

DMH Annual Individual and Family Support Plan
FY 2012

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 individual and family support services available:

- Age and role-appropriate education that enables family members and individuals to better understand mental health issues and the treatment being offered to their family member with mental illness or serious emotional disturbance and to themselves
- Direct assistance in caring for a family member with mental health needs
- Training in managing challenges that a family member presents
- Linkage with other resources that can reduce the care-giving burden, recognizing that children and adolescents, as well as adults, may be serving in a care-giving capacity for their family member with mental health problems
- Linkage with other families either coping or struggling with the same concerns
- Provision of parent support providers and family partners to adults caring for children with serious emotional disturbance and of peer support to adults and parents with mental health conditions
- Training and assistance in advocating on behalf of family members or for themselves and in building leadership skills
- Assistance in navigating the human services and special education system, dealing with eligibility requirements, and accessing entitlements and insurance for family members
- Supports that sustain and strengthen families, such as respite care or groups for siblings
- Supports that focus on the strengths of the person and the family and assist them in achieving life and family goals
- 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)
- PPAL, the Parent Professional Advocacy League, conducts monthly training and information sessions with DMH Family Support Specialists and Mass Health funded Family Partners. A senior DMH staff person attends these meetings and uses them to keep up with issues, problems, and accomplishments as well as to present information to the group for feedback.
- The Massachusetts Chapter of the National Alliance for the Mentally Ill (NAMI-Mass) and the Parent Professional Advocacy League (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.
- In FY11, DMH established the CORE (Council on Recovery and Education), a consumer council to: provide the consumer perspective on emerging and ongoing DMH policy and programming initiatives; enable DMH senior and other staff to have access to consumer thinking on a range of issues facing the Department; and disseminate key information from DMH statewide, regionally and locally.

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.

- 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 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. Nearly one-fourth of all calls fielded by the office come from family members of consumers.
- Through administrative processes, staff assignment, and procurement, DMH will continue to address key concerns raised to date by families, to the extent that resources allow. Specific recommendations to enhance family and individual support include:
 - Make information about DMH and its services easier for families and consumers to obtain
 - Improve access to services that enable a child to receive appropriate services in a timely manner, thereby significantly decreasing the burden on families
 - Continue to focus assessment and services on a strengths-based, child and family centered approach
 - Redesign services to strengthen consumer and family voice and choice and increase flexibility of service system to meet the individual and changing needs of the person and their family
 - Work with providers so that they can do a better job informing families about their family member's diagnosis
 - Provide peer support for consumers and their family members and build it in at various levels of the service delivery system
 - Increase availability of respite care, including mobile respite and pee-run respite
 - 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 and consumers are represented on the Commissioner's Statewide Advisory Council. Consumers and 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. Two parent representatives are members of the CBH Executive Team, chaired by the Commissioner of Mental Health and attended by senior leadership of the other child serving agencies and of EOHHS. 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, Restraint/Seclusion Elimination Committee 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 and consumer empowerment. Family members and consumers 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 FY08, 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 FY10 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

DMH, through the Office of Quality Management and Policy, is implementing a process to track consumer, youth and family involvement in policy and program development with the goal that all policy and program development is guided by consumer and family voice. To support this goal, the DMH Commissioner issued a Directive in SFY11 that set forth a procedure to provide consumers and family members with stipends and travel reimbursement for participation in policy development and planning activities.

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. A second series of forums were held in November and December 2010 to discuss the DMH budget and solicit input from the public, including families and consumers. 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 SFY12.

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.

In the child and adolescent system, DMH and DCF are jointly reprocurring their residential services system with an expected January 2012 RFR issuance for implementation on July 1, 2012. Family Partners have been built into the design, this primarily the result of family feedback at dozens of Family Forums across the Commonwealth convened by DMH and DCF. 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 the joint procurement planning team and CBHI during FY11.

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 statewide young adult coordinators 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 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. The survey and subsequent report provided an opportunity for young adults 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 component 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 also received a NIMH grant to develop participatory research, which is training and em-

ploying young adults in various research activities. This program also employs both part-time and full time peer mentors. In FY11, the YDC has worked on several tasks, including the completion of its third strategic planning process and collaboration with the Transformation Center on the development and adaptation of the Certified Peer Specialist curriculum specifically for Young Adults.

- **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. In FY11, the MAC provided input to DMH on the development of the DMH's Language Access Plan and the 2011 Multicultural Population Resource Directory. The MAC has also been meeting with several community providers serving diverse racial and ethnic groups including immigrants and refugees to better understand the array of services in the community and how best to develop linkages and increase access to diverse populations

- **Restraint/Seclusion Elimination Committee:** The subcommittee continues to review restraint and seclusion data from DMH state-operated facilities and has recently observed an increase in the rates of use of restraint and seclusion. In FY10, 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. In SFY11, the subcommittee reconvened site visits to state-operated facilities that were originally conducted as a part of the State Incentive Grant from Substance Abuse and Mental Health Services Administration. The focus of these visits were to follow-up on the restraint and seclusion strategic plans and the trauma informed care strategic plans that were developed in each facility. The subcommittee is also developing recommendations for the Restraint and Seclusion Prevention Tool and is looking to partner with one of the facilities on some training opportunities.

- **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.

The Parent Support Sub-committee, beginning September 2010, has focused on convening an Inter State Agency Forum to enhance collaboration efforts to engage adults with mental health conditions and their families. In FY11, the sub-committee brought this idea to advocacy and family support groups such as the Strengthening Families Coalition, the Massachusetts Behavioral Health's Family Advisory Committee, and the Department of Children and Families' Family Advisory Committee, the Child and Adolescent Mental Health Professional Advisory Committee and to the State Mental Health Planning Council. In March of 2011, the State Mental Health Planning Council voted to support the need for an interagency forum entitled "Mental Health is Family Health" to be convened in October 2011, to address how multiple state agency programs and services can more effectively respond, across systems, to parents with mental health conditions and their children. At the request of the Planning Council and the Parent Support Sub-committee, DMH is providing leadership in convening this interagency forum and has identified key people in each agency.

TransCom: TransCom (the Transformation Committee) was established in 2004 to guide the work of the Mental Health System Transformation Grant funded by the Centers for Medicare and Medicaid Services (CMS). TransCom became a sub-committee of the Planning Council in FY07. This committee brings together a diverse group of individuals and organizations to advocate for a flexible, peer-driven and recovery-oriented infrastructure; model collaboration and cultural/linguistic inclusion; and support the development, promotion and coordination of innovative recovery-oriented practices. Lead organizations are DMH, the Transformation Center – a statewide technical assistance center for the consumer/survivor movement, MassHealth and the University of Massachusetts Center for Health Policy and Research (CHPR). In 2010 Transcom completed a strategic planning process identifying three priority goals for future work by the committee:

- Support, safeguard, and expand peer specialists, peer workers, and peer-run programs;
- Provide information, education and training on innovative recovery practices (for providers, hospitals, peer communities, DMH, legislators, cultural / linguistic communities, and regarding); and
- Advocate for funding for peer workers and innovative recovery oriented services (with an emphasis on Medicaid).

In 2011, TransCom worked on a proposal to MassHealth to incorporate CMS requirements and address infrastructure needs necessary to add certified peer specialists services as a reimbursable service in the Medicaid state plan. This proposal will address qualifications, supervision, training, continuing education and pay-

ment. TransCom has also conducted several panels over the last year with Certified Peer Specialists, supervisors of peer workers and people using services to learn more about the successes and challenges of integrating a peer workforce.

- **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 190 people who have graduated from these trainings and received certification. The Transformation Center also offered a Massachusetts Leadership Academy. Lastly, TransCom participates on training teams with DMH and several leading national consultants to provide training on person centered planning and trauma informed care.

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. In support of the DCF/DMH residential procurement, a survey was conducted by young adults in the Policy Academy of youth currently in DMH residential programs. A report was generated which included a series of recommendations highlighting the need for increased awareness of human rights and peer to peer supports. This provided young adults with the opportunity to contribute their ideas and suggestions and help DMH solicit young adult feedback to improve residential services. The Policy Academy trained and coached 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. Focus groups and interviews were conducted with 76

youth who were in residential programs. The themes identified through this survey include identification of: positive outcomes and skill development; the experience that “level systems” and rules are ineffective and discouraging; aspects of relationships with staff that are helpful and caring; limited awareness of rights and experiences of feeling that rights are denied; and experiences with peer-to-peer supports.

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.

In May 2011, the Youth Development Committee and the Transformation Center sponsored a “Young Adult Day at the State House: Meet your Legislator” event. Over the summer, a number of summer student interns will be supporting the YDC in updating the Young Adult Resource Guide, conducting surveys on engaging young adults in mental health services and support, and working with peer mentors on outreach activities.

DMH recognizes that a significant number of young adults with severe and persistent mental illness (SPMI) (27% according to federal data) are parents and that young adults with SPMI in adulthood are at least as likely to become a parent as a young adult without a psychiatric disorder. To this end, DMH has supported, through funding to Employment Options, Inc. a pilot of young adult parent support services and the development of training materials about parenting for young adults with mental health conditions.

In addition, young adults are represented on the following committees and workgroups: Children’s Behavioral Health Advisory Council and CBHI sub-committees, DMH Healthy Changes Task Force, DMH Safety Task Force, DMH New Hospital Advisory Work group, Young Children’s Council, DMH Council on Recovery and Empowerment (CORE), and MBHP Consumer Council.

DMH also recognizes the important role that families play in supporting parents and caregivers who have children and youth with serious emotional disturbance. Through DMH’s parent support network and its commitment to supporting and advancing the role of family partners and other parent/family support providers, DMH continues 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 special-

ists. 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, DMH 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.

As described above, DMH established the CORE (Council on Recovery and Education) in FY11 as a consumer council to: provide the consumer perspective on emerging and ongoing DMH policy and programming initiatives; enable DMH senior and other staff to have access to consumer thinking on a range of issues facing the Department; and disseminate key information from DMH statewide, regionally and locally.

For the past two years, the Transformation Center, DMH, and the Massachusetts Behavioral Health Partnership have been working with consultants from the Institute of Health and Recovery and the National Association of State Mental Health Program Directors (NASMHPD) to develop protocols for the delivery of services to people who require trauma-informed care, specifically individuals who self-injury. The work group is now creating a consortium of programs that will be trained together in the delivery of trauma-informed care. In FY11, the Transformation Center collaborated with the Boston University Center for Psychiatric Rehabilitation to develop a six day continuing education course for Certified Peer Specialists on vocational peer support. This course teaches CPSs the skills needed to support and build on traditional employment supports, such as vocational rehabilitation and supported employment.

In FY11, the DMH-convened workgroup on peer family support positions established a three-level job series for Certified Peer Specialists (CPSs) and Family Support Workers in DMH. The current goals of the workgroup is to develop recommendations for an organizational structure, staff training and further definition of the job series.

III. Family Support Resources and Funding

Current Initiatives

In FY11, DMH spent \$3,166,263 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, adoles-

cents, 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 care giving 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 \$14,209,234 in FY11 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.

In FY11, DMH allocated \$16,471,625 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 FY10 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 FY11, DMH contracted with NAMI for \$244,738 and with PAL for \$188,903. 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 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 FY11 is \$3,019,141 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 on 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 devel-

ops 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

DMH continues to re-design its community-based service system to improve the flexibility of services to meet the needs of consumers and families and to increase consumer and youth voice and choice. In FY12, DMH plans to re-procure Individual and Family Flexible Supports and Clubhouse services. 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. In addition, DMH is planning a joint procurement with the Department of Children and Families to purchase residential services. Lastly, DMH is planning to procure a new adult service, Peer-Run Respite. Throughout these activities, the agency is securing input from families and individuals 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.

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. The six regionally based Recovery Learning Communities are also taking on an increasing role in providing information, referral, and outreach activities.

PAL offers a variety of supports through its network of family support specialists to more than 24,000 families and trains 500 families, youth and providers each year. More than 100 parents and youth sit on policy making committees and PAL has been contracted to train Family Partners involved with CBHI's mobile crisis initiative in both FY10 and FY11. Data is collected annually from families with almost 500 respondents highlighting their experiences and priorities. These data are shared with DMH on a regular basis and assists in the development of program designs for procurement purposes.

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 FY11, the line received a total of 515 calls including 105 from individuals who identified themselves as consumers and 159 from family members. DMH has noted 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, PAL, 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.

DMH has also increased its communication and publicity activities this year through the addition of Resource Guides, including a comprehensive Consumer and Family Guide – (the Consumer one that Sian mentioned and the Young Adult Resource Guide, produced by the DMH Information and Referral Specialist as well as a Young Adult Resource guide, created by DMH in partnership with the YDC and Youth Councils. These resource guides are available to the general public via the DMH website. A number of other organizations, including PAL and the Transformation Center have also added features to their websites, including blogs and chat rooms that are responsive to the needs of a variety of consumers and family members. In particular, the Child and Adolescent division are working through the Transitional Age Youth Initiative to increase media involvement through increased development of Area newsletters and youtube events, creation of

videos, and greater utilization of the yakyak website Yakyak is a website developed by the Youth Development Committee as a forum for young adult conversations.

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 con-

sidered. 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. 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 Office of Multicultural Affairs (OMCA) has the structural and functional responsibility and accountability for developing DMH's cultural and linguistic competence and all aspects of cultural competence in the mental health service delivery system for children and adults. Included in the OMCA activities is the coordination of a statewide interpreter and translation services. The Interpreter and Translation Services Program (ITSP) coordinates interpreter and translation services for all Areas, Sites, inpatient facilities, forensic functions, investigations, and human rights office activities. It also handles translations of DMH materials. The ITSP coordinates translation requests, processes payment vouchers, and monitor translation usage.

DMH continues to develop its language assistance program based on census tracking, client language data tracking and points of contact between DMH Areas, Sites and DMH hospitals and the client population. The DMH Cultural & Linguistic Competence Action Plan “operationalizes” the DMH mission of culturally and linguistically competent care to ensure that the mental health system is attentive to the needs and effective care of culturally and linguistically diverse populations, including at-risk immigrants and refugees. The SFY11-12 DMH 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. In addition, DMH developed a Language Access Plan which defines the actions DMH is taking to ensure meaningful access to DMH services, programs and activities on the part of persons who have limited English proficiency.

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 2011 survey.

Examples of accomplishments and activities of DMH under the leadership of OMCA include:

- OMCA published the 2011 Multicultural Populations Resource Directory, which is accessible on the DMH’s internet and intranet sites.
- OMCA continues to assist in the translation of surveys to increase the participation of individuals participating in the annual consumer and family member satisfaction survey who do not speak English as their primary language. The introductory letters, each of the surveys, the first and second survey mailing cover letters, the postcard reminders, and the thank you letters were all translated into ten languages.
- As described above, DMH developed the Language Access Plan which defines the actions to be taken by the Department to ensure meaningful access to DMH services, programs and activities on the part of persons who have limited English proficiency. The Department will review and update this LAP on a biannual basis in order to ensure continued responsiveness to language assistance needs.
- OMCA partnered with the Harvard Program in Refugee Trauma and Department of Public Health’s School Based Health Clinic to provide training on Healing the

Wounds of Mass Violence: Assessment and Treatment of Refugees and Torture Survivors.

- OMCA provided 32 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 provided approximately 62 information and resource referrals to DMH staff, providers, individual and families.
- DMH and MassHealth asked the Center for Health Policy and Research (CHPR) at UMass Medical School for a study that explores the issues surrounding mental health recovery and peer support for Latino and deaf and hard of hearing populations. The objectives of the study were to answer the following questions for the specific cultural, linguistic and ethnic groups of focus for this project:
 - 1) How do people of these different cultural, linguistic, and ethnic groups understand the concepts related to mental health, mental illness, recovery, and peer support?
 - 2) Is peer support an acceptable approach for supporting individuals' recovery for these different cultural, linguistic, and ethnic groups?
 - 3) If peer support is an acceptable approach, what type of peer support is most meaningful for these populations?
 - 4) How can recovery-oriented and peer support services be made more accessible and culturally competent for these populations?
- OMCA continues to participate as a member of the Steering Committee of the Latino Child Traumatic Stress Outpatient Program of the Latin American Health Institute funded by National Child Traumatic Stress Network. The grantee is seeking a one year grant extension.
- OMCA and DMH Child and Adolescent Services continue to 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.
- The Department of Mental Health was one of six states 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 intended 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 defined the common data collection elements for race, ethnicity and language across CBHI agencies. The child-serving agencies are developing reports identifying whom they are serving based on race, ethnicity and language using the same point in time.
- 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 DMH 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. Both centers submitted research proposals focusing on racially and culturally diverse populations.
- The Director of OMCA was invited by Center for Mental Health Services to serve as a presenter and facilitator of the 2011 National Policy Summit to Address Behavioral Health Disparities with Health Care Reform.
- The Director of OMCA ended his term as a Council Member of the National Advisory Council, Substance Abuse and Mental Health Services Administration.

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 legislation passed in 2008, chapter 321, An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth. The DMH Commissioner chairs the Council, on behalf of the Secretary of Health and Human Services, the Children's Behavioral Health Initiative's Advisory Council. The Council, made up of stakeholder groups identified in the law, meets monthly to monitor, plan and make recommendations on targeted activities. The Council's Subcommittees include Evidence Based Practices, Health Care Disparities, Workforce Development, Data/Trends/Outcomes, Insurance, Legislative, and Systems Integration. 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, co-

ordinated, 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.

The DMH Commissioner also chairs a bi-weekly CBHI Executive Team which includes the Commissioners of the state child serving agencies and their senior staff, the Medicaid Director and the head of the Office of Behavioral Health, two parents, and the Assistant Secretary for Children/Youth/Families at EOHHS. There are subcommittees on Transition Age Youth and Early Childhood.

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 lead 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 was to develop a protocol for a single integrated service delivery plan for children and their families who receive services from multiple state agencies. Recommendations were submitted to the Secretary of Health and Human Services in December 2010.

An EOHHS meeting of the newly formed Children, Youth and Families Advisory Council was recently convened to identify critical issues for system and services reform. To date, the following categories have been identified for discussion: collaboration between human services and education; integration, coordination and collaboration; data sharing; family engagement; family support; prevention; and disparities.

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 complimentary 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.

CMCC has partnered with DMH and CBHI in the submission of a Center for Mental Health Services (CMHS) planning grant application to increase the engagement of young adults (16-21) in the newly created CSA system for children and families 0-21. In collaboration with PAL's Youth Move, the Transformation Center, Consumer Quality Initiatives, Inc., and both the child and adult human service agencies, a planning process is being proposed that will be lead by young adults and informed by wrap around practices that have been successful for young adults in Oregon.

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. The DMH Child Medical Director meets monthly with the DCF Psychiatrist and the DCF Clinical Specialists to discuss trends, issues, and complex situations related

to client/family needs. DMH continues to assess how its services can be improved for those children who have a parent or primary caregiver living with mental illness and collaborate with DCF to improve identification and supports for parents with mental illness. Towards this end, the Department of Children and Families will be partnering with the Department of Mental Health, Mass Health Division of Behavioral Health and the Department of Transition Assistance at an interagency forum to develop more effective collaborative responses to the needs of parent and caregivers with mental health and co-occurring conditions and their children.

A major focus of activity between DMH and DCF is the ongoing collaboration related to the upcoming joint procurement of all residential services for clients/families served by each agency. A Project Manager has been jointly hired by the agencies to facilitate the planning activities leading up to the RFR issuance. Teams of DMH and DCF staff work collaboratively on development and design tasks. DMH is also represented on DCF's Statewide Advisory Council. In addition, DMH collaborates with the Transition Age Youth Coordinator for DCF on matters pertaining to young adults 16-25. Lastly, DMH is a funding partner with DCF and DESE on the Special Schools Initiative, a multi-year project focused on improving capacity in nine local schools to identify strategies to deal with school climate as it relates to students with behavioral health issues. DMH is a member of the Schools Task Force chaired by DCF as the lead funder.

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.

DMH also collaborates with DESE on a number of initiatives and task forces, including:

- DMH representation on the Special Education Advisory Council whose purpose is to review and make recommendations pertaining to Special Education's State Performance Plan and Annual Performance Report. Some of the Indicators reviewed were Parent Involvement; Graduation/Drop-Out; Suspension/Expulsion; Preschool Outcomes; Disproportionality; Early Childhood Transition; Secondary Transition Planning and Post-School Outcomes;
- DMH representation on the McKinney Vento Homeless Assistance Act Steering Committee, which reviews the allocation of federal funds and makes recommendations for Homeless Liaisons and programming allocated throughout Massachusetts school systems as well as reviews reports on numbers of Homeless in Mass preschool, elementary and high schools;
- DMH representation on the Massachusetts Family Literacy Consortium, which oversees Literacy grants and initiatives;
- DESE representation on the Transition Age Youth Policy Academy for the development of federal grants for the 16-25 year old population;
- DMH representation on the 0-3 Early Childhood Task Force to review models and programs for early childhood population;
- DMH representation on the Safe and Supportive Learning Environment Advisory Council;
- DMH participation on the Bullying Prevention Advisory Council to DESE in the design of expectations related to the recently passed Bullying Prevention legislation;
- DMH as the convener of a School Based Collaborative in its Metro Boston Area, attended by senior representatives from the Boston Public Schools and community based mental health agencies which contract with DMH to provide consultation, training, and specialized interventions to students in over 100 schools within the greater Boston area; and
- DESE as a signer of the six-agency Charter committed to the prevention of restraint and seclusion of youth in all residential treatment environments and in the public schools. The State Director of Special Education is a member of the R/S Prevention Interagency Executive Team which is co-chaired by DMH and DCF.

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 sys-

tems; 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. 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. This past year, DMH participated in an interagency focus group discussion to help inform the SAMHSA TA grant on young adults in DPH's Bureau of Substance Abuse Services.

The Massachusetts Commission on Gay, Lesbian, Bisexual and Transgender Youth is mandated each year to issue policy and program recommendations to the executive branch and state agencies that provide services to GLBT (Gay, Lesbian, Bisexual and Transgendered) youth as well as to the state legislature to advocate for adequate funding and services for GLBT youth. The commission also issues an annual report that evaluates how well government programs and the private sector is addressing the challenges faced by GLBT youth in the state. The Commission has asked DMH to assess whether its services are meeting the needs of its GLBTQ youth in its Annual Recommendations for FY2011. In response to this request, DMH is engaging in a collaborative training effort with DPH. DMH and DPH sponsored an all-day training for DMH staff and providers on May 31, 2011 focused on "Supporting GLBTQ Youth, Young Adults & Their Families." In continued collaboration, DMH and DPH will be offering this training in each of the DMH areas so area/local staff and providers can attend. DMH is also represented on DPH's Adolescent Health Council which has developed a report of Adolescent Risk Behaviors including Suicide.

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.

DMH continues to partner with Mass Health on a number of initiatives. DMH, MassHealth and DCF are partnering in the standardized design and development of a Family Partner workforce which will assure continuity of care for families across levels of care and across public payors. DMH and Mass Health jointly review the activity of the Medicaid Managed Care Entities(MCE’s) related to Emergency Services Programs which are jointly funded by Mass Health and DMH. DMH is also represented on the Family Advisory Council of the Massachusetts Behavioral Health Program (MBHP). In addition, the DMH Child Medical Director and the Mass Health Office of Clinical Affairs Medical Director co-chair an ongoing Committee related to psychotropic medication use among children with the goal of developing an algorithm for best practices.

DMH also partners with the Department of Youth Services (DYS) the Office of the Commissioner of Probation and the Juvenile Court Clinics to address issues of joint concern. The DYS Commissioner is a member of the Children’s Behavioral Health Initiative Executive Team which is chaired by Commissioner of Mental Health and which meets bi-weekly with the goal of integrated planning across child serving agencies for youth and families with mental health challenges. The Commissioner of Probation meets regularly with the Commissioner of Mental Health and senior management staff related to the interface/accessibility of the CBHI services with youth on probation. Lastly, DMH and DYS senior clinicians participated in a training fellowship at Georgetown University focused on racial/ethnic disparities for youth who are involved with both child welfare and juvenile justice. DMH and DYS are developing consistent care coordination practices that ensure integration and coordination of service delivery for youth served by both DMH and DYS.

New Initiatives

As DMH proceeds with its procurements in FY11, 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 FY10 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.

Last summer several organizations including the Massachusetts College of Emergency Physicians (MACEP) and parents of children with behavioral health issues contacted Commissioner Leadholm regarding an increase in the number of people in Emergency Departments (EDs) and excessive wait times as they sought evaluation and admission to psychiatric hospitals. In September of 2010, Commissioner Leadholm convened two workgroups; one focused on children and adolescents waiting in EDs, and the other for adults. The work groups included representatives of all of the MassHealth insurers, ED physicians, MassHealth Office of Behavioral Health (OBH) and DMH staff, staff from other sister Executive Office of Health and Services (EOHHS) agencies, and Massachusetts Hospital Association (MHA), Massachusetts Association of Behavioral Health Systems (MABHS) and community based service providers. The purpose was twofold: 1) Define number and scope of occurrences in EDs of excessive waits, and 2) Collaborate with broad representation of interested parties to develop interventions addressing multiplicity and complexity of reasons associated with ED problems. At the outset, work group participants acknowledged no single entity held full responsibility for the causes or resolution of the situation. The broad representation of individuals in the work group collected data to understand the scope of the problem. Client and family-member input was brought into the process through a work group of parents and Emergency Service Program-employed Family Partners, meeting separately and simultaneously through the spring. In FY12, DMH plans to convene workgroups to address issues related to wait times in Emergency Department and access to acute-care psychiatric units/facilities, including improving referral process, promoting community-based medical screening, establishing routine regional meetings among community-based step-down providers, inpatient facilities and Emergency Departments, and developing new statewide referral process for anticipated new inpatient specialty unit.

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 FY11.