

DMH Annual Family Support Plan FY 2011

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 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 in this report 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 family support services available:

- Age and role-appropriate education that enables family members to better understand mental health issues and the treatment being offered to their family member with mental illness or serious emotional disturbance
- 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 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
- Training and assistance in advocating on behalf of family members
- Assistance in navigating the human services and special education system, dealing with eligibility requirements, and accessing entitlements and insurance for family members
- Supports that sustain and strengthen families, such as respite care or groups for siblings
- Support groups for families and other caregivers

Network for providing family support services

Family and individual support is interwoven into numerous activities and services within DMH. These activities include DMH case management services and contract services, such as Individual and Family Flexible Support Services, Area-based family support specialists, Recovery Learning Communities, Program 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 Children's Mental Health, Youth Development Committee, Multicultural Advisory Committee, TransCom (The Transformation Committee), Restraint/Seclusion Elimination Committee, and the Parent Support Committee. (Ongoing)
- The Massachusetts Chapter of the National Alliance for the Mentally Ill (NAMI-Mass) and the Parent Professional Advocacy League (PAL) are in frequent communication with the Department regarding issues of concerns to family members. (Ongoing)
- Meetings have been held across the state with parents of children with serious emotional disturbance (SED) as part of the planning process for implementation of the Children's Behavioral Health Initiative (CBHI) of which the Rosie D remedy is the first phase.¹ The purpose of these meetings is to gain better understanding of the services families are seeking and how they might best be delivered.
- The DMH Commissioner created a Consumer and Family Member Involvement Team in FY10. This team is charged with developing a plan to systematically integrate family and consumer involvement throughout DMH activities, including service design, delivery, planning, evaluation and improvement activities.
- For children and adolescents, DMH service system planning is intertwined with planning and implementation of CBHI, the first phase of which is the remedy for the Rosie D lawsuit. The population directly affected by the remedy (MassHealth members from birth to 21 with SED) includes many families who are now part of the DMH service population. Therefore, as the CBHI implementation progresses, DMH continues to assess 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

¹ The CBHI reflects the commitment of the Executive Office of Health and Human Services to creating a children's behavioral health system that is integrated across agencies that will enhance service provision while increasing efficiency and reducing duplication of services and costs.

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 CBHI executive and advisory committees and other DMH policy committees. More specific input is also solicited from families and young adults as part of each DMH procurement of child-adolescent services. Family members serve on design 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.

- DMH has enhanced its websites and public information materials to make information about DMH services more available. In 2009, a new Office of Training and Consumer Affairs was created within the Commissioner's Office. Staff includes the Director of Consumer Affairs, the Consumer Affairs Information and Referral Specialist, and the Co-directors of Training. Nearly one-fourth of all calls fielded by the office come from family members of consumers. The office will expand efforts and identify opportunities to include stronger consumer and family participation in policy, planning and implementation of the Department's initiatives.
- Through administrative processes, staff assignment, and procurement, DMH will continue to address key concerns raised to date by families, to the extent that resources allow. Specific recommendations to enhance family support include:
 - Make information about DMH and its services easier for families 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, child and family centered approach
 - Work with providers so that they can do a better job informing families about their family member's diagnosis
 - Provide peer support for family members and build it in at various levels of the service delivery system
 - Increase availability of respite care
 - Invite families to serve on human rights committees
 - When informally or formally requesting input from families about their experiences with DMH, clearly state to families that we are soliciting their input to improve the system and assure that families understand their responses are included in Chapter 171 planning
 - 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
 - Make sure that "crisis plans" for adults who are parents address what will happen to their children
 - Keep the focus on "recovery" for adults – provide them with the opportunity to become effective, capable independent adults (and parents)

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 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 submits in order to receive federal funds through the community mental health services block grant. In 2009, the Planning Council voted to create a subcommittee on Parents and Families to focus on the needs and issues surrounding people with mental illnesses who are parents. Parents are also represented on the statewide Professional Advisory Committee on Children's Mental Health, an independent group that has been in existence for 28 years which advocates at the state level on issues related to the mental health of children and adolescents. Parents and consumers are also active participants and assume leadership roles on the Youth Development Committee, TransCom, and the Multicultural Advisory Committee.

The Children's Behavioral Health Advisory Council, established in 2009 in response to chapter 321, the Children's Mental Health Law, has parent representation as Council members and on its six sub-committees.

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, regulations, statutes and policies. Family members and consumers participate in the service procurement process through membership on proposal review committees that make recommendations to the Department about contract awards and they also participate in local committees that work on the details of refining and improving the quality of services.

DMH also contracts with the Parent/Professional Advocacy League (PAL), the state chapter of the National Federation of Families for Children's Mental Health and 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. PAL provides training to a network of forty-three family support specialists to enhance their advocacy skills. PAL maintains regular communication with the local support groups facilitated by family support specialists, and, through them, solicits input on

proposed changes to state and federal laws, regulations, and program designs that affect children with mental health challenges. 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, surveys that it conducts, and calls to the office. PAL members have also been frank about the fact that, beyond the child identified as the client, family members often have their own needs, and PAL has advocated for service provision that is built on an understanding of the needs and strengths of both the child and the family. In FY'08, the Massachusetts Behavioral Health Partnership funded PAL to provide training on parent empowerment, advocacy, and knowledge for parents with MassHealth coverage, and for individuals who were parent support workers. DMH staff maintains regular communication with PAL and with representatives of other parent organizations serving families whose children have mental health needs. 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.

DMH convened a group of state agencies and PAL to develop an approach to the training and certification of family specialists who work in state funded activities. This includes the Family Partners working in the CBHI Community Service Agencies (CSA) and the DMH Family Support and Systems Specialists working in the community and as part of the Mobile Crisis Teams. To ground the group's work in best practices and current thinking in this area, in FY'10 PAL conducted a review of approaches used by other states and the National Federation of Families for Children's Mental Health, and has worked with a national consultant on the training curriculum.

New Initiatives

The DMH procurement planning process has offered structured opportunities for input from families of both child and adult clients. In 2009, DMH began the first phase in the redesign of its adult community based services with the procurement of Community Based Flexible Supports (CBFS). In 2010, DMH sought feedback from its stakeholder community, including family members and consumers, with the issuance of two Requests for Information (RFI). The first RFI, issued in March 2010, solicited feedback on the proper positioning of Clubhouses in DMH's redesigned continuum of community services. Three community forums were also held across the state with significant participation by consumers of Clubhouse services and their family members. The second RFI, issued in May 2010, sought information to assist DMH in the development of peer-run adult respite services. This new service will be designed to provide individuals in crisis with a safe, supportive environment as they participate in peer support activities which are consistent with the principles of recovery and resilience. DMH plans to issue Requests for Response (RFR) for Clubhouse and peer-run adult respite services in fall 2010.

For adults, these service systems will promote independence while at the same time be supportive of 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 Child and Adolescent Division will continue existing activities and plan for reprocurement of the statewide family support network, with new contracts intended to start July 1, 2011. With initial DMH funding, PAL began work on a training and certification process for parent support providers and will continue this work in coordination with CBHI efforts in FY' 11.

The State Mental Health Planning Council subcommittees remained active this year and provided significant input into policy and program development. Examples of subcommittee activities that included substantial family member and consumer involvement are described below:

- Professional Advisory Committee on Children's Mental Health (PAC): The PAC continues to pay active attention to the Children's Behavioral Health Initiative. It held a joint meeting with the commissioners of the Departments of Children and Families and Mental Health where each talked about departmental goals and priorities, the expected impact of the broad implementation of the first phase of the Children's Behavioral Health Initiative, the Rosie D remedy, the RFR process and its impact on agencies, and the opportunities for promoting integrated service delivery. The Court Monitor for the Rosie D. Remedy also met with the PAC as did the commissioners of the Departments of Youth Services and Early Education and Care. The PAC will continue to look at the real impact on children of the new remedy services and is advocating for an evaluation process to determine if children and families are better as a result of CHBI. The PAC also continues to monitor the impact on underinsured children and those not covered by Mass Health who are currently eligible for state services. As the Commonwealth expands its efforts to promote adoption of medical homes in primary care settings, the PAC has also worked over the past year to ensure that the needs of children with mental and behavioral health conditions are addressed in these efforts. In addition to its work on specific items, the PAC continues to serve as an information-sharing forum for its members and thus promotes coordinated advocacy. The PAC worked with the Children's League focusing on evidence-based practice and in the execution of their Kid's Campaign. The state's Child Advocate, a newly created position appointed by the Governor, presented to the PAC and subsequently joined as a member.
- Youth Development Committee (YDC): The YDC represents and reports to the Planning Council on the various young adult activities occurring across the state and elicits feedback and input from the Area and Statewide Young Adult

Councils. The two young adult co-chairs of the YDC are active members of the Planning Council and its steering committee. Two new statewide young adult coordinators were hired this year to co-chair the Statewide Young Adult Council. The SYAC Council meets monthly sharing information on employment and educational opportunities as well as feedback on policy and planning efforts ongoing in DMH. As described below in Family Leadership, DMH has asked the Young Adult Policy Academy to convene a core group of transition age young adults to create and conduct a survey for youth across the state who are currently involved or have been involved with DMH residential programs. This will provide young adults the opportunity to contribute their ideas and suggestions and help DMH solicit young adult feedback to improve residential services and support the developing Department of Children and Families (DCF)/DMH residential procurement, Research is another strong components of the Young Adult Initiative, with partnerships ongoing at Boston University's Psychiatric Rehabilitation Center, Beth Israel Deaconess Hospital's Cedar Clinic and the Prevention and Recovery in Early Psychosis (PREP) program and the University of Massachusetts (UMass) Medical Center's Learning and Working grant. Consumer Quality Initiative, Inc., under the direction of Jonathan Delman, PhD, has also recently received a NIMH grant to develop participatory research, which is training and employing young adults in various research activities. This program also employs both part-time and full time peer mentors.

- **Multicultural Advisory Committee (MAC):** The committee has expanded its advisory role to other groups within DMH. For example, committee members are now represented in the State Mental Health Planning Council, Children's Behavioral Health Advisory Council, the State Advisory Council, and co-chair the Children's Behavioral Health Disparities Subcommittee. The MAC participated in a day retreat in December 2009 to provide input into the FY'11 DMH Cultural Competence Action Plan, which establishes goals, objectives and timelines for the integration of cultural and linguistic competence into Community Based Flexible Support Services and Children's Behavioral Health Initiative services.
- **Restraint/Seclusion Elimination Committee:** The subcommittee reviewed restraint and seclusion data from DMH state-operated facilities and has recently observed an increase in the rates of use of restraint and seclusion. The subcommittee reported these concerns at Planning Council meetings as well as in a letter to Commissioner Leadholm. Through discussions with DMH staff, several factors contributing to this trend have been identified, including the consolidation of two facilities that moved staff and patients into other unfamiliar settings and budgetary constraints that prevented the hiring of peers. The co-chairs of the subcommittee met with the chief operating officers and directors of nursing of the state-operated facilities at their standing meeting to discuss the sustainability efforts of the restraint and seclusion initiative and address problem areas in furthering these efforts. The subcommittee is also reconvening site visits to state-operated facilities that were originally conducted as a part of the grant activities. The focus of these visits will follow-up on the restraint and seclusion

strategic plans and the trauma informed care strategic plans that were developed in each facility.

- Parent Support Subcommittee: In January 2010, the subcommittee presented specific recommendations to the Planning Council focusing on mental health policy and practices including:
 - Establish standards for adult DMH-contracted providers and Mass Health behavioral health providers too assess parent/care taking (including non-custodial, grandparents, and kinship care) functions and support needs;
 - Train and support current peer services, both adult peer and parent support, to provide support related to parents recovery with mental illness and co-occurring disorders; and
 - Provide for the ability of rehabilitation and behavioral health services to establish specific interventions goals that target improved parenting outcomes.

Since January, the subcommittee has focused on identifying and building collaboration with other state level groups with a similar agenda, including the Coalition for Strengthening Families and the Massachusetts Commission on Grandparents Caring for their Grandchildren. The Subcommittee has also promoted the need for parent-informed care with presentations at the State Director Children's Behavioral Health Initiative meeting, meetings with Department of Children and Families senior staff, Massachusetts Behavioral Health Partnership staff, the Strengthening Coalition meetings, and at the Planning Council's quarterly meeting. The Subcommittee has targeted next year activity on: advocating for parent-informed capacities in child and adult care services; building advocacy collaborations; developing a Parenting Recovery Resource Guide; supporting peer collaboration; educating to reduce stigma; and continuing data and information collection activities.

- Planning Council Steering Committee: In March 2009, the Planning Council voted to establish a steering committee in response to feedback received in 2008 during the block grant monitoring visit. Specifically, the feedback provided in the written report identified that the large size of the Planning Council did not facilitate addressing the business of the Council during its quarterly meetings. The Planning Council endorsed a charter document for the steering committee and the first meeting was held in November 2009. The membership of the subcommittee includes the co-chairs of the Council, a chair or designee from each subcommittee and two members-at-large. The membership also includes at least two consumers and two family members of a person with a mental illness. The steering committee meets before each full Planning Council meeting to review the status of subcommittee activities, discuss block grant related activities, inform the agenda for Planning Council meetings, and address any other business that does need to go before the full Council membership.

II. Family Leadership

Current Initiatives

NAMI's "Family to Family" curriculum utilizes a train-the-trainer model to help families with children of all ages 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 also participate in trainings offered through Families Organizing for Change that focuses on advocacy strategies. PAL provides monthly trainings for family support specialists that build skills in specific areas, such as effective advocacy with schools and insurers and evidence based treatments. 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 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, and the annual Building on Family Strengths conference sponsored by the Research and Training center of Portland State University. Finally, as noted above, PAL has provided training on family empowerment for parents of Medicaid enrollees.

Parents co-chair the Family Advisory Committee of the Massachusetts Behavioral Health Partnership and are represented on the EOHHS Children's Behavioral Health Advisory Council. Parents serve on the Department Elementary and Secondary Education's Statewide Advisory Committee for Special Education and on its newly formed Advisory Council on Behavioral Health in the Schools, a mandate of chapter 321, the children's mental health law.

Two parent representatives are members of the CBHI Executive Team which meets bi-weekly and is chaired by the DMH Commissioner and attended by the senior leaders of the other state child serving agencies. The purpose of the Executive Team is to assure the successful implementation of the CBHI which includes interagency planning and integration activities.

The Transformation Center, Massachusetts' statewide consumer technical assistance center, has taken a lead role in the state in training consumers for leadership roles. The Transformation Center conducts annual peer specialist trainings. There are currently over 130 people who have graduated from these trainings and received certification. The Transformation Center also offered a Massachusetts Leadership Academy for Spanish speakers with 39 graduates. A Leadership Academy is now planned for persons of African heritage. An ongoing study group is meeting in preparation for that event, utilizing the book, Black Pain. The Transformation Center also worked with the National Institute for Trauma-Informed Care to convene a number of forums across the state to develop the capacity of the consumer/survivor movement to be trauma-informed facilitated by national leaders: Rene Anderson, Jackie McKinney, and Ruta Mazelis.

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. Also within DMH, Office of Consumer Affairs staff are integral members of DMH's Executive Team, Senior Management, and Quality Council. They are key participants in numerous DMH committees and workgroups. They have been working on specific new activities to enhance the consumer and family voice.

New Initiatives

Family members of both children and adults will continue to be actively involved in DMH system design and service planning activities to assure that the proposed services address needs for family support and leadership at all levels, and will continue to provide feedback to the Department and EOHHS on issues of concern.

The Young Adult Policy Team, created through a partnership with The Transformation Center, is comprised of young adults who receive leadership training and coaching as they participate on the subcommittees of the Children's Behavioral Health Advisory Council. Most recently, to support the developing Department of Children and Families (DCF)/DMH residential procurement, DMH has asked the Young Adult Policy Academy to convene a core group of transition age young adults to create and conduct a survey for youth across the state who are currently involved or have been involved with DMH residential programs. This will provide young adults the opportunity to contribute their ideas and suggestions and help DMH solicit young adult feedback to improve residential services. The Policy Academy will train and coach young adults on the development of a survey tool, the facilitation of focus groups, the summarizing of findings, and public presentations of results to stakeholder groups across the state.

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 eight part-time employment positions for peer mentors and is focused on the successful completion of education and training to assist young people (14-30) with serious mental health conditions move into rewarding and sustaining work lives. This past fall, the Annual Transition Age Youth Conference, "Moving Forward: Creating Successful Career Paths", was lead by young adults and attended by over 280 participants. It focused on the multiple pathways leading to success for young adults, particularly the importance of peer mentoring, education and employment.

In addition, a family member from the Multicultural Advisory Committee and two young adults from the Youth Development Council were members of the Massachusetts team that participated in the first SAMHSA National Policy Summit on the Elimination of Disparities in Mental Health Care. They continued as part of the Executive Office Health and Human Services Behavioral Health Disparities Operations Team developing policy strategies in the reduction of disparities after the summit.

DMH recognizes the important role that families play in supporting parents and caregivers who have children and youth with serious emotional disturbance. Through our parent support network and our commitment to supporting and advancing the role of family partners and other parent/family support providers, we continue to work to advance the participation and professionalization of parents and caregivers working in the system of care for children and youth with SED. For several decades, there has been ongoing debate within the children's mental health family movement about formalizing the service that families have provided to one another, and many states, including Massachusetts, have embarked on efforts to train and credential the family support workforce. Integral to this debate is the question, "What do we call ourselves?" In Massachusetts, parents and caregivers working in the role of support to and advocacy on behalf of the family are variously called family [support] specialists, parent support workers, parent support specialists, family partners, parent partners, and family support and systems specialists. Part of the debate rests on the lived experience that a person may bring to the role. As DMH, in collaboration with PAL and other family organizations, works to develop and train this workforce, we will continue to look to other states and the national family movement for guidance on the professionalization of this workforce with the goal of ensuring a standard of quality, expertise and performance from parent support providers.

III. Family Support Resources and Funding

Current Initiatives

In FY'10, DMH spent \$3,610,262 for case management services for children and adolescents, not including the cost of supervision. As noted above, parents are usually the legal guardians, and the ones responsible for their children's care, and thus most case management activities are designed to support parents in their role. Principally, clients in need of service coordination are assigned to case management. Virtually all case management for children, and some of it 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 their lives, identify their strengths and personal resources, as well as 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 caregiving capacity, help families get 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 receive Intensive Case Coordination through the CSA's. Consequently, DMH does not provide case management to these clients, although 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. DMH funded about \$20,141,514 in FY'09 for case management for adults. There were no significant changes to adult case management services in FY'10. 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.

In FY'10, DMH allocated \$14,607,427 for individual and family flexible support, direct services for families of children and adolescents in need of DMH continuing care services, or who require immediate intervention. 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: teaching behavior management skills; access to respite care, parent aide services, homemaker, and chore services; and supports for siblings. This service may also include consultation on advocacy strategies to assist the family in securing services from schools and other entities (including appropriate mental health and support services for parents, as needed). The contracts also include resources for purchasing individualized services to address unique challenges faced by families. Most respite care for families is funded through these flexible support contracts. However, in FY'10 DMH also had \$1,194,203 in respite care-specific contracts for children and adolescents. The most common goal of these contracts is to provide relief for families.

DMH funds some family support activities that are not restricted to individuals who have been determined eligible for DMH services. In FY'10, DMH contracted with NAMI for \$244,738.00 and with PAL for \$142,000. This funding supports educational programs for families. Both PAL 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 \$820,383.00 to serve as the state's consumer-run technical assistance center, conducting the certified peer specialist training program and providing supervision, support and training 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 parent support groups that offer emotional support, provide education about mental health needs and state of the art treatment, teach advocacy strategies, and promote 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. The total dollar amount in Area-based contracts for family support in FY' 10 is \$2,910,526 and reflects in its entirety services provided by locally-based 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 get 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.

Also, DMH provided \$57,350 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.

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 involved. Family support is provided for both clients living at home with mental illness and those who are not. The Program of Assertive Community Treatment (PACT) makes intensive supports for the adult and family available twenty-four (24) hours a day. DMH procured a new service model in 2009, Community Based Flexible Supports (CBFS) which was implemented July 1, 2009. The CBFS service replaces, in full, the existing DMH adult residential services, community rehabilitative support (CRS) and rehabilitative treatment in the community (RTC). CBFS services provide rehabilitative interventions and supports in partnership with consumers and their families. Services are offered in a flexible manner to meet the changing needs and goals of the client. Family support, education, and involvement in the family member's treatment planning are included within the service model, with the adult client's consent.

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. This provider then develops an initial plan with the family, indicating the family support services to be provided by the agency's staff, 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.

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

In the coming year, DMH will be engaged in several significant activities that will re-shape how services are delivered. Throughout these activities, the agency will secure input from families regarding services and structures that will facilitate service access and improve consumer and family outcomes. DMH will continue to monitor the impact of CBHI on its service system and plan for adjustments to its system as needed. For children and adolescents, DMH will reprocure its statewide family support network and intends to use the process as an opportunity to enhance the ways in which the network identifies, outreaches to, and supports families of children, youth, and young adults with serious emotional disturbance. For adults, we are planning to procure the clubhouse and respite systems.

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, 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 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.

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 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. Both PAL and NAMI provide information to families regarding access to DMH services, and other means of securing and paying for mental health services. Since

most children and adolescents with serious emotional disturbances also have special education needs, PAL, family support specialists and case managers are a resource for parents around special education services and appropriate school plans for children with mental health challenges.

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 PAL,. The toll-free Consumer Help-line at DMH fields calls from families as well as from clients. In FY'10, the line received a total of 595 calls including 153 from individuals who identified themselves as consumers and 152 from family members. We want to note that there has been a drop in calls to the DMH Consumer Help-line due to the availability of other reliable sources for assistance such as the Transformation Center, Recovery Learning Centers and NAMI. The Department also stopped counting calls requesting general information. DMH is working with EOHHS to develop a plan to better align its state-operated and supported information and referral lines to create operating efficiencies and to improve access to consumers and families. For children and adolescents, 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 disabilities and mental retardation which is increasingly drawing families whose children have behavioral health problems, to assure that they 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.

In August 2009, DMH promulgated revised service planning regulations which were designed to incorporate the planning processes that are integral to DMH's new service model, Community Based Flexible Supports (CBFS). The regulations describe the Individual Action Plans (IAPs) required to be developed by CBFS providers, and distinguish them from Individual Service Plans (ISPs) developed by DMH case managers. The planning processes focus provider and consumer attention on consumer voice and choice, and are driven by a commitment to the principles of recovery. The regulations also shift the process away from categorical DMH eligibility to one of service application and approval. The purpose of this shift is to emphasize the matching of consumers who meet clinical criteria to specific services that DMH offers and has available, as opposed to a less well-defined "eligibility" for any or all DMH services.

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. The PAL Central Office distributes a newsletter to more than 4,000 individuals. Area-based parent coordinators, part of the PAL family support network, serve as local information and referral resources.

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. In January 2002, DMH changed its adult eligibility guidelines to require that adult applicants be asked if they are involved with the Department of Children and Families, and if so, to offer short-term DMH services while their applications are being considered. The DMH Request for Services asks all adult applicants if they are parents, as any individual involved with the mental health system may need parenting support. The Areas report annually on service provision to this population. In FY'10, 173 adults who completed applications requesting services indicated Department of Children and Families involvement, of which 50% were individuals who had requested DMH services in previous years. Seventy one percent were approved for adult DMH services; 4% were ineligible without determination, and 25% were not authorized for DMH services. The impact of parental mental illness on child well-being is increasingly documented in research. There are parent support groups at Employment Options and Atlantic House clubhouses. DMH continues to participate on the Statewide Advisory Group for Parents with Mental Illness and their families created through the University of Massachusetts Medical School (UMMS). This group includes representatives from DMH, PAL, the University of Massachusetts Medical School (UMMS), Employment Options, the Cole Resource Center, Mental Health Legal Advisors Committee, Wayside and Rosie's Place. DMH makes a significant contribution to the research and intervention projects developed by the Parents' Project team at the UMMS Center for Mental Health Services 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. A DMH staff member serves on the Steering Committee of the Family Options Project which is implementing and testing an innovative psychosocial rehabilitation intervention for parents with serious mental illness and their children. Researchers from the UMMS and Employment Options, Inc., a psychosocial rehabilitation clubhouse agency, are partnering to study both the process of implementing a family intervention and its outcomes.

New Initiatives

DMH will monitor the impact of its new adult services CBFS procurement regarding access to services and the regulatory changes to the service authorization process for both adults and children. DMH will continue its current Family Supports for families of children and adolescents, and will gather feedback through PAL on the impact on

families and family satisfaction with the new CBHI services that .were phased in over FY10 beginning July 1, 2009.

V. Culturally Competent Outreach and Support

The Department is committed to culturally competent care. 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 individuals who are deaf and hard of hearing. DMH attempts to insure that all written materials are available in the client's preferred language. Translations are done, as needed, for individuals for client-specific matters. The DMH Office of Multi-Cultural Affairs (OMCA) reviews DMH-prepared documents to assure that they are culturally appropriate for all populations. OMCA participates in community dialogues, provides trainings and presentations as part of its regular activities and offers cultural competence consultations as well as informal referrals for DMH staff and providers. In addition, the Department has a Multi-cultural Advisory Committee (MAC) that advises the Commissioner and the OMCA director.

Each year, the University of Massachusetts (UMass) conducts an annual consumer and family member satisfaction survey on behalf of DMH. The survey measures consumer and family member satisfaction and outcomes in the following domains: general satisfaction, access, quality and appropriateness, participation in treatment planning, treatment outcomes, functioning, and social connectedness. The survey results are used for service planning and improvement activities, as well as federal reporting. A DMH advisory group works with UMass to make improvements to the survey each year. In 2008, the survey process was modified to improve the response rate and appropriateness of the survey for cultural and linguistic minorities. One improvement is the use of interpreters and translated surveys and materials for DMH clients with a preferred language other than English, including the use of ASL interpreters. The survey and related materials were translated into 10 languages in 2008. In addition, several questions were added to the survey regarding the availability of translated materials and interpreters in service delivery. The 2009 survey results were analyzed by race and ethnicity for the first time. UMass is currently conducting the 2010 survey.

The Office of Multicultural Affairs (OMCA) has developed and completed two three-year Cultural Competence Action Plans (FY'02-'07), and one two year plan (FY'08-'09) placing DMH's mission of culturally and linguistically competent care into action. Major building blocks of systemic competence have been established, such as community partnerships, leadership development, service and standards development, education and training, information dissemination and data and research. The FY'11 Cultural Competence Action Plan establishes goals, objectives and timelines for the integration of cultural and linguistic competence into Community Based Flexible Support Services and Children's Behavioral Health Initiative services. Examples of accomplishments and activities of DMH under the leadership of OMCA include:

- The MetroWest Mental Health/Substance Abuse Task Force and the Central Massachusetts Area Health Education Center have partnered to establish the Framingham Mental Health & Substance Abuse Health Disparities Project. OMCA is a member of this community based initiative seeking input directly from community members and organizations working together to eliminate the

- disparities in access to and utilization of mental health and substance abuse treatment programs in the Brazilian and Latino communities of Framingham, Massachusetts.
- OMCA participated in the design and implementation of Latino Child Traumatic Stress Outpatient Program of the Latin American Health Institute funded by National Child Traumatic Stress Network.
 - OMCA and DMH Child and Adolescent Services provide support to multicultural peer leaders, family partners and members of the multicultural community to facilitate their involvement in DMH and community advisory boards. This support includes but is not limited to review of the meeting agenda prior to the meeting, gathering of information in preparation for meetings and debriefing opportunities following meetings.
 - A Multicultural Advisory Council family member and two young adults from the Youth Development Council were members of the Massachusetts policy team which participated at the first SAMHSA National Policy Summit on the Elimination of Disparities in Mental Health Care representing family and peer voice.
 - OMCA continues to collaborate with the Executive Office of Health and Human Services, the Department of Public Health/Bureau of Substance Abuse, and the Massachusetts Behavioral Health Partnership (MBHP) to improve access and availability of culturally and linguistically relevant services for individuals covered by MBHP, the MassHealth behavioral health care-out vendor.
 - The Department of Mental Health was awarded one of six states in the to participate in the first National Policy Summit on the Elimination of Disparities in Mental Health Care. Massachusetts Executive Office of Health and Human Services intends to develop the Children's Behavioral Health Initiative (CBHI) Interagency Policy Agreement that supports the goal of eliminating disparities in mental health care. CBHI agencies include the Departments of Children and Families, Mental Health, Public Health, Youth Services and MassHealth, the state's Medicaid agency. DMH is the project lead of the policy initiative. A shared logic model to guide the policy and system transformation of children's mental health across CBHI agencies to meet the needs of culturally and linguistically diverse communities has been developed. The goals of the policy initiative are: 1) defining common data collection elements for race, ethnicity and language across CBHI agencies and developing the capacity to use data on demographics, prevalence data, service utilization, and geographic service availability to measure disparities and their contributing factors as well as inform policy and research development, program development and service delivery and clinical practices; 2) identify common standards for cultural and linguistic competence that attend to performance and outcome measures for all CBHI agencies to eliminate disparities in access, availability, utilization and outcomes.
 - OMCA is a member of the inter-agency work group, convened by Governor Patrick, to review and prioritize the 130 recommendations contained in the New Americans Agenda Report that was submitted by the Governor's Advisory Council for Refugees and Immigrants. The workgroup prepared the

- Massachusetts New Americans Agenda Action Plan, which addresses access to health care.
- OMCA partnered with the Harvard Program in Refugee Trauma, Massachusetts Behavioral Health Partnership, the University of Massachusetts Medical School Office of Community Programs, City of Lawrence Department of Public Health and Taunton State Hospital to provide three Area trainings on Healing the Wounds of Mass Violence: Assessment and Treatment of Refugees and Torture Survivors.
 - OMCA provided 18 consultations for DMH staff, providers, and other human services agencies on clinical assessment and treatment strategies for clients and their families to ensure that care is culturally appropriate and relevant.
 - OMCA completed the mental health disparities bibliography and made it available on the DMH intranet site so it is accessible to all staff. OMCA provided approximately 50 information and resource referrals to DMH staff, providers, individual and families.
 - DMH standardized the collection of clients' race, ethnicity, and preferred language information in the Mental Health Information System (MHIS). OMCA regularly collects population census data based in the Department's Areas, major cities, service enrollment, and prevalence rates of mental illness based on race and ethnicity.
 - Multicultural and disparities research became an integral part of the research agenda of the two Centers of Excellence with dedicated resources. Two examples are:
 - Commonwealth Research Center was awarded a National Institute of Mental Health grant for a research study on Cultural Risk and Protective Factors in the Onset of Schizophrenia. The purpose of this study is to examine the relationship between socio-cultural factors and duration of untreated psychosis.
 - The University of Massachusetts Medical School, Center for Mental Health Research, completed a Multicultural Psychiatry Needs Assessment to identify areas and resources in clinical and mental health research, education, and delivery of services. The Center is planning to submit a research proposal on the Appealing Features of Vocational Supports for Latino and non-Latino Consumers which will identify common factors across employment programs that appeal to young adults with serious mental illness.

New Initiatives

The Office of Multicultural Affairs will continue to be an active participant in the service procurement process as DMH services are put out to bid and will continue to be involved on the oversight activities for the CBHI. Making sure that there is equal access to service for all ethnic and racial population and that services are culturally appropriate are two benchmarks against which all recommendations and procurement materials will be measured. DMH will track data on health care disparities within the structure of its

Quality Council and quality improvement activities. In addition, DMH will produce a workforce development plan that reflects the diversity of the state's population, with the aim of attracting qualified candidates, fostering staff retention and promoting public sector work.

VI Interagency Collaboration

Major planning for child and adolescent service system development and integration is taking place as part of the Children's Behavioral Health Initiative (CBHI). The original CBHI Advisory Group was reorganized, but most of its members are now members of the Children's Behavioral Health Advisory Council mandated under An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth. The Council continues to advise on implementation of the remedy for the Rosie D lawsuit and, in addition, has the responsibility to review the following: reports from the Secretary on the status of children awaiting clinically-appropriate behavioral health services; behavioral health indicator reports from Department of Early Education and Care; research reports from the Children's Behavioral Health Research Center to be established in accordance with this Act; and Legislative proposals and statutory and regulatory policies impacting children's behavioral health services. In addition, the Council is expected to prepare an annual report that includes legislative and regulatory recommendations related to: best practices for behavioral health care of children, including practices that promote wellness and the prevention of behavioral health problems and support development of evidence-based interventions with children and their parents; implementing interagency children's behavioral health initiatives that promote a comprehensive, coordinated, high-quality, safe, effective, timely, efficient, equitable, family centered, culturally competent, and a linguistically and clinically appropriate continuum of behavioral health services for children; the extent to which children with behavioral health needs are involved with the juvenile justice and child welfare systems; licensing standards relevant to the provision of behavioral health services for programs serving children (including those licensed by non-EOHHS entities); continuity of care for children across payers, including private insurance; and racial and ethnic disparities in the provision of behavioral health care to children.

DMH is also engaged in interagency activities with a specific focus. There are numerous activities to promote the mental health of young children. DMH has been an active participant in DPH's Project LAUNCH grant program funded by the Substance Abuse and Mental Health Services Administration for promoting the wellness of young children from birth to 8 years of age by addressing the physical, emotional, social, cognitive and behavioral aspects of their development. Massachusetts was one of 12 states awarded this grant for up to \$850,000 each year for 5 years. DMH is also actively engaged in the MYCHILD SAMHSA Children's System of Care grant which seeks to identify children through age 5 who have or are at high risk for SED, providing them with family-directed, individualized, coordinated and comprehensive services. Target areas include: 1.) Early identification and linkage to effective services and supports of children showing warning signs of SED and/or exposed to "toxic stress"; 2.) Culturally and linguistically competent support and linkage of children and families to accessible, affordable, coordinated

services; 3.) Expansion of service capacity to provide community based mental health clinical and consultation services in children's natural environments; 4.) Cross-training of early childhood and family support workforces to recognize and respond to infant and early childhood mental health issues using evidence-based, developmentally-appropriate, relationship-based tools and practices; and 5.) Evaluation of outcomes for continuous improvement, and identification of the return on investment of early intervention and treatment.

In the fall of 2009, Governor Deval Patrick convened a group of over 300 human services stakeholders to explore how the public, private, and non-profit sectors can work together to create a more responsive, efficient, and innovative human service system in Massachusetts. One of the recommendations made by the group was to develop a single integrated service delivery plan for children and their families who are receiving services from multiple state agencies. The Commissioners of DMH and DCF are leading this new EOHHS Integrated Case Management Initiative which includes the Departments of Mental Health, Children and Families, Public Health, Transitional Assistance, Developmental Services, the Commissions for the Blind and the Deaf and Hard of Hearing, the Office of Refugees and Immigrants, the Mass Rehabilitation Commission, and the Departments of Early Education and Care and Elementary and Secondary Education. The group's primary goal is to develop a protocol for a single integrated service delivery plan for children and their families who receive services from multiple state agencies. It expects to submit recommendations to the Secretary of Health and Human Services by December 2010.

DEEC, which licenses all childcare programs in the state, and MassHealth have jointly funded clinical positions, based in community clinics selected by childcare programs, to provide consultation, training and triage for children with behavioral problems. Many of these children exhibit symptoms of Post Traumatic Stress Disorder or other early traumas. DEEC also funds clinical consultation to day care programs, inviting DMH to participate in its provider selection process.

DMH remains actively engaged with the CMHS systems of care grant to Central Massachusetts Communities of Care (CMCC) to serve Worcester County, excluding the city of Worcester, which focuses on youth with SED at risk of involvement with the juvenile justice system. Primary measures of success for that program are reduction in the use of DYS detention and Child in Need of Services (CHINS) filings. As a complementary activity to CMCC, the Department of Elementary and Secondary Education is also paying for the introduction of school-based Positive Behavioral Interventions and Support (PBIS) into selected schools within the CMCC service area. EOHHS is the grantee, with DMH providing administrative oversight.

DMH and the Department of Children and Families have collaborated to change daily practice in both agencies to better address the needs of service provision for parents with mental illness and improve outcomes for children. DMH changed its practice to offer short-term services to adult applicants who were DCF involved, cross-training has been provided so that workers in each system better understand the resources and also the

regulatory environment in which each works, and DMH consults to DCF regarding service planning for children with mental health problems and for those whose parents have mental illness. 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.

In regard to education, DMH is a co-funder and Steering Committee member of an EOHHS pilot project involving state agencies and 13 school districts and Educational Collaboratives to improve linkages between schools and mental health and social services in communities. DMH and members of PAL, the parent organization, are members of the Statewide Advisory Committee on Special Education. DMH also works closely with advocacy organizations such as Massachusetts Advocates for Children and the Federation for Children with Special Needs to promote understanding of the mental health system and help insure trainings and materials are helpful to parents and to providers working with children with mental health problems.

DMH is also a member of the Task Force on Behavioral Health and the Public Schools established by Chapter 321, the Children's Mental Health Law. Since its inception in 2008, the task force has focused on building a framework to increase the capacity of schools to collaborate with behavioral health providers as well as provide supportive school environments that improve educational outcomes for children with behavioral health needs. During 2009, the Task Force drafted a pilot framework on behavioral health and public schools, which will be revised and finalized in 2010 based on the results of the pilot process. The framework reflects the intent of Chapter 321 and the Task Force to enhance school success for all students by creating a statewide infrastructure to improve behavioral health in public schools. The Task Force designed the organizational structure of the framework to encourage schools to tailor local solutions to address the needs of their communities. In addition to the framework, the Task Force created an assessment tool to measure, first on a pilot basis, schools' capacities in these areas. Work conducted by the pilot sites provided the Task Force with useful information regarding efforts undertaken by a diverse group of schools to address students' behavioral health needs. A key newly developed Framework is focused on family engagement, now recognized by schools as fundamental to its ability to be successful with youth who have behavioral health challenges.

To increase access and the quality of substance abuse and co-occurring services, DMH has been an active member of an Interagency Work Group (IWG) established by the Department of Public Health in 2001 that meets monthly. Membership includes the Departments of Children and Families, Youth Services, Developmental Services and Transitional Assistance, MBHP, the Juvenile Court and the Parent Professional Advocacy League (PAL) and selected substance abuse providers, as well as DMH. 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. The goal continues to be to resolve those issues inherent in mental health and substance abusing clients who are serviced in both systems and to identify the emerging needs and resources necessary for a successful course of treatment. This past year, IWG has developed a strategic plan with input from all agencies; improved its continuum of substance abuse services from outpatient to residential; encouraged continued support from the interagency community ensuring the referral of appropriate youth for services; reviewed the data and outcomes from residential and stabilization services developed by BSAS and identified additional needs, resources and collaborative projects.

As a majority of children in the state have some of their mental health treatment covered by private insurance, this population must be considered as well when talking about an integrated system providing comprehensive services. Massachusetts passed mental health parity legislation in 2000 mandating coverage for both acute and intermediate care and created an ombudsman resource at DPH to oversee managed care implementation. In 2008, the law was amended to broaden its scope to include substance abuse disorders, post-traumatic stress disorders, eating disorders and autism for both adults and children. In 2009, DMH, the Division of Insurance, and DPH issued guidance clarifying what is covered under intermediate care. As the state achieves full implementation of the Rosie D court order, one of the challenges is to create a provider network that serves both the publicly and privately insured and ensures continuity of care as children move on and off of Mass Health.

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

New Initiatives

As DMH proceeds with its procurements in FY’11, 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. The Family Partner and Parent Support Provider training and certification process being developed by DMH and PAL will have the capacity to be tailored to address the needs of CBHI in general and agency-specific needs.

To further advance the CBHI vision and evolution of the system, EOHHS, DMH and DCF began a process in FY’10 to jointly procure residential services. Although over the last decade these agencies have systematically procured residential services with a System of Care lens, they have done so separately. The current goal is to achieve better and more sustainable positive outcomes for children and families through joint

reprocurement of these services. The Agencies are interested in 1) procuring program models that provide trauma-sensitive environments and are focused on strengthening connections to family and community; 2) embedding evidence-based clinical practices in those programs that are responsive to the complex social, emotional, educational and psychological needs of children and families; 3) unifying the Agencies' administrative and management structures and processes in order to improve efficiencies; 4) supporting stronger integration and continuity of out-of-home behavioral health services with those that are delivered in the home; 5) providing a fair rate of reimbursement for these services; and 6) rewarding providers that consistently deliver positive outcomes. Reprocurement of these services will occur in FY'11 with implementation in FY'12. Family members serve on the residential services design 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.

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 is developing a training and certification program for family partners/parent support providers working across a variety of settings, the first phase of which is expected for roll-out in late FY'11.