

## **DMH Family Support Plan for FY'06**

### **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
- 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.

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 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 and those who are not. Services that involve families and spouses of mentally ill adults include: the Program of Assertive Community Treatment (PACT) which makes intensive supports for the adult and his family available 24 hours a day; Community Rehabilitative Support activities; and supported housing services, particularly in cases where a client resides at his family home and receives residential and rehabilitative support there. In these programs staff not only provide direct service to the client, but provide coordination, referral, and support services to household members and help them achieve a realistic understanding of the nature of 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. NAMI offers *Family-to-Family*, a free, 12 week psycho-educational course designed for family members of older adolescents and adults. This course helps families learn essential skills and information relevant to caring for a family member with major mental illness. Trained family member volunteers teach the courses. NAMI and PAL jointly offer *Visions for Tomorrow*, a similarly structured 8-10 week course to help parents and other primary caregivers of children and adolescents. These programs are open to all families in the community who care for people with mental health challenges, and are offered in both Spanish and English. 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. 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. A draft of the family support plan was distributed to the Area Board presidents and, through them, to members of the Site Boards. .
- DMH distributed the draft to the Commissioner's Statewide Advisory Council.
- DMH distributed a draft to the staff and Board of Directors of the Parent Professional Advocacy League (PAL), an organization whose board membership includes parents and guardians of children under 18 and parents of young adults. DMH is also regularly involved with PAL in numerous forums where family support is a major topic of consideration.
- PAL distributed to the network of family support specialists.
- The draft plan was reviewed by the Massachusetts Chapter of National Alliance of the Mentally Ill.
- The draft plan was reviewed by the director of Adoptive Families Together, an organization providing support groups for adoptive parents, including those who have children with mental health needs or behavioral problems.
- The draft plan was reviewed by the Massachusetts Association for Mental Health, a citizen advocacy organization.
- The draft plan was reviewed by the State-Wide Advisory Group on Parents with Mental Illness and their Families
- The draft plan was reviewed by members of the Professional Advisory Committee on Children's Mental Health.

## **The Plan**

During the upcoming year DMH will be comprehensively reviewing its services and supports, in preparation for the next procurement of the DMH service system. Family support has been explicitly identified as an area of attention, and planning for enhanced family supports will be part of the overall activity. There will be several vehicles for family input into system redesign. Families will be included in various planning and focus groups, and family responses to "Requests for Information" will be solicited. It should be noted that, in recognition of the particular importance of families in the lives of children and youth, the Division of Child-Adolescents Services is in the process of changing its name to the Division of Children, Youth and Families.

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

### **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 were also represented on the legislatively mandated Mental Health Commission on Children. While not a DMH-directed activity, DMH participated actively and staffed many of the Commission workgroups. The Commission met for the past three years, reviewed the continuum of care provided through the public sector and private insurance, including family support, and provided targeted recommendations to the administration and the legislature in its final report issued in July, 2005. The report recommends that DMH, as the state mental health authority, be given responsibility for assuring implementation of the Commission's recommendations.

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 partially funds the statewide organization of PAL, which is responsible for making sure that the voices of parents and family members of children with mental health 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 provided funding to AFT in FY '05 for additional printing of the booklet "In Their Own Words...Reflections on Parenting Children with Mental Health Problems: The Effect on Families" and invites AFT participation in program development and policy forums. DMH makes AFT materials available through the DMH-funded family support specialists.

### **New Initiatives**

Specific new activities will be identified through follow-up work on the final recommendations of the Mental Health Commission for Children and through the DMH redesign process. DMH will continue to advocate for having parents participate in service system design across all child-serving agencies to assure creation of a system that is responsive to needs as identified by families. DMH is committed to creating a child/adolescent service system that is family-driven and family-centered. Family advocates have stressed the need for DMH to be alert to the circumstances and needs of children who parents have serious mental health problems, as a significant percent of these children are at risk of developing mental health problems themselves.

The DMH redesign process will also solicit input from families of adult clients. DMH remains sensitive to the responsibilities borne by families of adult clients and the need to provide support for them, as many families continue to be a key resource for their adult children, even when those children live out of home. Feedback from families in the development of this plan indicated that the needs of older parents caring for individuals with mental health issue are of particular concern. Family members also expressed concern about the need to offer support and guidance to family members of adult clients

who choose not to involve their families in their treatment, as those family members can feel distraught by being cut out of the process of helping a loved one, and are feeling grief and sorrow.

## **II Family Leadership**

### **Current Initiatives**

NAMI's "Family to Family" curriculum and "Visions for Tomorrow" taught by PAL and NAMI utilize a train-the-trainer model to help families learn essential skills and information relevant to caring for a family member with mental illness and become knowledgeable about available interventions and resources. Trainers then run groups in their local areas and thus continue to build an informed family base. 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.

The Director of the statewide PAL organization has co-chaired the Family Advisory Committee of the Massachusetts Behavioral Health Partnership since its creation, and participates on the statewide Steering Committee for the Coordinated Family Focused Care (CFFC), a MassHealth initiative. CFFC is an interagency service delivery model being piloted in five sites that 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. CFFC began accepting clients in the summer of 2003.

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

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 currently piloting a Family Partners Initiative that pairs 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. The Family Partner and the Organizational Partner then work together on a unique project based on the organization's needs.

### **New Initiatives**

The Executive Director of PAL participated actively with state agency representatives in the design of regional interagency Planning and Review Teams that were developed under EOHHS auspices. PRTs, which will officially begin operations in September, 2005, have been created to help families involved with more than one human service agency secure appropriate services, through facilitating family-centered interagency service planning, and/or resolving disputes regarding the respective responsibilities of state agencies. This is the first time that EOHHS constituent agencies have committed themselves to directly inviting parents to participate in interagency problem resolution meetings. To promote informed and active participation of parents, two family consultants have been hired for each PRT team to prepare parents for the meeting, and to help articulate a parental perspective at meetings. Also, a parent organization has been given a contract to support and oversee this parental involvement component.

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

### **Current Initiatives**

In FY'05, DMH allocated \$4,191,060 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 \$18,062,229 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 \$2,400,000 of the adult case management budget can be considered as family support.

DMH allocated \$14,708,292 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 \$1,308,979 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'05, DMH contracted with NAMI for \$244,738 and with PAL for \$168,000. For families of children and adolescents, there are area-based contracts totaling \$1,450,000 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 \$53,750 to the Clubhouse Family Legal Support Project (CFLSP), which was established in 2000. The project attorney, working with the Mental Health Legal Advisors Committee legal team and several clubhouses, provides legal representation to low income parents with mental illness who are at risk of losing custody and/or contact with their children. The project is proving effective in helping some parents regain or retain custody, and helping others gain visitation rights.

As noted above, DMH provides flexible funding to families of children and adolescents through individual and family flexible support and/or intensive wraparound contracts with mental health providers. If the DMH Individual Service Plan that is developed collaboratively by the case manager and the parent or guardian calls for family support, the family is referred to the flexible support/wraparound provider. The provider then draws up an initial program specific treatment plan with the family, indicating the family support services to be provided either by the agency's staff or by services purchased on behalf of the family, or through vouchers given to the family. The provider is responsible for assuring that expenditures support the treatment goals for the child or adolescent. Supports are changed to address new needs or circumstances with the agreement of the family and the provider. The flexible support provider or the case manager authorizes respite care services.

### **New initiatives**

This past year, DMH has focused on continued interagency planning for broad EOHHS initiatives, rather than implementation of new agency-specific family support initiatives. DMH expects to continue this focus for the upcoming year as well as to engage in strategic planning for its own service system. EOHHS has committed to creating a more community-based system of care for children and adolescents, and to providing families, including adults with mental illness who are parents, with the supports they need to maintain their children at home, whenever home placement is suitable. Placing families

at the center, including families in which parents have mental illness, and creating a flexible continuum of care, with flexible funding, are core values that are being infused into the planning process.

#### **IV Accessing Services and Supports**

The legislated mission of the Department of Mental Health 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.

One approach DMH has taken to assuring access to services is to create savvy consumers and families who can access high quality acute care services, and necessary funding. It should be noted that for adults, unless the parent is the legal guardian, DMH cannot contact the family without the client's permission. Thus, outreach work targets both families and adult consumers themselves. DMH funds entitlement specialists to work with consumers and families around access to the full array of entitlements and supports for individuals with mental health problems, including Medicaid, private health insurance coverage, SSI and SSDI, housing and legal aid. DMH also provides training on entitlements 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 Consumer toll-free help-line at DMH fields calls from families as well as from clients, and for the first 6 months of FY'05 handled 125 calls from family members. For children and adolescents, DMH works collaboratively with Adoptive Families Together, Parents for Residential Reform, the Federation for Children with Special Needs, the Consortium for Children with Special Health Care Needs, and Families Organizing for Change (an organization focused on individuals with developmental disabilities and mental retardation) to assure that they know what services DMH can offer. DMH provides training to acute care psychiatric units, and to other state agencies such as DSS to keep them abreast of 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. Ongoing support for this initiative comes from the major HMOs in the state. The line began operation in mid-May 2003, and through May 2005 had fielded 1208 calls from family members.

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 the Department of Social Services 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 application is being considered.

### **New Initiatives**

Parents and other caregivers involved with DSS who have mental health problems that require attention, but who would probably not qualify for DMH services, will continue to receive attention. A DMH and DSS jointly planned conference "Creating a Safe Space for Families Living with Parental Mental Illness" was held on April 4, 2005 and attended by more than 200 senior managers from both agencies. Staff of each DMH Area/DSS Regional Office have been meeting to develop local level interagency forums to provide training and develop protocols for consultation and collaborative work. Items such as recognizing signs of mental illness and its impact on the individual and family and developing family service plans and safety plans that accommodate the needs of a caregiver with mental illness are being addressed.

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). The committee 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. "Parenting Well When You Are Depressed" was written collaboratively by UMMS researchers/providers, community stakeholders, consumers and family members. Employment Options, a DMH funded clubhouse, sponsors a unique family support program which specifically focuses on the needs of parents with mental illness and their families. There are parent support groups at Employment Options and Atlantic House clubhouses.

The Cole Resource Center, a consumer run organization, is acting as the agent for the Steering Committee and submitting a grant proposal for a conference on providing support to parents with mental illness. Employment Options is in the process of negotiating terms of a grant award from a drug company that will enable the agency to greatly expand its ability to support parents with mental illness in the community, i.e., to implement a family care management model that integrates successful strategies from other evidence-based and promising practices. UMMS Researchers from the Parents' Project team will conduct the evaluation of the family care management model.

Access to family support was also a key focus of the legislatively created Mental Health Commission for Children. The Commission's final report identifies the need for additional family supports including respite care, and also includes specific recommendations to promote screening and early treatment of mental health problems, reduce disparities in care among different cultural and racial groups, strengthen the implementation of parity mental health legislation, and institutionalize the role of family voice in state planning and program development.

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

All services are made accessible to individuals and families as needed. If English proficiency is limited, then interpreter services are made available. Likewise, interpreters are made available for the deaf and hard of hearing. DMH attempts to insure that all written materials are available in the client's preferred language. Translations are done on an as needed basis for individuals, for client-specific matters. The DMH Office of Multi-Cultural Affairs (OMCA) reviews DMH-prepared documents to assure that they are culturally appropriate for all populations. The DMH Office of Multi-Cultural Affairs also participates in community dialogues, and provides trainings and presentations as part of its regular activities. The Office was involved in the following activities in the past year that directly relate to outreach and support to families in Massachusetts.

The most recent three year (FY'05-07) Cultural Competence Action Plan operationalizes the Department's mission on culturally competent care to ensure that the unified behavioral health system is attentive to the needs of culturally and linguistically diverse

populations, including at risk immigrants and refugees. This action plan adds a focus on leadership development, but otherwise follows the previous 3 year plan (FY'02-04) that centered on seven areas of organizational competence, those being community partnerships, services, data, research, training & education, information dissemination, and human resource development. The leadership development goal is to promote leadership in cultural competence/diversity to reduce mental health disparities and to provide the necessary resource for clients and their families to articulate issues and solutions to barriers on the reduction of disparities.

The following are some of the specific activities of the past year:

- Participated with the federal Child, Adolescent and Family Branch (CAFB), Center for Mental Health Services with its partners, and the system-of-care communities to create a consistent vision for cultural and linguistic competence and responsiveness.
- Integrated cultural and linguistic competent content in DMH Family & Early Literacy Handbook
- Developed and piloted the Cultural and Developmental Awareness, Assessment and Treatment Formulation module for child/adolescent DMH and DSS providers
- Conducted training on adolescent development & parenting strategies for the Massachusetts Asian American Educators Association
- Conducted training on integrating culture into clinical practices for the University of Massachusetts Medical School and Harvard Medical School Psychology Internship programs
- Completed the Multicultural Populations Resource Directory and the Interpreter Services Handbook for DMH Employees
- Continued to collaborate with NAMI on outreach and education to diverse populations.

### **New Initiatives**

In FY'05, the Latino Mental Health Project in Central Massachusetts continued to be a major outreach activity. Using multiple approaches, including community gatherings, local Spanish language media, training, and a strong council structure, the project increased its presence in the community and expanded its membership (including consumers). A final report of the Needs Assessment conducted as part of the project has been formally printed and distributed to all stakeholders, and will inform future DMH procurement of services in the area.

As a result of these activities, the Latino Mental Health Project has just been invited to submit a full proposal to the Blue Cross Blue Shield of Massachusetts Foundation under its new program focus area, “Closing the Gap on Racial and Ethnic Health Care Disparities”. If awarded a grant, plans will begin for implementation of actual service delivery to address critical disparities in mental health care for Latinos in Central Massachusetts, and hopefully result in models that will be replicable in other areas and with other cultural/linguistic minority groups. In addition to the Blue Cross Foundation, DMH will continue to explore other avenues to ensure project sustainability and promote general systemic change.

## **VI Interagency Collaboration**

DMH is engaged in numerous activities with EOHHS and the agencies under its aegis as EOHHS takes steps to create a seamless system of care that is easy for families to negotiate. DMH is participating in development of the virtual gateway to state services that will simplify the application process and alert families to the range of benefits for which they may be eligible. Also, DMH is the lead agency for an initiative to expand access to behavioral health services in DYS, DSS and DMR to assure that appropriate services are available regardless of the agency through which a youth enters state services. The DYS plan has been completed and accepted, and a work plan for the DSS phase has been developed. DMH has also been engaged with staff from DMR's new Division of Autism to discuss how best to serve children and adolescents with autism spectrum disorders who also have severe behavioral problems.

DMH has been actively involved with EOHHS, DMA and DPH in the administrative reconfiguration of state Medicaid services. Overall responsibility for the state Medicaid program now resides at EOHHS, with the DMH Commissioner assigned programmatic oversight of MassHealth behavioral health services. DMH and its MassHealth Behavioral Health unit have begun the process of designing a Unified Behavioral Health System to improve access, quality and coordination of services for adults as well as children and adolescents. Stakeholder input, including that of families, will be solicited through broadly disseminated Requests for Information and focus groups to assure that broad input is received.

DMH continues to work with the Department of Mental Retardation and the other designated human service agencies named in the Chapter 171 legislation, to discuss and monitor progress on family support initiatives and to work collaboratively on improving and expanding family support services. In addition, DMH is working with DMR and the other EOHHS agencies in support of a project held by Massachusetts Families Organizing for Change to facilitate education and awareness with individuals and families about Chapter 171, as well as support other activities related to the implementation of this legislation. DMH 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 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 four projects are: CFFC, described above; Worcester Communities of Care, a federally funded system of care demonstration project; the Mental Health Services Program for Youth, a project housed at Neighborhood Health Plan that now serves five communities; and the Collaborative Assessment Program (CAP), a statewide DMH-DSS program with some Medicaid funding.

### **New Initiatives**

DMH will be taking the major role in overseeing implementation of the recommendations of the Mental Health Commission for Children. New interagency work will involve collaboration with the Division of Insurance, managed care organizations and family groups around improving access to children's mental health services and implementation of parity. It will also involve work with the Department of Education and the new Department of Early Education and Care to assure that children with special behavioral needs have access to appropriate child care and educational services