

## **DMH Family Support Plan for FY'10**

### **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.

*Types of family support services available:*

- Age and role-appropriate education that enables family members to understand better 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 and insurance for family members
- supports that sustain and strengthen families, such as respite care or groups for siblings
- support groups for families and other caregivers

*Network for providing family support services*

Family support is interwoven into numerous activities of DMH. Opportunities for family input are extensive and routinely available.

#### 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: 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 include resources for purchasing individualized services to address unique challenges faced by families. DMH also has specific respite care contracts.

For the last twelve years, DMH funded family support specialists as part of the joint Department of Children and Families<sup>1</sup>-DMH Collaborative Assessment Program (CAP). Families going through CAP, an assessment and crisis stabilization process for children at risk of out-of-home placement, were offered the help of parent partners, individuals who have raised children with mental health problems and who could assist CAP parents in figuring out their needs and how to get them met. However, effective June 30, 2009, new MassHealth Services were implemented resulting from the implementation of the Children's Behavioral Health Initiative (CBHI). These services include Intensive Care Coordination through thirty-two local Community Service Agencies (CSA's) as well as Family Partners who will be available to all families served by the CSA who are interested in the service. This expanded MassHealth capacity subsumed the role played by CAP for the last decade.

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 coping with stress 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 offer them 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.

DMH funded services for adults with mental illness also provide support to the 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) with a contract start date of July 1, 2009. The CBFS service will replace, in full, the existing DMH adult residential services, community rehabilitative support (CRS) and rehabilitative treatment in the community (RTC) and impact case management. 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

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<sup>1</sup> The Department of Social Services (DSS) was recently renamed by the Legislature as the Department of Children and Families (DCF).

involvement in the family member's treatment planning are included within the service model, with the adult client's consent.

DMH also provides funding to the Massachusetts Chapter of the National Alliance for the Mentally Ill (NAMI-Mass) and the Parent Professional Advocacy League (PAL) for educational programs for families. Both PAL and NAMI offer trainings for providers to help them understand the family perspective and for community groups.

### Case management

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. For adults living at home, much of case management support is directed to assisting the family. Even if the adult is living out-of-home, case managers and providers work with the adult's family so long as the adult has given consent. Case Managers for children, adolescents, and adults help families think through the input 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 the people families turn to for help in case of crises and unexpected events. They work with clients and their family members to develop advance plans for managing crises and to minimize family disruption in times of unexpected events. Case managers authorize the provision of services which directly support the family's caregiving capacity, help families get benefits for the client, and assist families in advocating with other entities for services and supports. As a result of the implementation of CBHI, most children on MassHealth will receive Intensive Case Coordination through the CSA's. DMH will not provide case management to these clients; however, the agency authorizes other services as needed and as 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.

*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. (Ongoing)
- NAMI and 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.<sup>2</sup> The purpose of these meetings is to gain better understanding of the services families are seeking and how they might best be delivered.

## **The Plan**

For children and adolescents, service system planning is intertwined with planning for CBHI implementation, the first phase of 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 in the DMH service population. Therefore, as the CBHI implementation rolls out, DMH will be reviewing the ways it purchases and delivers services in order to reach the goal of having a support 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. Input from families of youth up to age 21 solicited through meetings of parents as part of the CBHI implementation process will be used to guide thinking about the DMH child-adolescent system. More specific input will be solicited from families closer to the time for the next DMH procurement of child-adolescent services.

Through administrative processes, staff assignment and procurement, DMH will continue to address key concerns raised to date by families, to the extent that resources allow.

Specific recommendations to enhance family support include:

- Make information about DMH and its services easier for families to obtain
- Improve access to services enabling a child to access the appropriate services in a timely manner is a significant way to decrease the burden on families
- Continue to focus assessment and services on a strengths-based, child and family centered approach
- Work with providers so that they can do a better job informing families about their family member’s diagnosis
- Provide peer support for family members and build it in at various levels of the service delivery system
- Increase availability of respite care
- Invite families to serve on human rights committees
- When informally or formally requesting input from families about their experiences with DMH, clearly state to families that we are soliciting their input to improve the system and assure 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

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<sup>2</sup> 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.

- 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)

DMH has enhanced its websites and public information materials to make information about DMH services more available. In 2009, a new Office of Training and Consumer Affairs was created within the Commissioner’s Office. Staff includes the Director of Consumer Affairs, the Consumer Affairs Information and Referral Specialist, and the Co-directors of Training. Nearly one-fourth of all calls fielded by the office come from family members of consumers. The office will expand efforts and identify opportunities to include stronger consumer and family participation in policy, planning and implementation of the Department’s initiatives.

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 with each initiative.

## **I. Family Empowerment**

### **Current Initiatives**

Family members are represented on the Commissioner's Statewide Advisory Council. Parents of both adult and child mental health consumers are also key members of the State Mental Health Planning Council. The Council must review and approve the annual State Mental Health Plan and the Implementation Report that Massachusetts submits in order to receive federal funds through the community mental health services block grant. In 2009, the Planning Council voted to create a subcommittee on Parents and Families to focus on the needs and issues surrounding people with mental illnesses who are parents. Parents are also represented on the statewide Professional Advisory Committee on Children's Mental Health, an independent group that has been in existence for 28 years which advocates at the state level on issues related to the mental health of children and adolescents. 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 various sub-committees.

The Area and Site-based structure of DMH also promotes family empowerment. Family members are represented on Site and Area Boards that advise on local program development, regulations, statutes and policies. Family members 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 statewide organization of Parent/Professional Advocacy League (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 forty-three family support specialists to enhance their advocacy skills. PAL maintains regular communication with the local support groups facilitated by family support specialists, and, through them, solicits input on proposed changes to state and federal laws, regulations, and program designs that affect children with mental health challenges. PAL provides feedback to DMH staff about problems that parents are experiencing in regard to service access and quality based on information from support groups, surveys that it conducts, and calls to the office. PAL members have also been frank about the fact that, beyond the child identified as the client, family members often have their own needs, and PAL has advocated for service provision that is built on an understanding of the needs and strengths of both the child and the family. In FY'08, the Mass Behavioral Health Partnership began funding 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 has convened a group of state agencies and PAL to develop an approach to certification of family specialists who work in state funded activities. This includes the Family Partners at the CSA and the DMH Family Support and Systems Specialists. PAL has conducted a national scan re: approaches used by other states and has worked with a national training consultant on curriculum.

### **New Initiatives**

The DMH procurement planning process has offered structured opportunities for input from families of both child and adult clients. In 2009, DMH began the first phase in the redesign of its adults community based services with the procurement of Community Based Flexible Supports (CBFS). DMH plans to issue RFRs for Clubhouse and Respite Services in 2010. For adults, these service systems will promote independence while at the same time be supportive of families of adult clients, many of whom continue to be key resources for their adult children, even when those children live out of the home. DMH will continue to work on the question of how to support family members of clients who are their own guardians who choose not to involve their families in their treatment, as those family members often feel distraught and frustrated by being cut out of the process of helping a loved one.

The Child and Adolescent Division will continue existing activities and plan for Reprocurement of the statewide family support network, with new contracts intended to start July 1, 2010. With initial DMH funding, PAL began to work on a certification process for parent support workers and will continue this work in coordination with CBHI efforts in FY'10. It is expected that PAL will participate in the training provided to the Community Services Agencies that have been selected as providers for CBHI.

## **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 serve on the Advisory Committee for the Massachusetts Child Psychiatry Access Project. They 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.

### **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.

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

#### **Current Initiatives**

In FY'09, DMH spent \$ 4,519,275 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. 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 funded about \$20,141,514 in FY'09 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.

DMH allocated \$21,569,706 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 is spent on family support. Most respite care for families is funded through these flexible support contracts. Moreover, DMH also had \$1,271,473 in respite care-specific contracts for children and adolescents. The most common goal of these contracts is to provide relief for families.

DMH funds some family support activities that are not restricted to individuals who have been determined eligible for DMH services. In FY'09, DMH contracted with NAMI for \$244,738.00 and with PAL for \$197,000. The total dollar amount in Area-based contracts for family support is about \$1,625,000 which included, for FY'09, services provided by locally -based family support specialists and those working in the Department of Children and Families-Department of Mental Health 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 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 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. This 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.

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 eligibility determination. 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 eligibility determination.

### **New Initiatives**

DMH will continue to be engaged in significant activities this year, and will secure input from families regarding services and structures that will facilitate service access. For children and adolescents, DMH intends to revamp its statewide family support network for children and adolescents in FY'10 and to issue an RFR for services to begin July 1, 2010. DMH will monitor the impact of CBHI on its service system and will plan for adjustments to its system as needed. For adults we are planning to procure the clubhouse and respite systems

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

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

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

DMH does extensive outreach and training with community agencies and organizations to make them aware of DMH services 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'09, the line received a total of 673 calls including 159 from individuals who identified themselves as consumers and 202 from family members. We want to note that there has been a drop in calls to the DMH Consumer Help-line due to the availability of other reliable sources for assistance such as the Transformation Center, Recovery Learning Centers and NAMI. The Department also stopped counting calls requesting general information. For children and adolescents, DMH also works collaboratively with Adoptive Families Together, the Federation for Children with Special Needs, and Families Organizing for Change, an organization focused on individuals with developmental disabilities and mental retardation which is increasing 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 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. The PAL Central Office distributes a newsletter to more than 4,000 individuals. Area-based parent coordinators, part of the PAL family support network, serve as local information and referral resources.

General community information campaigns are conducted by the Massachusetts Association for Mental Health (MAMH) as part of its campaign to combat the stigma of mental illness. Media are particularly involved during the month of October to promote the National Depression Screening Day, and also during May, which has been designated

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

DMH and the Department of Children and Families continue to collaborate to assure that caregivers with mental illness involved with the child welfare system receive the services they need. In January 2002, DMH changed its adult eligibility guidelines to require that adult applicants be asked if they are involved with the Department of Children and Families, and if so, to offer short-term DMH services while their applications are being considered. The Areas report annually on service provision to this population. In FY'09 approximately, 90 adults who completed applications indicated Department of Children and Families involvement, and 58% were offered short-term services (some went immediately to long term services). Of that group, 81% accepted the short-term services offered which, most frequently, were case management and Community Rehabilitation Support. The new 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 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, 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 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. 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 began July 1, 2009 and that will continue to roll-out through the fall.

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

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

OMCA completed its FY'2009 Cultural Competence Action Plan and continued to place DMH's mission of cultural and linguistic competence into action. The five domains to be addressed are Infrastructure, Services, Community Partnerships, Workforce, and Quality Improvement.

Examples of recent accomplishments include:

- OMCA produced Area enrollee service utilization reports based on race, ethnicity and preferred language and compared to Areas' population census.
- The comprehensive Assessment of Service Needs of clients now integrates client's and family values, beliefs, view of health and mental health, help seeking behavior, cultural, linguistic and existing barriers.
- Cultural and linguistic competence standards that attend to performance and outcome measures are integrated into the Community Based Flexible Support and Children's Behavioral Health Initiatives procurement designed to include culturally and linguistically appropriate care.
- Monthly tracking and utilization of interpreter and translation services by language by DMH Areas and Sites was completed.
- The MetroWest Mental Health/Substance Abuse Task Force and the Central Massachusetts Area Health Education Center have partnered to establish the Framingham Mental Health & Substance Abuse Health Disparities Project. Members of MAC and OMCA are part of this community -based initiative seeking input directly from community members, families and organizations working together to eliminate the disparities in access to and utilization of mental

health and substance abuse treatment programs in the Brazilian and Latino communities of Framingham, Massachusetts.

- OMAC has expanded its presence in the Department's advisory groups. For example, committee members are now represented in the State Mental Health Planning Council's Multicultural Subcommittee, Children's Behavioral Health Advisory Council, Children's Behavioral Health Clinical Workgroup and State Advisory Council.
- The Substance Abuse Mental Health Services Administration SAMHSA awarded funds to the Department of Mental Health, as one of the six states, to develop policy initiatives on the Elimination of Disparities in Mental Health Care. Massachusetts Executive Office of Health and Human Services is in the process of developing the Children's Behavioral Health Initiative (CBHI) Interagency Policy Agreement that supports the goal of eliminating disparities in mental health care.
- The Department in collaboration with Mass Health Behavioral Health and Mass Behavioral Health Partnership (MBHP) completed three consecutive performance incentive projects to study whether contractors met the needs of culturally and linguistically diverse MassHealth recipients and measured the prevalence of racial disparities in access to appropriate behavioral health care.
- The Department partnered with the Harvard Program in Refugee Trauma, Massachusetts Behavioral Health Partnership, UMass Medical School Office of Community Program, and the Massachusetts Medical Society which continue to provide statewide trainings on Healing the Wounds of Mass Violence: Assessment and Treatment of Refugees and Torture Survivors. Cultural assessment developed by the Department is part of the clinical tool kit given to all primary care and behavioral health practitioners.

## **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**

DMH is engaged in numerous activities with EOHHS and the agencies under its aegis as EOHHS as the Children's Behavioral Health Initiative rolls out. 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.

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

### **New Initiatives**

As DMH proceeds with its procurements in FY10, 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 Parent Certification process being developed by PAL will have the capacity to be tailored to address the needs of CBHI in general and agency specific needs.