

DMH Family Support Plan for FY'07

Human Service Agency Overview of Family Support

Definition used by the Department of Mental Health:

The Department of Mental Health defines family support through program and practice expectations. Family support includes all activities that assist families to support the growth, recovery and rehabilitation of their affected family member. In providing family support, DMH uses a very inclusive definition of family, which may include adults and children, parents and guardians, other relatives, and non-related individuals whom the client defines as family and who play a significant role in the client's life.

Types of family support services available

- Age- and role-appropriate education that enables family members to better understand mental health issues and the treatment being offered to their family member with mental illness or serious emotional disturbance
- direct assistance in caring for a family member with mental health needs
- training in managing challenges that a family member presents
- linkage with other resources that can reduce the care-giving burden, recognizing that children and adolescents, as well as adults, may be serving in a care-giving capacity for their family member with mental health problems
- linkage with other families either coping or struggling with the same concerns
- provision of mentors or “parent partners” to adults caring for children with serious emotional disturbance
- training and assistance in advocating on behalf of family members
- assistance in navigating the human services and special education system, dealing with eligibility requirements, and accessing entitlements for family members
- supports that sustain and strengthen families, such as respite care or groups for siblings
- support groups for families and other caregivers

Network for providing family support services

Family support is interwoven into numerous activities of DMH.

Contracted services

DMH contracts with providers in each of its sites for Individual and Family Flexible Support Services for children authorized by DMH to receive such services. Services to families provided under these contracts may include: consultation on advocacy strategies to assist the family in securing services from schools and other entities, (including appropriate mental health and support services for parents as needed); teaching behavior management skills; access to respite care, parent aide services, homemaker, and chore services; and supports for siblings. The contracts include money for purchasing individualized services to address unique challenges faced by families.

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

Family support is also available to all parents of children and adolescents with behavioral, emotional or mental health challenges, whether or not their child is involved with a state agency. DMH funds at least one person in each Area to facilitate support groups that offer emotional support, provide education about mental health needs and state of the art treatment, teach advocacy strategies, and serve as a self-help venue for parents or other caregivers. Family support specialists are sensitive to the challenges of parents coping with stress who may have mental health needs themselves, and the specialists are trained to support parents in accessing appropriate services.

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

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

Case management

The Department's goal is to provide each eligible client with a case manager. Virtually all case management for children, and some of it for adults, can be defined as family support, in that assisting children to access services they need provides benefits to the entire family. For adults living at home, much of case management support is directed to

assisting the family. Even if the adult is living out-of-home, case managers work with the adult's family so long as the adult has given consent. Case Managers for children, adolescents, and adults help families think through the effects of the affected person's mental health problems on their lives, identify their strengths and the resources, and identify resources and supports to promote the client's recovery and growth. Case managers link families with assistance for themselves as well as for the client as part of the service planning process, and are the people families turn to for help in case of crises and unexpected events. They work with clients and their family members to develop plans for managing crises in advance, to minimize family disruption in times of unexpected events. Case managers authorize the provision of services which directly support the family's care-giving capacity, help families get benefits for the client, and assist families in advocating with other entities for services and supports.

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

- DMH Area and Site boards regularly participate in needs assessments and program planning.
- Two DMH workgroups, one focused on adult services and one on child-adolescent services, met for eight weeks in the spring to identify the strengths and needs of the DMH service system. The workgroups were composed primarily of DMH staff at various levels of the organization, but also included family members of adults and children and adolescents.
- DMH held multiple group meetings throughout the year with DMH staff and family members in each Area of the state to get a more local perspective on service system strengths and areas needing improvement.
- DMH contracted with Consumer Quality Initiatives, Inc. to conduct focus groups for consumers and family members on selected topics across the state. There was a focus group specifically for families of individuals with mental illness and one for those with mental illness who are themselves active parents of children with mental illness, in addition to the groups for consumers of all agencies.

The Plan

During FY'07, DMH will conduct a detailed review of its services and supports as part of the first phase of implementing a unified public behavioral health system, a coordinated system encompassing both MassHealth and DMH services. Overall service needs were identified through the planning process in FY'06. The in-depth analysis of services, fiscal and administrative structures planned for this fiscal year is a prerequisite for the next procurement of the DMH service system, expected to begin in calendar year 2007. Family support has been explicitly identified as an area of attention, and planning for enhanced family supports is part of the overall activity. There will continue to be vehicles for family input into system redesign throughout the process.

Family members made several recommendations specially related to family support during the FY'06 planning process, many of which will be addressed through staff assignment and procurement. These include:

- Make information about DMH and its services easier for families to obtain
- Improve access to services – having their child be able to access the appropriate services in a timely manner is a significant way to decrease the burden on families.
- Work with providers so that they can do a better job informing families about their family member's diagnosis
- Provide peer support for family members and build it in at various levels of the service delivery system
- Increase availability of respite care
- Invite families to serve on human rights committees
- Recognize that adults who are parenting while trying to cope with their own mental illness need specialized services and supports, for themselves and for their children
- Make sure that “crisis plans” for adults address what will happen to their children
- Keep the focus on “recovery” for adults –provide them with the opportunity to become effective, capable independent adults (and parents)

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

I. Family Empowerment

Current Initiatives

Family members are represented on the Commissioner's Statewide Advisory Council. Parents of both adult and child mental health consumers are also key members of the State Mental Health Planning Council. The Council must review and approve the annual State Mental Health Plan and the Implementation Report that Massachusetts submits in order to receive federal funds through the community mental health services block grant. Parents are represented on the statewide Professional Advisory Committee on Children's Mental Health, an informal group that has been in existence for 25 years and that advocates at the state level on issues related to the mental health of children and adolescents. Parents are members of the Mental Health Commission for Children Implementation Advisory Group, which is advising DMH on implementation of the priorities agreed upon by the Commission.

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

make recommendations to the Department about contract awards and also participate in local committees that work on the details of refining and improving the quality of services.

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

DMH also works with Adoptive Families Together (AFT), an organization of adoptive families that now operates as a program of the Massachusetts Society for the Prevention of Cruelty to Children. AFT provides support groups across the state and develops written material to help educate and assist parents in advocating for the best services for their children. DMH has provided some funding for AFT materials and makes AFT materials available through the DMH-funded family support specialists.

New Initiatives

The DMH redesign process has structured opportunities for input from families of both child and adult clients. The Unified Behavioral Health Initiative, the planning for organizing and procuring a new coordinated public mental health system of care, is the overarching DMH initiative for FY'07 which will lead to creation of a child/adolescent service system that, for children and adolescents, is family-driven and family-centered. The system design process, while promoting independence of adults, will at the same time consider how the system can best be supportive of families of adult clients, many of whom continue to be a key resource for their adult children, even when those children live out of home. The Department's new focus on Transition Age Youth, has highlighted the need for DMH to teach families how to best promote independent living skills in their offspring. The planning process is also expected to tackle the question of how best to support family members of adult clients who choose not to involve their families in their treatment, as those family members often feel distraught and frustrated by being cut out of the process of helping a loved one.

II Family Leadership

Current Initiatives

NAMI's "Family to Family" curriculum and "Visions for Tomorrow" taught by PAL and NAMI utilize a train-the-trainer model to help families learn essential skills and information relevant to caring for a family member with mental illness and become knowledgeable about available interventions and resources. Trainers then run groups in their local areas and thus continue to build an informed family base. NAMI also trains family members to co-facilitate support groups for families. Parents of DMH clients continue to participate in trainings offered through Families Organizing for Change that focus on advocacy strategies. PAL provides monthly trainings for family support specialists that build skills in specific areas, such as effective advocacy with schools and insurers and evidence based treatments. Family support funds are used to pay for expenses associated with attending conferences and trainings. Parents from across the state attend and often present at the annual national conference of the Federation of Families for Children's Mental Health, the annual children's mental health research conference sponsored by the Research and Training Center of Florida State University, and the annual Building on Family Strengths conference sponsored by the Research and Training center of Portland State University.

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

PAL and DMH serve on the Steering Committee of the Consortium for Children with Special Health Care Needs which is bringing together parents, government agencies, and health and mental health providers to develop more responsive and integrated systems of care for families. A PAL family support specialist chairs the Family Participation Work Group whose aim is to disseminate information on effective strategies for assuring participation of parents in medical care. The Work Group is building on its successful pilot of a Family Partners' Initiative that paired health-care organizations, including a pediatric practice, a health plan, and a university public health program, with parents or

other family members caring for a child with special health care needs to develop more family responsive practice.

New initiatives

Family members will be actively involved in the system design and service planning activities to assure that the proposed services address needs for family support at all levels.

III Family Support Resources and Funding

Current Initiatives

In FY'06, DMH allocated \$4,672,602 for case management services for children and adolescents, not including the cost of supervision. As noted above, parents are the legal guardians, and the ones responsible for their children's care, and thus most case management activities are designed to support parents in their role. Case Managers work with parents to develop a child's Individual Service Plan and check in with the family regularly. They are available to families to help resolve situations as they arise. DMH Case Managers can assist parents of child and adolescent clients, who may have their own mental health and substance use issues, to obtain appropriate services. DMH allocated \$19,789,448 for case management for adults. Approximately 25% of adult clients live with their families, and, for those who receive case management, a significant portion of case management activity is directed to supporting the family in maintaining the client at home. Approximately \$2,500,000 of the adult case management budget can be considered as family support.

DMH allocated \$12,851,369 for individual and family flexible support, direct services for families of children and adolescents who have been determined eligible for DMH continuing care services, or who require immediate intervention. The contract reporting mechanism does not distinguish how much is spent on direct services for the individual, as opposed to support to the family to enable the child or adolescent to remain at home, but contract managers estimate that at least half of this money is spent on family support. Most respite care for families is funded through these flexible support contracts. Moreover, DMH also had \$1,187,061 in respite care-specific contracts for children and adolescents. The most common goal of respite care for children and adolescents is to provide relief to families.

DMH funds some family support activities that are not restricted to individuals who have been determined eligible for DMH services. In FY'06, DMH contracted with NAMI for \$244,738 and with PAL for \$142,000. For families of children and adolescents, there are Area-based contracts totaling \$1,156,839 that cover services provided by 43 locally based family support specialists, including those working in the DSS-DMH Collaborative Assessment Program. Parent education, parent support groups, training and leadership development, and parent mentoring activities are some of the activities offered with these funds. By enabling parents to increase their knowledge and get emotional and practical

support from other parents, these activities enable many families to support their child's growth without the necessity of formal state agency involvement.

Also, DMH contributed \$53,750 to the Clubhouse Family Legal Support Project (CFLSP), which was established in 2000. The project attorney, working with the Mental Health Legal Advisors Committee legal team and several clubhouses, provides legal representation to low income parents with mental illness who are at risk of losing custody and/or contact with their children. The project is proving effective in helping some parents regain or retain custody, and helping others gain visitation rights.

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

New initiatives

DMH will continue to be engaged in system redesign activities this year, including securing input from families as to services and structures that will facilitate service access. DMH expects to take concrete steps to improve awareness of mental health services and to simplify access. DMH will begin the process of re-procuring its entire community-based system of care beginning in calendar year 2007

IV Accessing Services and Supports

The legislated mission of DMH calls for a focus on serving adults with serious mental illness and children and adolescents with serious emotional disturbance who have continuing care needs that cannot be addressed by acute care services. DMH's budget is predicated on the assumptions that the acute care sector will fulfill its role, that insurers included under the state's parity legislation will fund the mental health services identified in the legislation, and that generic community agencies and organizations, given some assistance, can and will serve and include most children and adults, including those with mental health needs. DMH has been working closely throughout the year with the Division of Insurance and the Office of Patient Protection at DPH to arrive at definitions of Intermediate Care services covered under the parity law, and to identify data that should be collected about service utilization of intermediate level of care services.

One approach DMH has taken to assuring access to services is to create savvy consumers and families who can advocate for high quality acute care services and necessary funding. It should be noted that for adults, unless the parent is the legal guardian, DMH cannot contact the family without the client's permission. Thus, outreach work targets both families and adult consumers themselves. DMH funds entitlement specialists to work with consumers and families around access to the full array of entitlements and supports for individuals with mental health problems, including Medicaid, private health insurance coverage, SSI and SSDI, housing and legal aid. DMH also provides training on entitlements so that they can assist families with these matters. Both PAL and NAMI provide information to families regarding access to DMH services, and other means of securing mental health services. Since most children and adolescents with serious emotional disturbances also have special education needs, PAL, family support specialists and Case Managers are a resource for parents around special education services and appropriate school plans for children with mental health challenges.

DMH does extensive outreach and training with community agencies and organizations to make them aware of DMH services not requiring eligibility, such as education and family support activities sponsored by NAMI and PAL, as well as to inform them about the services available to individuals who meet DMH eligibility criteria. The toll-free Consumer Help-line at DMH fields calls from families as well as from clients. In FY'06, the line received a total of 1072 calls, of which 279 were from family members and 313 from consumers. For children and adolescents, DMH works collaboratively with Adoptive Families Together, Parents for Residential Reform, the Federation for Children with Special Needs, the Consortium for Children with Special Health Care Needs, and Families Organizing for Change (an organization focused on individuals with developmental disabilities and mental retardation) to assure that they know what services DMH can offer. DMH provides training to acute care psychiatric units, and to other state agencies such as DSS to keep them abreast of DMH services and eligibility requirements.

NAMI has a statewide information and referral line that services thousands of callers a year. Through these calls and other requests, NAMI-MASS mails and distributes approximately 10,000 informational packets a year, covering topics ranging from the basics of mental illness to issues surrounding guardianship.

In FY '03, DMH provided start-up funding to PAL to create a Parent Resource Network Line (PRN Line), a toll-free number for parents of children and adolescents, staffed by a parent who is an experienced family support specialist. The staff provides callers with direct assistance in resolving their problems, provides information related to youth mental health problems, and offers guidance in navigating the education, insurance and human service systems. During FY'06, 288 families placed a total of 346 calls to the PRN line. Families most frequently sought help related to school issues, insurance access, general mental health information, parent support groups and DMH eligibility.

General community information campaigns are conducted by the Massachusetts Association for Mental Health (MAMH) as part of its campaign to combat stigma about mental illness. Media are particularly involved during the month of October to promote

the National Depression Screening Day, and also during May, which has been designated nationally as Mental Health month. The first week in May is Children's Mental Health Week. The DMH Areas and family support specialists sponsor numerous activities to increase knowledge about child mental health and the successes that youth with mental health issues can achieve. Local activities this past year included photography shows of work done by youth, Area-wide conferences with youth performances and distribution of informational materials to libraries, schools, and pediatricians' offices.

DMH and DSS continue to collaborate to assure that caregivers with mental illness involved with the child welfare system receive the services they need. In January 2002, DMH changed its adult eligibility guidelines to require that adult applicants be asked if they are involved with DSS, and if so, to offer short-term DMH services while their applications are being considered. Last summer, DMH Areas and DSS Regions were required to track the number of individuals served under this arrangement and to submit their plans for training and interagency communication. They are expected to report annually on service provision to applicants who are DSS parents.

The impact of parental mental illness on child well-being is increasingly documented in research. There are parent support groups at Employment Options and Atlantic House clubhouses. DMH continues to participate on the State-Wide Advisory Group for Parents with Mental Illness and their families created through the University of Massachusetts Medical School (UMMS). This group includes representatives from DMH, PAL, UMMS, Employment Options, the Cole Resource Center, and Mental Health Legal Advisors Committee. DMH makes a significant contribution to the research and intervention projects developed by the Parents' Project team at the UMMS Center for Mental Health Research. DMH administrators, staff, and clients are key stakeholders in identifying the team's agenda, implementing projects, and disseminating findings to the field, consumers and family members. A DMH staff member serves on the Steering Committee of the Family Options Project which is implementing and testing an innovative psychosocial rehabilitation intervention for parents with serious mental illness and their children. Researchers from the University of Massachusetts Medical School and Employment Options, Inc., a psychosocial rehabilitation clubhouse agency, are partnering to study both the process of implementing a family intervention and its outcomes.

New Initiatives

As noted above, the need to increase community knowledge about mental health, to educate the community about the availability of services and to improve access to services have all been identified as priorities for DMH during the planning process to date. No specific new initiatives have been identified yet. However, the system redesign process which will continue throughout FY'07 is expected to result in specific recommendations for each of these items. Some are expected to be addressed through the DMH organizational structure, some through procurement.

V Culturally Competent Outreach and Support

All services are made accessible to individuals and families as needed. If English proficiency is limited, then interpreter services are made available. Likewise, interpreters are made available for individuals who are deaf and hard of hearing. DMH attempts to insure that all written materials are available in the client's preferred language.

Translations are done, as needed, for individuals, for client-specific matters. The DMH Office of Multi-Cultural Affairs (OMCA) reviews DMH-prepared documents to assure that they are culturally appropriate for all populations. The DMH Office of Multi-Cultural Affairs also participates in community dialogues, and provides trainings and presentations as part of its regular activities.

The most recent three year (FY'05-07) Cultural Competence Action Plan operationalizes the Department's mission on culturally competent care to ensure that the unified behavioral health system is attentive to the needs of culturally and linguistically diverse populations, including at risk immigrants and refugees. This action plan adds a focus on leadership development, but otherwise follows the previous 3 year plan (FY'02-04) that centered on seven areas of organizational competence, those being community partnerships, services, data, research, training & education, information dissemination, and human resource development. The leadership development goal is to promote leadership in cultural competence/diversity to reduce mental health disparities and to provide the necessary resource for clients and their families to articulate issues and solutions to barriers on the reduction of disparities.

The Office was involved in the following activities in the past year that directly relate to outreach and support to families in Massachusetts:

- Planned and participated in a national Cultural Competence Institute for 160 participants from federally funded child and adolescent System of Care sites. Family members participated in both the planning and presentation teams.
- Planned and presented in a Institute on the Reduction of Mental Health Disparities for Racially and Ethnically Diverse Populations.
- Integrated cultural and linguistic competent content in DMH Family & Early Literacy Handbook.
- Conducted training on integrating culture into clinical practices for the University of Massachusetts Medical School and Harvard Medical School Psychology Internship programs.
- Updated and distributed the Multicultural Populations Resource Directory and the Interpreter Services Handbook for DMH Employees, and made it available on the DMH website.
- Continued to collaborate with NAMI on outreach and education to diverse populations.

New Initiatives

The Office of Multi-Cultural Affairs actively participated in system redesign of FY'06 and will continue to participate in such activities in FY'07. Making sure that there is equal access to service for all ethnic and racial populations and that services are culturally appropriate are two benchmarks against which all recommendations will be measured.

VI Interagency Collaboration

DMH is engaged in numerous activities with EOHHS and the agencies under its aegis as EOHHS takes steps to create a seamless system of care that is easy for families to navigate. DMH also continues to work in collaboration with the Department of Public Health and other EOHHS agencies to include individuals/families who have special health needs in regional emergency planning initiatives. DMH participated with the Mass. Association of Older Americans, Executive Office of Elder Affairs, the Mass. Aging and Mental Health Coalition in producing the second edition of "Eliminating Barriers to Mental Health Treatment: A Guide for Massachusetts Elders, Families, and Caregivers".

DMH continues to participate in the oversight of four interagency initiatives that incorporate family-driven service planning, the use of family support specialists, and family supports as critical components. These interagency projects all aim to prevent out-of-home placement through provision of intensive wraparound services, including family supports, for children and their families and through interagency engagement with families in service planning. The projects are:

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

In addition, DMH participates in the EOHHS Planning and Review Teams for children and adolescents which address interagency service delivery issues.

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

New Initiatives

Reduction or elimination of expulsion of children from pre-school settings was one of the priorities of the Mental Health Commission for Children. The Department of Early Education and Care received money in the FY'07 budget to address this problem, and

DMH looks forward to close collaboration with them in their planning to address the social and emotional development of children, an activity that by definition must involve families.

DMH's system redesign process will be soliciting 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.