

## **DMH Family Support Plan for FY'08**

### **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 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.

#### *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 mentors or “parent 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 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 support is interwoven into numerous activities of DMH.

#### Contracted 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, (including appropriate mental health and support services for parents as needed); teaching behavior management skills; access to respite care, parent aide services, homemaker, and chore services; and supports for siblings. The contracts include money for purchasing individualized services to address unique challenges faced by families.

DMH funds family support specialists 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, individuals who have raised children with mental health problems and can assist CAP parents in figuring out their needs and how to get them met. DMH also has specific respite care contracts.

Family support is also 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. DMH funds at least one person in each Area to facilitate support groups that offer emotional support, provide education about mental health needs and state of the art treatment, teach advocacy strategies, and serve as a self-help venue for parents or other caregivers. Family support specialists are sensitive to the challenges of parents coping with stress who may have mental health needs themselves, and the specialists are trained to support parents in accessing appropriate services.

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 with mental illness and those who are not. Services that involve families and spouses of adults include: the Program of Assertive Community Treatment (PACT) which makes intensive supports for the adult and 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 their family member's 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. Both PAL and NAMI do trainings for providers to help them understand the family perspective.

#### 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, in that assisting children to access services they need provides benefits to the entire family. 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 affected person's mental health problems on their lives, identify their strengths and the resources, and identify resources and supports to promote 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. They work with clients and their family members to develop plans for managing crises in advance, to minimize family disruption in times of unexpected events. Case managers authorize the provision of services which directly support the family's care-giving capacity, help families get benefits for the client, and assist families in advocating with other entities for services and supports.

*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. (Ongoing)
- The Mental Health Planning Council, a federally mandated body including consumers and family members of adults, adolescents and children, meets throughout the year.
- Consumer and family input was gathered through formal consumer and family forums held in each Area. Topics included consumer and family satisfaction with current DMH services; goals for involvement of families of child, adolescent and adult DMH service recipients; gaps in services, and recommendations for improving assistance to families (October-November, 2006)
- A series of Listening Sessions to enable the DMH Commissioner and the Secretary of Elder Affairs to hear directly about elder mental health services were held across the state. These sessions, held at Area Services Access Points (ASAP) and Councils on Aging (COA), solicited input from elders, families, ASAPs, COA staff members and DMH provider agencies, regarding service planning for elders and family support issues. (September-October, 2006)
- NAMI and PAL are in regular communication with the Department regarding issues of concerns to family members.
- A workgroup of DMH staff and family members addressed developed a report addressing the support that can be offered through integration of family members and peers into the service system.
- The Division of Child-Adolescent Services has contracted with Consumer Quality Initiative to research how family specialists are used across the country.

## **The Plan**

Input from families about needed supports and services has been a key element of the pre-procurement planning process that DMH has been engaged in for the past two years. There will continue to be vehicles for significant family input into system redesign as the new commissioner assumes office in September and hears from stakeholders, as the

department reviews its activities to align itself with the service changes being planned in response to the Rosie D lawsuit, and as pre-procurement activities continue.

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 – having their child be able to access the appropriate services in a timely manner is a significant way to decrease the burden on families.
- 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
- 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 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)

During FY’07 DMH enhanced its websites and public information materials to make information about DMH services more available. As of July 1, 2007, the department streamlined the process for requesting services. In FY’08, ongoing supports will be maintained, and where possible enhanced. The DMH family support initiatives discussed below represent DMH’s response to date 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.

## **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. Parents are 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. Parents are members of the Mental Health Commission for Children

Implementation Advisory Group, which is advising DMH on implementation of the priorities agreed upon by the Commission.

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 participate in the service procurement process through participating on proposal review committees that make recommendations to the Department about contract awards and also participate in local committees that work on the details of refining and improving the quality of services.

DMH contracts with the statewide organization of PAL, which is 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 43 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, problems presented to the Parent Resource Network Hotline, and studies that it conducts. PAL has identified the need to address the mental health issues of parents affiliated with PAL activities. The Areas have used PAL to provide 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 family support specialists to hear concerns directly and solicit parental feedback.

DMH also works 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.

## **New Initiatives**

The DMH redesign process, a pre-procurement planning process, has had structured opportunities for input from families of both child and adult clients. Finalizing planning and beginning procurement of DMH services is the overarching DMH initiative for FY'08. The expectation is that this will lead to creation of a child/adolescent service system that, for children and adolescents, is more family-driven and family-centered. The system will promote independence for adult while at the same time be supportive of families of adult clients, many of whom continue to be a key resource for their adult children, even when those children live out of home. The Department's new focus on

Transition Age Youth, has highlighted the need for DMH to teach families how to best promote independent living skills in their offspring. The redesign process is also expected to tackle the question of how best to support family members of adult clients 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.

## **II Family Leadership**

### **Current Initiatives**

NAMI's "Family to Family" curriculum taught by NAMI utilizes 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. NAMI also trains family members to co-facilitate support groups for families. Parents of DMH clients continue to participate in trainings offered through Families Organizing for Change that focus 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 Florida State University, and the annual Building on Family Strengths conference sponsored by the Research and Training center of Portland State University.

Parents co-chair the Family Advisory Committee of the Massachusetts Behavioral Health Partnership, serve on the Advisory Committee for the Massachusetts Child Psychiatry Access Project, and participate on the statewide Steering Committee for the Coordinated Family Focused Care (CFFC). CFFC is a MassHealth interagency service delivery model being piloted in five sites that includes family support specialists as part of the core staff, promotes an ongoing partnership of families and professionals in service planning, and incorporates family supports in the range of offered interventions. Parents serve on each of the local CFFC steering committees, which offer additional venues in which parents can exercise leadership. Parents serve on the Department of Education's Statewide Advisory Committee for Special Education. The Executive Director of PAL also participates with state agency representatives on the Steering Committee for the Planning and Review Teams that operate under EOHHS auspices to resolve interagency service disputes through facilitating family-centered interagency service planning. There are two family specialists (parent) hired for each PRT who are available to mentor families whose cases come to the PRT, to assure that the PRT remains family friendly, and to reflect the parent perspective in discussion of systemic issues.

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 family support specialist chairs the Family Participation Work

Group whose aim is to disseminate information on effective strategies for assuring participation of parents in medical care. The Work Group is building on its successful pilot of a Family Partners' Initiative that paired health-care organizations, including a pediatric practice, a health plan, and a university public health program, with parents or other family members caring for a child with special health care needs to develop more family responsive practice.

### **New initiatives**

Family members will be actively involved in DMH system design and service planning activities to assure that the proposed services address needs for family support at all levels. EOHHS, which is responsible for implementing the court order in the Rosie D. lawsuit, is committed to seeking input on service design from families and plans a series of feedback sessions, the first of which is scheduled for late August.

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

### **Current Initiatives**

In FY'07, DMH allocated \$ 4,727,000 for case management services for children and adolescents, not including the cost of supervision. As noted above, parents are 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. 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 DMH allocated \$20,849,000 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 \$2,500,000 of the adult case management budget can be considered as family support.

DMH allocated \$15,701,395.64 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. Moreover, DMH also had \$1,121,519.44 in respite care-specific contracts for children and adolescents. The most common goal of respite care for children and adolescents is to provide 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'07, DMH contracted with NAMI for

\$244,738 and with PAL for \$357,000.00. For families of children and adolescents, there are Area-based contracts totaling \$1,156,839 that cover services provided by 43 locally based family support specialists, including those 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 increase 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 \$43,012.50 in FY07 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**

DMH will continue to be engaged in system redesign activities this year, including securing input from families as to services and structures that will facilitate service access. As noted above, 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 to simplify access. During FY'08 DMH will review the impact of the new Request for Services application on the system. DMH expects to begin the process of re-procuring its entire community-based system of care beginning in calendar year 2008

## **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 and include most children and adults, including those with mental health needs. DMH has been working closely throughout the year with the Division of Insurance and the Office of Patient Protection at DPH to arrive at definitions of Intermediate Care services covered under the parity law, and to identify data that should be collected about service utilization of intermediate level of care services.

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 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 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, 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 not requiring eligibility, 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 toll-free Consumer Help-line at DMH fields calls from families as well as from clients. In FY'07, the line received a total of 1185 calls with 355 from consumers and 309 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 DMH services and 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 topics 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 a parent who is an experienced family support specialist. The staff provides callers with direct assistance in resolving their problems, provides information related to youth mental

health problems, and offers guidance in navigating the education, insurance and human service systems. During FY'07, 266 families placed a total of 341 calls to the PRN line. There were also 35 professional calls that came into the PRN line. Families most frequently sought help related to school issues, insurance access, general mental health information, parent support groups and DMH eligibility.

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 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 this past year 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 DSS 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 DSS, and if so, to offer short-term DMH services while their applications are being considered. Last summer, DMH Areas and DSS Regions were required to track the number of individuals served under this arrangement and to submit their plans for training and interagency communication. They are expected to report annually on service provision to applicants who are DSS parents. The new DMH Request for Services asks all adult applicants if they are parents as any family involved with the mental health system may need parenting support, for the benefit of the child as well as the adult.

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 State-Wide 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, UMMS, 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 UMMS 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. 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 University of Massachusetts Medical School 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**

As noted above, the need to increase community knowledge about mental health, to educate the community about the availability of services and to improve access to services have all been identified as priorities for DMH during the planning process to date. DMH will examine the impact of its revised eligibility form during the year and continue to refine its processes to improve access. Some items may be addressed through the DMH administrative changes, some through the procurement.

DMH will be following up on the work a social work intern who studied the particular needs of pregnant and parenting DMH clients between the ages of 16 and 25. She will develop specific recommendations for service enhancements and will prepare a resource guide directed to that population which DMH can distribute.

## **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 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 also participates in community dialogues, and provides trainings and presentations as part of its regular activities. In addition, OMCA provides cultural competence consultations as well informal and referrals for DMH staff and providers.

OMCA developed and completed two three-year Cultural Competence Action Plans (FY2002-2007), placing DMH's mission of culturally and linguistically competence 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, data and research and human resources development. Examples of accomplishments include:

- Collaboration with the Massachusetts Behavioral Health Partnership (MBHP) and the Mental Health and Substance Abuse Corporations of Massachusetts in complete a performance incentive project to determine whether contractors met the needs of non-English speaking and culturally diverse MassHealth recipients and propose recommendations to enhance the capacity of the provider network.
- Partnered with the Harvard Program in Refugee Trauma, MBHP, the University of Massachusetts Medical School Office of Community Programs, Massachusetts Medical Society, and the DMH Western Massachusetts Area Office in providing three statewide trainings on Healing the Wounds of Mass Violence: Assessment and Treatment of Refugees and Torture Survivors.
- Partnered with the Office for Refugees and Immigrants to identify the mental health needs of refugees and recommended solutions to reduce barriers to service.

## **New Initiatives**

The Office of Multi-Cultural Affairs will continue to be an active participant in the system redesign and service procurement process. Making sure that there is equal access to service for all ethnic and racial populations and that services are culturally appropriate are two benchmarks against which all recommendations and procurement materials will be measured.

## **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 navigate. 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 emergency planning initiatives. DMH participated with the Mass. Association of Older Americans, Executive Office of Elder Affairs, the Mass. 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”.

DMH continues to participate in the oversight of four interagency initiatives that incorporate family-driven service planning, the use of family support specialists, and family supports as critical components. These interagency projects all aim to prevent out-of-home 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 projects are:

- CFFC, described above;
- Central Massachusetts Communities of Care, a federally funded system of care demonstration project;
- Mental Health Services Program for Youth, a project housed at Neighborhood Health Plan that now serves five communities;
- Collaborative Assessment Program (CAP), a statewide DMH-DSS program with some Medicaid funding.

In addition, DMH participates in the EOHHS Planning and Review Teams for children and adolescents which address interagency service delivery issues and is an active participant in the EOHHS-led Rosie D planning process.

DMH participates in numerous committees about child and adolescent services with the Department of Education and the Department of Early Education and Care to assure that children with special behavioral needs have access to appropriate child care and educational services and that programs understand and provide appropriate supports for families raising children with disabilities.

**New Initiatives**

As DMH proceeds with its process, 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. DMH is also committed to sharing its experience about the need for and benefits of family support for youth up to age 21 through its participation in Rosie D related planning efforts.