

## **DMH Family Support Plan**

### **Human Service Agency Overview of Family Support**

#### *Definition used by the Department of Mental Health:*

The Department of Mental Health defines family support through program and practice expectations. Family support includes all activities that assist families to support the growth, recovery and rehabilitation of their affected family member. In providing family support, DMH uses a very inclusive definition of family, which may include 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.

#### *Types of family support services available*

- education that enables families to better understand the mental health problems and the treatment being offered to a family member
- direct assistance in caring for a family member with mental health problems
- training in managing problems that a family member presents
- linkage with other resources that can reduce the care-giving burden
- linkage with other families either coping or struggling with the same concerns
- training and assistance in advocating on behalf of family members
- support in accessing services and entitlements for family members

#### *Network for providing family support services*

Family support is interwoven into numerous activities of DMH.

#### Case management

The Department's goal is to provide each eligible client with a case manager. Virtually all case management for children, and some of it for adults, can be defined as family support. 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 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 effects of the client's mental health problems on their lives, identify the strengths and resources they have available, and identify those who can best support the client's recovery and growth. Case managers link families with assistance for themselves as well as for the client as part of the service planning process, and are the people families turn to for help in case of crises and unexpected events. Case managers authorize the provision of services which directly support the family's care-giving capacity, help families get benefits for the client, and assist families in advocating with other entities for services and supports.

#### Contracted family support services

DMH contracts with providers in each of its sites for Individual and Family Flexible Support Services for children authorized by DMH to receive such services. Services to families provided under these contracts may include consultation on advocacy strategies to assist the family in securing services from schools and other entities, teaching behavior

management skills, and access to respite care, parent aide services, homemaker, and chore services. The contracts include money for purchasing individualized services to address unique challenges that families face.

DMH funds parent partners as part of the joint DSS-DMH Collaborative Assessment Program (CAP). Families going through CAP, an assessment and crisis stabilization process for children at risk of out-of-home placement, are offered parent partners. These are parents who have raised children with mental health problems and can assist CAP parents in figuring out their needs and how to get them met.

Parent support is also available to all parents of children and adolescents with behavioral, emotional or mental health problems, whether or not their child is a DMH client. DMH funds at least one parent coordinator position in each of its six Areas. Parent coordinators facilitate parent support groups that offer emotional support, provide education about mental health problems and state of the art treatment, teach advocacy strategies, and serve as a self-help venue for parents.

DMH funded adult services also provide support to the families of adult clients, provided the adult client has given consent. Family support is provided for both clients living at home and those who are not. Services that involve families and spouses of mentally ill adults include: the Program of Assertive Community Treatment (PACT) which makes intensive supports for the adult and his family available 24 hours a day; Community Rehabilitative Support activities; and supported housing services, particularly in cases where a client resides at his family home and receives residential and rehabilitative support there. In these programs staff not only provide direct service to the client, but provide coordination, referral, and support services to household members and help them achieve a realistic understanding of the nature of mental illness, its treatment and its prognosis.

DMH provides funding to the Massachusetts Chapter of the National Alliance for the Mentally Ill (NAMI-Mass) and the Parent Professional Advocacy League (PAL) for educational programs for families. NAMI offers *Family-to-Family*, a free, 12 week psycho-educational course designed for family members of older adolescents and adults. This course helps families learn essential skills and information relevant to caring for a family member with major mental illness. Trained family member volunteers teach the courses. NAMI and PAL jointly offer *Visions for Tomorrow*, a similarly structured 8-10 week course to help parents and other primary caregivers of children and adolescents. These programs are open to all families in the community who care for people with mental health problems, and are offered in both Spanish and English.

*Process used to get input on the plan from families of individuals who receive DMH-funded services*

- DMH Area and Site boards regularly participate in needs assessments and program planning. A draft of the family support plan was distributed to the citizen advisory

boards in the six Areas and 29 Sites. In those Areas and Sites in which there are separate child/adolescent committees, DMH solicited feedback from families of children and adolescents.

- DMH discussed the plan and distributed the draft to the Commissioner's Statewide Advisory Council.
- DMH distributed a draft to the Board of Directors of the Parent Professional Advocacy League (PAL), an organization whose board membership includes parents and guardians of children under 18 and parents of young adults.
- The draft plan was distributed to DMH-funded parent coordinators and presented to parents in family support groups.
- The draft plan was reviewed by the Massachusetts Chapter of National Alliance of the Mentally Ill.
- DMH discussed the draft plan with the executive of Adoptive Families Together, an organization providing support groups for adoptive parents, including those who have children with mental health needs or behavioral problems.
- The draft plan was reviewed by the Massachusetts Association for Mental Health, a citizen advocacy organization.
- The committee addressing supports for parents with mental illness who are raising children discussed and reviewed the draft plan.
- The draft plan was review by members of the Professional Advisory Committee on Children's Mental Health.

The initiatives discussed below to address inadequacies in family supports are a response to the input given by families through the ongoing DMH processes of constituent involvement in program development. Parents and family members have been involved in both the design and implementation phase of these initiatives. Specific levels of involvement are identified below as part of the discussion of the activity.

## **The Plan**

### **I. Family Empowerment**

#### **Current Initiatives**

Family members are represented on the Commissioner's Statewide Advisory Council. Parents of both adult and child mental health consumers are also key members of the State Mental Health Planning Council. The Council must review and approve the annual State Mental Health Plan and the Implementation Report that Massachusetts must submit in order to receive federal funds through the community mental health services block

grant. Parents are also represented on the statewide Professional Advisory Committee on Children's Mental Health, an informal group that has been in existence for 25 years and that advocates at the state level on issues related to the mental health of children and adolescents.

The Area and Site-based structure of DMH also promotes Family Empowerment. Family members are represented on Site and Area Boards that advise on local program development, and regulations, statutes and policies. Family members participate in the service procurement process through participating on proposal review committees that provide recommendations to the Department about contract awards.

DMH partially funds the statewide organization of PAL, which is responsible for making sure that the voices of parents and family members of children with mental health problems are represented in all policy and program development forums both within DMH and in other agency and interagency forums. PAL provides training to the network of 43 parent coordinators and parent partners to enhance their advocacy skills. PAL maintains regular communication with each of the local support groups and, through them, solicits input on proposed changes to state and federal laws and regulations and program designs that affect children with mental health problems. PAL provides feedback to DMH staff about problems that parents are experiencing in regard to service access and quality based on information from support groups, problems presented to the Parent Resource Network Hotline, and studies that it conducts. In the past year, PAL has also provided training for new state hires and provider staff in understanding the parent perspective. A DMH staff member serves as an ex-officio member of the PAL board and attends the monthly meetings of the parent network to hear concerns directly and solicit parental feedback.

DMH also works with Adoptive Families Together (AFT), a network of adoptive families. 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 provided funding to AFT in FY '03 for a revised third edition of the booklet "In Their Own Words...Reflections on Parenting Children with Mental Health Problems: The Effect on Families" and invites their participation in program development and policy forums. AFT's pamphlet Restraint and Seclusion: What Families Need to Know, which includes a list of 10 specific steps parents can take to help change restraint and seclusion policies, has been widely distributed to families. DMH makes AFT materials available through the DMH-funded parent coordinators.

### **New Initiatives**

One of the gaps identified in DMH's review of its family support activities is the limited capacity across the state to provide intensive wraparound services for children and adolescents that are family-driven. This is beginning to be addressed at several levels. The Executive Office of Health and Human Services (EOHHS) has identified "distressed children" as one of its key concerns, and is co-chairing and staffing the legislatively mandated Children's Mental Health Commission. Both PAL staff and DMH staff

participate on the Commission and on its subcommittees, including ones describing critical elements of care for any system serving distressed children.

DMH will continue to advocate for having parents participate in service system design across all child-serving agencies to assure creation of a system that is responsive to needs as identified by families. One of the lenses through which DMH will evaluate proposed service system changes will be the degree to which such changes make the child/adolescent system more family-driven and family-centered. DMH also remains sensitive to the responsibilities borne by families of adult clients, and during the upcoming year will be exploring ways to provide them with more support.

## **II Family Leadership**

### **Current Initiatives**

NAMI's "Family to Family" curriculum and "Visions for Tomorrow" taught by PAL and NAMI utilize a train-the-trainer model to help families learn essential skills and information 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. DMH parents continue to participate in trainings offered through Families Organizing for Change that focus on advocacy strategies. PAL provides monthly trainings for the parent network that build skills in specific areas, such as effective advocacy with schools and insurers. Family support funds are used to pay for expenses associated with attending conferences and trainings, and parents from across the state attend and often present at the national conference of the Federation of Families for Children's Mental Health and at the national Children's Mental Health Research Conference.

The Director of the statewide PAL organization has co-chaired the Family Advisory Committee of the Massachusetts Behavioral Health Partnership since its creation, and participates on the statewide Steering Committee for the Coordinated Family Focused Care (CFFC), a MassHealth initiative. CFFC is an interagency service delivery model being piloted in five sites that incorporates family supports and promotes an ongoing partnership of families and professionals in service planning. It was officially launched in May, 2003 and began accepting clients in the summer of 2003

Parents serve on each of the six local CFFC steering committees, which offer additional venues in which parents can exercise leadership. PAL, the Federation for Children with Special Needs and Adoptive Families Together were in the design of initial trainings for CFFC staff and have served as trainers. DMH supports the practice of parents serving as trainers for other parents. Parents also serve on the Department of Education's Statewide Advisory Committee for Special Education.

### **New Initiatives**

PAL and DMH serve on the Steering Committee of the Consortium for Children with Special Health Care Needs which is bringing together parents, government agencies, and health and mental health providers to develop more responsive and integrated systems of care for families. A PAL parent coordinator chairs the Family Participation subcommittee that is disseminating information on effective strategies for assuring participation of parents in the development of systems of care. The Consortium offers a venue for outreach into the private sector, as each of the major health plans participates as do several private practitioners.

PAL also participates in an endeavor initiated by the Department of Public Health to bring together leaders of parent organizations to promote sharing of best practices and share successes in addressing challenging issues as leadership development and cultural competence.

### **III Family Support Resources and Funding**

#### **Current Initiatives**

In FY'04, DMH spent \$4,186,395 for case management services for children and adolescents, not including the costs of supervision. As noted above, parents are the legal guardians, and the ones responsible for their child's care, and thus most case management activities are designed to support families in their role. Case managers work with parents to develop a child's Individual Service Plan, check in with the family regularly, and are available to families to help resolve situations as they arise.

DMH spent \$18,462,390 for case management for adults. Approximately 25% of adult clients live with their families, and, for those who receive case management, a significant portion of case management activity is directed to supporting the family in maintaining the client at home. Approximately \$2,340,000 of the adult case management budget should be considered as family support.

DMH spent \$13,749,150 for individual and family flexible support, direct services for families of children and adolescents who have been determined eligible for DMH continuing care services, or who require immediate intervention. The contract reporting mechanism does not distinguish how much is spent on direct services for the individual, as opposed to support to the family, to enable the child or adolescent to remain at home, but contract managers estimate that at least half of this money is spent on family support. Most respite care for families is funded through these flexible support contracts. However, DMH also had \$1,362,640 in contracts that are exclusively for respite care for children and adolescents, most of which is aimed at providing relief to families.

DMH funds some family support activities that are not restricted to individuals who have been determined eligible for DMH services. In FY'04, DMH contracted with NAMI for \$271,238 and with PAL for \$175,000. For families of children and adolescents, there are area-based contracts totaling \$1,450,000 that cover family support services provided by

39 locally based parent coordinators and parent partners working in the DSS-DMH Collaborative Assessment Program. 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 develop their knowledge and get emotional and practical support from other parents, these activities enable many families to support their child's growth without the necessity of formal state agency involvement.

Also, DMH contributed \$53,750 to the Clubhouse Family Legal Support Project (CFLSP), which was established in 2000. 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 helping others gain visitation rights.

As noted above, DMH provides flexible funding to families of children and adolescents through individual and family flexible support and/or intensive wraparound 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/wraparound provider. The provider then draws up an initial program specific treatment plan with the family, indicating the family support services to be provided either by the agency's staff or by services purchased on behalf of the family, or through vouchers given to the family. The provider is responsible for assuring that expenditures 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. The flexible support provider or the case manager authorizes respite care services.

### **New initiatives**

This past year, DMH has focused on continued interagency planning for broad EOHHS initiatives, rather than implementation of new agency-specific family support initiatives. EOHHS has committed to creating a more community-based system of care for children and adolescents, and to providing families with the supports they need to maintain their children at home, whenever home placement is suitable. Placing families at the center, and creating a flexible continuum of care, with flexible funding, are core values embraced by that are being infused into the planning process.

## **IV Accessing Services and Supports**

The mission of the Department of Mental Health is to serve 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, that insurers included under 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 and include most children and adults, including those with mental health problems.

One approach DMH has taken to assuring access to services is to create savvy consumers and families who can access 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 funds entitlement specialists to 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. DMH also provides training on entitlements for its case managers so that they can assist families with these matters. Both PAL and NAMI provide information to families regarding access to DMH services, and other means of securing mental health services. Since most children and adolescents with serious emotional disturbances also have special education needs, PAL is a resource for parents around special education services for children with mental health problems

DMH does extensive outreach and training with community agencies and organizations to make them aware of DMH services available to the community at large, such as education and family support activities sponsored by NAMI and PAL, as well as to inform them about the services available to individuals who meet DMH eligibility criteria. The Consumer toll-free help-line at DMH fields calls from families as well as from clients, and in FY'04 handled 257 calls from family members. For children and adolescents, DMH works collaboratively with Adoptive Families Together, Parents for Residential Reform, the Federation for Children with Special Needs, the Consortium for Children with Special Health Care Needs, and Families Organizing for Change (an organization focused on individuals with developmental disabilities and mental retardation) to assure that they know what services DMH can offer. DMH provides training to acute care psychiatric units, and to other state agencies such as DSS to keep them abreast of the service we can offer as well as our eligibility requirements.

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 issues ranging from the basics of mental illness to issues surrounding guardianship.

In FY '03, DMH provided start-up funding to PAL to create a Parent Resource Network Line (PRN Line), a toll-free number for parents of children and adolescents, staffed by trained parents. The staff provide callers with support, information, and referrals related to youth mental health and guidance in navigating the education, insurance and service systems. Ongoing support for this initiative is coming from the major HMOs in the state. The line began operation in mid-May 2003, and in FY'04 fielded 661 calls from family members. As the Department of Public Health has initiated its own toll-free information line, DMH, and PRN staff will be meeting over the summer to develop a strategy to assure that callers to the DPH line who have mental health related questions get their needs addressed.

General community information campaigns are conducted by the Massachusetts Association for Mental Health (MAMH) as part of its campaign to combat stigma about 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 parent coordinators distribute materials to libraries, schools and pediatricians' offices that explain mental illness and that direct families to resources. For the past 6 years, PAL has created a poster for Children's Mental Health Week with the names and telephone numbers of the local coordinators.

### **New Initiatives**

DMH's earlier assessment of family supports indicated the dismay of many parents because services are not available until a child's functioning is significantly impaired. EOHHS is committed to prevention and early treatment and DMH is part of an EOHHS initiative to figure out approaches and funding mechanisms to address this concern, including the use of Medicaid dollars. The American Academy of Pediatrics also has a broad-based work group involving DMH and others that is looking at instituting routine screening children for mental health problems as part of pediatric practice. DMH participates on interagency workgroup on School Readiness that is also looking at screening, outreach, and information dissemination to promote access to early treatment.

DMH and the Department of Social Services are collaborating to assure that parents with mental illness involved with the child welfare system receive the services they need. In January 2002, DMH changed its adult eligibility guidelines to require that adult applicants be asked if they are involved with DSS, and if so, if they want short-term DMH services while their application is being considered. If the answer is yes, DMH will then provide immediate family supports to assure that the children in the home are maintained safely.

Another activity addresses the many parents involved with DSS who have mental health problems that require attention, but who would probably not qualify for DMH services. Key DMH and DSS Area and Regional Staff have met, reviewed a proposed training outline, and committed themselves to develop interagency forums in each Area that will provide training and develop protocols for consultation and collaborative work. Items such as recognizing signs of mental illness and its impact on the individual and family and developing family service plans and safety plans that accommodate the needs of a mentally ill caretaker will be addressed.

DMH continues to participate on the Steering Committee for Parents with Mental Illness and their families created through the UMASS Medical School. The committee includes representatives from DMH, PAL, UMass Medical School, Employment Options, the Cole Resource Center, and Mental Health Legal Advisors Committee. DMH makes a significant contribution to the research and intervention projects developed by the Parents' Project team at the UMass Medical Center School's Center for Mental Health

Research. DMH administrators, staff, and clients are key stakeholders in identifying the team's agenda, implementing projects, and disseminating findings to the field, consumers and family members. "Parenting Well When You Are Depressed" was written collaboratively by UMass Medical School, researchers/providers, community stakeholders, consumers and family members. Employment Options, a DMH funded clubhouse, sponsors a unique family support program which specifically focuses on the needs of parents with mental illness and their families. There are parent support groups at Employment Options and Atlantic House clubhouses.

The Cole Resource Center, a consumer run organization, is acting as the agent for the committee and submitting a grant proposal for a conference on providing support to parents with mental illness. Employment Options is also finishing a consensus-building grant, focused on the Metro-West region, which is seeking to build community consensus about the types of wraparound or flexible support services that are needed and strategies for service delivery.

## **V Culturally Competent Outreach and Support**

All services are made accessible to individuals and families as needed. If English proficiency is limited, then interpreter services are made available. Likewise, interpreters are made available for the deaf and hard of hearing. DMH attempts to insure that all written materials are available in the client's preferred language. Translations are done on an as needed basis for individuals, for client-specific matters. The DMH Office of Multi-Cultural Affairs reviews DMH-prepared documents to assure that they are culturally appropriate for all populations.

In FY'04, DMH participated in several activities to provide culturally competent outreach and support. Notable among these was the Latino Mental Health Project in the Central Mass. Area. Through this project, 160 face-to-face surveys on the mental health needs of Latinos in the Worcester area were conducted, and a unique, dynamic and thriving public/private collaborative of health, mental health and social services partners was created. Other collaborations included participation in a Health Services Task Force coordinated by the Massachusetts Office for Refugees and Immigrants to look at possible ways of improving access to health and mental health for newcomers. NAMI and PAL are also engaged in many collaborations with the Latino and Black communities. For example, two years ago NAMI used Boston Foundation funding to start NAMI-Nubian, an affiliate open to all yet founded and run by African Americans in Boston.

The DMH Office of Multi-Cultural Affairs participates in community dialogues, and provides trainings and presentations as part of its regular activities. The Office was involved in the following activities in the past year that directly relate to outreach and support to families in Massachusetts.

- New Young Americans: Charting a Course for Immigrant Youth in a Changing Commonwealth, a conference at Suffolk University Law School
- Cultural and Developmental Awareness for child/adolescents parent support workers and staff of their Parent/Professional Advocacy League, a statewide training

- Integrating Culture into Practices, a training for the National Alliance for the Mentally Ill-Massachusetts and Parent Professional Advocacy League
- Adolescents Development & Parenting Strategies, a training for the Massachusetts Asian American Educators Association.
- Working with Children, Adolescents and Families of Culturally Diverse Background, a presentation as part of the Certified Juvenile Court Clinician Seminar Series offered by University of Massachusetts Medical School
- Integrating Client's Culture into Homeless Outreach Strategies, a statewide training for Path Grant Homeless Outreach Workers
- Healthy Community for All, across the age spectrum, a community dialogue for Tri-City & Healthy Malden
- Integrating Culture into Clinical Practices, training for University of Massachusetts Medical School & Harvard Medical School Psychology Internship programs.

Within DMH itself, a series of diversity trainings took place within the Southeast Area of the department. In addition, the department conducted a unique training for interpreters on disaster mental health. As part of the training, many interpreters signed up to be included on a call-up roster should their services become necessary.

Community outreach continued through the participation of staff on the boards of several community based organizations, the Governor's Advisory Committee on Refugees and Immigrants, the Working Group Committee of the Emergency Room Interpreter Law, and local and national healthcare interpreter organizations.

### **New Initiatives**

The Latino Mental Health Project referenced above proved to be so successful that a second year implementation proposal was submitted to the Blue Cross Blue Shield Foundation and resulted in a \$50,000 grant. The grant will allow for the hiring of a part-time Project Coordinator who will work with all the partner agencies in the collaborative as well as directly with consumers and family members in the Worcester area.

The DMH Cultural Competence Action Plan will undergo a revision as it comes to the end of its first three-year period. Ongoing activities related to cultural competence and diversity will continue. In addition, it is anticipated that DMH will produce consumer and family member-friendly documents that offer information and education on mental health and related issues. These documents will be available in translated versions as appropriate.

## **VI Interagency Collaboration**

DMH is engaged in numerous activities with EOHHS and the agencies under its aegis as EOHHS takes steps to create a seamless system of care that is easy for families to negotiate. DMH is participating in development of the virtual gateway to state services that will simplify the application process and alert families to the range of benefits for which they may be eligible. Also, DMH is the lead agency for an initiative to expand access to behavioral health services in DYS, DSS and DMR, to assure that appropriate services are available regardless of the agency through which a youth enters state services.

DMH will work with the Department of Mental Retardation and the other designated human service agencies named in the Chapter 171 legislation, to discuss and monitor progress on family support initiatives and to work collaboratively on improving and expanding family support services. In addition, we will work in cooperation with DMR and the other EOHHS agencies in support of a project held by Massachusetts Families Organizing for Change to facilitate education and awareness with individuals and families about Chapter 171, as well as support other activities related to the implementation of this legislation.

DMH will work in collaboration with the Department of Public Health and other EOHHS agencies to include individuals/families who have special health needs in regional emergency planning initiatives.

DMH has been actively involved with EOHHS, DMA and DPH in the administrative reconfiguration of state Medicaid services. Overall responsibility for the state Medicaid program now resides at EOHHS, with the DMH Commissioner assigned programmatic oversight of MassHealth behavioral health services. The reconfiguration of MassHealth aims to enhance service delivery through more effective use of the Medicaid dollar. Projects to improve access, quality and coordination of services for adults as well as children and adolescents include: re-procurement of the Medicaid MCO contracts; providing access to low cost prescription drugs, and developing integrated service delivery for individuals with substance abuse and mental health problems.

EOHHS identified distressed children as one of its top priorities and the legislatively mandated Children's Mental Health Commission, chaired by EOHHS Secretary Preston, created subcommittees to address problems that have direct bearing on family support. Parents are represented on the Commission. The discussion of new initiatives above often references EOHHS activities. The Commission's subcommittees include:

*Stuck and Homeless children* - This subcommittee is charged with coming up with short term recommendations and a long term plan to resolve the problem of children remaining in acute care inpatient psychiatric beds after they are clinically ready for discharge. The subcommittee is examining the specific services and supports needed to prevent/divert hospitalization in acute situations, and activities such as linkage of hospitals with community based providers that can promote timely discharges.

*Elements of Care*

This committee is developing recommendations, based on the best research available, for a range of services/interventions that are specific to the needs of clearly identified populations. Respite care has been identified as a top priority.

### *Insurance*

This subcommittee is document coverage for mental health services and utilization of mental health services. This is the first time private insurance information has been gathered and analyzed in this way. Insurance coverage is a significant support for families, as it eliminates or reduces a significant financial burden.

DMH also funds and/or participates in the oversight of four interagency initiatives that incorporate family-driven service planning, the use of parent partners, and family supports as critical components. These interagency projects all aim to prevent out-of-placement through provision of intensive wraparound services, including family supports, for children and their families and through interagency engagement with families in service planning. The four projects are: CFFC, described above; Worcester Communities of Care, a federally funded system of care demonstration project; the Mental Health Services Program for Youth, a project housed at Neighborhood Health Plan that now serves five communities; and the Collaborative Assessment Program, a statewide DMH-DSS program with some Medicaid funding as well.