

Department of Mental Health

DMH Family Support Plan

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 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

- education that enables families to better understand the mental health problems and the treatment being offered to a family member
- direct assistance in caring for a family member with mental health problems
- training in managing problems that a family member presents
- linkage with other resources that can reduce the care-giving burden
- linkage with other families either coping or struggling with the same concerns
- training and assistance in advocating on behalf of family members
- support in accessing services and entitlements for family members

Network for providing family support services Family support is interwoven into numerous activities of DMH.

Case management

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

the family. Even if the adult is living out-of-home, case manager's 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 client's mental health problems on their lives, identify the strengths and resources they have available, and identify those who can best support 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. 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.

Contracted family support 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, teaching behavior management skills, and access to respite care, parent aide services, homemaker, and chore services. The contracts include money for purchasing individualized services to address unique challenges that families face.

DMH funds parent partners 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. These are parents who have raised children with mental health problems and can assist CAP parents in figuring out their needs and how to get them met.

Parent support is also available to all parents of children and adolescents with behavioral, emotional or mental health problems, whether or not their child is a DMH client. DMH funds at least one parent coordinator position in each of its six Areas. Parent coordinators facilitate parent support groups that offer emotional support, provide education about mental health problems and state of the art treatment, teach advocacy strategies, and serve as a self-help venue for parents. For families of adults, NAMI's *Family-to-Family* provides structured support groups, and in addition, while not funded by DMH, NAMI has 27 affiliates who hold regular support and information meetings across the state.

DMH funded adult services also provide support to the families of adult clients, provided the adult client has given consent. Family support is provided for both clients living at home and those who are not. Services that involve families and spouses of mentally ill adults include: the Program of Assertive Community Treatment (PACT) which makes intensive supports for the adult and his family available

24 hours a day; Community Rehabilitative Support activities; and supported housing services, particularly in cases where a client resides at his family home and receives residential and rehabilitative support there. In these programs staff not only provide direct service to the client, but provide and coordination, referral, and support services to household members and help them achieve a realistic understanding of the nature of mental illness, its treatment and its prognosis.

DMH provides funding to the Massachusetts Chapter of the National Alliance for the Mentally 111 (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/or 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 problems, and are offered in both Spanish and English.

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

- DMH Area and Site boards regularly participate in needs assessments and program planning. A draft of the family support plan was distributed to the citizen advisory boards in the six Areas and 29 Sites. In those Areas and Sites in which there are separate child/adolescent committees, DMH solicited feedback from families of children and adolescents.
- DMH discussed the plan and distributed the draft to the Commissioner's Statewide Advisory Council.
- DMH discussed the plan and distributed a draft to the Board of Directors of the Parent Professional Advocacy League (PAL), an organization whose board membership includes parents and guardians of children under 18 and parents of young adults.
- The draft plan was distributed to DMH-funded parent coordinators and presented to parents in family support groups.
- The draft plan was reviewed by the Massachusetts Chapter of National Alliance of the Mentally 111.
- DMH discussed the draft plan with the executive of Adoptive Families Together, an organization providing support groups for parents of adoptees with behavioral problems.
- The draft plan was reviewed by the Massachusetts Association for Mental Health, a citizen advocacy organization.

- The committee addressing supports for parents with mental illness who are raising children discussed the draft plan.

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

The Plan 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 must submit in order to receive federal funds through the community mental health services block grant. Parents are also 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.

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, and regulations, statutes and policies. Family members participate in the service procurement process through participating on proposal review committees that provide recommendations to the Department about contract awards.

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 problems are represented in all policy and program development forums both within DMH and in other agency and interagency forums. PAL provides training to the network of 33 parent coordinators and parent partners to enhance their advocacy skills. PAL maintains regular communication with each of the local support groups and, through them, solicits input on proposed changes to state and federal laws and regulations and program designs that affect children with mental health problems. 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. A DMH staff member serves as an ex-officio member of the PAL board and attends the monthly meetings of the parent network to hear concerns directly and solicit parental feedback

DMH also works with Adoptive Families Together (AFT), a network of parents of adopted children with special needs. AFT offers support groups across the state and develops written material for parents to help them advocate for the best services for their children. DMH provided funding to AFT in FY '03 for a revised third edition of the booklet "In Their Own Words... Reflections on Parenting Children with Mental Health Problems: The Effect on Families" and to support their participation in program development and policy forums. In addition, AFT has just published a pamphlet Restraint and Seclusion: What Families Need to Know, which includes a list of 10 specific steps parents can take to help change restraint and seclusion policies. DMH will distribute this information to the families that it works with and to parents involved with the PAL network.

New Initiatives

The gaps identified in DMH's initial assessment of family support activities included limited capacity across the state to provide intensive wraparound services that are family-driven. This is beginning to be addressed at several levels. The Executive Office of Health and Human Services (EOHHS) has identified "distressed children" as one of its key concerns. Several projects are underway to facilitate service access and enhance service coordination, and joint service procurement is being discussed. DMH will continue to advocate for having parents participate in service system design across all human service agencies to assure creation of a system that is responsive to needs as identified by families. One of the lenses through which DMH will evaluate proposed service system changes will be the degree to which such changes make the system more family-driven and family-centered.

In FY '03 the first local chapter of PAL was formed in Worcester with its own director. Whereas representatives from PAL and other parents have been involved in policy and programming decisions for many years, the creation this chapter creates a distinct local voice for parents.

DMH has joined the Department of Public Health in an initiative that convenes leaders of parent support groups to share strategies for addressing crosscutting concerns, such as increasing family representation in planning and policy forums, increasing involvement of minority populations, etc.

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. DMH parents continue to participate in trainings offered through Families Organizing for Change that focus on advocacy strategies. PAL provides monthly trainings for the parent network that build skills in specific areas, such as effective advocacy with schools and insurers. Family support funds are used to pay for expenses associated with attending conferences and trainings, and parents from across the state attend and often present at the national conference of the Federation of Families for Children's Mental Health and at the national Children's Mental Health Research Conference.

The Director of the statewide PAL organization has co-chaired the Family Advisory Committee of the Massachusetts Behavioral Health Partnership since its creation, and participates on the statewide Steering Committee for the Coordinated Family Focused Care (CFFC) initiative. CFFC is an interagency service delivery model being piloted in six cities that incorporates family supports and promotes a partnership of families and professionals in service planning. It was officially launched in May 2003 and began accepting clients in the summer of 2003.

New Initiatives

Parents are being recruited to serve on each of the six local CFFC steering committees, now in the process of being established, which will offer additional venues in which parents can exercise leadership. DMH has advocated for parent representation on the EOHHS Steering Committee developing a pilot project directly targeted to improve collaboration between the schools and the state human service agencies, and expects that parents will be added to the group this fall.

PAL has been involved in initial trainings for CFFC staff and is submitting a proposal for training CFFC parent partners. DMH supports the practice of parents serving as trainers for other parents.

III Family Support Resources and Funding

Current Initiatives

DMH currently spends \$3,753,325 for case management services for children and adolescents, not including the costs of supervision. As noted above, parents are the legal guardians, and the ones responsible for their child's care, and thus most case management activities are designed to support families in their role. Case managers work with parents to develop a child's Individual Service Plan, check in with the family regularly, and are available to families to help resolve situations as they arise.

DMH currently spends \$18,010,877 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 \$2,340,000 of the adult case management budget should be considered as family support.

DMH spends \$13,115,322 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 caregivers is funded through these flexible support contracts. However, the DMH also has \$1,260,478 in contracts that are exclusively for respite care for children and adolescents, most of which is aimed at providing relief to caregivers.

DMH also funds community family support activities that are not restricted to individuals who have been determined eligible for DMH services. DMH contracts with NAMI for \$231,336 and with PAL for \$135,000. For families of children and adolescents, there are area-based contracts totaling \$1,450,000 that cover family support services provided by 39 locally based parent coordinators and parent partners 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 develop 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 contributes \$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 the staff of the Employment Options Clubhouse 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, drawn up by the case manager in collaboration with the parent or guardian, and signed off by the 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 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. The flexible support provider or the case manager authorizes respite care services.

New initiatives

Under the administration's reorganization plan, human service agencies under EOHHS have been undertaking planning as a single entity. EOHHS submitted a grant in August 2003 to the Center for Mental Health Services to expand the Worcester Communities of Care initiative to include the other 65 cities and towns in the DMH Central Massachusetts Area. This grant, targeted to children and adolescents with serious emotional disturbance, places families at the center of all client activities, with the families deciding who they want at the table to plan for addressing their service needs. Family-specific treatment and support plans are created by the family with the help of the team, and flexible funds are available for each family. The grant will also focus on expansion of capacity in those services most frequently requested by families, particularly respite care.

Planning for re-procurement of DSS and DMH services is currently in process under the aegis of EOHHS. EOHHS has committed to creating a more community-based system of care, and to providing families with the supports they need to maintain their children at home, whenever home placement is suitable. Placing families at the center, and creating a flexible continuum of care, with flexible funding, are core values embraced by EOHHS in this planning process.

At the local level, DMH staff and families participate in a variety of training activities related to creating a more family responsive system. DMH Southeastern Area is holding a conference September 22, 2003 on family support and family driven services.

IV Accessing Services and Supports

The mission of the Department of Mental Health is to serve 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 assumption 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 problems.

One approach DMH has taken to assuring access to services is to create savvy consumers and families who can access high quality acute care services, and necessary funding. It should be noted that for adults, unless the parent is the legal guardian, DMH cannot contact

the family without the client's permission. Thus, outreach work targets both families and adult consumers themselves. DMH funds entitlement specialists to work with consumers and families around access to the full array of entitlements and supports for individuals with mental health problems, including Medicaid, private health insurance coverage, SSI and SSDI, housing and legal aid, and provides training on entitlements for its case managers 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 is a resource for parents around special education services for children with mental health problems.

DMH does extensive outreach and training with community agencies and organizations to make them aware of DMH services available to the community at large, such as education and family support activities sponsored by NAMI and PAL, as well as to inform them about the services available to individuals who meet DMH eligibility criteria. The Consumer toll-free help-line at DMH fields calls from families as well as from clients. For children and adolescents DMH works collaboratively with Adoptive Families Together, Parents for Residential Reform, the Federation for Children with Special Needs, and the Consortium for Children with Special Health Care Needs, assuring 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 the service we can offer as well as our 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 issues ranging from the basics of mental illness to issues surrounding guardianship.

Focus groups of parents and governmental study commissions over the years have identified the complexity of the children's mental health service system and the multiplicity of agencies who need to be involved in child's care as a barrier to accessing care. There have been numerous requests to establish an 800 number. 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 trained parents, who provide callers with support, information, and referrals related to youth mental health. Staff address information requests and may refer callers to local parent coordinators who connect families to local resources. Ongoing support for this initiative is coming from the major HMOs in the state. The HMOs have taken responsibility for publicizing the line to the community at large, including media relations. DMH assisted the publicity committee in designing strategies for reaching school staff, mental health practitioners in private practice, and professional organizations.

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 distribute materials to libraries, schools and pediatricians' offices that explain mental illness and that direct families to resources. For the past 5 years, PAL has created a poster for Children's Mental Health Week with the names and telephone numbers of the local coordinators.

Many activities are being undertaken at the local level also. PAL and DSS and DMH through CAP have collaborated to present two evening programs for parents of children with serious emotional disturbance about the services and supports available to children transitioning to adult services. These programs were open to the general public and will be offered again this year.

New Initiatives

DMH's earlier assessment of family supports indicated the dismay of many parents because services are not available until a child's functioning is significantly impaired. EOHHS is committed to prevention and early treatment and DMH is part of an EOHHS initiative to figure out approaches and funding mechanisms to address this concern, including the use of Medicaid dollars. The American Academy of Pediatrics also has a broad-based work group involving DMH and others that is looking at screening children for depression. DMH has also highlighted the need to identify and treat children early to the Office for Child Care Services and the interagency workgroup on School Readiness. These activities are in progress.

DMH, Department of Social Services (DSS) and University of Massachusetts researchers who have studied parents with mental illness have designed training for DSS staff to enable them to better identify adult mental illness and provide support for adult caregivers involved with DSS. The plan is for the agencies to jointly offer these trainings this fall. This training is a follow-up to a change that DMH made in its eligibility regulations in January 2002. That change requires DMH to ask adult applicants if they are involved with DSS, and if so, whether they want short-term DMH services while their application is being considered. If the answer is yes, DMH will then provide immediate family supports to assure that the children in the home are maintained safely.

DMH continues to participate on the Steering Committee for Parents with Mental Illness and their families created through the UMASS Medical School. The committee representatives from DMH, PAL, UMass Medical School, Employment Options, 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 UMass Medical Center School's Center for Mental Health Research. DMH administrators, staff, and clients are key

stakeholders in identifying the team's agenda, implementing projects, and disseminating findings to the field, consumers and family members. "Parenting Well When You Are Depressed" was written collaboratively by UMass Medical School, researchers/providers, community stakeholders, consumers and family members. Employment Options, a DMH funded clubhouse, sponsors a unique family support program which specifically focuses on the needs of parents with mental illness and their families. There are parent support groups at Employment Options and Atlantic House clubhouses.

The Cole Resource Center, acting as the agent for the committee, has submitted a grant proposal for a conference on providing support to parents with mental illness. Employment Options is also finishing a consensus-building grant, focused on the Metro-West region, which is seeking to build community consensus about the types of wraparound or flexible support services that are needed and strategies for service delivery.

V Culturally Competent Outreach and Support

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

The DMH Office of Multi-Cultural Affairs reviews DMH-prepared documents to assure that they are culturally appropriate for all populations. In this past year, they reviewed "Psychiatric Medication for Children and Adolescents: Orientation for Parents, Guardians and Others" and subsequently prepared a Spanish translation of that document.

In FY'03, DMH worked in numerous ways with community groups to help minority communities respond to the aftermath September 11th, and to increase community capacity for coping with disaster and trauma. This outreach was particularly critical as a number of the new immigrant populations come to the United States to escape political violence in their own countries, and are particularly vulnerable to re-traumatization. Funding given to the Haitian Health Institute/Boston Medical Center paid for minority parents to participate in a "train the trainer" training, so that they are now able to educate other parents about mental health issues and trauma. The Institute also developed public service announcements for radio teaching families about trauma and community resources.

The Massachusetts Initiative for Multicultural Community Outreach (MIMCO) contracted with several organizations to increase information and access to services related to responding to trauma and disaster. Funded groups included: (1) Boston Health Care (working with the Islamic Society of Boston); (2) Child and Family Service of Pioneer Valley (serving

Russians, Bosnians and Vietnamese in Western Mass.); (3) International Institute of Boston (working with Muslim Community Support Services); (4) Haitian American Public Health Initiative (leading a collaborative of Mutual Assistance Associations, including Somali Development Center; Somali Women and Children's Association; Ethiopian Community Mutual Assistance Association; Universal Human Rights International; Russian Community Association of Massachusetts; and Vietnamese American Civic Association); (5) The Black Ministerial Alliance (Boston).

The Latino Mental Health Project was also initiated in the DMH Central Mass. Area. The Area has established a partnership with Latino consumers, their families, representatives of local community support systems and three community-based agencies: Great Brook Valley Health Center, Family Health Center and Central Mass. Area Health Education Center, for the purpose of building capacity to better meet the medical and psychiatric needs of Latinos in Worcester. This will be accomplished by outreaching to the community, conducting a meaningful assessment of mental health needs and collaboratively designing innovative and culturally competent mental health services and programs.

New Initiatives

Although the initiatives noted above involved one-time funding, most of the grants involved work with community leaders or to individuals trained to be trainers who could continue to work within their community after the grant funding expired. DMH will provide professional support to maintain the momentum of those grants.

FY'04 represents the third year of DMH Cultural Competence Action Plan, a three-year project. DMH will continue to work on outcomes identified for the third year of that plan. DMH will provide diversity education, training and education to additional boards and committees to increase the recruitment of racially, ethnically and culturally individuals in the design, development and oversight of DMH funded programs. A process to identify the cultural/ethnic affiliations and linguistic capabilities of all newly hired staff will continue. Foreign language instruction will continue to be offered for all staff. In addition, several DMH contracted and operated services will be reviewed to assure maintenance to cultural competence standards such as training interpreters, training DMH staff, and implementation of the interpreter services legislation.

The multicultural population resource directory, translated materials catalog and bibliography will be updated and available to the general population through the Intranet. The repository of cultural competence and diversity training materials will be expanded and maintained.

Interagency Collaboration

DMH is engaged in numerous activities with EOHHS itself and other EOHHS agencies as EOHHS takes steps to create a seamless

system of care that is easy for families to negotiate. DMH is participating in thinking through approaches for creating a single point of entry or virtual gateway to state services. DMH is also actively involved with EOHHS, DMA and DPH in the discussions about its relationship to and oversight responsibilities for the various components of the Medicaid system, and in particular, behavioral health services, including mental health and substance abuse services. The reconfiguration of DMA is intended to enhance service delivery through more effective use of the Medicaid dollar. Projects aimed at improving access, quality and coordination of services for adults as well as children and adolescents include: re-procurement of the Medicaid MCO contracts; providing access to low cost prescription drugs, and improving service delivery to individuals with substance abuse and mental health problems. The continues to be a paucity of programs and staff trained to treat seriously mentally people with co-occurring substance abuse problems.

EOHHS has identified distressed children as one of its top priorities and the legislatively mandated Children's Mental Health Commission, chaired by EOHHS Secretary Preston, has identified subcommittees to address problems that have direct bearing on family support. Parents are represented on the Commission. The discussion of new initiatives above often references EOHHS activities. The Commission's subcommittees include:

Stuck and Homeless children – This subcommittee is charged with coming up with short term recommendations and a long term plan to resolve the problem of children remaining in acute care inpatient psychiatric beds after they are clinically ready for discharge. The subcommittee will look at the specific services and supports that should be available to prevent/divert hospitalization in acute situations, and the specific changes that need to be made, and/or capacities that need to be increased, to promote timely discharges.

Continuum of Care/Evidence Based Care

EOHHS is proposing a merger of these two committees. This merged group would then have the mission of developing recommendations, based on the best research available, for a range of services/interventions that are specific to the needs of clearly identified populations.

Insurance

This subcommittee will document coverage for mental health services and utilization of mental health services. Insurance coverage is a significant support for families, as it eliminates or reduces a significant financial burden.

Other EOHHS initiative, not directly linked to the Children's Mental Health Commission, include:

0-5 Initiative: This initiative is considering a number of discrete interventions, including screening for mental health problems in children, working with physicians, and assisting teachers in early education settings to create supportive classrooms for children with challenging behaviors. There is also a group working on readiness for school. See new initiatives under Accessing Services and Supports above.

Enhancing Collaboration between the Courts, Schools and Public Agencies': DMH is participating in development of a model for a pilot project that would use educational collaboratives as the linchpin in coordinating interventions for the child and family.

Coordinated Family-Focused Care: DMH serves on the steering committee overseeing implementation and evaluation of CFFC.

Purchasing Strategies: With EOHHS in the lead, the agencies are examining the situations in which they procure similar types of services. The goal is to institute more streamlined methods of procurement that will promote a more integrated service delivery system. Consideration of how the agencies can decrease reliance on out-of-home placements and move to a more community-based system of care is part of the discussion of purchasing strategies.