-like environment. All staff are peer supporters with intensive training in Intentional Peer Support and are employed by the Western Massachusetts Recovery Learning Community. Most are Certified Peer Specialists and many have additional intensive training in Hearing Voices and/or Alternatives to Suicide. Afiya House is located in a residential area and has separate bedrooms for up to three individuals. Most stays were for 7 days or less. Afiya House was full more than 90% of the time, with vacancies usually accounted for by transition periods as one person leaves and another person prepares to enter. Afiya team members had more than 800 phone or in-person contacts with people in the community. The reasons for these contacts varied, but the most common reason was that people wanted to stay at the program and were calling for information and availability. In 440 of these cases, people were not able to be admitted because there was no space available. The vast majority of stays (77%) concluded with the person returning to their own home.
- DMH created and continues to support peer bridger positions in each RLC, a Transition Age Youth Bridger to support 18-22 year olds and two Elder Community Bridgers at two Aging Services Access Points (ASAPs). Peer bridgers support individuals who are transitioning from inpatient services to develop natural community connections, such as spiritual, leisure, educational activities. A key component of the bridging function is to reduce the isolation people often experience in returning to their communities.
- In SFY15, DMH utilized federal Block Grant funds to enhance its original Prevention and Recovery in Early Psychosis (PREP®) program in Metro Boston and to procure a second PREP® outpatient program in its Western Mass Area. PREP® is an intensive outpatient clinical service comprised of the core components of Coordinated Specialty Care (CSC) plus a therapeutic peer group program, cognitive remediation services, and family treatment. DMH received additional Block Grant Funds in FFY16 to continue to

expand first episode psychosis services. DMH plans to utilize these funds to provide funding to outpatient clinics that are implementing components of the CSC model.

- DMH has appropriated funding for community service system expansion associated with the Balancing Incentive Program (BIP) that is targeted to assist with the discharge of individuals out of DMH Continuing Inpatient Hospitals and into community placements. DMH identified 160 individuals for the FY15 BIP funding that was received and, as of 7/5/16, 163 patients have benefited from these funds and were able to be successfully discharged to a community placement. DMH identified 33 individuals for the FY16 BIP funding and 25 of those individuals have been discharged to a community placement. To accomplish this, DMH expanded its PACT capacity by three new teams that will serve two Areas (one in the Central Mass Area and two in the Northeast Area) that are expected to serve at least 19 individuals discharged from DMH Continuing Care. Each team will have a maximum capacity of 50 which will translate into additional capacity in the community services system. DMH is also developing new capacity in CBFS that will enhance or expand resources to allow for at least 138 individuals to be discharged. DMH is planning to use this funding to purchase specialized community placements for 3 individuals.

IV. Accessing Services and Supports

The legislated mission of DMH calls for a focus on serving adults with serious mental illness and children and adolescents with serious emotional disturbance who have continuing care needs that cannot be addressed by acute care services. DMH's budget is predicated on the assumptions that the acute care sector will fulfill its role, including that insurers subject to the state's parity legislation will fund the mental health services identified in the legislation, and that generic, community agencies and organizations, given some assistance, can and will serve most children and adults, including those with mental health needs. (In September of 2009, DMH and the Division of Insurance issued a joint Bulletin clarifying Intermediate Care and Outpatient Services covered under the Massachusetts Mental Health Parity Law.)

Current Initiatives

One approach DMH has taken to assuring access to services is to foster educated consumers and families who can advocate for high quality acute care services and necessary funding. It should be noted that for adults, unless the parent is the legal guardian, DMH cannot contact the family without the client's permission. Thus, outreach work targets both families and adult consumers themselves. DMH does extensive outreach and training with community agencies and organizations to make them aware of DMH services including services such as education and family support activities sponsored by NAMI and PPAL. In addition, DMH is also increasing its communication and publicity activities.

- DMH funds entitlement specialists who provide training and who work with consumers and families around access to the full array of entitlements and supports for individuals with mental health problems, including Medicaid, private health insurance coverage, SSI and SSDI, housing and legal aid.

- PPAL offers a variety of supports through its network of Family Support Specialists to more than 4,000-5,000 families and trains 500 families, youth and providers each year. More than 100 parents and youth sit on policy making committees and PPAL continues to provide training to Family Partners involved with CBHI's services, including mobile crisis. Data is collected annually from families with almost 500 respondents highlighting their experiences and priorities. These data are shared with DMH on a regular basis and assists in the development of program designs for procurement purposes. The PPAL Central Office distributes a newsletter to more than 4,000 individuals. DMH Family Support Specialists, with on-going networking and information-sharing support from PPAL, serve as local information and referral resources.
- NAMI has a statewide information and referral line that services thousands of callers a year. Through these calls and other requests, NAMI-MASS mails and distributes approximately 10,000 informational packets a year, covering topics ranging from the basics of mental illness to issues surrounding guardianship. DMH also works collaboratively with Adoptive Families Together, the Federation for Children with Special Needs, and Massachusetts Families Organizing for Change, an organization focused on individuals with developmental and/or intellectual disabilities, and which is increasingly drawing families whose children have behavioral health problems. The purpose is to assure that these constituents know about DMH services.
- DMH provides training to acute care psychiatric units, and to other state agencies such as the Department of Children and Families to keep them abreast of DMH services and service authorization requirements.
- Several organizations, including PPAL and the Transformation Center, added features to their websites, including blogs and chat rooms that are responsive to the needs of a variety of consumers and family members.
- In particular, the Child and Adolescent division worked through the Transitional Age Youth Initiative to increase media involvement through a redesign of the Speaking of Hope website to highlight various transition age young adult resources and supports across the state, with continuous updates from a Young Adult Design Committee which was created in FY16. "Speaking of Hope" is a website developed by the Statewide Young Adult Council and supported by the Youth Development Committee as a forum for young adult information and conversations related to housing, education, employment, resources, health and wellness, GLBTQ supports, and upcoming young adult activities or trainings-
- DMH publishes several resource guides, which are also accessible on the DMH internet site, including:
 - o **The DMH Consumer and Family Resource Guide** is a listing of information and referral resources made available from the DMH Information and Referral Line. The guide is tailored to the needs of consumers and families and provides information and referral in a variety of categories from accessing DMH services to listings of consumer organizations and contact information for legal resources for consumers.
 - o **The DMH Young Adult Resource Guide** is an updated guide reflecting the changing needs of the young adult population in DMH as well as those services and supports that accompany the young adult's journey through education, employment, transportation, and housing. The guide is intended for young adults who need

assistance in navigating these areas so that they may achieve their goals of recovery and become successful, independent adults who live and thrive in the community.

- o **Creating Positive Culture of Care Resource Guide** provides information and resources that promote emerging promising practices and interventions, sensitivity to trauma, respecting and empowering children and families, and focusing on resiliency. The goal of the Guide is to promote strength-based care and reduce the use of seclusion and restraints in licensed and contracted child and adolescent hospitals and residential treatment programs.
- General community information campaigns are conducted by the Massachusetts Association for Mental Health (MAMH) as part of its campaign to combat the stigma of mental illness. Media are particularly involved during the month of October to promote the National Depression Screening Day, and also during May, which has been designated nationally as Mental Health month. The first week in May is Children's Mental Health Week. The DMH Areas and Family Support Specialists sponsor numerous activities to increase knowledge about child mental health and the successes that youth with mental health issues can achieve. Local activities have included photography shows of work done by youth, Area-wide conferences with youth performances, and distribution of informational materials to libraries, schools, and pediatricians' offices.
- DMH and the Department of Children and Families continue to collaborate to assure that caregivers with mental illness involved with the child welfare system receive the services they need.
- DMH developed a liaison function between DMH Site offices and acute care inpatient psychiatric units and facilities. The DMH liaison works with inpatient facilities to assist in referrals to DMH continuing care inpatient beds; identify possible alternatives to inpatient continuing care; facilitate linkages between the inpatient unit and existing community providers; and facilitate transfers to continuing care when alternative dispositions are not possible.

New Initiatives

DMH continues to monitor the impact of redesigned services in the child and adult systems to ensure that they are accessible to consumers and families.

- DMH is participating in the Substance Abuse and Mental Health Services Administration (SAMHSA) Community Conversations initiative. This SAMHSA initiative is intended to start conversations within communities to build awareness and support for mental health. DMH provides information and resources for communities to utilize in conducting these conversations. In SFY15, fifteen conversations were conducted in communities across Massachusetts, with two more in the planning stages. Several additional conversations were conducted in SFY16.
- DMH uses social media outlets to share information, photos, videos and good news stories with our staff, stakeholders, constituents and the general public. As of June 2016, the DMH Twitter @MassDMH is gradually increasing towards 1,500 followers. DMH recently joined Instagram (@massdmh). The DMH Flickr account is used to showcase photos from various DMH events. www.flickr.com/photos/massdmh. The DMH YouTube Channel is used to showcase videos of DMH events, video projects and client recovery stories. <https://www.youtube.com/user/DMHCONNECTIONS>. The DMH

Connections monthly e-newsletter highlights good news stories, events and multimedia. It is emailed to 5,000 stakeholders each month. Past issues are archived on the DMH website at: www.mass.gov/dmh/connections.

V. Culturally Competent Outreach and Support

Current Initiatives

Recognizing that mental health is an essential part of healthcare, the Department of Mental Health (DMH) establishes standards to ensure effective and culturally competent care to promote recovery. The DMH Office of Multicultural Affairs (OMCA) is committed to reducing mental health disparities among diverse racial, ethnic, and linguistic populations in Massachusetts. OMCA ensures meaningful access to DMH services, programs, and activities for persons who have limited English proficiency. OMCA coordinates the scheduling of in-person interpreters for clients in DMH-operated facilities/mental health units, persons seeking DMH services, and the family members who are involved in their care. Likewise, American Sign Language (ASL) interpreters and Communication Access Realtime Translation (CART) providers are utilized to help individuals who are deaf and hard of hearing. OMCA supports the provision of ASL interpreter and CART services by explaining to DMH staff how to request these services for their clients. Written materials are available in the client's preferred language. Examples of translated written materials include the *Right to An Interpreter* human rights poster, complaint forms, and service authorization application forms. Translations are done for individual client-specific matters on an as needed basis.

OMCA staffs the Multicultural Advisory Committee (MAC), which is a subcommittee of the State Mental Health Planning Council and advises the Commissioner of DMH on the Department's commitment to equitable and quality mental health care for culturally and linguistically diverse communities. MAC members are mental health providers, community-based social services providers, representatives of city and state agencies, clients and family members, peer providers, people with lived experience of mental illness, educators, researchers, and other stakeholders who understand and advocate on behalf of diverse communities. MAC meetings occur every other month and serve as forums for MAC members to learn about mental health-related events so they can share this information with their communities.

DMH staff from OMCA and the Department's Training Office participated as planning committee members for the 7th Annual Asian American Mental Health Forum that was held on May 20, 2016 at DMH Solomon Carter Fuller Mental Health Center. Planning committee members included representatives of the Massachusetts Asian American Commission, Action for Boston Community Development, Massachusetts General Hospital, The Transformation Center, and numerous community-based organizations. The forum addressed the often overlooked and stigmatized issue of mental health in the Asian American community. The 2016 forum's theme was *Weaving Our Many Identities into Well-Being* and the program centered on how race, gender, sexual orientation, and other identities impact mental health. The forum's program included interactive workshops, a spoken word performance, and panel discussions with researchers, community leaders, and people with lived experience of mental illness. Over 120 people attended the 2016 Asian American Mental Health Forum.

OMCA coordinated the translation of the annual DMH consumer satisfaction surveys in order to increase participation by consumers and their family members whose primary language is not English. The satisfaction survey sent to adult clients enrolled in Community Based Flexible Support was translated into 6 languages. The family consumer satisfaction survey sent to parents/guardians of children enrolled in DMH services was translated into Spanish.

New Initiatives

OMCA will continue to be an active participant in the Department's service planning and procurement process. Examples of recent cultural competency outreach and support activities by OMCA include:

- Spearheaded a Request for Quotes process that solicited bids from translation and interpretation services vendors. A total of nine qualified vendors were selected to receive a Statement of Work from DMH. It is anticipated that these vendors will be able to meet the language access needs of clients receiving services in DMH-operated facilities across Massachusetts.
- Convened and facilitated Cultural Competency Community of Practice meetings for the twelve Community Service Agencies funded by SAMHSA's Success for Transition Age Youth & Young Adults (STAY) grant. Meetings included presentations by subject matter experts about topics such as outreach to LGBTQ young people and racial/ethnic minorities. During FY16 these Community Service Agencies completed cultural competency projects such as designating gender neutral bathrooms at their sites, translating their brochures into multiple languages, and providing staff trainings on how to work with diverse young adults and their families.
- Provided mental health resources to the Consul General of Brazil in response to attempted and completed suicides by members of the Brazilian community in Massachusetts during winter 2015. OMCA staff represented DMH on the Greater Boston Suicide Prevention Coalition and invited the Brazilian Consulate to join the Coalition. This resulted in the Irish International Immigrant Center partnering with the Brazilian Consulate to conduct two focus groups with Brazilian community members about risk factors for depression and suicide, barriers to accessing help, and available supports and services.
- Raised awareness about mental illness and provided mental health resources by participating in two Community Conversations. OMCA staff participated in the Community Conversation sponsored by the DMH Fuller Bay Cove site office that was held at the Grace Church of all Nations in Dorchester on December 11, 2015. In May 2016, OMCA staff represented DMH at a Community Conversation organized by the Somali Community and Cultural Association that was held in a mosque in Dorchester.
- Updated the DMH Multicultural Resource Guide during summer 2016 and used the updated information to create an online, interactive map that is accessible on mobile phones. The guide lists organizations that provide mental health services in languages other than English, community centers for racial/ethnic communities and the LGBTQ community, and resources for refugees and immigrants. DMH collaborated with the MA Commission for the Deaf and Hard of Hearing to expand the Multicultural Resource Guide's listing of mental health services for people who are deaf and hard of hearing. The updated Multicultural Resource Guide and accompanying interactive map will be available on the DMH website by fall 2016.

As described in the Family Leadership section, the Transformation Center has continued its focus on increasing leadership skills and opportunities among multi-cultural populations with the goal of expanding mental health recovery outcomes and access to peer support roles within these populations. This includes continued work to support and develop affinity groups for mental health recovery promotion and leadership reaching out to Latino, black and Deaf/Hard of Hearing community members in a variety of leadership activities, some of which were partnered with the MultiCultural Advisory Committee of the DMH; The Transformation Center also continued to do the groundwork to develop a pan-Asian affinity group.

VI Interagency Collaboration

Major planning for child and adolescent service system development and integration continues to take place as part of the Children's Behavioral Health Initiative (CBHI).

- The DMH Commissioner chairs the Children's Behavioral Health Advisory Council, on behalf of the Secretary of Health and Human Services. This Council is mandated under legislation passed in 2008, chapter 321, An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth. It is made up of stakeholder groups identified in the law and meets monthly to monitor, plan and make recommendations on targeted activities.

DMH is also engaged in interagency activities with a specific focus. There are numerous activities to promote the mental health of youth and adults.

- DMH is an active member of an Interagency Work Group (IWG) established by the Department of Public Health in 2001 with membership that also includes the Departments of Children and Families, Youth Services, Developmental Services and Transitional Assistance, MBHP, the Juvenile Court and the Parent Professional Advocacy League (PPAL,) and selected substance abuse providers. The IWG goals are to build common understanding and vision across state systems; design and implement a community centered system of comprehensive care for youth with behavioral health disorders that incorporates evidence based practice; coordinate service delivery across systems; simplify administrative processes; and develop purchasing strategies that maximize federal and state dollars.
- DMH is represented on DCF's Statewide Advisory Council. In addition, DMH collaborates with the Transition Age Youth Coordinator for DCF on matters pertaining to young adults 16-25.
- DMH also collaborates with the Department of Elementary and Secondary Education (DESE) on a number of initiatives and task forces, including:
 - DMH representation on the Special Education Advisory Council whose purpose is to review and make recommendations pertaining to Special Education's State Performance Plan and Annual Performance Report
 - DMH is the convener of a School Based Collaborative in its Metro Boston Area, attended by senior representatives from the Boston Public Schools and community based mental health agencies which contract with DMH to provide consultation, training, and specialized interventions to students in over 100 schools within the greater Boston area.

- DMH participated with the Massachusetts Association of Older Americans, Executive Office of Elder Affairs, the Massachusetts Aging and Mental Health Coalition in producing the second edition of “Eliminating Barriers to Mental Health Treatment: A Guide for Massachusetts Elders, Families, and Caregivers”, a resource in great demand within the state and which federal officials are recommending as a national model.
- In response to growing concern about restraint and seclusion use in child-serving settings, DMH is leading the cross-secretariat interagency effort to reduce and prevent their use. The Initiative brings together leaders from the state Departments of Children and Families (DCF), Mental Health (DMH), Youth Services (DYS), Developmental Services (DDS), Public Health (DPH), Early Education and Care (EEC), and Elementary and Secondary Education (ESE) to work in partnership with the Office of the Child Advocate and parents, youth, providers, schools and community advocates to focus on preventing and reducing the use of behavior restrictions that can be re-traumatizing. The vision for the multi-year effort is that all youth serving educational and treatment settings will use trauma informed, positive behavior support, Restraint and Seclusion prevention practices that respectfully engage families and youth. Currently, the group is facilitating the implementation of new R/S regulations (ESE and EEC) which advance R/S prevention practices, data collection and analysis, and eliminate prone restraint. A key method to this facilitation process is workforce development – specifically teaching, education, and cross-agency/cross-provider training are underway with a year long calendar of educational forums planned. This Initiative capitalizes on the Department of Mental Health's award-winning, nationally recognized, 17-year restraint and seclusion prevention effort.
- Recognizing the critical importance of prevention and early intervention with regard to early childhood mental health, DMH is expanding its capacity to address the mental health needs of young children.
 - Building on a partnership established through the Race To The Top Grant (which ended December 31, 2015), DMH continues to work in partnership with DEEC to expand both agencies’ capacity to address the mental health needs of young children. The two agencies are currently exploring ways in which this partnership can build on current DEEC initiatives to improve behavioral health supports to young children at risk for experiencing on-going behavioral/mental health challenges, such as those at risk for suspension and/or expulsion from early childhood care, children living in communities experiencing significant stress, and children from families challenged to access needed supports through the schools.
 - DMH is an active participant and partner on the public-private state Young Children’s Council that oversee on-going activities of the DPH-Boston Public Health Commission’s Project MYCHILD and LAUNCH grants and the MECCS Impact grant.
 - DMH serves on the Infant and Early Childhood Mental Health (IECMH) Interagency Systems Workgroup, which addresses statewide coordination of activities related to IECMH across multiple stakeholders.
- DMH and DCF have collaborated to change daily practice in both agencies to address the needs of service provision for parents with mental illness and improve outcomes for children. Some examples include: DMH changed its practice and now offers short-term services to adult applicants who were DCF involved; cross-training has been provided so

that workers in each system have an improved understanding of the resources and also the regulatory environment within which each agency staff complete their work; and, DMH consults to DCF regarding service planning for children with mental health problems and for those whose parents have mental illness. The DMH Child Medical Director meets monthly with the DCF Psychiatrist and the DCF Clinical Specialists to discuss trends, issues, and complex situations related to client/family needs. DMH continues to assess how its services can be improved for those children who have a parent or primary caregiver living with mental illness and collaborate with DCF to improve identification and supports for parents with mental illness.

- DMH continues to be a key partner on an EHS initiative to address the significant problem of children and youth being boarded (“stuck”) in hospital emergency departments (ED). Established in SFY15, the EHS initiative is a multi-stakeholder effort that includes state agencies, public and private payers, families and consumer advocates, hospitals, and health care and community based behavioral health providers. The goal of the initiative is to identify and implement broad-based strategies that will ameliorate this problem.
- DMH continues to partner with MassHealth on a number of initiatives. DMH, MassHealth and DCF are partnering in the standardized design and development of a Family Partner workforce which will assure continuity of care for families across levels of care and across public payors. DMH and Mass Health jointly review the activity of the Medicaid Managed Care Entities (MCE’s) related to Emergency Services Programs which are jointly funded by MassHealth and DMH. DMH is also represented on the Family Advisory Council of the Massachusetts Behavioral Health Program (MBHP). In addition, the DMH Child Medical Director and the Mass Health Office of Clinical Affairs Medical Director co-chair an ongoing Committee related to psychotropic medication use among children with the goal of developing an algorithm for best practices.
- DMH is an active member of the Commission on Unaccompanied Homeless Youth (the Commission). The Commission was established in statute for the purpose of studying and making recommendations relative to services for unaccompanied homeless youth, with the goal of providing a comprehensive and effective response to the unique needs of this population. The focus of the commission’s work shall include, but not be limited to: (i) an analysis of the barriers to serving unaccompanied homeless youth who are gay, lesbian, bisexual or transgender; (ii) an analysis of the barriers to serving unaccompanied youth under 18 years of age; (iii) an assessment of the impact of mandated reporting requirements on unaccompanied homeless youths’ access to services; (iv) the commonwealth’s ability to identify and connect with unaccompanied homeless youth; and (v) recommendations to reduce identified barriers to serving this population.

New Initiatives

- As DMH proceeds with its procurements in FY17, it will continue to solicit input from the other state agencies with which DMH regularly interacts, including the child-serving agencies and Elder Affairs. Family support will continue to be a critical agenda item. A major focus of activity between DMH and DCF is the ongoing collaboration related to implementation of the Caring Together Residential Services for clients/families served by each agency. Teams of DMH and DCF staff continue to work collaboratively on implementation tasks.

- DMH is represented on Commission on the Status of Grandparents Raising Grandchildren. The Commission’s primary purpose is to serve as a resource to the Commonwealth on issues affecting grandparents and all relatives raising grandchildren.
 - Fostering unity among grandparents raising grandchildren, communities and organizations in the commonwealth, by promoting cooperation and sharing of information and encouraging collaboration and joint activities;
 - Serving as a liaison between government and private interest groups with regard to the unique interest and concern to grandparents raising grandchildren;
 - Advising executive and legislative bodies of the potential effect of proposed legislation on grandparents raising grandchildren, as the commission deems necessary and appropriate; and,
 - identifying issues that are faced by relatives, other than parents, who are raising children. Currently, the Commission meets monthly at various locations around the state.
- The DMH Child and Adolescent Division is committed to the principles of family voice, choice, and engagement at all levels of service delivery and policy development. Developing a highly skilled workforce of Family Partners and Parent Support Providers is an integral component of any effort to make that a reality. To that end, DMH continues to collaborate with MassHealth and PPAL in developing trainings for family partners/parent support providers working across a variety of settings, including both community and residential settings.
- DMH is actively involved in the EOHHS Transitional Planning Collaborative Workgroup, a Collaborative Workgroup formed to review EOHHS and service agency regulations that are related to transition planning for individuals. A cross-secretariat examination of key transition points for people involved with the EOHHS service system, and a determination of both programmatic and regulatory responses that could result in improved transition outcomes for people. Workgroup members convene into smaller topic-based subgroups to develop comprehensive interagency protocols for implementing the transition deliverables. EOHHS staff will continue in a facilitation role and recommend any further policy development based on the work of the subgroups. DMH Staff are co-chairing and/or participating in the following sub-groups:
 - Interagency Acute Setting Discharge Team Workgroup
 - Policy & Transition Case Flow Workgroup
 - Case Closure Workgroup
 - Interagency Acute Setting Discharge Team Workgroup
 - Training and Professional Development Workgroup
- DMH was awarded a 4 year \$4 Million dollar SAMSHA STAY Together Implementation Grant to advance the goals set forth in the planning grant. A primary focus of the implementation activities includes partnering with, support of and education of parents and caregivers whose youth are transitioning to adulthood. The tasks associated with this goal include:
 - Training for Lead Family Partners in supervising Peer Mentors. In partnership with PPAL, the project will develop a training curriculum for parents of transitioning youth which will focus on changing roles of families, an overview of benefits, health care and advocacy, legal options, and communicating with one’s child and with his or her provider.

- o Development of a sustainability plan for peer mentoring through the billing of Medicaid under therapeutic mentoring codes.
- o Development of six support groups for parents and caregivers of young adults, one in each of the MassHealth Community Service Agencies (CSA).
- o On-going psycho-educational training for parents and caregivers
- o employment, training and supervision/support for the young adult peer mentor workforce.
- DMH is an active participant in multiple efforts within EOHHS to improve the integration of behavioral and physical health care systems including the Accountable Care Organization (ACO) Initiative, MassHealth planning regarding the Health Homes option in the Medicaid State Plan, Integrated Care Initiative for Individuals Dually Eligible for Medicaid and Medicare, and the Patient-Centered Medical Home Initiative (PCMHI). DMH worked with MassHealth to establish a consumer panel that participated in the review of proposals for the procurements of the MassHealth PCC Plan and the Demonstration Project to Integrate Care for Dual Eligible Individuals , now known as One Care. In addition, DMH worked with MassHealth and EOHHS to establish an Implementation Council that plays a key role in monitoring access to healthcare and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency. The roles and responsibilities include advising EOHHS; soliciting input from stakeholders; examining ICO quality, reviewing issues raised through the grievances and appeals process and ombudsperson reports, examining access to services (medical, behavioral health, and Long Term Supports and Services), and participating in the development of public education and outreach campaigns. At least half of all Implementation Council members are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities. Members of the Implementation Council presented their experiences with the implementation of One Care to the State Mental Health Planning Council in January of 2014. DMH worked with MassHealth to appoint members to a second term in SFY16. The State Mental Health Planning Council continued to address MassHealth integration during a meeting in SFY16 focused on MassHealth transformation, including planning for Accountable Care Organizations (ACOs).
- DMH leads the SAMHSA/CMS funded Interagency (DPH, MassHealth) Certification of Community Behavioral Health Clinics (CCBHC) Planning Grant. CCBHCs coordinate 9 services for persons across the lifespan, including children with a serious emotional disorder and their families. The hybrid capitation payment model will be implemented only should Massachusetts be chosen as one of 8 states participating in the 2 year National Demonstration (FYs'18 and '19). Applicants will be notified in December, 2016.